# Monterey County Health Department

# Performance Management and Quality Improvement Plan

# 2015-2018

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## Performance Management

**Performance management in public health is a systematic process involving employees at all levels in improving effectiveness and achieving the organization's mission and goals that improve the public's health. By improving performance and quality, public health systems can save lives, cut costs, and get better results.**
**This practice involves the strategic use of performance measures, data, and standards to establish performance targets and goals.[1]**

## Performance Measurement

**Performance measurement, an important component of performance management, is the process of defining, monitoring, and using objective program indicators on a regular basis. The data that are generated are typically quantitative. Goals are generally set for program performance and the indicators are periodically measured to determine progress towards achieving the established goals.**
**Consequently, performance measurement is a monitoring strategy that goes hand in hand with program evaluation.[2]**

## Quality Improvement

**Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities addressing community needs to improve population health. Quality improvement is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, equity, quality, accountability, and outcomes of services that improve the health of the community.**

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[1] From Silos to Systems: Using Performance Management to Improve Public Health Systems – prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003.

[2] From What is Performance Management by Amy DeGroff, PhD MPH, Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, August 2012.

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# I. Performance Management Plan

## Purpose, Vision, and Principles

The **purpose** of performance management, which is a broad plan that encompasses performance measurement and quality improvement, is to ensure that equity, efficiency, effectiveness, and quality goals are pursued and achieved. At Monterey County Health Department (MCHD) our performance management purpose aligns with our strategic plan in these ways:

- Equity: Empower the community by providing equal access and opportunity to achieve health and wellness
- Efficiency: Enhance community health and safety with a focus on prevention
- Effectiveness: Ensure access to culturally and linguistically appropriate, customer friendly services
- Quality: Document and evaluate systems changes, then reassess

Accountability, transparency, and cross-Bureau sharing are also facilitated through performance management.

Our **shared vision** for performance management reflects our core values:

- Excellence: we set goals for individual, Bureau, and department achievements
- Innovation: performance management assures that innovative ideas and strategies are tested for rigor and goal achievement
- Integrity: through performance management we hold ourselves responsible and accountable.

Our **principles** that were developed by The Turning Point Collaborative[3] provide a graphic representation of our performance management system in four distinct phases:

- **Performance standards**— establishes organizational standards and goals to improve public health practices.
- **Performance measures**—use of measures to assess achievement of the standards.
- **Quality improvement**—a process to manage change and achieve quality improvement in public health policies, programs or infrastructure.
- **Reporting progress**— documenting and reporting our progress in meeting standards and goals, and sharing that information with others.

**Fig. 1. Public Health Performance Management System**


[3] Source: http://www.turningpointprogram.org/toolkit/pdf/Silos_to_Sytems.pdf

## Performance Management Strengths and Areas for Improvement

A performance management self-assessment was conducted by the MCHD Executive Team with facilitation from Public Health Foundation's Consultant in June 2014. The assessment, in accord with national accreditation standard 9.1.3.A.6, reflects the extent to which performance management practices are being used. An improvement action plan should be developed for items needing improvement. A reassessment of our performance management strengths and areas for improvement is scheduled for June 2016.

**MCHD Performance Management Strengths and Areas for Improvement**

**June 23, 2014**

**Performance Standards Strengths**

- Each Bureau has similar performance standards (measures of workload, effectiveness, and efficiency)
- Bureau and unit goals and performance measures are in place
- Customer service standards are developed
- Job descriptions exist for all positions
- Unit-specific standards (such as those applying to Lab, clinics, etc.) are in place
- Our budget represents our strategic initiatives and priorities

**Areas for improvement**

- Our performance communication direction is "Supervisors→ Bureau Directors→ Ray→ CAO." We need to do a better job of making this a loop that incorporates staff at all levels
- We need a better way to track renewals of staff licenses, CEUs, and registrations
- County strategic initiative – Needs work
- County budget initiative – Needs work
- We should have a formal method of customer complaint resolution

**Performance Measurement Strengths**

- Each Bureau has unique measurements related to Bureau functions
- All Bureaus work to improve output, efficiency, and effectiveness
- We have a performance measurement procedure:
  - Measures are collected by PEP
  - Quarterly data on spreadsheet available to supervisors
  - Reported biannually to CAO
  - Available to staff via website, posters, and Health Dispatch articles
- County initiatives and milestones were refined in FY 2014
- Our data tracking systems include AVATAR, EPIC, Case Management System, CARE, Advantage, Medi-Tech, Cal-Meds
- Other data reports (CS, HR, etc.) are sent to Ray monthly
- We create budget narrative goals annually

**Areas for improvement**

- We need ways to measure customer satisfaction
- We need to track completed inspections (EH)
- We should require contracted partners to measure and report their work
- We should develop measures to help determine performance quality
- Communication between data systems and admin/financial systems lacking
- We should have effective procedures to share data reports with staff at all levels

