



# Federal Award Spenddown

*Analysis of Spending Challenges and Opportunities for  
Agencies Funded Through the Overdose Data  
to Action Cooperative Agreement*

**October 2021**

## Executive Summary

In 2019, CDC launched Overdose Data to Action (OD2A), a cooperative agreement that awarded \$945 million to state, local, and territorial health agencies to combat the opioid epidemic. Many agencies faced challenges fully spending the OD2A funds in Year One and Year Two of the cooperative agreement. To better understand these challenges and inform technical assistance efforts, ASTHO conducted nine key informant interviews.

This report synthesizes the interviews and reviews insights from the field. It outlines the primary challenges to efficient spending, strategies to overcome those challenges, and takeaways for agencies facing similar obstacles. Appendix A includes a compilation of relevant resources and tools from the states that participated in the interviews.

### ■ CHALLENGES:

Cumbersome administrative processes—commonly found in contracting recruitment and hiring, and procurement and purchasing—threaten health agencies’ ability to provide essential public health services, scale-up prevention and response activities, and save lives. These processes result in delays in program implementation and, therefore, program spending. The primary challenges OD2A recipients identified include:

- Siloed and outdated technology systems cause delays in everyday processes.
- Cumbersome hiring policies and processes result in critical positions remaining unfilled.
- Coordinating with multiple departments causes delays and confusion.
- Limited experience related to navigating financial and administrative processes slows program implementation and spending.
- Public health emergencies thwart program timelines and ability to spend.
- One-year budget timelines are unrealistic and result in increased administrative burden.

### ■ IMPROVEMENT STRATEGIES:

The staff interviewed demonstrated exceptional capacity to navigate their complex administrative systems and employ creative strategies to increase efficiencies. These strategies generally fell into three over-arching categories:

1. Strengthening collaboration across operations and programmatic teams.
2. Focusing on improving contracting and hiring processes.
3. Regularly reviewing expenditures to identify opportunities to spend or leverage funds.

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## ■ TAKEAWAYS:

Several key takeaways also emerged that can inform other agencies facing similar difficulties in spending awarded funds:

- Creating more deliberate connections at the beginning of the cooperative agreement and throughout the lifecycle of the award among operations and program staff will reveal multiple opportunities for improvement.
- Identifying opportunities to create flexibility within contracts results in the ability to quickly move through contract development and approval processes.
- While many policies and processes related to hiring may fall outside the control of health agency programs and operations staff, focusing on pieces of the process in their sphere of influence and/or identifying creative solutions can still result in improvements.
- Program and financial managers should regularly review budget expenditures and communicate both internally and with contractors about the status of expenditures, identify opportunities to work around roadblocks, and reallocate funds or accelerate expenditures.
- Even small changes can have a big impact on reducing the time needed to process contracts.
- Managing complex projects like the OD2A Agreement requires staff to have or develop sophisticated skills related to projections, project and contract management, and planning.

## ■ RECOMMENDATIONS:

Reducing administrative burdens and improving business processes can help agencies more efficiently implement programs and spend large federal awards intended to protect and improve the public's health. Specifically, state health agencies should:

1. Invest in quality improvement methods and efforts.
2. Commit to fostering purposeful, cross-department collaboration both formally and informally.
3. Prioritize building workforce capacity in strategic skills are critical to achieve these gains.

## Introduction

The ability of state, local, and territorial health agencies to ensure the health of the populations they serve is significantly affected by federal funding, which has been on a consistent decline.<sup>1</sup> Rather than investing in core public health capacity, federal appropriations flood the public health system with specialized, time-limited funding to support response to specific issues. Despite the need for consistent funding to address public health issues, health agencies face difficulties spending large, complex awards efficiently due to chronic underinvestment in public health infrastructure. Cumbersome accountability measures and siloed financial, administrative, and programmatic systems create implementation barriers, which become evident in an agency's inability to spend down the awarded funds.

This was the case for many agencies who applied for new funding from CDC to address the opioid epidemic. Beginning in 2019, the OD2A Agreement awarded a total of \$945 million to state, local, and territorial health agencies across the country to engage in overdose surveillance and prevention activities to combat the epidemic. The original agreement term was set from 2019 to 2022, but CDC extended the award to 2023 to continue addressing the epidemic.

