Florida Department of Health

Quality Improvement through the Public Health Infrastructure Grant

August 19, 2025

Presenters

Todd Brushwood

Manager, Lean Six Sigma Black Belt

Performance and Quality Improvement

Florida Department of Health in Hillsborough County

Stephanie Ross

Senior Public Health Nutritionist

WIC/Nutrition

Florida Department of Health in Hillsborough County

Hello from DOH-Hillsborough

Florida Department of Health in Hillsborough County (DOH-Hillsborough)

- Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts

- Committed to continuous quality improvement (CQI)

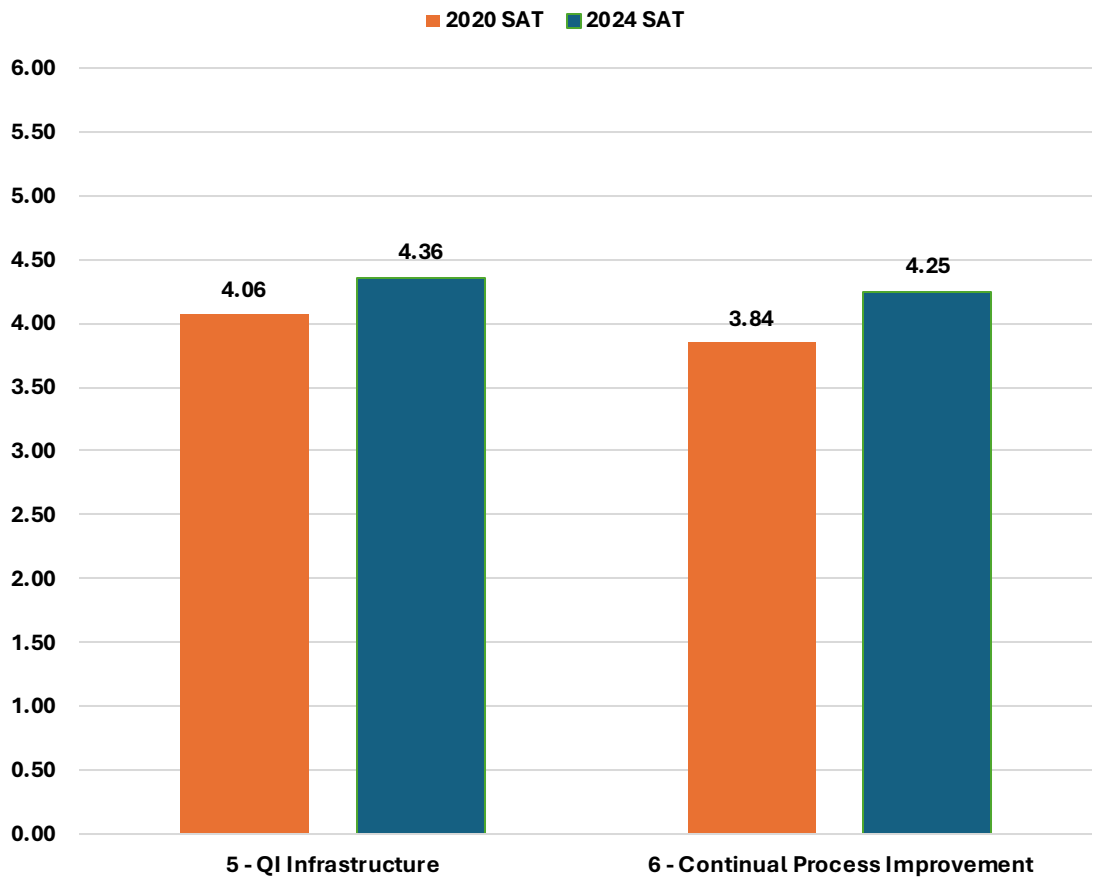
Improving How We Improve

- NACCHO Culture of Quality Self Assessment Tool (SAT)
- Formal Quality Improvement (QI): In some areas
- Lowest scoring elements:
  - Quality Improvement Infrastructure
  - Continual Process Improvement
- Challenges with QI projects
- Opportunity to improve through PHIG

Foundation is Our Workforce!

- Lean Six Sigma (LSS) green belt training for staff
- Included completion of a QI project
- Expectation to complete one each year
- Gradual build up of QI infrastructure
- Better support for process improvement

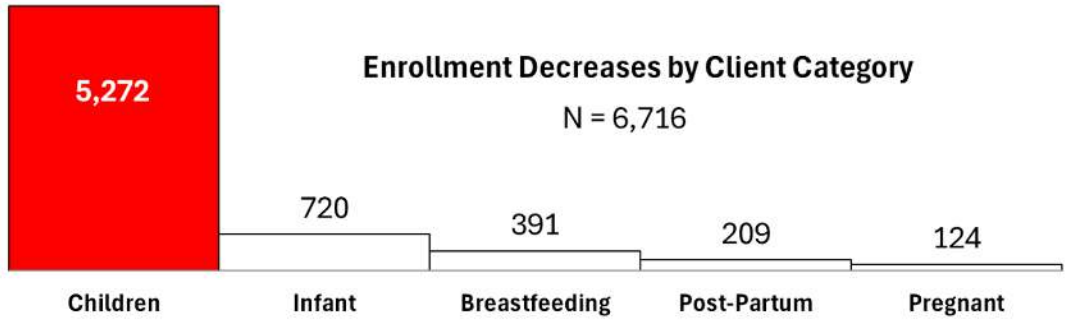
First Year Results and Impact

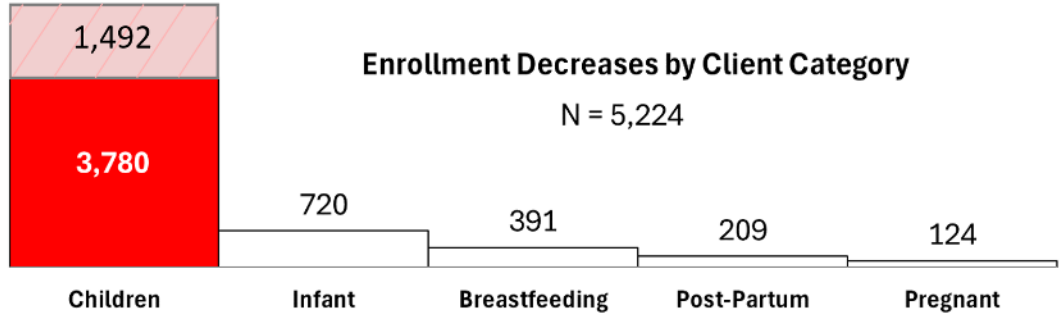


- One person trained in each division
- One QI project in each division
- More opportunities for staff to participate
- Increased knowledge of LSS tools and techniques
- Improved scores in the 2024 SAT