**Progress Reporting Strengths**

- HD measures are reported quarterly
  - Posters, PowerPoints
  - Feeds up to CAO's office biannually
- Some Bureaus have daily or monthly reports
- We share outcome reports (like CHA) with partners and the public on our website
- Our budget goals are reported annually
- Some Bureaus (EH, CS, Lab) file reports with the State
- Public Health Lab and communicable disease reports are issued per event
- Limited to program staff and not recipients or public
- BH can report weekly, monthly, quarterly and annually (i.e. productivity reports)

**Areas for improvement**

**Quality Improvement Strengths**

- EH, nursing, and others require continuing education units
- Annual employee evaluations inform quality improvement
- Public Health Lab must meet Quality Assurance Standards
- Implement education information/services
- MCHD is a learning organization through relevant trainings (i.e. BH) and LDN
- Use of AVATAR and other data systems to make relevant decisions

**Areas for improvement**

- Need a way to track continuing education units
- Need better patient outreach and education
- Adequate staffing
- Must measure patient satisfaction
- Need to continually improve processes
- Need QI training

**Leadership and Culture Strengths**

- Visionary leadership; well respected
- Executive Team sets the course, is responsible for community visibility, is responsible for resource management
- We need an annual All Staff Meeting
- Executive Team needs more formalized decision-making processes

**Areas for improvement**

- Be much more transparent – pass along information from Bureau directors to staff at all levels
- More leadership and culture training
- Involve staff in quality improvement processes
- Need to become accredited
- Need to update the Strategic plan

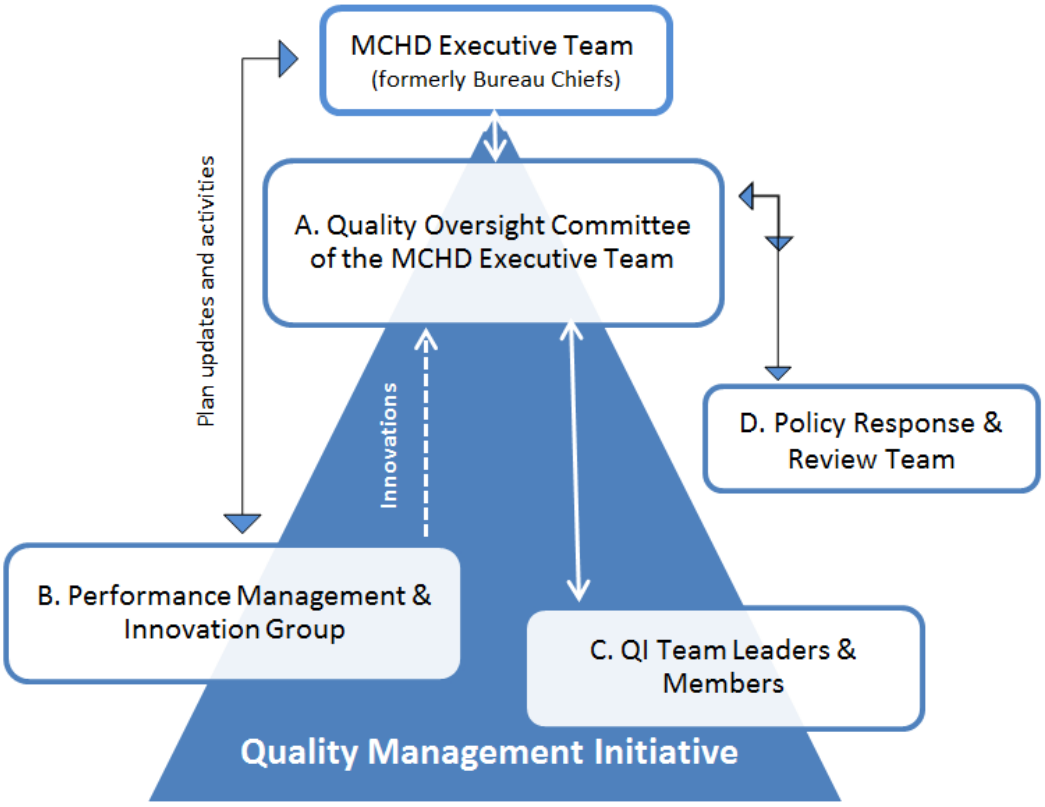
## Performance Management System

A performance management (PM) system is required of public health departments under the National Public Health Accreditation standards. The system adopted by MCHD (policy number 10-5 issued 3/12/15) monitors achievement of organizational objectives (accreditation standard 9.1), develops and implements a quality improvement process, and integrates this system into organizational practice, programs, processes, and interventions (accreditation standard 9.2).

