

CHD Decision Making Parameters

I. Purpose: This document defines the roles, responsibilities and authorities for decision making within CHD at all levels:

- Board of Directors (BOD),
- Administrative Council (AC),
- Cross Team Committees,
- Individual Authorities (Public Health Administrator, Mental Health Director, Corporate Agent, UM Coordinator, etc.),
- Teams,
- Team Members.

These decision making parameters will change as CHD learns from experiences. Whenever there is confusion over who has authority to decide an issue, this is an indication of the need to consult the parameters and possibly to revise them to include additional issues. Modifications to Section II (Principles) will require BOD approval. All questions and issues will be referred to Opcomm for research and recommendation with AC responsible for approving modifications and additions. At least annually, in preparation for Strategic Planning, Opcomm will review the entire document and make any suggestions for modification.

II. Principles:

How we make decisions is critical to CHD's success as a learning organization providing quality services to the community and to our consumers. Our decision making processes and our organizational systems are not static; they constantly evolve in response to internal and external influences and organizational learning. Consequently, the decision making processes are not a set of explicit rules, policies or procedures. They consist primarily as a set of principles whose application is continually being refined and clarified in the light of our experience. These principles reflect the challenge of making decisions in an environment of competing and sometimes contradictory values and the importance of learning from our experiences. Following are the guiding principles for decision making:

1. **Legal Responsibility:** State and federal law is very clear that the ultimate responsibility for CHD resides with our Board of Directors. In addition, the Mental Health Director and the Public Health Administrator have some legal responsibility defined by law and administrative rule, but these positions are also responsible to the BOD. **As the ultimate authorities, the BOD and the MH Director and PH Administrator can delegate authority but they cannot delegate responsibility. The delegation of authority is always dependent upon the responsible exercising of this authority and the meeting of expectations. Delegated authority can be withdrawn at any time.**
2. **Decentralization of Decision Making:** Decisions are most effective when they are decentralized – when they are closest to the customer or the point of service. Staff and teams have perspective and information that is essential for good decision making and they need to be empowered with the tools and knowledge and authority to make appropriate decisions. Teams are a frequent focal point for decision making within CHD. Authority is delegated to them by AC and/or the MH Director/PH Administrator. While self-directed teams are the norm, the degree of decision making authority is determined by AC. Some teams may have team leaders or team coordinators either temporarily or more long term in which case the leader/coordinator is responsible for decisions and may decide if and how much to delegate to the team.
3. **Impact of Decisions:** Decisions are rarely made in isolation and, in the complexity of CHD's systems, almost all decisions have impact upon other staff or teams. Effective decision making takes this into consideration and avoids unexpected impacts.

4. Inclusiveness and Openness: The best decisions consider the input of everyone affected by the decision. Since all of the affected parties may not be immediately apparent, it is important that decision making be as transparent as possible so that anyone potentially impacted can provide input. Unless there is clear imperative to keep information private or confidential, information needs to be available to everyone within CHD. Access to information is critical for good decision making and all parties have the right to ask for whatever information that they need. Decisions are need to be clearly communicated to everyone effected.
5. Effective Decision Making: The ability to provide quality services depends upon timely decisions. Cost effectiveness necessitates decision making that is efficient and that does not require repeated re-visiting.
6. Accountability: Decentralized decision making is the preferred mode at CHD but ultimate responsibility cannot be delegated. Every party that assumes decision making authority is accountable to the entity that delegated that authority. Circumstances may sometimes necessitate more centralized decision making either because of time constraints or other extenuating factors. When this happens, any party (BOD, AC, Teams) can temporarily withdraw delegated authorities and make more traditional or centralized decisions. Whenever authority is delegated (or withdrawn), the conditions and expectations need to be clearly communicated and understood by all parties.