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<sup>1</sup> Government Accountability Office. Agencies Need to Develop Modernization Plans for Critical Legacy Systems. June 2019. GAO-19-471. <https://www.gao.gov/assets/gao-19-471.pdf>

Previous ASTHO technical assistance efforts on business processes demonstrated that improvements can be made by standardizing internal processes, enhancing staff compliance through widespread training, and using simple job aids (e.g., checklists) that reduce errors.

Having identified underspending as an issue in agencies funded through the OD2A Agreement, ASTHO sought to:

1. Better understand the barriers faced through key informant interviews.
2. Provide capacity building and technical assistance to help agencies analyze and improve OD2A spenddown.
3. Compile tools, best practices, and lessons that can be shared broadly across all OD2A funded jurisdictions and applied to other federal grant programs.

In December 2020, ASTHO invited state health agencies (SHAs) funded through the OD2A Agreement to participate in key informant interviews via email invitations to senior leadership and the OD2A lead staff in each SHA. The invitations requested participation from both programmatic and general administrative staff. Nine SHA teams participated in one-hour video interviews to discuss the challenges and opportunities related to implementing the OD2A Agreement.<sup>2</sup> Staff recorded and transcribed the notes to identify key findings.

This report overviews the challenges and solutions identified through the key-informant interviews, and reviews published articles, reports, ASTHO documents, and previous experience of the authors. ASTHO will leverage the results to inform technical assistance, develop training opportunities, and support policy statements on behalf of its membership.

## Findings

### ■ CHALLENGES:

State and territorial health agencies (S/THAs) must navigate varying political environments, systems, organizational infrastructures, and policies that affect (accelerate or slow) their ability to efficiently spend funds. Sometimes these are politically driven and beyond the control of S/THAs to change. For example, one SHA noted that contracts for \$100,000 or more must certify that the contractor is not currently engaged in—and agrees for the duration of the contract not to engage in—a boycott of Israel. Another SHA (not interviewed) requires this certification for all contracts of just \$1,000 or more. In other cases, agencies may be required, through extensive and complicated reporting, to verify funds are used in accordance with complicated S/THA or local laws (e.g., laws and restrictions related to syringe services programs). Documenting adherence to such policies requires staff time and effort that can slow implementation of essential public health programs and the spenddown of grant funds.

In addition to political and legal barriers to program implementation, many other interdependent factors can influence health agencies' ability to spend funds. Specific challenges noted by the SHAs interviewed include:

- **Siloed and outdated technology systems cause delays in everyday processes:** The problem of outdated technology (IT) systems in government is well-documented and spans federal and local

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<sup>2</sup> Interviewed states: Indiana, Kansas, Michigan, North Carolina, New Hampshire, New York, Ohio, Utah, Wyoming

agencies. A 2019 Government Accountability Office report showed that some government agencies use antiquated systems with components up to 50 years old.<sup>3</sup> S/THAs or local health agencies that receive federal awards must contend with outdated systems in their own agency in addition to those of the federal funding agency. The interviewees echoed this frustration, noting that navigation of un-coordinated IT systems for financial management, contract management, and other administrative processes requires staff to develop workarounds to gather information from across the different systems and convert or compile it manually for reporting purposes. Additionally, the OD2A Agreement requires recipients to separate their budget by prevention and surveillance components. However, they report only the bottom-line number, which requires additional staff and leaves room for error. These efforts divert time away from program activities, increase the potential for human error, and slow program implementation and spending.

- **Cumbersome hiring policies and processes result in critical positions remaining unfilled:** SHA teams interviewed noted that it can take anywhere from six months to one year for a new position to be approved and a staff person hired. Delays stem from the time it takes to facilitate hiring committees, develop job descriptions, and garner approvals from designated leaders. For example, one SHA reported that all position openings must be approved by a committee of senior leaders. State hiring freezes and high rates of turnover exacerbate this problem, as does the need to detail existing staff from one area to another during an emergency. In one state, the SHA must adhere to an outdated policy stipulating that all personnel hired with federal funds must be hired as temporary employees. The rationale underlying the policy is that federal funds are intended for short-term use only.

