Title: Policies and Procedures	Procedure Number: PRO 100.001.01
Reference(s): POL 100.001	Effective Date: Supersedes: N/A
Approved By: _____	Revised Date: N/A

PURPOSE:

To provide direction and guidance on how to develop policies and procedures in alignment with *POL 100.001 Policies and Procedures*.

PHILOSOPHY:

The Snohomish Health District (The District) will use a consistent process to develop clear, understandable policies and procedures which guide furtherance of agency mission and vision. These procedures addresses the "how" of developing policy and procedures not spoken to in the parent policy.

DEFINITIONS:

Procedures Owner: A person assigned to ensure timely review, updating and dissemination of procedure.

Policy Program Administrator: A member of the Districts management team responsible for ensuring polices are in compliance with this policies guiding principle, standards, and oversight requirements of the policy program.

Policy Owner: A member of the District's management team responsible to ensure timely review, updating and dissemination

PROCEDURE:

The District creates and maintains two general categories of policies: those that have agency-wide application and those that address public health. Similar in organizational structure to *POL 100.001 Policies and Procedures*, there are many steps to the development process that are the same for both categories of policies and procedures and several that are different. This procedure provides processes for the development of polices in both categories and processes for the development of procedures tied to those policies, when needed.

A. POLICY DEVELOPMENT AND REVISIONS

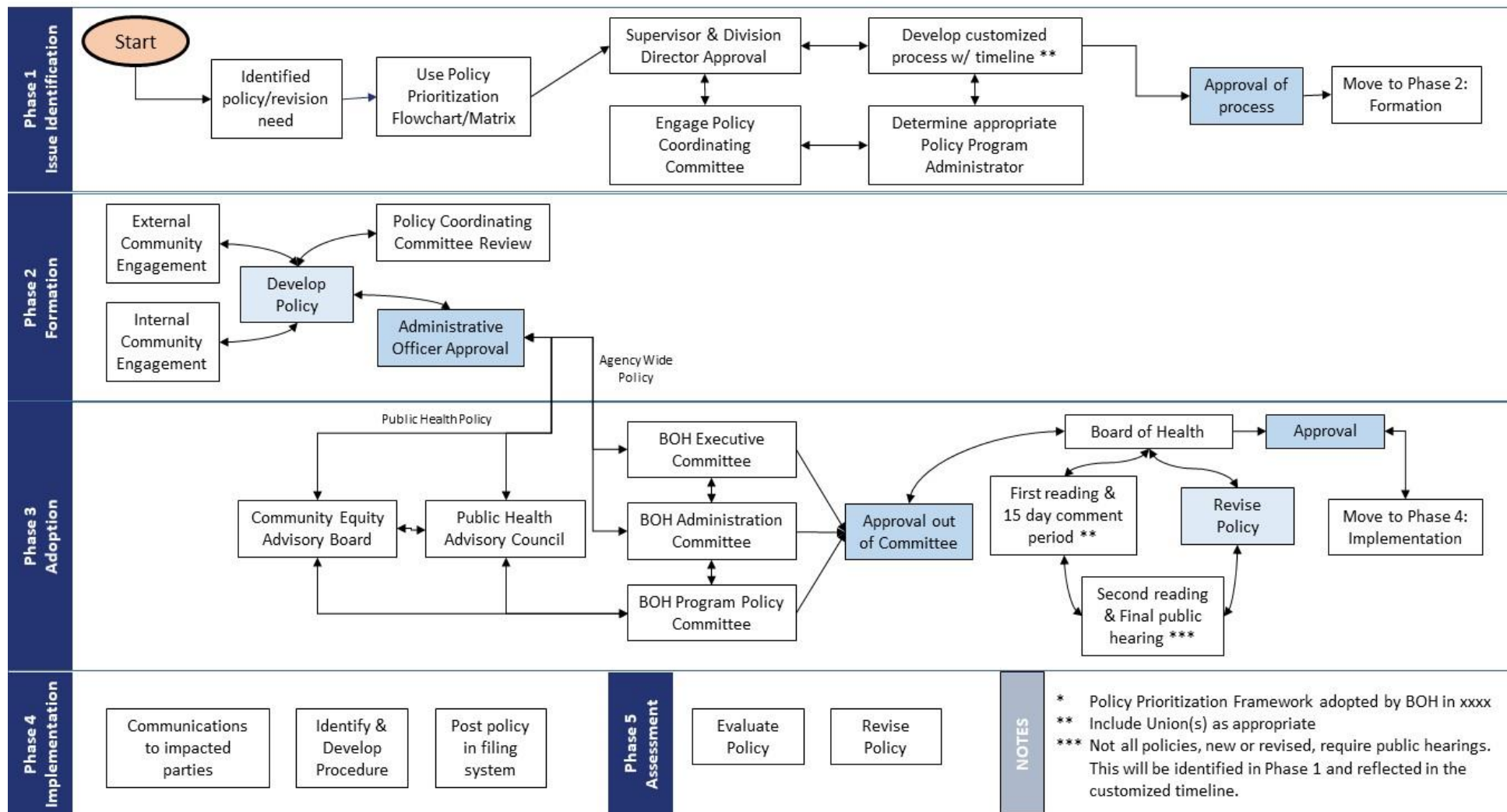The five stages or phases to policy development and revisions are:
1. Issue identification
2. Formulation
3. Adoption
4. Implementation
5. Evaluation

