



**SNOHOMISH HEALTH DISTRICT
RESOLUTION OF THE BOARD OF HEALTH**

11-36

RESOLUTION NUMBER: 11-36

RESOLUTION SUBJECT: APPROVAL OF DIVISION OF RESPONSIBILITIES DOCUMENT

WHEREAS there is a need for clear understanding between the Board of Health and District Management as to their respective decision-making responsibilities in managing District business, and

WHEREAS District Staff have drafted a "SHD Division of Responsibilities" table to set forth those responsibilities, including purchasing and other expenditure limits, and

WHEREAS the Board has revised the District's Purchasing Policy, and assured that the Division of Responsibilities document is consistent with that Policy,

NOW THEREFORE the Board of Health hereby resolves that the "SHD Division of Responsibilities" table, attached as Attachment A, is hereby approved and shall serve as a guideline for Board and Staff.

ADOPTED this 13th day of December, 2011.

Mark Lamb, Chair
Board of Health

ATTEST:

Gary Goldbaum, MD, MPH
Health Officer and Director

EXHIBIT A

SHD Division of Responsibilities

The Board of Health is responsible for setting Health District budget and policy, but must balance oversight against managing operations. The Health District's leadership is responsible for implementing Board decisions, but must have the authority to assure effective and efficient operations. To clarify respective roles, the Board adopts the following division of responsibilities.

Who is Responsible?

AREA	DISTRICT LEADERSHIP (Operations)	BOARD OF HEALTH (Policy)
Organization		
Long-term goals (taking more than one year), Strategic Plan	Develops and provides input	Sets guidance and approves
Annual work plan	Develops and carries out	Reviews and comments
Budget	Develops and recommends	Sets guidance and approves
Programs	Recommends creation or elimination of programs	Approves creation or elimination of programs
Staffing	Recommends size and decides makeup	Approves personnel budget, including maximum FTE number for the District and FTE allocation by program; approves changes in program staffing of more than 20% or 1 FTE, whichever is greater ⁱ
Organization Structure	Develops and decides	Reviews and comments
Communications	Prepares and releases statements on health issues; consults Board on significant policy matters	Consulted prior to releases with significant policy implications
Expendituresⁱⁱ		
Building purchase, construction, renovation, and leasing	Studies and recommends	Approves
Major repairs (>\$50,000)	Obtains estimates, prepares recommendations, and carries out	Approves contract

Minor Repairs (<\$50,000)	Health Officer or Deputy Director authorizes, carries out, and reports to the Board	No role
Emergency repairs >\$100,000	Proposes and carries out	Chair or Vice-Chair approves contract
Emergency repairs <\$100,000	Health Officer or Deputy Director authorizes, carries out, and reports to the Board	No role
Emergency Medical Supplies: > \$50,000	Proposes	Chair or Vice-Chair approves contract
Emergency Medical Supplies: < \$50,000	Health Officer or Deputy Director authorizes, carries out, and reports to the Board	No role
Capital Purchases > \$50,000	Proposes	Approves
Capital Purchases < \$50,000	Health Officer or Deputy Director authorizes, carries out, and reports to the Board	No role
Contracting for legal services	Selects and recommends	Approves contracts
Contracting for non-legal Services: > \$50,000/year >\$100,000 total contract	Develops and recommends	Approves contracts
Contracting for non-legal Services: < \$50,000/year <\$100,000 total contract	Health Officer or Deputy Director authorizes, carries out, and reports to the Board	No role
Revenues		
Pursuit of new grants and contracts > \$50,000 <u>or</u> requiring matching funds	Identifies, submits, and recommends to Board	Approves grant
Pursuit of new grants or contracts < \$50,000 and not requiring matching funds	Identifies, submits, and reports to the Board	No role
Fees	Develops and recommends fee schedules	Adopts fee schedules
Labor Relations		
Collective Bargaining	Negotiates agreement	Sets direction; approves agreement

Labor relations	Works with Union agents and employees	No role
Personnel policies with potential to increase costs by >\$5,000/year	Develops, recommends to the Board, negotiates with bargaining units, and implements	Approves policy
Personnel policies with minimal financial impact	Develops, negotiates with bargaining units, and implements	No role
Non-represented Employee Policies	Develops and recommends to the Board	Approves changes
Hiring of staff	Approves hiring of all subordinate staff	Hires Health Officer only
Supervisory role	Evaluates and coaches all other employees	Conducts annual evaluation of Health Officer
Firing of staff	Approves firing of all subordinate staff	Fires Health Officer only
Staff salaries, classifications	Develops salary schedules; approves reclassifications	Approves annual Personnel budget; approves any COLA increase; approves Health Officer salary
Staff Benefits	Develops proposals; negotiates with unions	Approves union agreements

DEFINITIONS:

A “Division” is a group of related programs, managed by a Division Director. The District currently has four Divisions: Communicable Disease, Community Health, Environmental Health, and Administration.

A “Program” is a group of staff within a “Division” and their various activities to carry out a major objective of the Division. Examples are the Tuberculosis, Food, and WIC programs.

An “Activity” is a specific action taken to carry out District programs. Examples would be developing informational fliers, planning a “Walking School Bus” campaign, and conducting an emergency preparedness exercise.

ⁱ For example, in 2012 the STD program is shown as having 3.61 FTEs, while Immunization is shown with 12.31. Increasing or decreasing STD by more than 1 FTE would require Board approval, as would changes of more than 2.4 FTE to Immunization.

ⁱⁱ All Expenditure items presume that adequate funds are available in the Board-approved Budget.