WIC Project Summary

- Drop in WIC participation from 2022-23
- Pareto showed the greatest drop
- Fishbone analysis to determine why
- Revised Pareto to show improvement





Sustainability and Lessons Learned

- Improvement is *continuous*…
- Progress is *not* linear
- Not every project needs DMAIC
- Teaching staff LSS helps us all improve

Contact Information

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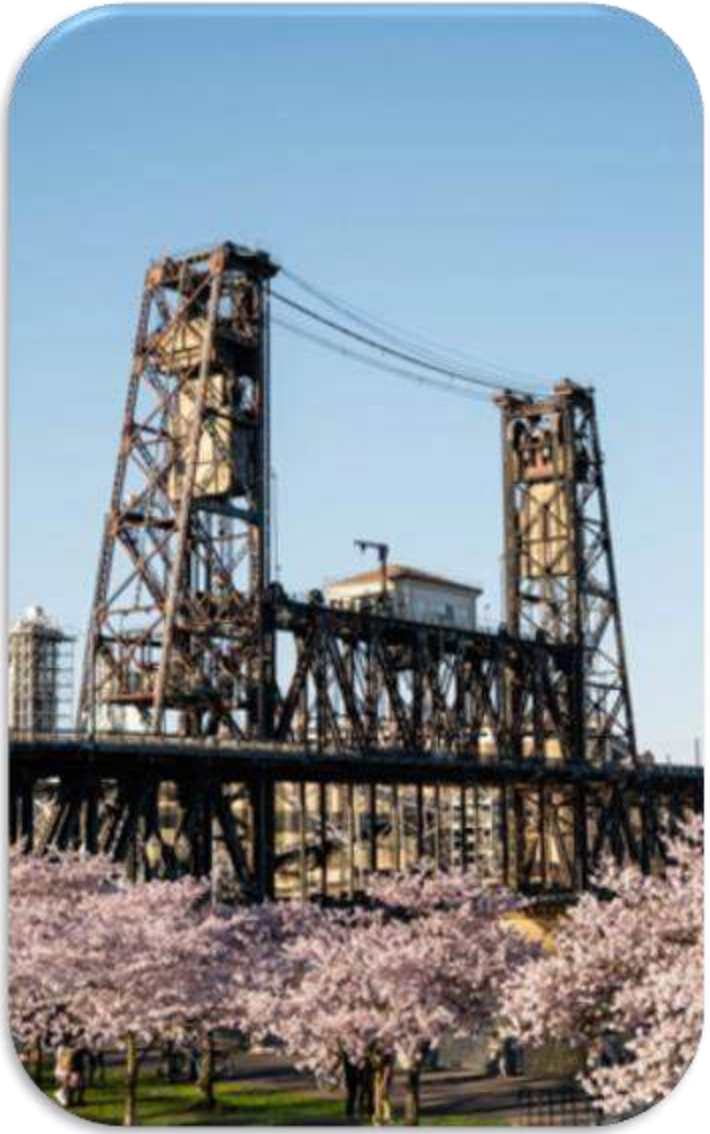
From Chaos to Kaizen

Streamlining Recruitment and Interviews at Multnomah County's Health Department

Christina Brown, MPH
PHIG Project Manager
Multnomah County Health Department

Organizational Context // Structure



Multnomah County Oregon

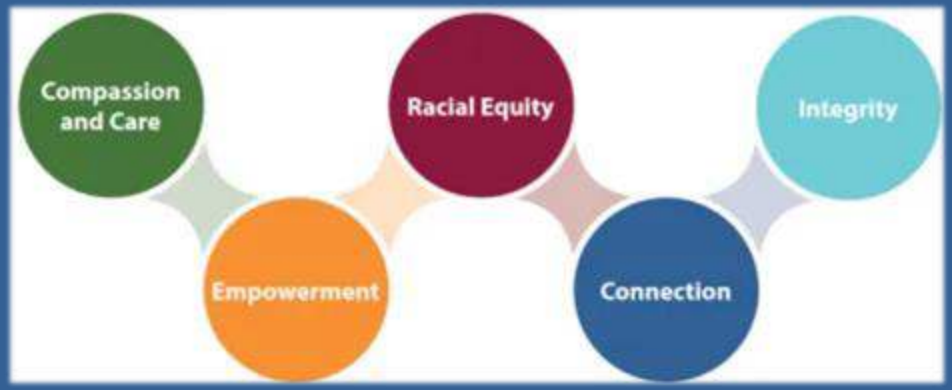
- Smallest and most populous county in Oregon (800,000+ residents)

Multnomah County Human Resources (HR) Structure

- Centralized HR
- HR recruitment works in coordination with programs

Multnomah County Health Department Mission Statement

- We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.