A flow diagram showing major steps, milestones and points of approval for policy development and revisions is below:

Policy Development Process for Phases 1-3

(Note: General highlights for Phases 4 -5)

DRAFT

Phase 1 — Issue Identification

Start → Identified policy/revision need → Use Policy Prioritization Flowchart/Matrix → Supervisor & Division Director Approval ↔ Develop customized process w/ timeline ** → Approval of process → Move to Phase 2: Formation

Engage Policy Coordinating Committee ↔ Determine appropriate Policy Program Administrator

Phase 2 — Formation

External Community Engagement → Policy Coordinating Committee Review → Develop Policy → Administrative Officer Approval

Internal Community Engagement

Agency Wide Policy

Phase 3 — Adoption

Public Health Policy

Community Equity Advisory Board → Public Health Advisory Council → BOH Executive Committee / BOH Administration Committee / BOH Program Policy Committee → Approval out of Committee → Board of Health → Approval → Move to Phase 4: Implementation

First reading & 15 day comment period **

Revise Policy

Second reading & Final public hearing ***

Phase 4 — Implementation

Communications to impacted parties | Identify & Develop Procedure | Post policy in filing system

Phase 5 — Assessment

Evaluate Policy | Revise Policy

NOTES

* Policy Prioritization Framework adopted by BOH in xxxx

** Include Union(s) as appropriate

*** Not all policies, new or revised, require public hearings. This will be identified in Phase 1 and reflected in the customized timeline.

Phase 1: Issue Identification

Prior to elevating an idea for policy development or revision, consideration must be given to the need for such policy, it's alignment with District priorities, and if policy development is the correct strategy to achieve intended goals. This phase does not pre-suppose the content of a policy solution. Additional considerations may include:

- Impact – What potential impact(s) will the policy have on the District, our partners, the community?
- Capacity – Is the District, community or other impacted communities able to support development and/or implementation of the policy (staffing, budget, partnerships, etc.)?
- Equitable – Does the policy address or support the reduction of health inequities and disparities in our communities? Does this policy link to or support Resolution #20-17: Supporting Equity and Inclusion?

To assist in thinking about or responding to the above considerations staff need to complete the *Policy Identification Form* (Attachment A). The form provides the necessary documentation to explore the big picture and create a written proposal for consideration. Staff are encouraged to connect with the Administrative Services Director, for agency-wide policies, or the Health Policy Analyst, for public health policies, during the completion of the form. These conversations are optional, informal and are intended to address or look at the big picture. Outcomes of those conversations could result in moving the policy need forward for development or revisions, identify alternative strategies to meet the intended goals, or discontinuing policy development.

Once a policy need has been identified *and* initial considerations have been responded to, approval from the originating program's supervisor and division director is required. For example, a policy proposal from a Refugee Program staff member requires approval from the program supervisor and the Prevention Division Director.

With supervisory and division director approval, the proposal moves to the Policy Coordinating Committee to provide guidance and technical support specific to the proposed policy and coordination with other policy efforts throughout District. The Committee does not serve as an internal control point with approval process decision making authority. If not previously done, the proposed policy will be matched with an appropriate Policy Program Administrator who will provide process and strategic technical guidance throughout the remainder of the policy development or revision process. The Policy Owner, Policy Program Administrator, and approving program supervisor and division manager will create a process and timeline unique to the proposed policy subject matter.

Considerations addressed in the development of the process and timeline may include:

- Support – Is there support or can we gain support for this policy within our partners, Board of Health, legislators, media and our community?
- Opposition – Who will likely challenge or oppose the policy? What potential roadblock are known or could come up to challenge the successful creation, passing, and/or implementation of the policy?
- Environment – What is current political environment for the policy to be introduced?
- Timing – Is this the optimal time for the policy internally and/or externally? Is there a window of opportunity?

To best manage and facilitate the formation of a policy, convening of an ad hoc team may be needed. This ad hoc committee will establish roles, review and write the draft policy, conduct research, and decide which interested parties should be engaged and implements said engagement.