**Function and Organizational Structure:**

MCHD merges PM and Quality Improvement (QI) functions into one Quality Management Initiative (QMI) structure headed by its Quality Oversight Committee, a subgroup of the Executive Management Team. Each component of the QMI structure meets on a regular basis as established by the component group. All potential policy proposals will be reviewed by the Quality Oversight Committee before being forwarded to the MCHD Director for signature. The QMI organizational structure and definitions for each component appear below.

**Fig. 2. Quality Management Initiative Structure**




**MCHD QMI Organizational Structure**

**A. Quality Oversight Committee of the MCHD Executive Team**

The Quality Oversight Committee may consist of all or some of the Executive Team members based on the nature of the issue under review for adoption. The Committee may meet quarterly to provide comment and direction in response to updates from the Performance Management

Improvement and Innovation Group, and to consider piloting or adopting recommendations from the Quality Improvement Council as developed by QI teams. The Quality Oversight Committee may also assign QI projects for development: assignments are made to the Policy Response and Review Team that works directly for the Quality Oversight Team.

**B. Performance Management and Innovation (PMI) Group**

The PMI will be constituted by members of the former iTeam with other selected MCHD staff, with the purpose of providing oversight for "Big Picture" quality management and innovations. PMI will oversee these functions:

***Strategic Plan*:** set the agenda for Strategic Plan Implementation and its periodic updates.

***CHIP*:** give oversight for implementing CHIP recommendations

***Innovation***: provide staff with a forum to propose policies, system changes, or other innovations that will further MCHD goals.

***QI and Workforce Development Plans***: give oversight and vet the developing QI and Workforce Development plans.

**The QI Plan** is a document that conforms to national accreditation standards:

1. Performance standards, goals, targets, indicators, and the communication of expectations
2. Performance measurement including data systems and collection
3. Progress reporting including data analysis, communication of analysis results, and a regular reporting cycle; and
4. A process to use data analysis and manage change for quality improvement and towards creating a learning organization

**The Workforce Development Plan** is a document that conforms to national accreditation standards:

1. Encourage the development of a sufficient number of qualified public health workers
2. Ensure a competent workforce by assessing staff competencies, providing individual training and professional development, and maintaining a supportive work environment.

**C. Quality Improvement Team Leaders and Members**

QI Teams consist of staff at all levels who have been trained (formally or informally) in the tools and techniques of quality improvement as described in the Quality Management Plan and System document. Teams form among staff who volunteer to work on ad hoc projects. Upon completion of the project, the results and recommendations are submitted to the QI Council for review as outlined in Figure 2. Each QI team has a Team Facilitator who is responsible for ushering the QI Team process and a Team Sponsor who assists with cross-Bureau coordination as needed. The work of the QIT is voluntary.

**D. Policy Response & Review Team**

The Policy Response and Review Team has two functions: (1) it responds to Quality Oversight Committee assignments to develop new policies or review existing policies. This team works solely

with the Committee until the newly created document is approved for submittal to the MCHD Executive Team, and (2) it monitors the review schedule for existing policies to assure they are periodically reviewed and updated as needed. The work of the PRRT is assigned.

## Performance Measurement Plan

### Performance Measure Criteria

Performance measurement is a quantifiable expression of the amount, cost, or results of activities that indicate how well, and at what level, services are provided. The Monterey County *Managing for Results* (MFR) performance measurement program has established the measurement criteria for all county departments. All measures are based on one of these three main criteria:

**Output/Workload** indicates the amount of services provided, and can be measured in hours, products, or service units.

**Efficiency** indicates how well staff time, funds, equipment, and supplies are utilized, and can be expressed as a unit/cost ratio.

**Effectiveness** indicates program outcomes that demonstrate how well a program or service is fulfilling its objectives. Effectiveness can represent three qualities:

- Program **quality** - measuring program performance against known standards, such as Healthy People 2020.
- Customer **satisfaction** - analyzing customer feedback against performance goals for qualities such as timeliness, accuracy, friendliness, convenience, and flexibility.
- **Cycle time** - length of time taken to deliver a product or service. Examples are number of days between a report and a corresponding inspection, or length of wait time at a service counter.

In selecting annual performance measures, MFR also asks departments to consider these guidelines:

- Choose measures that most epitomize the Bureau's work.
- Present measures in ways that will make sense to the public (no acronyms).
- Select measures that can be continued from year to year, to show progress over time.
- In the measure selection, include at least one of each measure type (output, efficiency, and efficiency).

### Measures and Goals

Each Bureau is responsible for selecting its performance measures with assistance from PEP if needed. Nearly all data are collected in data record systems that are continually in use.