*“This grant (OD2A) is unique because there are so many moving parts, so many players, and so many layers...”*

- **Coordinating with multiple departments engaged in program administration and implementation can cause delays and confusion:** Some SHAs identified challenges coordinating across departments even for single processes, such as invoicing. One SHA noted that having too many people and departments connected to the invoicing process remained a barrier because the multiple staff involved did not have a clear understanding of the process steps, resulting in delays and confusion. One interviewee explained, *“invoices were getting sent to five places.”* The complexity of the OD2A Agreement further complicated agency operations. Specifically, the agreement includes both surveillance and prevention activities, functions that are often funded separately and carried out within separate divisions of the agency. The result was a need for SHAs to create new working partnerships, both within their own agency and with external partners. One interviewee noted that a planning period for setting up this initiative would have been helpful, stating, *“this grant (OD2A) is unique because there are so many moving parts, so many players, and so many layers...”*

<sup>3</sup> Government Accountability Office. Agencies Need to Develop Modernization Plans for Critical Legacy Systems. June 2019. GAO-19-471. <https://www.gao.gov/assets/gao-19-471.pdf>

- **Limited ability to navigate financial and administrative processes slows program implementation and spending:** Interviewees noted that staff hired for programmatic positions are increasingly called upon to learn and navigate the administrative processes that support program implementation. They are not necessarily hired for these skills and must learn through trial and error. As one SHA noted, program managers must step into projects involving complicated budgeting and reporting processes, yet these managers have limited training on financial management.
- **Public health emergencies thwart program timelines and ability to spend:** Many SHAs indicated that COVID-19 has hindered their ability to maintain focus on and spend funds, including OD2A Agreement funds. Staff and resources are detailed to the more pressing emergency and other competing priorities. In short, one emergency is usurped by the next emergency, and without core funding and infrastructure, public health agencies are limited in their ability to respond to any one emergency, let alone maintain day-to-day public health safety and prevention services.
- **One-year budget timelines are unrealistic and result in increased administrative burden:** Most federal awards, including the OD2A Agreement, operate on a 12-month timeline. Agencies are given 12 months of funding at a time for each of the three years of the cooperative agreement and must spend all funds within that year. Given that it can take up to six months to hire new staff and engage contractors, there is not adequate time to spend the full award before staff must write proposals for the subsequent grant year and/or submit requests to carry unspent funding into the next year, starting the cycle over again.

#### ■ IMPROVEMENT STRATEGIES:

These challenges, many of which are inherent to governmental agencies, especially those that are insufficiently funded, may never be fully resolved. However, the interviews have made it clear that public health agency staff are to be commended for their capacity to learn, adapt, and apply ingenuity in their mission to protect the public’s health. They are regularly employing strategic, problem-solving, and relationship-building skills to navigate complex administrative systems. The myriad of strategies mentioned by the interviewees fell into three overarching themes:

1. Strengthen working relationships across operations and programmatic teams.
2. Focus on improving contracting and hiring processes.
3. Regularly review expenditures to identify opportunities to spend or leverage funds.

Each strategy is expanded on below, by theme. Key takeaways for OD2A recipients who are facing similar challenges are also included.

#### *Strategy 1: Strengthen collaboration across programs and operations teams.*

The increasing complexity of public health issues, such as the opioid overdose crisis, requires both intra- and inter-agency collaboration. Although each health agency is structured differently, there are generally departments (or divisions) focused on delivering core public health functions (e.g., surveillance, prevention)—often referred to collectively as “Programs” —that operate separately from operational functions (e.g., finance, procurement, general administration) – which are often called “Operations.” The agencies discussed how strengthening working partnerships across Programs and Operations has been crucial to improving efficient spending of federal awards. Several SHAs

recommended that cross-functional teams be established and built into the federally awarded program when the initial proposal is being written.

**1a. Integrated teams:**

Some agencies placed financial/procurement staff in programmatic departments to streamline processes. Other SHAs, while not able to assign financial/procurement staff full time to a programmatic department, found that assigning a finance or administrative liaison for each program proved helpful, while others created cross-department teams. While Programs and Operations staff remain in separate departments, they come together regularly (weekly, bi-weekly, or monthly) to monitor personnel and contract expenditures. When challenges arise, these teams can problem-solve together. Finally, one SHA created an intra-agency advisory committee that reviews and approves re-allocation and carryover requests within the agency.

Overall, taking deliberate steps to align Programs and Operations improved efficiencies in hiring, drafting contracts, expense tracking, payroll projections, and invoicing and payments.