Following agreement and approval of the process and timeline, the policy proposal can move forward to *Phase 2: Formation.*

Milestones for Phase 1: Issue Implementation		
Policy Need or Revision	❒	Approval from Supervisor
	❒	Approval from Director
Policy Coordinating Committee	❒	Assigned a Policy Program Administrator
	❒	Customized timeline developed
Process	❒	Approval from Supervisor
	❒	Approval from Director
	❒	Formation of an ad hoc team, if needed

Phase 2: Formation

Policy formation is the development of effective and acceptable courses of action addressing the issue identified in *Phase 1: Issue Identification*. Effective courses of actions mean that that the policy is viewed as evidence-based, implementable and rational. Acceptable courses of action means that the policy is likely to be approved by the Board of Health or other decision makers.

This step involves the approach (es) needed to develop a best fit solution to the issue that balances political and technical considerations. There can be several competing proposals depending on the agendas of stakeholders involved. This may also involve considering alternative courses of action and forecasting and modeling the impact of future situations. This process may be short or long and drawn out.

Research and analysis of policies used by others in achieving the identified goal and potential alternatives lays the foundation for identifying a recommended best-fit policy. This can include comparisons of cost, outcomes, trends, challenges, and unintended consequences. Questions to consider may include:

- What are the expected impacts?
- Who are the perceived winners and losers?
- What are potential steps taken in support of or retaliation to this action?
- Does a solution balance out when taking a big picture view? (i.e. cost-benefit)

Engagement with interested parties both internal and external to the District is critical to inform research and analysis and development of a best-fit policy. Interested parties should be meaningfully and equitably involved throughout *Phase 2: Formation* and *Phase 3: Adoption* and may continue into the implementation and evaluation phases. Strategies and activities for participation are varied and should be selected to adequately reflect known or anticipated political and technical needs. Strategies can include:

- One-on-one conversations with important community and issue leaders
- Surveys, polls or the like
- Community conversations (e.g. focus group, town hall, open house)

Interested party engagement, research and analysis and policy formation are iterative and inter-related. For example, one-on-one conversations may be considered a part of the initial research and analysis as a way to determine criteria for policy comparison and/or perceptions of the issue. Once a drafted policy or menu of recommendations is determined, additional community engagement may be used to seek input related to that drafted proposal. This iterative process of drafting and community input can continue as long as needed to reach a desired balance of technical and political agreement.

Drafted policies must obtain District Administrator approval prior to moving onto *Phase 3: Adoption*.

Milestones for Phase 2: Formation	
☐	Policy Research
☐	Internal Interested Party Engagement Conducted
☐	External Interested Party Engagement Conducted
☐	Policy Drafted
☐	District Administrator Approval

Phase 3: Adoption
Policies are approved according to the Division of Responsibilities as set forth by the Board of Health and the authority of the Health Officer. For most policy, the Board of Health will be the approving body.

Prior to reaching the full Board of Health, a policy will need to be reviewed and approved by one or more committees --- Public Health Advisory Council (public health policy only), Board of Health Executive Committee, Board of Health Administration Committee, and Board of Health Program Policy Committee.

The number of and sequence of committee approvals will be determined by four factors:

- Is the policy content agency wide or public health policy?
- Subject matter
- Impact of the policy
- Political considerations

Determining and operationalizing committee review can be chaotic and change several times. One point of stability will be completing the required documentation.

In preparation for moving the drafted policy through committee and the Board of Health a staff report and resolution are needed. Presentation slides are not recommended for committees, but may be needed for the full Board of Health.

At a committee meeting, members have an opportunity to hear from staff and ask questions. Questions may be technical, process-related, and political. The committee can request changes to the policy, additional committee review, and/or additional research be conducted prior to approval. This process will be repeated for each committee the draft policy is heard at. Committee approval does not constitute Board of Health approval. Once all needed committee approvals are received, the policy can move to the full Board of Health.

The Board of Health, like in previous committees, has the opportunity to hear from staff and ask questions covering any aspect of the policy and its development. Depending on the policy, a public hearing may be held. Public hearings are designed to obtain comment or testimony from the public before decisions are made. The term public is viewed in the broadest way possible. Public hearings may be required for specific topics such as required by state or federal law. If not required by law, public hearings may be requested by the Board of Health.

As with committees, the Board of Health may request revisions or additional research prior to taking action. Passage of the policy requires a majority vote of members in attendance once quorum is established.

Following passage of the policy, the Board of Health Chair will sign the policy and either the District Administrator or the Health Officer will sign in attestation.