III. Key Terms:

1. Responsibility: Responsibility, as used in this document, refers to that level at which ultimate accountability for a specific action or functions resides. While authority for performing a function can be delegated, responsibility for the action or function cannot be delegated.
2. Authority: Authority, as used in this document, refers to ability and permission **within** CHD to make decisions. It is not used here to refer to the MH Authority or PH Authority which are defined in statute and administrative rule and are addressed in the contract between Union County and CHD Inc.
3. Delegation: Delegation, as used in this document refers to the delegation of authority for decision making within CHD and does not address the issue of delegation of authorities from the county to CHD Inc. It also does not, at this time, address issues of nurse delegation as defined in statute and administrative rules.
4. Interpretation: While everyone involved interprets policies and decisions, in this document interpretation refers to the primary responsibility for interpreting mission, vision, values, policy or direction. This resides with the party responsible for decision making unless specifically delegated. In many cases, the BOD has delegated the authority for interpretation of their directives to AC.
5. Ethics: Ethics, broadly speaking, are principles of conduct governing individuals or groups. Most professions have codes of ethics that are at the core of their fields. These codes of ethics articulate the basic values, ethical principles, and ethical standards that exist to guide the conduct of professionals. When used in the context of this document ethics refers to both the individual codes of ethics governing the members of their profession, as well as a general ethical code for all CHD staff.

IV. General Responsibilities and Expectations:

Board of Directors: The BOD is ultimately responsible for all of CHD. The BOD delegates the executive function to Admin Council.

Admin Council: AC is responsible for the executive functions of the organization including: strategic, financial, human resources, legal, community relations, organizational structure,

information, and clinical leadership. The BOD expects AC to comply with the accountability recommendations document. AC is a team formed around function; it is not a cross team committee or representative group. However, AC is expected to ensure that team issues and needs are being addressed by regularly attending team meetings.

Public Health Administrator/Mental Health Director: These public authority positions are members of AC with responsibility for the functions identified in the statutes and administrative rules. They are accountable to AC.

PH Nurse Supervisor/BH Utilization Management Coordinator:

Cross Team Committees: Cross-team committees are responsible representing teams, for making policy recommendations to AC, and for any decision making that is explicitly delegated by AC. All teams are expected to provide active representation to cross-team committees. The committees are expected to make timely recommendations and to keep teams informed.

Teams: Teams are responsible for managing hiring, supervision and evaluation of team members, expenditures within the limits of the approved budget and program development. They are expected to conduct annual open appraisals and to inform AC of their team goals and accomplishments, to comply with all rules, regulations and contract requirements, and to provide quality and efficient customer services. AC has the authority to appoint a team leader or coordinator with responsibilities for some or all team functions.

Corporate Agent: The Corporate Agent is an AC member, recommended by AC and appointed by the BOD who has the authority to legally commit CHD by signing legal documents including contracts. The Corporate Agent is expected to represent AC decisions and to take direction from AC in committing the organization and to keep AC informed of all such commitments.

Board Liaison: The Board Liaison is an AC member with responsibility for working with the BOD Chair to set the agenda and to serve as the AC point of contact with the BOD. The Board Liaison is recommended by AC and appointed by the BOD.

Staff Representative to BOD: The staff representative is responsible for representing the perspective of staff to the BOD and to be an active (though non-voting) participant in all BOD actions. The staff representative is selected by staff and approved by the BOD for a two year term.

V. Delegation of Decision Making Authority:

The delegation of responsibilities among the various entities within CHD is summarized in this table using the following codes:

A = Approval (authority for decision making)

I = Interpret

R = Recommend

D = Delegate

O = Operationalize

Function	BOD	AC	Team	X-Team	Authority	Team Members
Policies						
Personnel/Fiscal	D	A/I		R		
Operation	D	A/I	O	R		
Contracts	D	I	O			

Function	BOD	AC	Team	X-Team	Authority	Team Members
Services						
Mission, Vision, Value	A	O/ R	O/R	O/R	O/R	O/R
Needs/Assess Internal/External	D	A	R	R	R/O	R
Strategic Direction	A/R	R/O/ I	R/O	R/O	R/O	R/O
Program Development/Implement	D	A/O	R/O	R/O	R/O	R/O
QA/QI	R/O/ D	R/A/ O	R/O	R/O	R/O	R/O
Fiscal						
Budget	A	O	O	I	R/O	R
Fiscal Management & Reporting	D	A/O	O/R	R		
Grant Writing	D	A/O	O/R	R	O/R	O/R
Investments	D	A/O				
Billing Practice Clarification (billing/coding issues)	D	A/I	R/O	R	R	O
Rate Setting – Services Only	D	A	R/O	R		O
Rate Setting – Supplies Only	D	D	A/O			O
Human Resources						
Staff Job Descriptions	D	A	R	R	R	R
AC Job Descriptions	A	R				
Hire, Staff	D	A/O	A/O			
Placement of Volunteers						
Terminate Staff	D	A/O	R		R	
Terminate Volunteers						
Salary/Compensation	D	A/ O		R		R
BOD Recruit/Development						
Recruitment	A/ O	R				
BOD job descriptions, org structure, communications, accountability	A/ O					
BOD Orientation	A/ O	O				
BOD Communication	A	O				
BOD Training, Development	A/ O	O				
BOD Self Evaluation	A/ O					
BOD Committees	A/ O	O/ R				
BOD Member contracting w/CHD	A					
Community Relations						
PR Plan	A/ O	R/ O				
Program Specific Plan	D	A	R/ O			