**Fig. 4. Excel performance measure log**

| Inventory of MCHD QI Measures and Data Systems in Use - July 2014 | |
|---|---|
| **Bureau:** | Clinic Services |
| **Data Systems:** | EPIC, CAIR, MEDS, Medi-tech, PECS, HEDIS, Solutions, Solidus, ACUERE, Business Objects, CCHC, AVATAR (read only) |
| **Regulators:** | HRSA, OSHPD, UDS, DSRIP, VFC, NCQA, CMS, DHCS |
| **Data Collected:** | HEDIS patient data, UDS, NCQA/PCMH, CBI, Meaningful Use, QA/QI Plan Measures |

Bureaus record their performance data quarterly on spreadsheets that are kept in an accessible shared drive. Each measure is designated by output/workload, efficiency, or effectiveness criteria, its target, a measure description and why it's important, and a narrative update in addition to quarterly data, year to date calculation, and percent of annual target achieved. Measures also indicate how they relate to the department's strategic initiatives and the ten essential services of public health. In FY 2014-2015, the department's seven Bureaus tracked a total of 75 performance measures. All Bureau performance measures can be accessed at SharePoint/Director's Office/Performance Measures.

**Fig. 5. Excel performance measure log (example)**

| CLINIC SERVICES PERFORMANCE MEASURES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *Output/Workload Measure* | | | 2014-2015 | 2014-2015 Q1 | 2014-2015 Qt 2 | 2014-2015 Qt 3 | 2014-2015 Qt 4 | % of Annual Target | Year to Date |
| Essential Services #3 and 7 | | | Target | Actual | Actual | Actual | Actual | | |
| Strategic Plan Initiative 3 | | | 70% | 68.0% | 67.0% | | | 96.4% | 67.5% |
| **What**: Measurement of percentage of patients with diabetes who have a Hemoglobin A1c of less than 9. Percentage of patients should be greater than 70%; any quarterly percentage more than 70% is optimal. Target is ≥70% | | | | | | | | | |
| **Why**: Patients with Hemoglobin A1c results greater than 9 are at greater risk of uncontrolled diabetes and complications. Clinicians can develop appropriate treatment plans for those not meeting this goal. | | | | | | | | | |
| **How are we doing? We had a slight decrease in our % in this measure and we are now 3% short of our goal. The ACA has introduced many new patients to our panel and we are working hard to provide access for the, while serving the health needs of our existing patients.** | | | | | | | | | |

Grant-funded initiatives generally have contractual obligations for performance reporting that are adhered to by program staff. In the first quarter of 2014-2015, MCHD had 52 active grant-funded projects that required some type of performance or fidelity tracking. The number of grant-funded projects varies from quarter to quarter as some grants are completed and new ones begin.

The department also responds to the Board of Supervisors' Health and Human Services Committee Strategic Initiative measures. Specific timelines exist for some of these measures while others are ongoing. For FY 2014-2015, the Health Department was tasked for reporting annually on eight measures of health and wellness.

**Fig. 6. Board of Supervisors' Health and Human Services Committee Strategic Initiative**

| **Improve health and quality of life through County-supported policies, programs, and services; promote equitable opportunities for healthy choices and healthy environments in collaboration with community partners** | |
|---|---|
| Expand community outreach efforts throughout the County, in relation to equitable distribution, of programs such as Military & Veterans Affairs, Health Promotion, Public Assistance benefits, and Mental Health. | On-going |
| Contribute to a collective impact approach to develop 2-5 Early Childhood Development Initiative intensive collaborative action teams and a Countywide policy network. | On-going |
| Work inter-departmentally and with City agencies to include health equity in economic, social, built environment, and natural environment plans. | On-going |
| Increase the percentage of Clinic Services patients aged 21 or older with improved diabetes test results. | On-going |
| Grow the professional and allied health and human services capacity in Monterey County. | On-going |
| Develop additional opportunities for continued integration of clinical, behavioral, and community prevention and treatment strategies. | On-going |
| Increase the number of annual training programs held in Spanish and English and evaluate the effectiveness of the programs on increased food safety knowledge of Food Handlers. | On-going |
| Increase capacity for the Health-Behavioral Health funded partners to provide substance use disorder prevention and treatment. | On-going |

Budget-based performance measures are required of all county departments by the Board of Supervisors and are included in the Recommended Budget Book. These key performance measures epitomize public health department essential services and are generally carried over from year to year.