Organizational Context // Problem & Opportunity

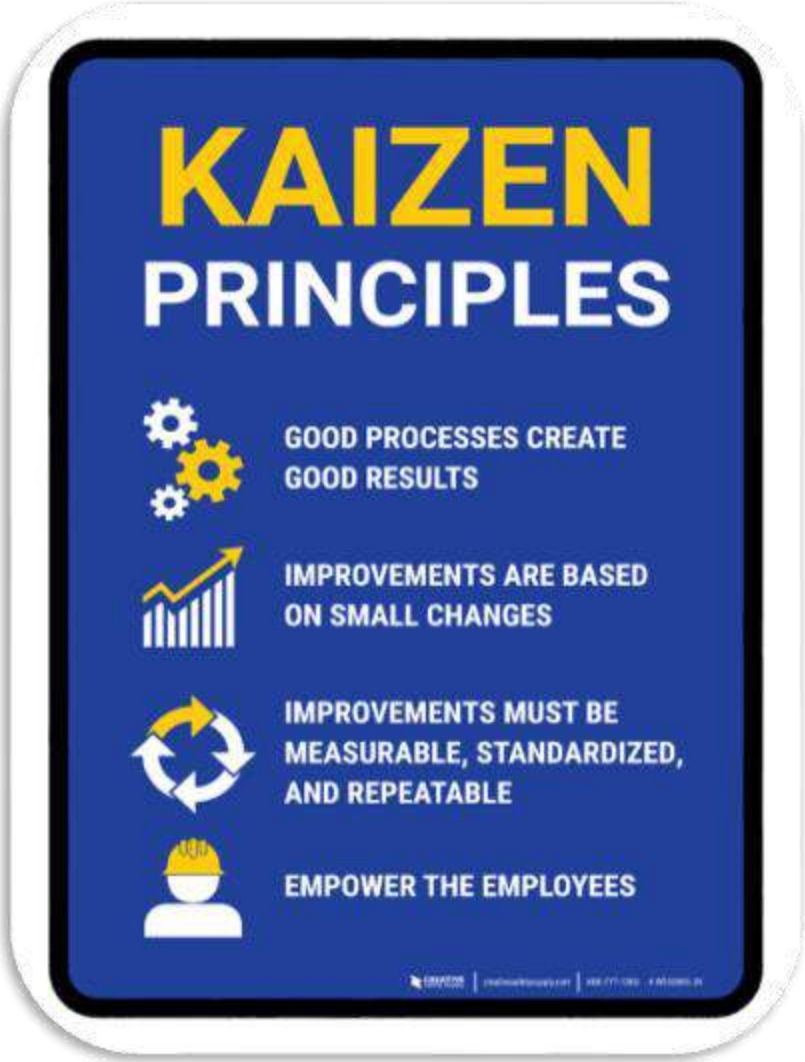
Problem

- Inconsistent recruitment process made it difficult to fill critical roles exacerbating staff burnout and turnover
- Research and interviews confirmed lack of standardized hiring process

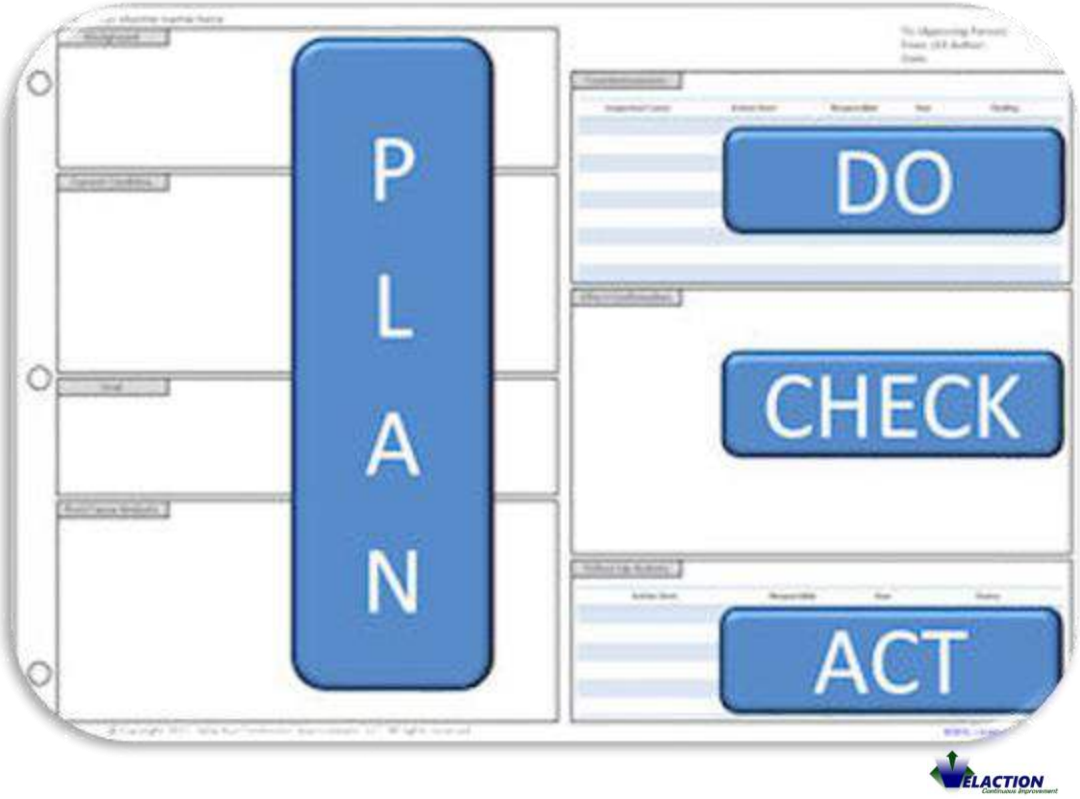
Opportunity & Solution

- New leadership saw a vital opportunity to stabilize workforce, alleviate burnout, ensure organization can effectively function
- Used a Kaizen event to transform analog hiring procedures into one clear, efficient and standardized system

Approach // A3 & Kaizen

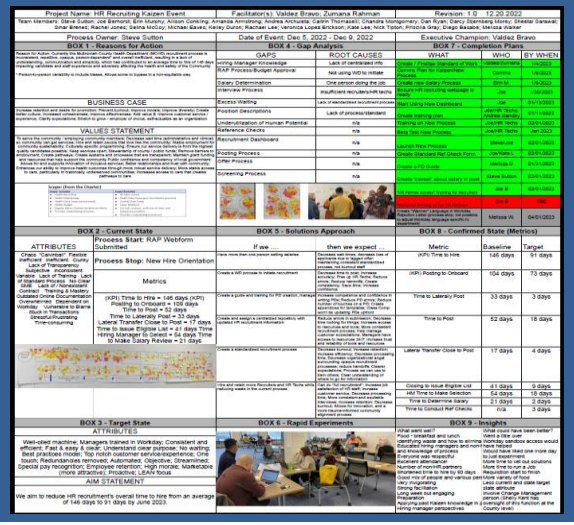


A3 Tool



Approach // Recruitment Kaizen

A3 Framework



Our Kaizen Process

Day 1 - Map out current state

Day 2 - Map out target state

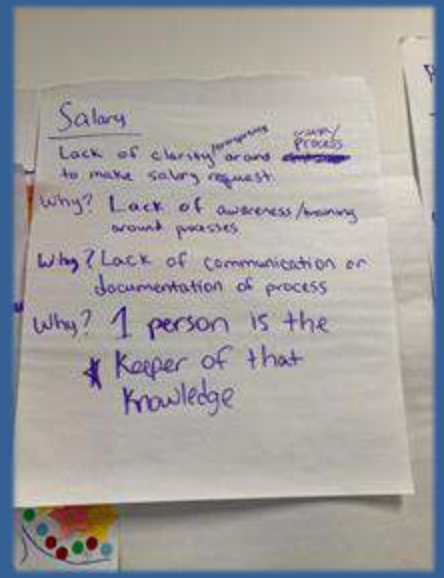
Day 3 - Gap Analysis and Solutions Approach