Function	BOD	AC	Team	X-Team	Authority	Team Members
CHD Reps To Outside Organizations	D	A	R/ O			
Legal						
Articles of Incorporation, Bylaws, & Other Legal Rules for Corp.	A					
Compliance with Laws, Regulations,& Contracts	D	I	O		I	O
Org Structure						
Executive Function	A	O				
Team Charter	D	A	R/ O	R/ O		
X-Team Charters	D	A		R/ O		
Information						
Information Strategies	D	A	O/ R		R	
Other						
Clinical Leadership	D	R	R		A	O
Process for Adding AC Member (Including Authorities)	A	R/ O	R			
Add/Remove AC Member	D	A/ O				
Appointment of Corporate Agent and BOD Liaison	A	R/ O				

VI. Decision Making Criteria

The following six criteria are used by all CHD entities in making decisions:

1. Policies and procedures: Does the decision comply with CHD written and unwritten policies and procedures?
2. Financial: What are the financial consequences of the decision? Does it comply with the approved CHD and/or team budget?
3. Legal: Does the decisions comply with federal, state and local laws and regulations and with all contractual requirements?
4. Mission, vision and values: Is the decision consistent with CHD mission, vision and values especially the "half dozen truths"?
5. Internal impact: How does the decision impact other CHD teams, programs or staff members? Has everyone affected been given an opportunity for input? Has everyone affected been informed of the decision?
6. Political: Does the decision have political or community relations implications ?

VII. Specific Decision Parameters (responsibilities and expectations)

1. Policies and Procedures. CHD's strategic directions are adopted by the BOD. Policies affecting the entire organization, including personnel and fiscal polices, are adopted by AC with recommendations from cross-team committees. Operational procedures are developed by teams. All entities are expected to consult and follow policies and procedures in making decisions and to seek interpretation from AC when necessary.

2. Financial. The BOD adopts the annual CHD budget that establishes the expenditure limitations for the organization and makes any necessary modifications within the fiscal year.

AC is responsible for

- implementing this budget,
- assuring that the organization does not exceed the overall expenditures authorized in the budget,
- identifying any necessary mid-year budget revisions,
- managing contingency funds,
- providing budget directives to Fiscomm, and
- recommending the annual budget to the BOD.

Fiscomm is responsible for

- developing the annual budget consistent with budget directives,
- recommending it to AC,
- monitoring the fiscal performance of the organization,
- making recommendations to AC regarding mid-year changes, and
- recommending fiscal policy to AC.

Teams are responsible for

- developing a budget identifying their team needs and submitting this to Fiscomm,
- assuring active representation on Fiscomm,
- managing their operations within the approved budget,
- identifying financial problems and working with Fiscomm to develop solutions.

3. Legal/Ethical. The BOD delegates responsibility to AC to represent CHD in all legal matters. AC is expected to inform the BOD of any actual or potential legal actions against CHD and to involve the BOD in responding to such actions. AC is responsible for:

- Approving contracts or agreements committing CHD,
- Terminating contracts or services,
- Maintaining adequate legal representation for CHD,
- Requesting legal advise from the corporate attorney.

The Corporate Agent is responsible for signing all legal documents that commit or obligate CHD. The Corporate Agent is expected to obtain AC approval prior to signing any such document and is not authorized to make independent decisions on behalf of CHD.

The MH Director and PH Administrator are responsible for

- reviewing and recommending approval to AC of all contracts within their areas of program responsibility,
- monitoring compliance with contracts, laws and regulations,
- working with teams to assure compliance with contracts, laws and regulations,
- keeping AC informed of any potential non-compliance issues.