Milestones for Phase 3: Adoption		
Documents	☐	Staff Report
	☐	Resolution
	☐	Draft Policy
	☐	Presentation slides (optional)
Committees	☐	Public Health Advisory Council approval
	☐	BOH Executive Committee approval
	☐	BOH Administration Committee approval
	☐	BOH Program Policy Committee approval
Board of Health	☐	Public Hearings (if needed)
	☐	Approval

Phase 4: Implementation
Congratulations on getting the policy approved.

Regardless of how the policy may be implemented three actions must be taken: communication of the policy to impacted parties, identify and develop a procedure, and post policy in filing system.

Communication of the policies passage and content to impacted parties will vary by policy and should be coordinated with the Public & Government Affairs Manager. Factors considered when determining appropriate communications include:

- Intended or impacted audience.
  - For example, How does this policy impact internal SHD District staff or the residents of Snohomish County.
  - How are we meeting our intended audience's communication needs? Translations?
- Content of the communication.
  - Are we notifying the audience for information only or asking them to do something?
  - Do the communication pieces use anti-racist language?
- Strategy for communication. Press release, blog, or an internal agency all staff e-mail?

Many of the Districts policies will need a procedure. As discussed in POL 100.001, procedures provide additional guidance on how to implement a policy or where a policy is silent. For details on if a procedure is needed or how to develop a procedure see *Secion B: Procedure Development and Revision* below.

Filing of the approved policy should be coordinated with the Administrative Services Director and the Privacy and Public Records Officer.

Beyond the three tasks previously described, implementation of the approved Board of Health policy will be determined by the content of the policy. For policies that change internal agency processes, determine if training may be needed to support implantation implementation.

Milestones for Phase 4: Implementation	
☐	Communication to interested parties
☐	Determination of procedure need
☐	Policy is posted in filing system

Phase 5: Assessment

The BOH approved policy was created using the best available technical information combined with public engagement and balanced in politics. It is intended to achieve a goal. Assessment, also referred to as evaluation, will assist in determining if the intended goal was reached though the approved policy.

POL 100.001 establishes a two-year review cycle for agency-wide policies.

B. PROCEDURE DEVEPLOPMENT AND REVISION

Refer to POL 100.001 for procedure guiding principles, standards and oversight.

Step 1: Determination of Need

Creating a procedure for procedure sake is not necessary. Keep in mind that procedures describe the "how" for completing a task or process. To determine if a procedure is needed here are some questions to consider:

- Is the process lengthy?
- Are the steps complex?
- Are the required steps routine and it's essential that everyone does it the same way?
- Is there a need for or requirement for documentation?
- If done wrong, could there be serious consequences?
- Are people confused and/or repeatedly asking similar question?
- Are there too many ways people are or could be interpreting the policy?

If any of the questions above were answered with a "yes" then proceed to *Step 2: Formation*.

Step 2: Formation

The question(s) in *Step 1: Determination of Need* that were responded to with a 'yes' are the goals in developing the procedure. Keep these goals at the forefront of writing the procedure.

A. Prior to beginning the writing process talk with several users of the procedure. This could be current users or implementers of an existing procedure (formally written or the "unwritten rules") or intended users and implementers of this newly developed procedure. Use information gathered in these conversations to determine level of detail and breadth of information needed

B. Begin writing the procedure. Keep in mind both the goals of the procedure (Step1) and the users' initial feedback when drafting (Step 2A). General guides when writing a procedure:
- Use the Procedure template provide in the Appendix.
- Write down actions in the order they need to happen
- Include flowcharts, tables, checklists, or other visuals as needed to support the written word.
- Reference and link to required forms

C. Conduct usability testing. Ask one or more persons to read, follow and execute the drafted procedure. It is a good idea to have a variety of users test out the procedure. Consider users in differing programs or projects, or someone who has no previous experience or knowledge with this procedures topical area. These "test" users will likely interpret what has been written differently than intended or identify areas of too much or too little detail. Use the feedback to revise the procedure.

Repeat steps 2B and 2C as many times as necessary to create a procedure that meets all of the intended goals and the variation in "test" user's issues are minimized or eliminated.

Step 3: Approval

Newly developed procedures must be approved by the Administrator. A newly developped procedure includes those that have not been written down or formalized such as "unwritten rules" which may have been used for who knows how long, or procedures that are in response to a recently adopted policy.

Previously approved procedures that have under gone revisions may be approved by the impacted Division Director.

Step 4: Implementation

Once approved, the procedure must be uploaded to the centeralized policy and procedure management and shared with all the intended users. Minimum information to be included in the communcation is:

- Where to find the procedure, the originating policy, and any referenced forms
- Who to contact with implentation questions
- When or where to receive training, if needed.

Step 5: Revisions

Revisions to a previously approved procedure may occur as needed. Revision that are broad in scope are engouraged to use the process described in *Step 2*.