**Fig. 7. Recommended Budget Book Key Performance Measures (example)**

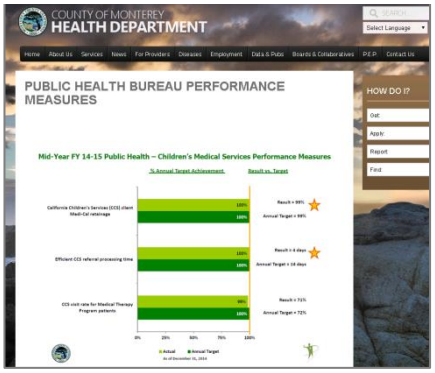
Monterey County Health Department is responsible for protecting the health of the entire community by offering primary and specialty health care, health education, collaborating with partners to improve health equity, and enforcing laws and regulations to protect health.

| Key Performance Measures | Actual 2011-12 | Actual 2012-13 | Actual 2013-14 | To Date 2014-15 |
|---|---|---|---|---|
| Targeted high-risk food facility inspections.<br>Target = 165 | N/A | N/A | 48 | 187 |
| Behavioral Health discharged clients with goals fully or partly met.<br>Target = 45% | N/A | N/A | 40% | 33% |
| Animals adopted/transferred to rescue agencies/reclaimed by owner.<br>Target = 60% of all eligible animals | N/A | 92% | 83% | 60% |
| Public conservator investigations within 10 business days of a complete referral.<br>Target = 100% | N/A | 100% | 100% | 100% |
| Clinic patients who rate "Timeliness of next appointment" as "Excellent"<br>Target = ≥80% | N/A | 80% | 80% | 85% |

## Reporting Methods

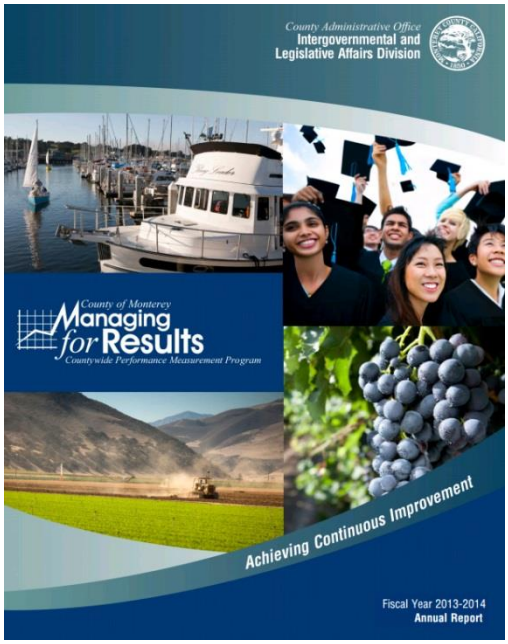
Health Department performance measures are collected by the Administration Bureau Planning, Evaluation, and Policy unit (PEP) on a quarterly basis. PEP designs posters that are mounted on walls for Bureau staff to see. Additionally, the Director's Report, Dispatch articles and department website share performance measure updates with staff.

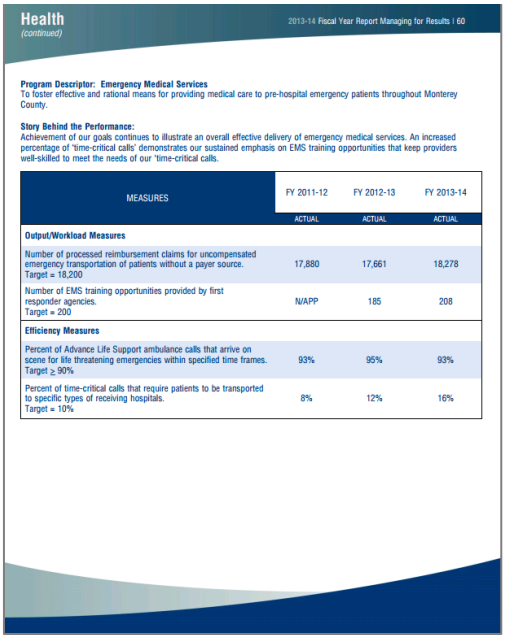
**Fig. 8. Performance measures shared with staff via website and wall posters**




Department performance measures are shared with the Board of Supervisors biannually via the Managing for Results mid-year and year-end reports. When possible, multi-year data are provided.

