



Department of Health & Human Services







Department of Health and Human Services
Office of the Secretary

Office of the Assistant Secretary for Financial Resources

200 Independence Avenue, S.W., Washington, D.C. 20201



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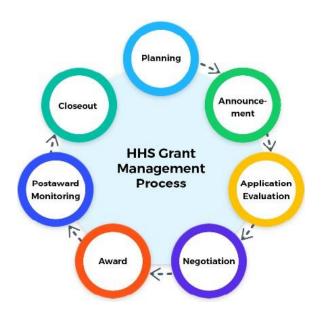
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Welcome to TAGGS

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. In support of its mission, HHS manages hundreds of programs which awards approximately over 77,000 grants annually. Tracking and accounting for HHS grant spending and providing high quality data to the public and external stakeholders is critical to fulfilling HHS's mission and strategic goals.

- ✓ HHS awarded approximately 77,000 grants to over 11,000 recipients.
- ✓ HHS awarded approximately \$462 billion in grants.
- √ 88% of HHS's grant funds for FY 2016 were allocated to entitlement grants.
- Universities and colleges represent 34 of the top 50 HHS discretionary grant recipients.
- ✓ The 6 states receiving the most HHS grant funds were California, New York, Texas, Pennsylvania, Florida, and Michigan.
- ✓ The Centers for Medicare and Medicaid (CMS) awarded over 78% of all HHS grant dollars.
- ✓ The National Institutes of Health (NIH) awarded about 65% of all HHS awards.
- ✓ HHS agencies awarded grants to 105 regional and international recipients.



The Annual Report

This annual report reflects a summary of grants HHS awarded during Fiscal Year 2016 (October 1, 2015, through September 30, 2016). Grants are a legal instrument reflecting the relationship between the United States Government and a State, local government, or other entity when "the principal purpose of the relationship is to transfer a thing of value to the State or local government or other recipient to carry out a public purpose of support or stimulation authorized by a law of the United States instead of acquiring (by purchase, lease, or barter) property or services for the direct benefit or use of the United States Government" (31 U.S.C. §6304).

This report does not include information related to technical assistance, which provides services instead of money; or contracts, which are required to be entered into and administered under procurement laws and regulations.

The public can view how HHS tracks and accounts for grant spending by visiting the Annual Reports section on the Tracking Accountability In Government Grants System (TAGGS) Website (taggs.hhs.gov/AnnualReport). Users can download the full report in the PDF format, or view the report online for a fully visual and interactive experience. Both formats provide an open and transparent view of HHS's grants portfolio: the PDF summarizes grant data at a high level displaying tables and charts for quick viewing, visitors can download the complete report which includes the appendices, or download each section separately; while the online report enhances the users experience by providing interactive maps and graphs that make it easy for visitors to explore award data in multiple views and provides tools to customize and display information, as well as download graphs and data.

Award data shown in the interactive charts is presented here as tables in Appendices A, B, and C.



Executive Summary

Our Year

Preparing for the implementation of the Digital Accountability and Transparency (DATA) Act was the focus for the HHS grants community in 2016. The purpose of the Act is to establish government-wide data standards that can be shared by multiple communities and increase the availability, accuracy, and usefulness of Federal spending information. HHS led the federal effort in standardizing grant data elements by participating in several cross-governmental workgroups in support of DATA Act implementation. HHS used this opportunity to improve underlying business process issues and procedures. The HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) were integral to the success of improved data quality and increased transparency. HHS workgroups put forth significant effort in ensuring HHS was not only in compliance, but was utilizing the data as part of their business process. HHS was well positioned to meet reporting requirements pertaining to the financial assistance community by the implementation date.

Tracking Accountability in Government Grants System (TAGGS)

The data for the annual report comes from TAGGS which is managed by the Office of Grants and Acquisition Policy and Accountability (OGAPA). TAGGS has been the focal point for HHS's transparency efforts with financial assistance. Since its inception in 1995, TAGGS has been the central repository for all of HHS's grants data generated by HHS's Operating Divisions (OPDIVs) and the Staff Divisions (STAFFDIVs) representing nearly a half million distinct awards and over \$4 trillion in programs in HHS's grants portfolio.