Day 4 - Create Solutions, Rapid Experiments

Day 5 - Action plan, metrics and reflection

Mapping the current state

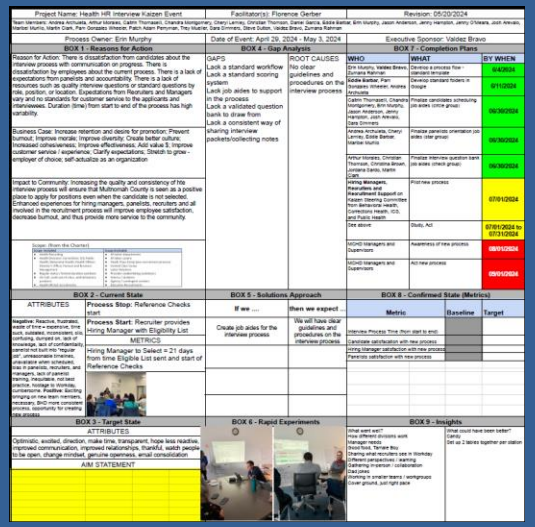
Dreaming of the target state



Gap analysis of salary determination using the 5 Whys

Approach // Interview Kaizen

A3 Framework



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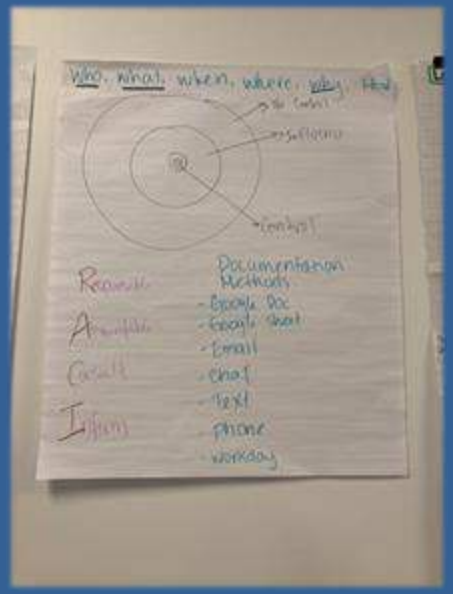
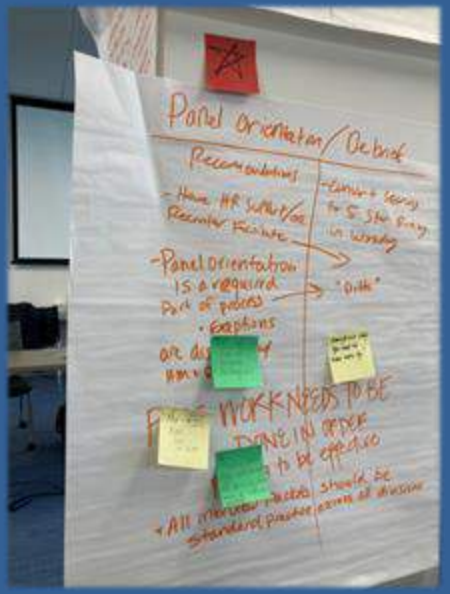
Mapping the current state



Reference Tools



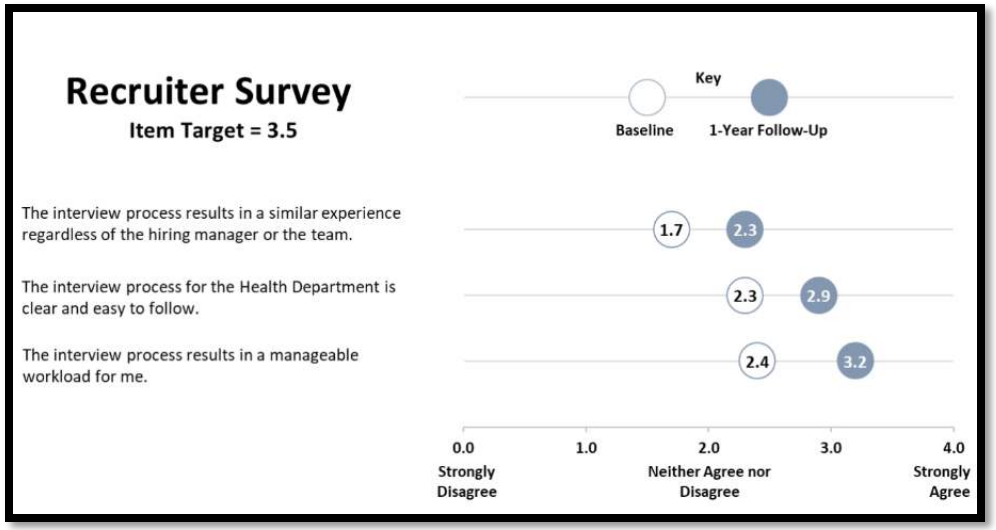
Rapid Experiment - Identifying solutions during interview panels

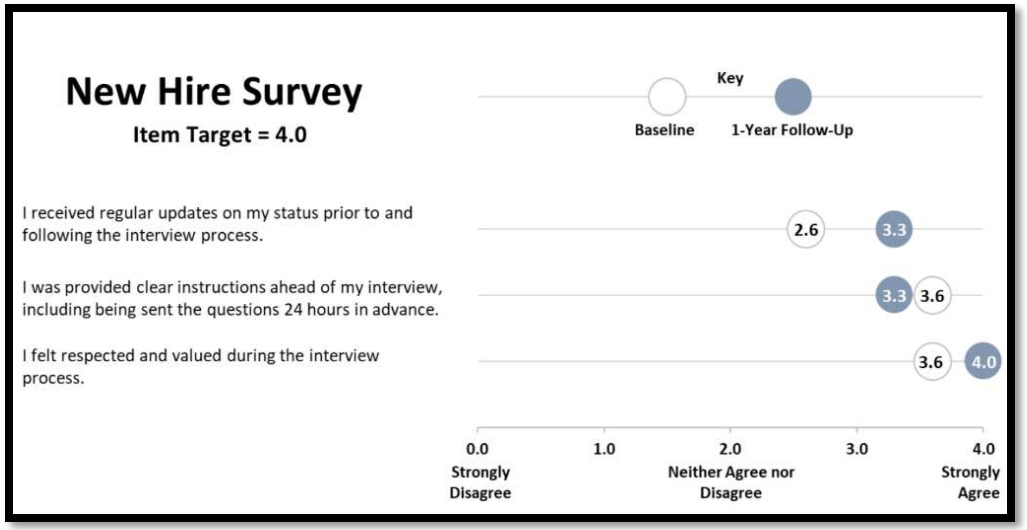
Outcomes // Results

Recruitment Kaizen

Metric	Baseline	Target	Result (9 months)
Time to Hire	146	91	72
Posting to Onboard	104	73	55
Time to Issue Eligibility List	41	9	8
Time to Determine Salary	21	2	1