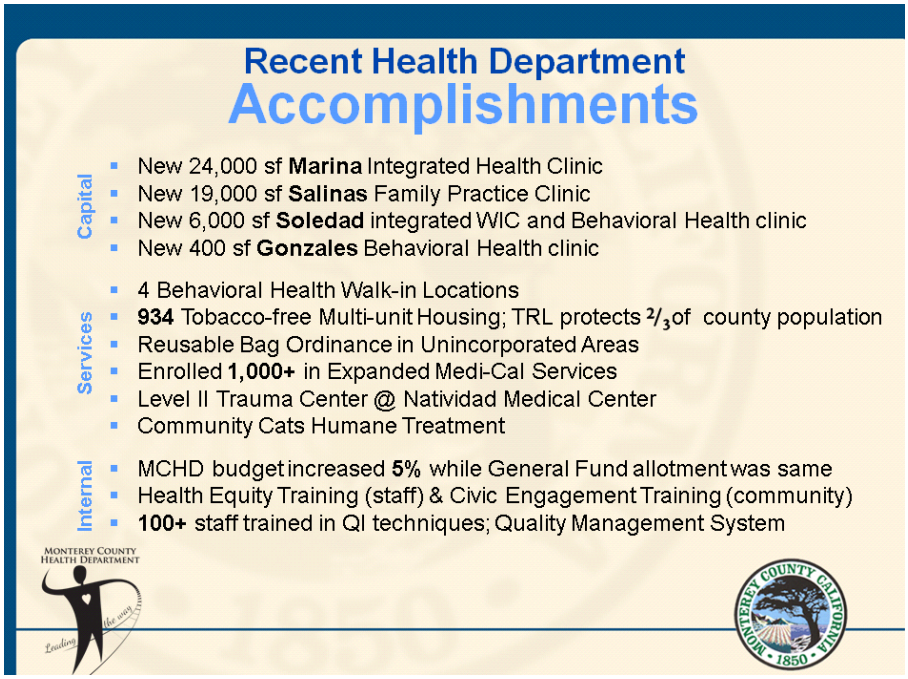
**Fig. 9. Example of Managing for Results report**




The department is periodically requested to present recent accomplishments to the county Board of Supervisors that many times are represented by performance measures. This update is generally done via a brief PowerPoint presentation.

**Fig. 10. Recent Accomplishments presentation to the county Board of Supervisors**




## II. Quality Improvement Plan

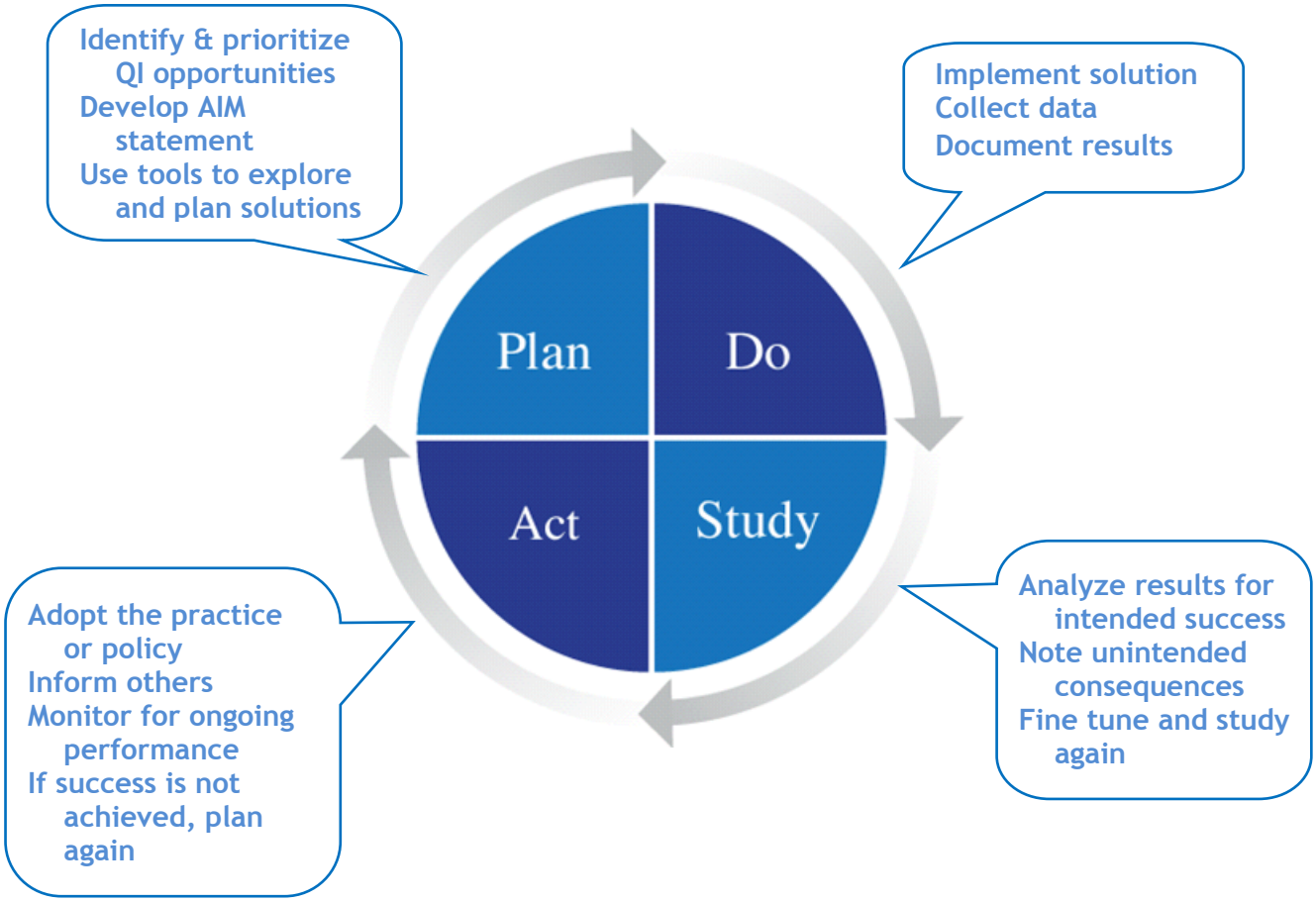
Quality improvement (QI) is an element of performance management that uses processes to address specific targets for effectiveness and efficiency. "Quality improvement in public health is the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.[4]"