One interviewee said about their program’s financial liaison, *“Having that person that is solely focused on the finance and contracting needs for our program has been one of the greatest assets for me to feel comfortable with my job. She is key in the applications during application and budget season. She has a sense of payroll projections. She monitors spenddown and redirections. We get quarterly reports on spending. I can’t fathom where we would be without our fiscal liaison.”*

One Operations staff expressed pride in their responsibility to support Programs, stating, *“Our office immediately starts work with the program office to support work plans, tools, and templates. We want to create a standard approach to make it easier. That is what makes us unique. We have a really strong partnership with programs for which we manage and administer the grants.”*

*“Having that person that is solely focused on the finance and contracting needs for our program has been one of the greatest assets for me to feel comfortable with my job. I can’t fathom where we would be without our fiscal liaison.”*

**1b. Informal partnerships:**

Some SHAs emphasized that in addition to more formalized collaborative structures, taking the time to form relationships with other departments can facilitate spenddown. One agency provided the example of having a strong, but not formalized, relationship with its medical examiner’s office. If the examiner’s office has a specific need and the SHA has unexpended funds, it may be able to re-allocate those funds for use in the examiner’s office.

**Strategy 2: Focus on improving procurement (contractual) and hiring processes.**

Procurement and hiring were most frequently noted as pain points. Agencies have taken many approaches to overcome these challenges, ranging from the implementation of simple changes to the creative use of policies to hasten cumbersome processes.

**Takeaway:** Creating more deliberate connections among program and operations staff will open doors to make improvements.



**2a: Simple improvement techniques:**

Three SHAs reported using simple techniques to improve the contracting process. One agency moved from a “wet” signature requirement for approval to an electronic signature, along with document scanning for both the contractor and the agency. This change reduced contract ratification time from two months to two days.

**Takeaway:** Even small changes can have a big impact on reducing the time needed to process contracts.

Two other agencies reported moving contracting files from decentralized electronic file systems available only to certain staff to centralized file locations accessible to all staff. One agency reported that this move reduced contract processing time by half. Another agency conducted an after-action review that identified a gap in communications with vendors. By identifying who should be included in vendor communications and adding program staff to these communications, the agency reduced the steps in the contracting process.

**2b. Planning and projection:**

Several SHAs indicated that a key to managing their contract processing time is ensuring the entire process is planned out with realistic timelines to reduce bottlenecks. One SHA suggested “*backwards planning*” for getting contracts into place as soon as possible upon receipt of a federal award. This entails beginning with the intended award start date and mapping backwards each of the process steps (e.g., developing RFPs, scopes of work, contract language) necessary to reach contract execution.

As one interview participant described, “*you cannot start your Request for Proposal process one month before you want to have your contracts signed,*” implying that the process needs to begin much earlier. Another SHA shared that they “*operate in the anticipatory process, when we expect to receive and activate the funding and if something comes along where the funding does not come through, then we stop the process or we have boilerplate language that protects us; if the funds are not there, then the contract will not go forward.*”

**2c. Creative use of contract mechanisms and policies:**

Most SHAs reported using ‘master service agreements’ or ‘umbrella agreements.’ SHAs reported that it is easier to amend an existing contract than create a new one, and master or umbrella agreements allow agencies to add funds and scopes of work and avoid an extensive amendment process. Three SHAs have such agreements with vendors that manage parts of their OD2A Agreement.

**Takeaway:** Managing complex projects like the OD2A Agreement requires staff to have or develop sophisticated skills related to projections, project management, budget management, and planning.

SHAs may also expedite external vendor engagement by accessing pass-through funding policies, which do not require the same approval processes and time as initiating a contract. One SHA mentioned that through existing agreements with local public health agencies, the SHA can quickly pass-through funding to the local public health agencies that in turn fund community partners. SHAs also indicated that they tend to work with known vendors and partners.



SHAs build in flexibility to contracts and ensure contractors take advantage of that flexibility. One SHA reported that it puts funding into budget line items that do not require permission from the SHA or federal government to move money between line items. Line-item budgets allocate funding to specific categories (or line items), such as personnel, supplies, and travel. Some SHAs may allocate funding to line items that require less oversight, which allows more flexibility in how those funds are spent. Another SHA includes an emergency clause for additional work and funding into contracts. This allows

**Takeaway:** Identify opportunities to create flexibility to rapidly move through contract development and approval processes.

the SHA to lift the maximum reimbursable amount of the contract through a notification letter rather than through a lengthy amendment process. One SHA also shared that its emergency declaration policies are flexible to better engage contractors. For example, after an emergency declaration, the SHA does not have to go through the standard 90-day bid process with additional time for review and decision.

