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Title of Program or Process Improvement: Maricopa County's Public Health Purchase Portal

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Program or Process Improvement Summary: The Maricopa County Department of Public Health (MCDPH) Purchase Portal Project was developed to modernize and streamline our department's procurement request process. Our department employs over 800 staff and manages an annual budget of approximately \$225

million, with over 84% of it derived from more than 70 different grants. Given the volume and complexity of procurement needs—averaging nearly 3,000 transactions annually—we required a streamlined, centralized system to improve accuracy, efficiency, and transparency.

Previously, the procurement process relied heavily on manual forms, Excel tracking logs, and email-based workflows. This approach led to delays in processing, lack of standardization, limited visibility into the status of requests, and increased administrative burden. The Purchase Portal aimed to create a single platform for submitting, tracking, and processing Purchase Request Forms (PRFs), enabling better coordination across procurement, finance, and program teams.

We began the project in early 2020 with an external contractor (Databank) but it was paused due to the COVID-19 pandemic. In late 2021, the project was revived, and our procurement staff worked extensively to refine the system. The fully operational portal launched on July 1, 2023, coinciding with the start of our new fiscal year (FY24). Initial rollout included 104 users from diverse roles including Procurement, Accountants, Managers, Finance, and Requestors.

In October 2024, we introduced Phase 2 of the project. This included workflow improvements, enhanced notification features, a new reporting function allowing users to run pre-built and ad hoc reports, and a refresh of training materials. While these improvements advanced the portal's effectiveness, they build upon the foundation and core success of the original launch.

Key benefits realized since implementation include:

- Decreased processing time and increased responsiveness
- Improved visibility and tracking of requests
- Reduced P-Card transaction errors
- Enhanced continuity of operations
- Elimination of redundant paperwork and storage burdens
- Greater accountability and audit readiness

- New metrics tracking through custom reports and queue monitoring

In its first full year, 3,376 PRFs were processed. As of March 22, 2025, an additional 2,168 PRFs have been processed for FY25 so far, indicating increased use and impact. The portal has transformed how we handle procurement—decreasing processing time, increasing visibility, reducing errors, and providing a scalable model for ongoing improvement.

The success of this project lies in its ability to transform our fragmented and manual process into a centralized, user-friendly system that promotes transparency, accountability, and service excellence. It is a replicable model that can benefit other public sector agencies facing similar procurement challenges. This entire project, and its user-centered approach, demonstrates MCDPH’s commitment to service excellence and continuous improvement in procurement.

Evaluation Criteria #1:

1. Describe the process for identifying the need or problem to be solved:

The need for the Public Health Purchase Portal emerged from increasing inefficiencies within our department’s procurement processes. As far back as 2005 it was apparent there was a need for a robust system to handle all the incoming purchase requests from our various programs. However, due to budget constraints, one was never implemented. Instead, our procurement staff relied on Excel logs, email chains, and manual approvals, which caused delays, inconsistencies, and lost visibility into request status. As the department began to grow, procurement requests became more complex and frequent. Audit requests from our 70+ grants became increasingly harder to respond to and it became apparent that a new system was needed. These issues became even more pronounced during the COVID-19 pandemic, when remote work would disrupt traditional workflows and magnify gaps in accountability and continuity.

2. Include any research into industry standards or best practices:

The Procurement and Contracts (PAC) team reviewed internal workflows and assessed how other public sector agencies were handling similar challenges. Best practices identified included centralization of request processing, standardized digital forms, real-time status tracking, and integration with financial oversight. The team consulted with several vendors already on contract with the county to discuss possible solutions utilizing our existing infrastructure.

3. If multiple solutions were considered, describe how other viable solutions were eliminated from consideration:

Another county department had created a procurement system they named “Purchase Tracker”, and for several years, there was discussion around possibly modifying it for Public Health’s use. It was finally determined it could not be done. While a number of other workarounds were initially discussed—such as upgrading the existing Excel-based tracking systems or using shared folders for documentation—these were eliminated due to their limitations in scalability, auditability, and real-time collaboration. Commercial off-the-shelf software solutions were also considered but deemed cost-prohibitive or poorly matched to our department’s specific needs and internal processes. Finally in late 2019, the decision was made to develop a customized internal portal that could directly integrate with our existing forms and workflows, offering the flexibility and control we needed. We began working with our internal Office of Enterprise Technology (OET) department to develop the specifications and eventually they turned the project over to an outside contractor (Databank) to take over the project.