Interview Kaizen





Outcomes // Outcomes, Improvements, Lessons

Outcomes

- Standardized recruitment process
- Identified other areas for targeted process improvement
- Standardized interview process

Improvements

- Improved Recruitment Efficiency
- Recruitment Dashboard
- Streamlined coordination between HR and programs

Lessons & Recommendations

- Leadership buy-in is key!
- Consider hiring a LEAN trained facilitator

Thank you!

Christina Brown, MPH

Multnomah County Health Department

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Reducing Barriers to Community Contracting

Michael Gedeon, Chief Administrative Officer
Public Health – Seattle & King County
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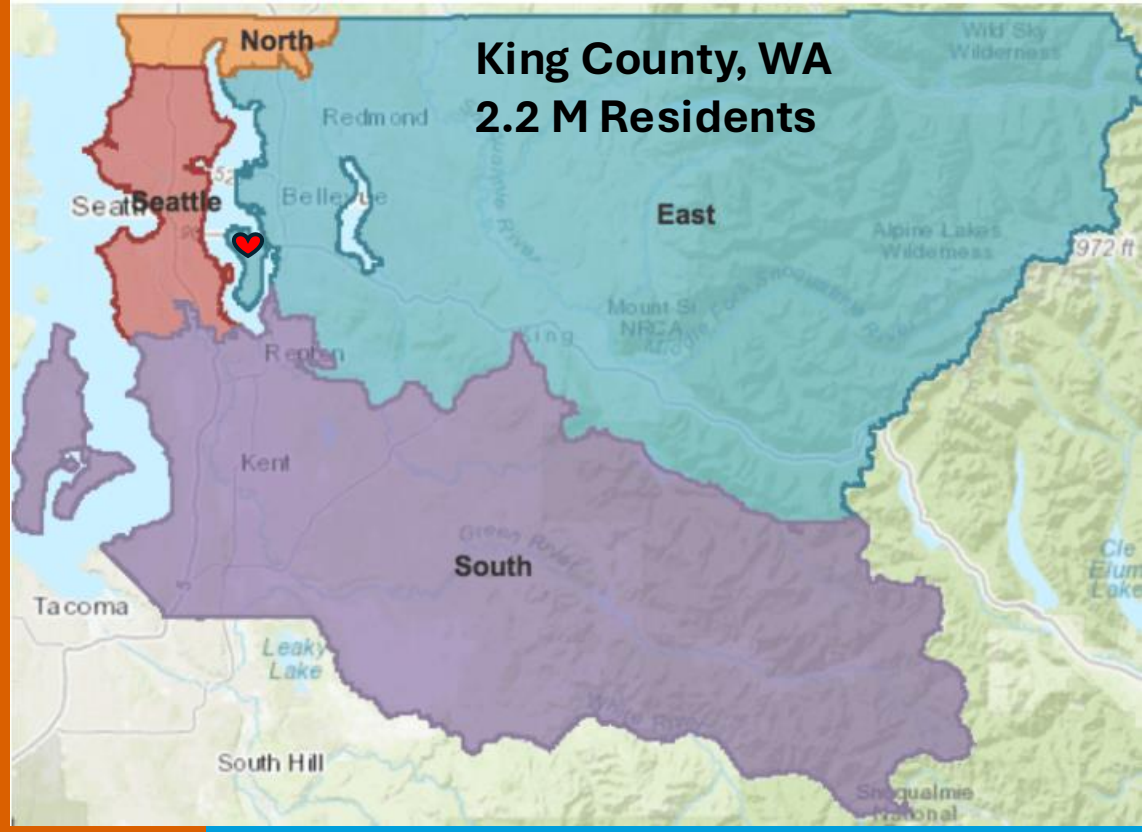
August 19, 2025

Public Health
Seattle & King County

Public Health – Seattle & King County: Quick Facts

- 1700 staff, annual budget over $500 M
- Provide foundational services plus health services in 16 centers across the county, medical examiner, and paramedics in south county
- **Contract with hundreds of community organizations totaling ~$100M each year**
- Contracting team within department is responsible for community contracts
- Use a Risk Appetite approach



Community Contracting

For services provided to community by community

Public Health
Seattle & King County

Goal: Low barrier, efficient community contracting

- Feedback from community partners and staff after the pandemic response highlighted barriers and opportunities throughout the contracting process.
- Examples:
  - Contracting opportunities can be more widely known
  - Assess necessity of County requirements, communicate requirements in plain language
    - ***Insurance requirements***
  - Delays in payments
  - Help CBOs build capacity to better manage government contracting requirements

Public Health
Seattle & King County

Community Contracting Project Launched in 2023 . . .