**2d. Using contractors to hire or fill positions:**

It is common for SHAs to engage external contractors to hire staff to implement programs. There are differing opinions on the implications of this approach. Some worry that engaging contractors depletes the reserve of essential public health workforce in public health agencies, while others believe using external contractors to hire staff is a viable mechanism to increase efficiency. Three SHAs contract with external partners, including public health organizations, to hire staff for grant programs. These arrangements allow the SHAs to more easily fill a position due to fewer bureaucratic requirements. In some cases, SHAs are later able to move the contract positions into a SHA position, particularly when a public health epidemic persists.

*“We contract with 150 hospitals and 57 health departments. We might have an annual contract with each for \$50K and we include an emergency clause for \$500K as a placeholder. If we need to engage the contractor in an emergency, we can lift the maximum reimbursable amount on the contract. This worked especially well for opioid funding.”*

**Takeaway:** Many policies and processes related to hiring may fall outside the control of SHA Programs and Operations staff. Still, focusing on what pieces of the process are in their sphere of influence and/or identifying creative solutions can still result in improvements.

**Strategy 3: Regularly review expenditures to identify opportunities to spend or leverage funds.**

SHAs shared that regular and collaborative review of expenditures helped identify opportunities that may not have been otherwise apparent. In one example, a SHA found that several programs were planning to each hire a less-than-full-time employee. They reviewed the proposed positions and found that it was possible to combine them into one full-time employee. This same state regularly reviews where personnel are spending time against budgeted time and adjusts budgets to expedite spenddown. Other states reported regularly tracking contract encumbrances to ensure funds are spent as budgeted.

Collaboratively reviewing expenses can reveal opportunities to leverage funds to build sustainable infrastructure. One interviewee called this “*piggy backing grants*” to build processes that benefit the agency’s work beyond the specific grant. For example, this SHA used funds from the OD2A Agreement to develop an opioid dashboard. In this way, spending OD2A funds served the purposes of the award, while also creating a dashboard that is now used to support multiple programs. The lack of sustainable federal funding to support SHA infrastructure leaves it up to agency leaders and staff to think strategically about how one-time, topic, or disease-specific funding can be accessed to create long-term benefits.

**Takeaway:** Program and financial managers should regularly review budget expenditures, communicate internally and with contractors about the status of expenditures, identify opportunities to work around expenditure roadblocks, and reallocate or accelerate expenditures.

## Recommendations and Resources

The challenges S/THAs face spending down federal awards, including the OD2A Agreement, is a consequence of insufficient funding for public health infrastructure, ineffective agency systems, and outdated IT systems.

Despite challenges, the staff interviewed for this report demonstrated capacity to navigate their complex environment and make process improvements resulting in increased efficiencies and ability to spend funds. Three high-level recommendations and associated resources to support their adoption include:

1. **Investing in quality improvement.**

Agencies should strive to create a culture of quality improvement (QI), training staff, and institutionalizing QI systems. In conjunction with accreditation readiness resources, QI resources are plentiful. Continued investment in these efforts is worthwhile.

**Relevant Resources:**

- [ASTHO QI Web Page](#)
- [NACCHO QI Web Page](#)
- [Public Health Foundation QI Resources](#)

2. **Committing to fostering purposeful, cross-department collaboration, both formally and informally.**

Among the agencies interviewed, those with interdisciplinary teams that included Programs and Operations staff showed significant ingenuity and pride in having developed multiple efficiencies. Agency leadership not only can help create these structures, but can also positively reinforce staff and identify complementary funding sources. Additionally, encouraging staff to collaborate with key partners at the inception of the project and throughout the funding period can help agencies efficiently manage the cooperative agreement.