### Plan-Do-Study-Act

In 2014 MCHD received initial training on Performance Management and Quality Improvement from Public Health Foundation and adopted the Plan-Do-Study-Act process as its model. The Plan-Do-Study-Act (PDSA) cycle has been embraced by health departments nationwide for its straight forward and flexible approach. Interactive workshops held in 2014-2015 trained over 100 staff at all levels in a wide variety of problem analysis tools resulting in numerous Bureau based, cross-Bureau, and department-wide QI projects.

[4] Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010.

**Fig. 11. PDSA Model adopted for use by MCHD**

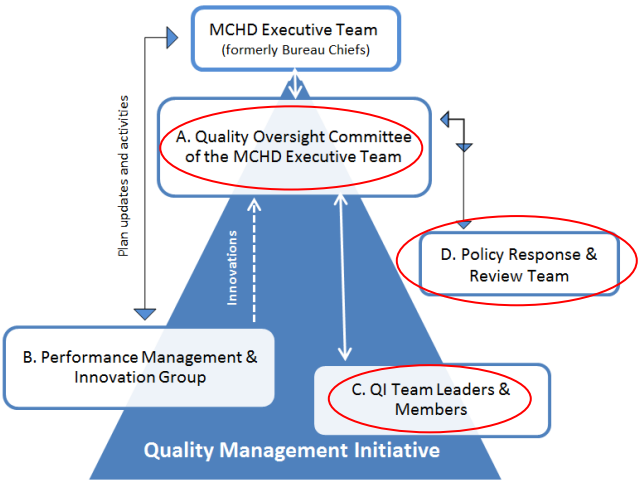



Trained staff also received instruction on team dynamics and project momentum. Training materials including a binder of materials, PowerPoints, tools, and examples are available to all staff on Sharepoint. Trainings for 50 more staff is planned for 2015-16.

**Fig. 12. QI training materials**


QI teams function as one part of the Quality Management Initiative that is detailed in Section I. The QI teams discuss the feasibility of their proposed QI project with their Team Sponsor or the Quality Oversight Committee (QOC). Upon completing the PDSA process, the QI team makes a formal proposal to the QOC. The QOC's responsibility is to ask the Team to make revisions to their proposal or to recommend the proposal to the Executive Team for adoption.

**Fig. 13. QI functions**



## Open Roundtables and Recognition

The QI Manager conducts quarterly Open Roundtables for QI-trained and learning staff once a quarter where project successes, challenges, and tools are shared. QI teams that have completed their projects share their project storyboards that describe the problem, what was done, the result, and ways their efforts linked to Strategic Plan Initiatives and the 10 Essential Services of Public Health. Success Storyboards are printed poster-size, framed, and hung on hallway and conference room walls. Storyboards are included in Health Dispatches and Director's Reports, posted as a tool on the California Performance Improvement Management Network Resource website page for use by Accreditation Coordinators, have been shared with Public Health Foundation, and presented at CDPH workshops and American Public Health Association, and American Evaluation Association conferences.

**Fig. 14. Success Storyboard**


QI team members with complete projects are celebrated at QOC meetings or Open Roundtables with recognition from the Quality Oversight Council, applause from their peers, commemorative framed QI Awards, lifetime bragging rights, memos of thanks and copies for their supervisors, an article in the Health Dispatch, colorful leis, genuine trophies imported all the way from China, and **chocolate!**