4. Describe how the proposed solution aligns with the Values and Guiding Principles of Public Procurement:

- **Accountability:** The portal ensures all requests are traceable through each stage of the process.

- **Ethics & Impartiality:** Standardized procedures and automated routing prevent favoritism and inconsistencies.
- **Professionalism:** Staff were trained and empowered to use the portal effectively, reinforcing a culture of continuous improvement.
- **Service:** The system was designed with end-user experience in mind, significantly reducing the burden on both program staff and procurement personnel.
- **Transparency:** Stakeholders now have a clear view of request status, reducing ambiguity and increasing trust across departmental programs.

1. Describe how the improvement was implemented. Include detail on phasing, marketing, training, etc.:

The implementation of the Public Health Purchase Portal was conducted in structured phases to minimize disruption and maximize adoption. After a significant redesign phase between December 2021 and April 2023, the team began testing with a select group of users in May 2023. A formal go-live date was set for July 1, 2023, to coincide with our new fiscal year.

Evaluation Criteria #2:

User groups were identified based on their role in the procurement process—Procurement Specialists, Accountants, Finance staff, Managers, and Program Requestors. A total of 104 users were part of the initial rollout. Training was delivered through Microsoft Teams sessions and supported with a comprehensive Training Guide tailored to each role. Additional tools, such as a routing form and a status query feature, were created to enhance usability and accountability from day one.

In October 2024, Phase 2 was released to address feedback and improve the user experience. This phase included:

- Workflow enhancements to simplify routing and improve

clarity

- Updated notifications to better inform users of status changes
- A new reporting function, allowing users to run pre-built or custom ad hoc reports
- Updated training manuals and a second round of department-wide training

The portal became a living tool, shaped by end-user input and evolving needs.

2. Address any challenges that were encountered during implementation:

a. Was there impact to the intended outcome?

The largest implementation challenge stemmed from the project's earlier disruption in 2020. The initial version, developed with limited PAC input due to COVID constraints, lacked key workflow steps and user-centered design. These deficiencies threatened both usability and staff confidence in the system. Had the system launched in its original form, it would not have achieved the desired outcomes.

b. Did the challenge affect the anticipated schedule?

Yes, the original timeline was significantly delayed. While initial development began in February 2020, the project was paused during the height of the pandemic and resumed only in late 2021. The intended timeline had to be extended by more than two years to allow for proper refinement and engagement with stakeholders.

c. How was the challenge overcome?

We took ownership of the project's revival, conducting detailed assessments of the unfinished system and collaborating closely with the contractor to rebuild workflows. They mapped out each procurement scenario, added missing functionalities, and ensured compliance with policy. Phased user testing helped identify usability issues before launch. Leadership support was also critical

in allocating time and resources to see the project through to completion.

The commitment to thoughtful implementation, user training, and responsive feedback cycles ensured that the eventual launch was successful, and that the portal met the department's operational and service goals. During Phase 2, additional changes were implemented rapidly in response to feedback, reinforcing user trust and ensuring sustained adoption.

1. Describe the outcome of the change:

The launch of the Public Health Purchase Portal marked a transformational shift in how procurement requests are submitted, tracked, and processed within our department. We processed 3,376 PRFs in FY24, and as of March 22, 2025, we have processed 2,168 more. This outpaces our historical average demonstrating strong adoption, immediate value, and continued reliance on the system. The system has delivered on its primary objectives: reducing processing time, minimizing P-Card rejections, improving transparency, and streamlining collaboration across programs.

Evaluation Criteria #3:

a. Did you achieve the results expected? If not, what was different.

The results exceeded expectations in several areas. Staff reported greater satisfaction with the process due to increased clarity and fewer errors. Procurement personnel noted fewer follow-up emails and phone calls, and Finance teams experienced more consistent documentation and approvals. Overall, operational efficiency improved significantly, and the time to process requests decreased.

b. Were there any unintended consequences – either positive or negative? If so, describe how they impact the success of the change.