**Relevant Resources:**

- [Workzone: 11 Ways to Improve Collaboration Between Departments](#)
- [Center for Creative Leadership – Boundary Spanning Leadership Training](#)
- [A Practical Guide to Cross-Functional Work](#)

3. **Prioritize building workforce capacity in strategic skills.** These skills include systems thinking, problem-solving, leveraging and negotiation, cost budgeting, and business management. Public health workers are increasingly called on to manage complex environments, relationships, data, and systems. Agencies can prepare staff by investing in training to build these skills among current staff, as well as requiring these skills for new hires.

**Relevant Resources:**

- [De Beaumont Foundation Adapting and Aligning Public Health Strategic Skills](#)
- [Building Expertise in Administration and Management Certification](#)
- [Public Health Learning Navigator Strategic Skills Training](#)

## Appendix A: Related State Health Agency Tools and Templates

Note: Organized by improvement strategy from the report

Topic	Document Title	Description	Resource Provider
<b>STRATEGY 1: Strengthen collaboration across program and operations teams.</b>			
Strategic Planning	<a href="#">Strategic Planning: Opioid Crisis to OD2A in North Carolina</a>	Plan outlines federal funding flow chart, staff plans, project activities by location. Reviews how North Carolina aligned funding with internal structures.	North Carolina Division of Public Health Injury and Violence Prevention Branch
Grant Alignment Within Agency	<a href="#">Using Local Data to Inform Statewide Action: North Carolina's Approach for OD2A Prevention</a>	Presentation that outlines the history, policies, and plans associated with the OD2A implementation, including organization chart, strategies, partner roles, journey map, etc.	North Carolina Division of Public Health Injury and Violence Prevention Branch
Contracting	<a href="#">Division of Management and Budget Standard Operating Procedure</a>	These operating procedures establish guidelines for the routing of contractual agreements, grants, and other documents through concurrence.	Kansas Department of Health and the Environment
Contracting	<a href="#">At-a-Glance document for Routing Contracts</a>	Bureau of Health Promotion Procedures on how to route contracts for submission.	North Carolina Department of Health and Human Services
Hiring	<a href="#">Fiscal Liaison Position Description</a>	Provides detailed description of position that crosses functions.	Ohio Department of Health
<b>STRATEGY 2: Focus on improving procurement (contractual) and hiring processes.</b>			
Contracting	<a href="#">Contract Procedures – What You Need to Know</a>	Sample definitions and procedures on how to go through the contracting process.	Kansas Department of Health and the Environment
Contracting	<a href="#">Contracts Process Checklist</a>	Bureau of Health Promotion Procedures includes roles for program staff on a contracts process.	North Carolina Department of Health and Human Services

<b>Contracting</b>	<a href="#">Contract Timeline*</a>	Sample timeline for developing a contract including planning, drafting, and execution phases.	Wyoming Department of Public Health, Public Health Division
<b>Contracting</b>	<a href="#">Bid Exception Approval Process*</a>	Guidance document that describes the blanket bid exception policy, practices, and documentation requirements.	Public Health Division, Wyoming Department of Public Health
<b>Hiring</b>	<a href="#">Project Employee Agreement</a>	Employee agreement between the Ohio Civil Service Employees Association and Ohio Department of Health that specifies the appointment classification associated with limited funding and special duties.	Ohio Department of Health
<b>Policy Statement</b>	<a href="#">Emergency Declaration</a>	Indicates special classification and processes for hiring.	State of Ohio
<b>STRATEGY 3: Regularly review expenditures to identify opportunities to spend or leverage funds.</b>			
<b>Grant Implementation</b>	<a href="#">NH Monthly Follow-Up Form**</a>	Supports monthly report-outs by each strategy.	New Hampshire Department of Health and Human Services Division of Public Health Services

\* This version may not be the most current version, as Wyoming updates its resources periodically. However, it is a representative sample of the tool.

\*\* Authored by Xiaohui Geng, New Hampshire’s OD2A principal investigator.

## Appendix B: Final Interview Guide

### ■ INTERVIEW GOALS

Identify successes and challenges that public health agencies are experiencing with administrative and business practices to spend funds across programs and health agency jurisdictions generally and the Overdose Data to Action (OD2A) cooperative agreement specifically.

- Identify business processes and job aids (e.g., standard operating procedure guides, workflow diagrams, policies, decision tools) to facilitate spending of funds that agencies can share in a public repository.