Teams are responsible for negotiating agreements or contracts for services and are expected to:

- Keep AC informed of any negotiations,
- Obtain AC approval for any contracts or agreements,
- Obtain AC approval for termination of any service or contract,
- Immediately report any adverse incidents to AC that could potentially result in legal action against CHD,
- Inform and coordinate any requests for accessing legal counsel.

All staff are expected to comply with all laws and contract requirements and to follow any applicable standards of professional ethics and to follow the CHD ethics policy.

4. Mission, vision and values. The formal adoption of mission, vision and values is the responsibility of the BOD. However, the CHD culture and implementation of these values is dependent upon every person and entity in CHD and are continually evolving in an informal

process. Everyone in CHD has responsibility for understanding and implementing the mission vision and values and for reflection upon them in the light of experience.

AC is responsible for:

- Interpreting mission, vision and values,
- Approving team missions,
- Encouraging continual reflection upon mission, vision and values.

Teams are expected to

- develop written team mission statements that are consistent with CHD mission statement,
- regularly review and update these statements as needed,
- obtain AC approval of team mission, and
- reflect upon mission, vision and values in light of their team experiences and as part of all decision making.

5. Internal impact. Everyone is responsible for assuring that decisions do not adversely affect other CHD services and/or teams. Cross-team committees are designed as the forum for considering the impact of decision upon other parts of the system. Cross-team committees are responsible for:

- facilitating communication between the various parts of the system,
- developing solutions that minimize negative impact, and
- recommending policies to AC when necessary.

AC is responsible for:

- making decisions affecting multiple teams if the teams are unable to make find a mutually agreeable solution, and
- chartering new cross-team committees or temporary workgroups as necessary to deal with issues impacting multiple parts of the system.

6. Political. All teams and individual staff are expected to recognize the potential for political ramifications to decisions and to involve AC in any politically sensitive decisions. Similarly, AC is expected to inform and involve the BOD in politically sensitive decisions. All teams and individuals are expected to involve AC prior to contacting the county Health and Human Services Advisory Committee, county commissioners, other local, state or federal political officials or the CHD BOD (with the exception of the staff representative to the BOD).

7. Admin Council Structure: AC is responsible for functioning as a self-directed team as described in these decision making parameters. The BOD will approve the need to add additional members when a member leaves AC or when the need is identified for additional skills. AC is responsible for recommending the size of AC and a selection process based upon the organizational needs and circumstances at the time. The BOD has the authority to approve the selection process for new AC members, ensuring that it is open and inclusive and involves AC members, staff, BOD and possibly community members/partners. AC is responsible for implementing this process and for selecting new AC members. Teams and individual staff are responsible for providing feedback on AC functioning through the AC Open Appraisal process.

8. Organizational Structure: The BOD has authority to decide whether to utilize AC or an individual CEO to be responsible for CHD's executive function. ***(This version of Decision Making Parameters is based upon the 2004 decision by the BOD to utilize AC as a "team executive". If, at some time in the future, the BOD reverses this decision, these Decision Parameters will no longer be relevant and will need to be revised.)*** AC is responsible for approving team missions and for determining the organizational structure including:

- creating new teams,
- abolishing teams,
- re-assigning programs and services between teams, and
- assessing the functioning of teams and appointing a team leader or team coordinator if necessary.

Teams are expected to:

- develop their team mission,
- operate within their team mission,
- respect the missions of other teams, and
- recognize when team missions overlap or conflict and to raise this issue with Opcomm or Admin Council.

9. Program Development: Teams are responsible for program development within the parameters of their team mission. Teams are expected to inform and coordinate with all parties affected by program development decisions. The grant writing checklist is a tool for assuring that all parties are involved and all relevant factors considered when developing a request for new funding. All staff are expected to use this checklist, to file it with the Operations Coordinator and to save their program development documents and grant requests in a public folder on the network. Due to the potential political and community relations issues involved, teams do not have the authority to drop any services or program without approval of AC (even when funding has ends). AC is responsible, either directly or through the formation of a cross-team workgroup for the development of new programs or services that fall outside team missions or cross multiple teams.

10. Personnel: Teams are generally responsible for personnel management consistent with all legal requirements and CHD policies and procedures. The BOD delegates authority for approving the personnel handbook containing all CHD personnel policies to AC. AC is responsible for:

- establishing compensation for positions,
- classification and re-classification of positions,
- terminating employees,
- approval of personal services contract,
- providing quarterly reports regarding personnel policy updates to the BOD
- appointing Competency Supervisors.