1. Involve community throughout by establishing a Community Contracting Working Group (CCWG) to review, advise, and be part of improvements

2. Review community feedback and recommendations about the contracting process

3. Get a clear understanding of current contracting processes across Public Health

Already in progress:

Insurance Requirements improvements

Changing default payment timeline from 30 days to 10 days

Implementation infrastructure

4. Decide which improvements to prioritize and do between now and June 2026

5. Create a work plan for 2024-2026 with both immediate improvements and harder systemic changes

6. Work through improvements and put changes in place

PHIG Funding:

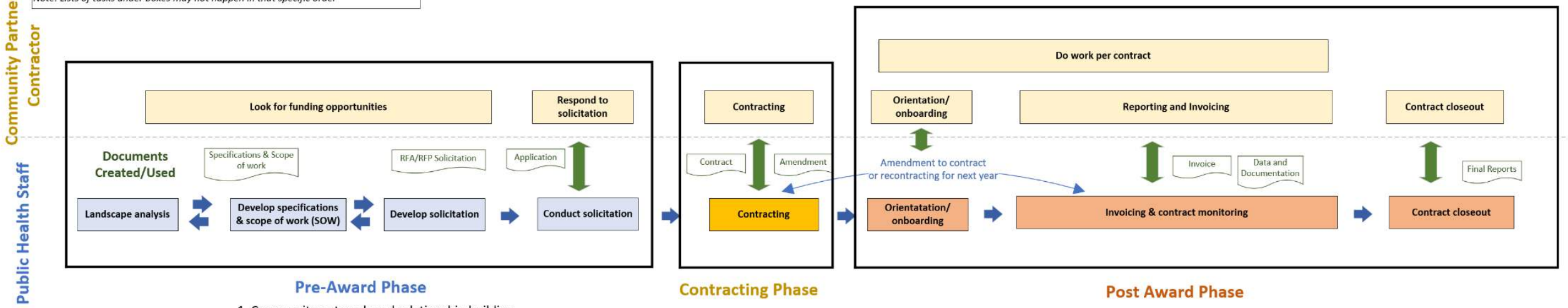
- *Project Manager with Lean expertise*
- *Increased capacity on contracting team to support project*
- *Support community advisory group*

Public Health
Seattle & King County

Process Start Point: Landscape Analysis once decision has been made to proceed with work.
- Potential funding source is already identified (may or may not be formally arranged)
Process End Point: Contract closeout complete
Note: Lists of tasks under boxes may not happen in that specific order

Public Health (PH) Community Contracting High Level Map with Opportunities

revised 8/2/2024



Pre-Award Phase

1. Community outreach and relationship building
2. RFXs (Request for __) and SOW (scope of work) development
3. Solicitation & application process
4. Insurance Requirements – WORK ALREADY UNDERWAY

Contracting Phase

5. Contracting process
6. Contract language and terms
7. Performance-based vs. reimbursable contracts

Post Award Phase

8. Reporting requirements
9. Payment process
10. Contract monitoring

Potential improvement focus areas

Across All 3 Phases

11. Create feedback loops to applicants and contractors
12. Communication with community partners
13. Technical assistance (TA)

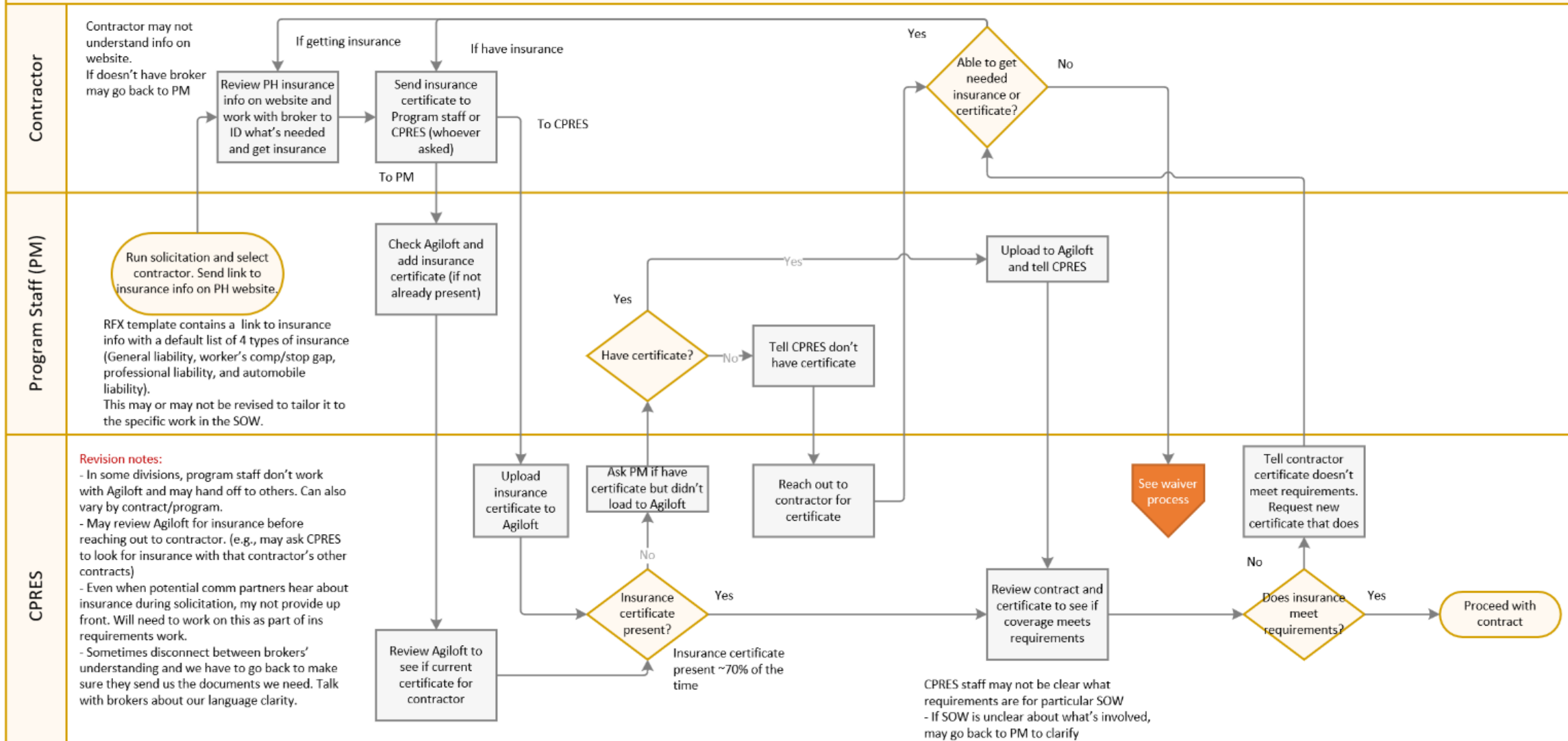
Foundational

14. Capacity
15. Data tracking & evaluation
16. Structural variation at program and division levels
17. Staff training & tools/resources
18. PH challenges with spreading and sustaining improvements—WORK ALREADY UNDERWAY