### *Introduction/informed consent*

Thank you for taking the time out of your day to meet with us. My name is [name] I am a consultant with WE Public Health and I am joined by my colleague [name] who will assist me during our interview. As we indicated in the email invitation for the interview, we are working with ASTHO to conduct a landscape analysis of public health agency practices to spend down funds in all programs and, more specifically, CDC Overdose Data to Action (OD2A) cooperative agreement funds. The purpose of this landscape analysis is to identify challenges, successes and noteworthy examples of effective and efficient business processes for expending funds that can be shared with ASTHO for technical assistance planning and with other public health agencies to facilitate process improvement.

Our goal today is to collect perspectives about the business processes of your agency's administrative practices to spend program funds. We hope to learn what has gone well during the administrative implementation of your project. Also, we are interested in learning about any challenges that you or your agency may have encountered during administrative implementation of programs (expending funds, contracting, hiring) and how your agency has been able to overcome those challenges. We would like to hear about your experiences with fund expenditures across agency programs broadly and specifically for the OD2A program.

The interview should last approximately 45 minutes to one hour. I want to remind you that this interview is voluntary and confidential. Please feel free to share your opinions openly and honestly without worrying that it will be repeated. Only WE Public Health and ASTHO/NACCHO staff working on this project will have access to interview notes and recordings. You may choose not to answer any questions during the interview and we can stop at any time. Your interview answers will be deidentified and summarized in a report along with the interviews from other interview participants. We will ask your permission to share specific information about your agency operations as examples in the report or in the online public repository of effective and efficient business processes.

Do you have any questions about the study or how your responses will be used? Also, I would like to record our session today to make sure our notes are complete and correct, but we will delete the recording after we verify and save our notes. Are you okay with me recording our discussion?

## *Interview questions*

### **Key informant background**

1. What is your current role at your agency, and how long have you served in this role? How long have you been with your agency?
2. How are your agency responsibilities related to administrative business process and/or the OD2A Agreement?
3. What was your involvement in the OD2A planning process? What was that process like?

### **Adoption and implementation**

4. What successes has your agency experienced in administering and spending funds across programs? To what extent is your agency able to spend funds as proposed?
  - a. How about successes in spending down OD2A funds as proposed, including funds for local public health agencies?
  - b. Probe for contracting, hiring, COVID-19, procurement of services, agency policies, funder requirements, related to all agency funds and specific to OD2A funds.
  - c. Would you be able to share this success (policy, operating procedure) in the online public repository we are preparing?
5. What challenges has your agency experienced in administering and spending funds across programs? To what extent have these challenges impeded your agency's abilities to administer and spend OD2A Agreement funds?
  - a. How about challenges in spending down OD2A funds as proposed, including funds for local public health agencies?
  - b. Probe for contracting, hiring, COVID-19, procurement of services, agency policies, funder requirements that affect all agencies.
  - c. Has your agency identified successful work arounds, changes to business processes, or job aids to address these challenges? If yes, could you give me an example of a successful work around, business process, or job aid?
  - d. Tell us about how your team managed change and worked together to problem solve the challenges that you face. Who (could be multiple roles) identified the challenges, how did the team create a shared understanding of the challenges? How did the team create a shared commitment to new behaviors, business processes, or tools to expedite the spending of funds?
  - e. Would you be able to share this problem-solving success in the online public repository we are preparing?
6. Please describe anything else that has helped your agency administer and spend funds for agency programs? Does this apply to administering and spending OD2A Agreement funds?
  - a. Probes: Staff leadership support, data systems, partners (including cross-jurisdictional partners), relationships with local public health agencies, business processes for contracting, hiring.
  - b. Would you be able to share this success in the online public repository we are preparing?



### ***Sustainability and lessons learned***

7. If you could go back in time and change anything about getting the OD2A Agreement started in your agency, what would that change be? Why?
8. What specific resources, tools, and/or guidance could have been helpful at that time to support better agency spend down (IF spend down was an issue) for the OD2A Agreement?
9. What changes, if any, would you want to make at this point to business processes to facilitate spending agency funds, particularly OD2A Agreement funds?
10. What lessons have you learned to-date that you would want to share with other agencies on business processes that could facilitate spending down funds, particularly OD2A Agreement funds?
11. Is there anything else you would like to share about your agency's experience with business processes or funds administration, particularly OD2A funding?

Thank you for speaking with us today. If you have any additional comments or insights, please reach out to me.