Each year, HHS continues to examine the critical components of HHS's financial assistance business processes, policies, and systems to strengthen the data available to the public and for internal HHS usage. In addition to collecting, processing, and reporting all financial assistance data awarded by the OPDIVs and STAFFDIVs, TAGGS provides a single system and platform for displaying HHS data in meaningful ways that will be instrumental to informing leadership decisions and meeting legislative requirements including the Federal Funding Accountability and Transparency Act (FFATA), Digital Accountability and Transparency Act of 2014 (DATA Act), and the Grants Oversight and New Efficiency (GONE) Act.



FY 2016 Grant Awards & Award Dollars

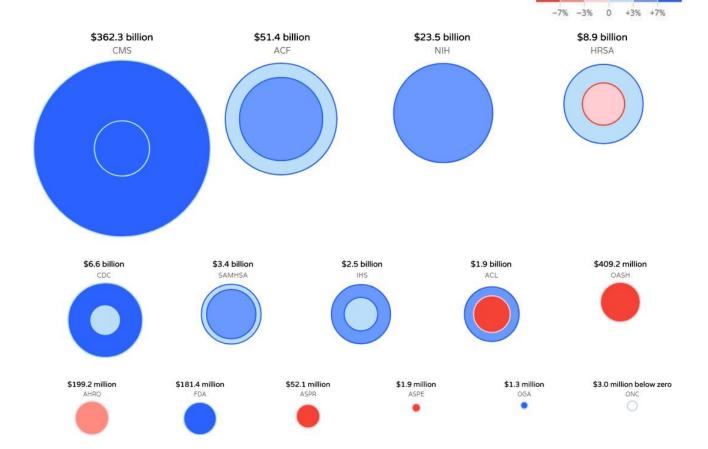
Agency Totals

The chart shows discretionary and non-discretionary awards grouped and displayed by awarding agency¹. Agencies with two circles awarded both types of grants. Colors indicate small to large changes from FY 2015 to FY 2016. For additional views of this data visit the website, or see Appendix A for award details.

Total HHS Award Dollars: \$461,245,595,681

Total HHS Awards: 76,897

Colors indicate small to large changes from FY 2015 to FY 2016



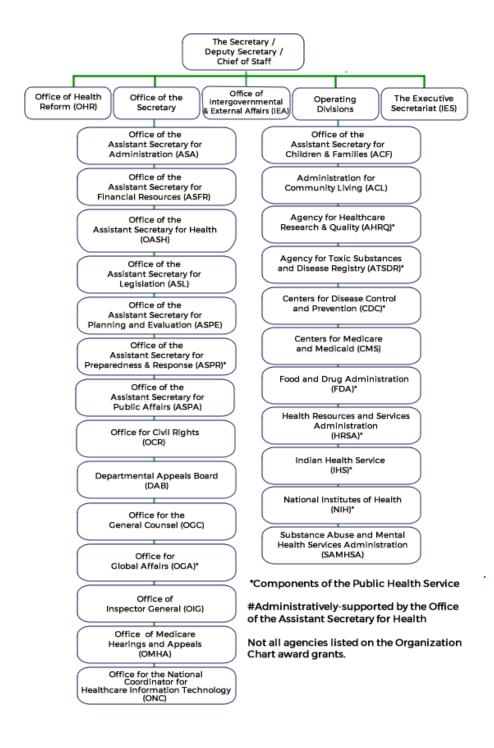
¹During previous fiscal years, ONC awarded 18 grants totaling \$2,961,087. Those awards were de-obligated during FY 2016, so the dollar figures in the ONC charts and tables appear as negative values.



HHS 2016 Organization

HHS is comprised of OPDIVs and STAFFDIVs, each with its own unique mission. The organization chart below presents the overall structure of HHS during FY 2016. The OPDIVs/STAFFDIVs are responsible for administering and managing approximately 510 grant programs which are described in the Catalog of Federal Domestic Assistance (CFDA).

Note that in this report, Agency for Toxic Substances and Disease Registry awards are included in the Centers for Disease Control and Prevention grant funding data.





