



Association Of State And Territorial Health Officials
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Dear Mike,

On behalf of the ASTHO Management Committee and its executive support team, we again want to thank you for your investment of time and interest in working with your state partners on the many issues of mutual interest. Your personal commitment is very much appreciated and respected.

Following up on our very informative and productive meeting in New Orleans on May 15th and to also supplement the points raised in the Management Committee's correspondence to Joe Henderson, Acting Chief Operating Officer, on April 27, 2008, below you will find a listing of opportunities that, in the opinion of the Committee, warrant consideration as part of the planned collaborative Business Process Improvement Initiative:

- Consistent and more flexible carry-over policy (Consider EPA model – standing authorization or a streamlined approach for redirect, budget modifications)
- Standardize no cost extensions/budget modifications and improve timeliness of turnaround
- Reduce the degree of detail of budget submission requirements (such as names and positions of FTEs, planned travel, etc)
- Standardize data and reporting element requirements (basic statistics, standardized data collection) to be more conducive for the development of useful year-end aggregate progress and performance reports. Determine exactly what should be tracked, reported and measured and jettison all other extraneous information if not going to be used to assess progress and performance, use for continuous quality improvement, and/or chart a path forward.
- Eliminate IT "stand alones"
- Standardize, or at least simplify, project period/budget period start dates (e.g. first of every month, or first of every quarter)
- Clarify and be more transparent regarding processes/tools used by CDC in PGO and programs
- Standardize "minimum" lead time for preparing applications in response to grant guidance
- Specify business process metrics and key control points/sign-offs
- Timely issuance of grant/cooperative agreement guidance including ample time for application preparation and submission (e.g. more than 30 days)
- Don't combine (or mask) budget cuts with integration
- Reduce variation and differences in "rule interpretations" by PGO, programs and states.
- Create standard applications, invoicing and reporting
- Clarify and standardize maintenance of effort and match requirements
- Develop a real-time transparent process for tracking status of requests
- Collect STHA assurances once - no need to collect them for each grant.

- Create a means for tracking expenditures - more refined than timing of state "draw downs."
- Track performance on outcomes rather than processes
- Keep track of categorical funds but allocate to states in a blended fashion when appropriate.
- Initiate an appeals process for state challenges to PGO or program actions.
- Link any expansion of program requirements (mid grant) with an associated increase in funding
- Conduct proactive needs assessments from state staff
- Work loads and expectations should be more commensurate with funding levels.
- Explore the possibility of multi-year work and spending plans as a means to foster longer range strategic and tactical planning, simplify the annual continuation application process, and maximize the use of funds by expanding the allowable spending period beyond the prescribed 12 month budget period.
- Greater stability, reliability and engagement of the CDC Project Officers (e.g. less administrative gate keeping to more of an advisor/ subject matter expert) as a means to improve services to states and overall project performance and impact.
- CDC should also be encouraged to generate a similar list reflecting their perspective on states' issues, practices, and nuances warranting business process improvement.

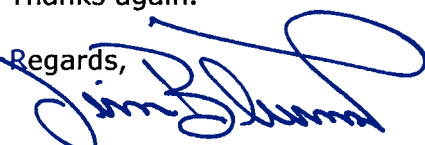
This listing does not reflect any priority or ranking nor does it categorize the various topics identified. We will now begin to refine this list and sort the "opportunities" into the three categories we have identified: 1) Funding, 2) Performance, and 3) Reporting. During the meeting, you had mentioned that the Senior Management Officials, in consultation with their host states, recently went through a similar process. We should crosswalk the lists and generate a composite list. If you would be kind enough to send us the SMO work, we would gladly examine both and come up with a more expansive and organized inventory of potential business process improvements.

We are also glad to reaffirm that a subcommittee of the Management Committee has been formed to shepherd this project. The members are Kathy Vincent and Ed Davidson (Alabama), Bonnie Sorensen (CA), Lisa Waddell (SC), and Chris Hoke (NC).

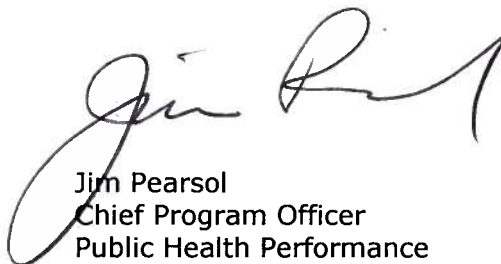
The Senior Deputies Annual Meeting is one month away. We look forward to working with you and your team over the next couple of weeks in preparation for this session. Also, the Management Committee will be meeting on Tuesday morning, July 8th, prior to the opening Executive Development Workshop of the Annual Meeting. We will tentatively reserve some time to meet with you and your team for an update and to make final preparations for this session which will be held on the following day. Shortly after the meeting and based on feedback from the Senior Deputies, we will submit to you a more formal and detailed proposal that will hopefully be a resource to you in the coming months.

Thanks again.

Regards,



James S. Blumenstock
Chief Program Officer
Public Health Practice



Jim Pearsol
Chief Program Officer
Public Health Performance

c: ASTHO Management Committee Members