Public Health
Seattle & King County

Contractor Insurance Documentation Process – Current State

Generally during contracting



Public Health
Seattle & King County

Insurance Requirements Improvement Work

Project Team: Lean Project Mgr, County Risk Office, Legal Dept, Dept Contracting Mgr, Program Staff, Community Rep

Assessing Requirements

- Eliminated insurance requirements for some individual contractors. Exploring if it can be eliminated for others.
- Assessing when to require certain types of insurance: e.g., cyber & criminal

Plain Language FAQ

- Drafted a plain language FAQ for potential contractors and staff

Contract Insurance Guide

- Drafting detailed work guide for staff; e.g.,
  - Clarify roles
  - Draft tool to identify requirements earlier in process
  - Be clear about waiver process

Lessons Learned (so far)

- Strong PM with Lean experience builds trust in process
- PHIG funding allowed us to resource the improvement work and engage participants
  - Increased capacity of contract team
  - Stipends for community reps
- Takes time upfront to engage and support community advisory group to learn process
- Build relationships with critical internal partners (e.g., Risk Office, Legal Dept)

Beyond bureaucracy: a modern approach to grants and governance workflows

Brooke Campos, MPH, workforce development coordinator

Utah Department of Health & Human Services

UT DHHS

All Utahns should have fair and equitable opportunities to be healthy and safe.

- The Utah Department of Health and Human Services serves over 3.4M people and communities within the Beehive State.
- Within the Division of Population Health and Family Health, 91 grants are currently being processed and managed.
  - 6-8 weeks process
  - Some grants need an expedited timeline

Problem and opportunity

- Grants and governance process was duplicative, cumbersome, and time-intensive
- Significant frustrations brought to leadership from grant principal investigators (PIs)
- Streamlining and increasing efficiency of this process reduces staff burnout and increases opportunities for public health funding and actualizing outcomes from the grants

DMAIC methodology

Grants Governance Proposal

Utah Department of Health & Human Services

Situation

The DHHS merge has created opportunities to streamline the grants and public health governance process into a singular, efficient process. The Grants Governance workgroup was made up of subject matter experts from Division of Financial Administration (DFA) and Division of Population Health (DPH) with workflow support from The Office of Innovation (OOI) (See Appendix A: Contributors). This proposal outlines the recommended process from the group related to the grants governance in a streamlined workflow, simplifying how to engage in the process, and system improvements.

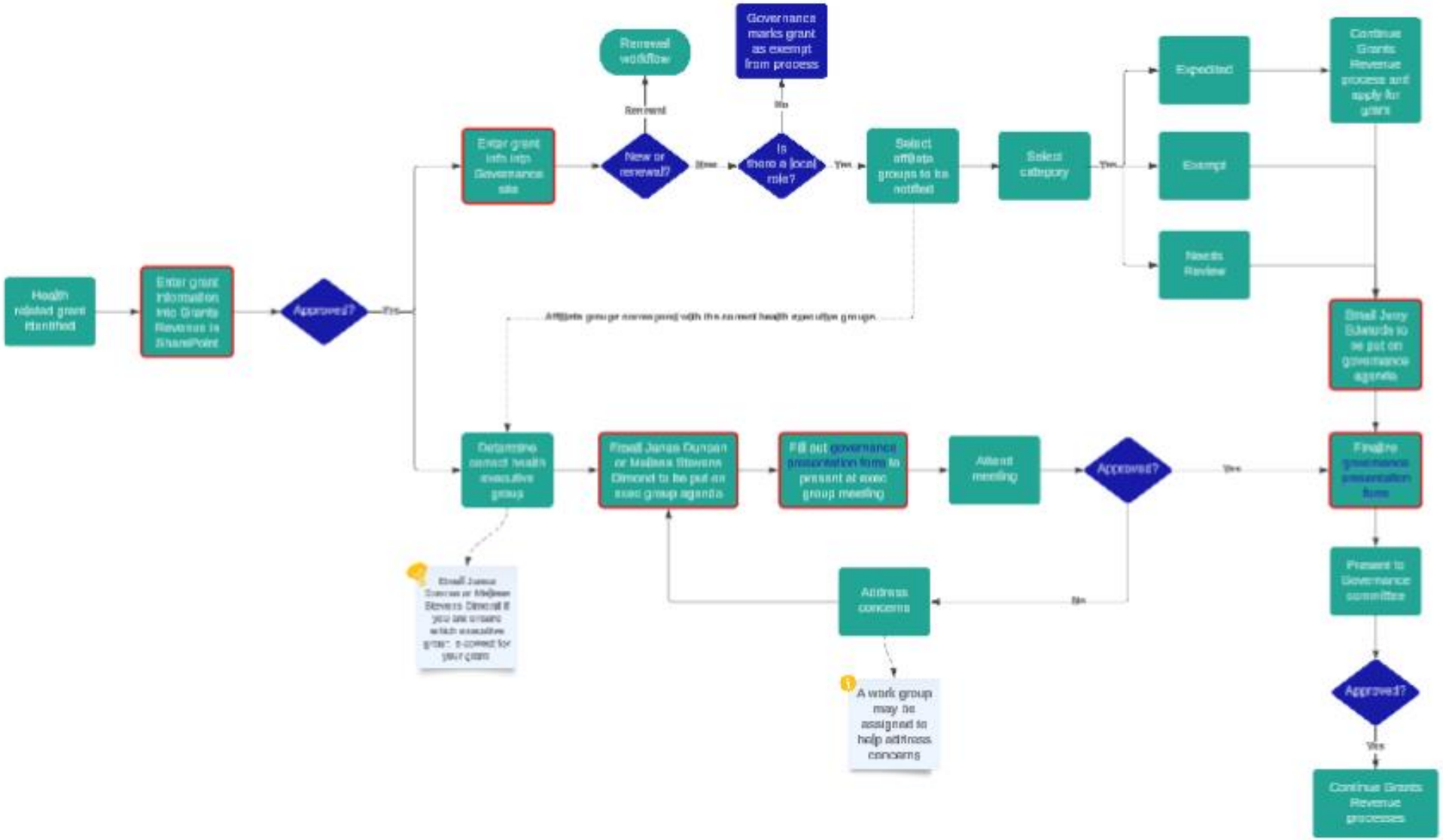
Project Result Statement:
The DHHS grants governance process is efficient, consistent, legitimate and timely, and ensures the intended outcomes of grants are realized. It is simple enough to follow that one does not need to be a system or process expert in order to successfully pursue a health-related grant opportunity. The process is also adequately flexible for nuanced situations and works within the constraints articulated by policy and Executive Director's Office (EDO).