There were a few positive unintended outcomes right from

the very start. First, the portal helped reinforce continuity of operations by making procurement workflows accessible from anywhere—an advantage originally intended as a contingency but now essential in hybrid work environments. Second, the portal increased interdepartmental trust by making progress and approvals visible at each stage. No significant negative consequences were reported.

c. Describe how the change has advanced alignment with the Values and Guiding Principles of Public Procurement. Were the identified opportunities for alignment achieved

- Accountability improved through automated, digital logs and status queues.
- Transparency was enhanced with user-facing dashboards and custom queries with real-time status requests.
- Professionalism increased as staff became more skilled and confident in managing procurement tasks through a centralized system with enhanced tools and training.
- Ethics & Impartiality were reinforced through standardized workflows and system-based routing, reducing subjective handling of requests.
- Service was elevated through faster turnaround times, clearer user guidance, and a more reliable procurement experience.

The values of public procurement are now embedded in our daily workflow—not just aspirational principles, but practical standards.

Evaluation Criteria #4:

1. Describe what measurable results were achieved.

Since launching in July 2023, the Public Health Purchase Portal has processed nearly 5,550 PRFs. Users have reported decreased turnaround times, fewer procurement errors, and improved communication between procurement and finance staff. Paper forms and Excel logs have been eliminated, significantly reducing administrative overhead and physical storage requirements. These measurable improvements reflect tangible gains in efficiency, accuracy,

and user satisfaction.

Additional measurable outcomes include:

- Reduction in P-Card errors, which eliminated the need for journal vouchers to be processed
- Increased visibility for all stakeholders through real-time tracking
- Improved turnaround times, thanks to workflow automation
- Increased ability to respond to audit requests, due to having a central depository for all invoices, receipts, and backup documentation

Phase 2 also brought its own set of measurable outcomes including:

- New visibility into procurement patterns, workload statistics, and vendor spend due to enhanced reporting capabilities. These insights have led to more strategic planning by leadership.
- An enhanced ability to respond to emergency requests since a PRF can be re-assigned with a simple click of a button, taking all relevant information with it.
- Improved communication loops, which reduce follow-ups and misunderstandings, due to the enhanced notifications
- Higher user satisfaction, as reported in follow-up feedback after Phase 2

2. Describe any lessons learned that might be valuable to other agencies attempting a similar change.

One key lesson we learned was the importance of user engagement during both design and rollout. The initial version lacked user input and proved insufficient. By re-engaging staff and refining the system around real workflows, the project became far more functional and well-received. Another lesson was the value of phased implementation—starting with a manageable user group allowed for training, feedback, and troubleshooting before full deployment.

3. Describe any plans for continued monitoring and/or improvements.

The project team has already identified future enhancements as part of “Phase 3,” including:

- Integration with the county’s CGI Advantage financial system
- Expansion of the system to incorporate the solicitation workflow process
- Enhancements related to subscription renewals and automated annual payments
- Integration with Public Health’s other OnBase solutions including Invoice Processing and Contract Labor Personnel as well as our newly implemented WebGrants system.

In addition, ongoing feedback is collected through support channels, and the system’s flexibility allows for iterative updates to ensure it continues meeting agency needs.

4. Is the process you followed something that could be adopted by another agency? If so, would you recommend any changes?

Yes, the process is highly transferable. The portal’s foundation—a digital workflow for PRF submission, review, and tracking—is relevant across all public procurement settings. The use of a common platform like OnBase and adherence to procurement principles ensures compatibility with other systems. Agencies adopting a similar approach should consider building internal ownership, investing in cross-functional training, and phasing rollout to ensure success. While some technical customization may be required, the core framework and lessons from this project can serve as a strong model for replication.

Supporting documents showing the success of the program or process improvement outside your agency? - File #1:

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Supporting documents showing the success of the program or process improvement outside your agency? - File #2:

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Supporting documents showing the success of the program or process improvement outside your agency? - File #3:

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Program or process improvement supporting what you have written above - File #1:

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Program or process improvement supporting what you have written above - File #3:

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Documents showing the success of the program or process improvement within your agency? - File #1:

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**within your agency? - File
#2:**

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