**Fig. 15. Congratulatory QI Award**


**Fig. 16. MCHD's first QI award recipients are honored for the WikiHiki Sharepoint project, 2015**

## III. Appendix: Initial QI Projects and Teams, 2015

| Staff Member | Bureau | Project |
|---|---|---|
| Briseno, Amanda L. | BH | CPI Training |
| Rhodes, Melanie | BH | |
| Barnett, Sharon | PH | Appropriate Referrals |
| Heald, Andrew | BH | |
| Lewis, Moira | PH | |
| Movson, Beverley | BH | |
| Perez, Pedro | BH | |
| Zerounian, Patricia | Admin | |
| Frey, Jackie | BH | Credit Card Use |
| McCoy, Kathy | PH | |
| Stevens, Frances | Admin | |
| Hanni, Krista D. | Admin | Employee Off-boarding |
| House, Sarah D | Admin | |
| Hrepich, Niaomi S. | PH | |
| Miller, Amie S. | BH | |
| Robles, Lucero | BH | |
| Smith, Karen | Admin | |
| Haselhofer, Erik | EMS | Employee On-boarding Info |
| Moss, Christine D. | PH | |
| Navarrette, Kymm | Admin | |
| Phillips, Jamie | Admin | |
| Diaz, Maria | Admin | Performance Evaluation Compliance |
| Encarnacion, Ricardo | EH | |
| Groeling, Kathy M. | Admin | |
| Moreno, Edward L. | PH | |
| Ripley, Joe L. | PH | |
| Castaneda, Bea | PH | PH Storage |
| Robinson, Kathy | PH | |
| Salisbury, Davithia M. | PH | |
| Tavares, Teri | PH | |
| Flagg, Marni M. | EH | PPE Utilization |
| Lugo, Marti A. | Admin | |
| McLean, Marissa | EMS | |

| | | |
|---|---|---|
| Michie, Kristy J. | PH | |
| Sandjong, Bertrand | PH | |
| Scarlett, Teri | PA | |
| Cook-Gonzales, Gini | CS | Streamline Hiring |
| Rodriguez, Patricia | Admin | |
| Velez, Adriana | CS | |
| Westfall, Jonathan | Admin | |
| Apostolos, Dyan | PH | Streamline Purchasing |
| Bunyi, Ben | BH | |
| Erickson, Tonya R. | PH | |
| Mancilla, Ines | PH | |
| Vasquez, Rose M. | PH | |
| Houle, Ann | BH | Motivational Interviewing |
| Ruzicka, Molly M. | BH | |
| Faulk, Janna | EH | Increased use of Service Desk Express |
| Laa, James | Admin | |
| Mineo, Gina | PH | |
| McFadden, Patricia | Admin | Improved management of meeting space |
| Mihalko, Amanda | PH | |
| Barnes, Susie | PH | |
| Cantu, Zonelle | PH | |
| Gladstone, Angela | PH | |
| Reeves, Ann | PH | |
| Jones, Karen | PH | Increased knowledge of PHB programs |
| Cortez, Maria | PH | |
| Loth, Vanndy | PH | |
| Perez, Christina | PH | |
| Ponce, Stephany | PH | |
| Perez, Jessica | PH | |
| Salcedo, Patricia | BH | Cultural competence for GLBTQ services |
| Moreno, Rose | BH | |
| Ambriz, Elizabeth | BH | |
| Riddleberger, Julie | PH | Improved customer survey (for CCS/MTP) |
| Veliz, Elizabeth | Admin | |
| Utterback, Sunny | Admin | |
| Stohn, Karin | PH | |
| Mitchell, Shalauna | PH | Improved grant application process |
| Torrez, Emiko | PH | |

| | | |
|---|---|---|
| Ruano, Elizabeth | PH | |
| Torrez, Emiko | PH | Public access to public health information |
| Pantoja, Elena | PH | |
| Hubbard, Molly | Admin | Increased professional development use |
| Bosio, Randy | Admin | |
| Real, Emily | PH | |
| Del Rosario, Pauline | PH | |
| Williams, La'Quana | Admin | |
| Zamora, Melissa | Admin | |
| Dunn, Debra | PH | |
| Jimenez, Elsa | Admin | Streamline board report process |
| Morales, Sheena | CS | |
| Andersen, Debbie | EH | Establish policy review procedures |
| Jimenez, Elsa | Admin | |
| LeVenton, Chris | Admin | |
| Morales, Sheena | CS | |
| Zerounian, Patricia | Admin | |
| Edgull, Dana | BH | Improved PHB and BHB communication |
| Innis-Scimone, Theresa | BH | |
| Hernandez, Jairo | PH | |
| Steller, Nick | PH | |
| Woods, Janine | PH | |
| Williams, Chyrl | BH | |
| Wiltsee, Edie | PH | Improve WIC client retainage |
| Kennedy, Caroline | CS | |
| Mendoza, Joy | PH | |
| Vaughan, Janet | PH | |
| Betts, Christine | PH | |
| Quevado, Juan Carlos | EH | Proper battery disposal |
| Nielson, Bronwyn | EH | |
| Leff, Amy | EH | |
| Coronado, Gonzalo | PH | |