The Personnel Committee is responsible for:

- recommending personnel policy to AC,
- training and supporting the team personnel representative,
- assuring consistent application of personnel policies and procedures.

Teams are responsible for:

- defining expectation of team positions,
- developing, maintaining and updating job descriptions for all team members,
- screening, recruitment and hiring of team positions,
- providing clear job performance expectations to all team members,
- providing feedback and evaluation of staff performance including regular open appraisals.
- following the CHD hiring checklist in all hiring,
- providing job specific orientation for new employees,
- assuring that personnel practices and supervision meets the all applicable requirements (contractual, administrative rules, licensing, etc.)
- approving the increase or reduction in team member hours within their approved budget.

Teams are expected to:

- establish and maintain current team expectations,
- obtain HR review of all job descriptions to assure that they are consistent with legal requirements and decision parameters,
- identify and address any team member performance problems,
- utilize the CHD Quality Improvement Process and hold team members accountable to using this process,
- provide feedback to team members,
- keep AC informed of team member performance problems,
- request assistance from AC in address these problems whenever necessary.

Competency Supervisors are responsible for:

- assuring and certifying that new and re-assigned staff have the necessary basic job competencies necessary.

Competency Supervisors are expected to:

- meet regularly with their supervisee,
- actively participate in employee evaluations,
- work with team personnel representative and HR Coordinator to resolve performance problems.

11. Customer Service: Everyone at CHD is responsible for providing quality customer service. AC is responsible for investigating and resolving customer complaints.

Staff and teams are expected to:

- resolve customer complaints as soon as they are encountered,
- refer consumers to the complaint or grievance process when necessary,
- inform Community Relations Coordinator in advance of any potential customer complaints or grievances.

12. Public Relations and Media Contact: The BOD has authority for approving the organizational public relations plan. AC is responsible for developing and recommending the PR plan to the BOD and for interpreting and communicating the plan to teams and staff. Teams are responsible for publicizing their programs and services consistent with the PR plan. Teams and staff are expected to keep the Community Relations Coordinator and AC informed of media contact and to consult with the Community Relations Coordinator prior to any extensive or intensive media campaigns, including personal interviews and advertising. Teams and team members are expected to notify the Community Relations Coordinator whenever they are contacted by the media on potential or actual controversial subjects.

Unresolved Issues:

1. Quality Improvement (following is the section from the old Decision Parameters – much of it does not seem relevant currently)
 - a. All teams are involved in an on-going process of measurement and quality improvement through surveys, open appraisals, site reviews etc.
 - b. Teams will seek training, consultation, and coordination for quality improvement activities.
 - c. Teams will provide reports to AC that include:
 - 1) Customer satisfaction measures (external and internal)
 - 2) Outcome measures
 - 3) Productivity/efficiency measures (process evaluations/issues).
2. Clinical Supervision: What authority do clinical supervisors have (BH & PH)? Review “3 Legged Stool” document and formalize it. From policy #130, it does not appear that clinical supervisors have any authority and that this is strictly an educational process. Is this true? Is there a parallel issue within PH? Add to Personnel section
3. Volunteers. Who has authority for selection and termination of volunteers? Develop volunteer job descriptions, criteria, expectations, etc.
4. Compensation for AC members. Who determines the salary range for AC positions? BOD? Who determines where an AC member is placed within the scale when hired or reclassified?
5. Job Descriptions. Do we have policies regarding job descriptions? When are revisions expected/required?
6. UM Coordinator/PH Nurse Supervisor. Are these positions appointed by (and accountable to) the team, AC, MH Director/PH Administrator? What authority is granted to these positions? Do they have any role in personnel? Do these two positions have the same standing within CHD or are there differences between them? Include this information in the General Responsibilities section
7. Risk management. What are the responsibilities and expectations associated with risk management? Need to add a section and add to the Delegation of Responsibilities section.
8. Auditors. Who has what responsibility/authority/expectations regarding the independent auditors? Add to financial section.
9. BOD role in resolving staff grievances. Make this consistent with Employee Handbook and any relevant policies.
10. How do the decision parameters relate to the larger issues of MH Authority/PH Authority and delegation of authority from county to CHD?