Assessment

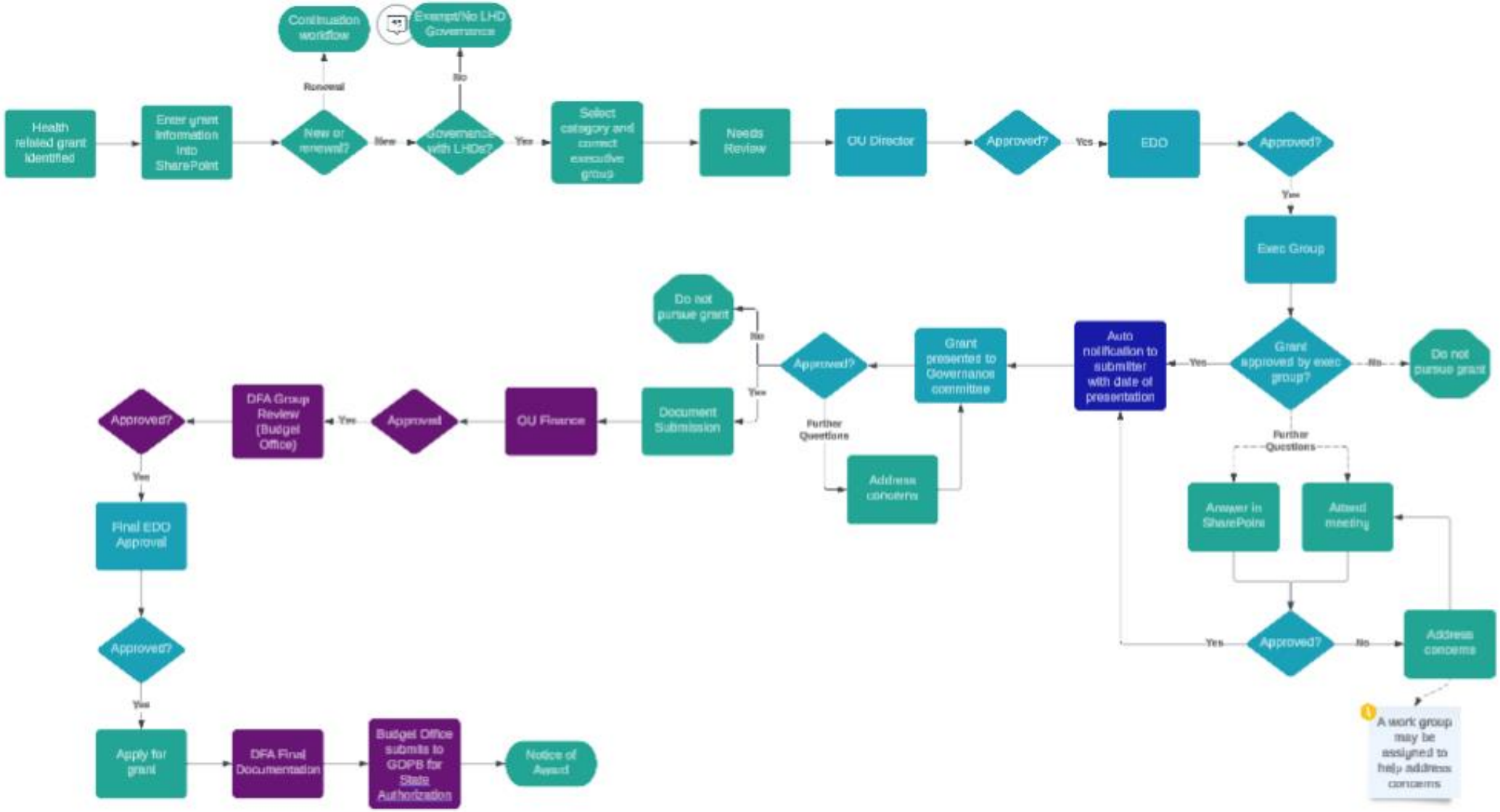
1. Cumbersome approvals process

The grants governance workgroup evaluated the current public health grants approval process and found opportunities to:

- Create consistency


Renewal workflow
Governance marks grant as exempt from process
Renewal
No
Enter grant info into Governance site
New or renewal?
Else
Is there a local role?
Yes
Select affiliate groups to be notified
Select category
Yes
Expedited
Exempt
Needs Review
Continue Grants Revenue process and apply for grant
Health related grant identified
Enter grant information into Grants Revenue in SharePoint
Approved?
Yes
Affiliate groups connected with the current health executive groups
Email Jenny Edwards to be put on governance agenda
Determine correct health executive group
Email James Duncan or Melissa Stevens Dimond to be put on exec group agenda
Fill out governance presentation form to present at exec group meeting
Attend meeting
Approved?
Yes
Finalize governance presentation form
Email James Duncan or Melissa Stevens Dimond if you are unsure which executive group is correct for your grant
Address concerns
No
Present to Governance committee
A work group may be assigned to help address concerns
Approved?
Yes
Continue Grants Revenue processes

Old process


Continuation workflow
Exempt/No LHD Governance
Renewal
No
Health related grant identified
Enter grant information into SharePoint
New or renewal?
New
Governance with LHDs?
Yes
Select category and correct executive group
Needs Review
OU Director
Approved?
Yes
EDO
Approved?
Yes
Exec Group
Grant approved by exec group?
No
Do not pursue grant
Further Questions
Answer in SharePoint
Attend meeting
Approved?
Yes
No
Address concerns
A work group may be assigned to help address concerns
Auto notification to submitter with date of presentation
Grant presentes to Governance committee
Approved?
No
Yes
Do not pursue grant
Further Questions
Address concerns
Document Submission
OU Finance
Approval
DFA Group Review (Budget Office)
Yes
Approved?
Yes
Final EDO Approval
Approved?
Yes
Apply for grant
DFA Final Documentation
Budget Office submits to GDPB for State Authorization
Notice of Award

New process

Next steps

- Finish and evaluate the project
  - Integration with governance automation
  - Implement change management principles
    - Utilize workgroup of cross department and LHD staff to test solution, improve features, aid in roll-out
  - Go live date of November 2025
- Sustainability
  - Dashboards
  - Training
  - SOPs
  - Implement feedback mechanism
- Lessons learned
  - Leadership loves efficiency