HHS Awards Overview

In FY 2016, the Department of Health and Human Services administered more grant dollars than all other federal agencies combined. HHS awards formula/block, entitlement, discretionary grant awards and cooperative agreements. HHS awarded approximately \$462 billion in grants for FY 2016. This included \$55 billion in discretionary awards and \$407 billion in formula/block and entitlement awards.

CMS, which administers the Medicare and Medicaid Programs, awarded 78%, or \$362 billion of the total HHS grants fund; however, these awards are less than 2% of the total number of grants awarded by HHS.

ACF had the second highest percentage of total HHS grant funds awarded at over 20%, or \$51 billion. This represented about 9% of the total number of grants awarded. NIH, which awarded about 4%, or nearly \$24 billion, of the total HHS grant funds, accounted for 65% of the total number of HHS grants.

The Annual Report website contains interactive maps that display grant award and recipient data for HHS and its agencies. Those maps are not published in this document. All of the map data is presented in the appendices of this document.

DISCRETIONARY GRANTS

Discretionary grants are those that permit the Federal Government, according to specific authorizing legislation, to exercise judgment, or "discretion" in selecting the applicant/recipient organization, through a competitive grant process.

Discretionary grants commonly support activities such as demonstration, research, training, service, and construction projects or programs. Discretionary grants are sometimes referred to by the Catalog of Federal Domestic Assistance (CFDA) term "Project Grants." The CFDA provides a full listing of all Federal programs available to State and local governments (including the District of Columbia); federally-recognized Indian tribal governments; Territories (and possessions) of the United States; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals.



Top 5 Discretionary Grant Programs By Major Activity Type

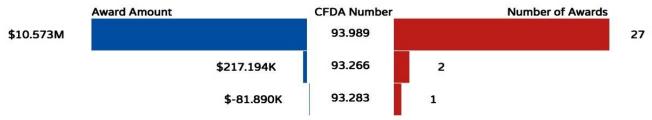
Grant awards are classified by a 5-digit CFDA number and name. These CFDA awards are organized into major activity types: Research, Services, Training, and Other Activities.

The bar charts below show the Top 5 CFDA awards for each major activity type. The blue bars indicate award dollars; red bars indicate the number of awards.

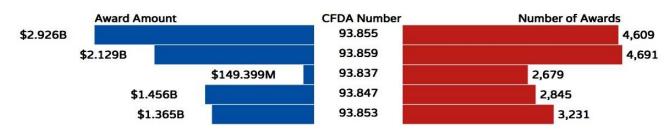
Training



Training (International)



Research



Research (International)



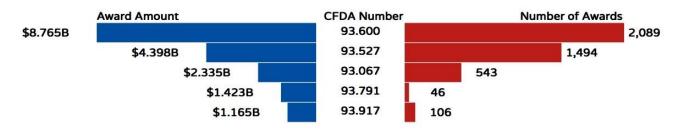


2016 TAGGS Annual Report

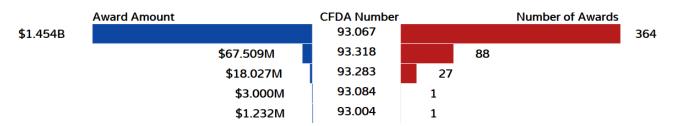
Tracking Accountability in Government Grants System

Top 5 Discretionary Grant Programs By Major Activity Type (Continued)

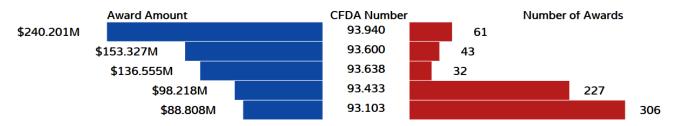
Services



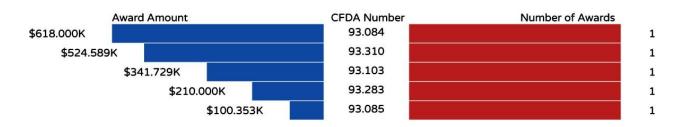
Services (International)



Other¹



Other (International)

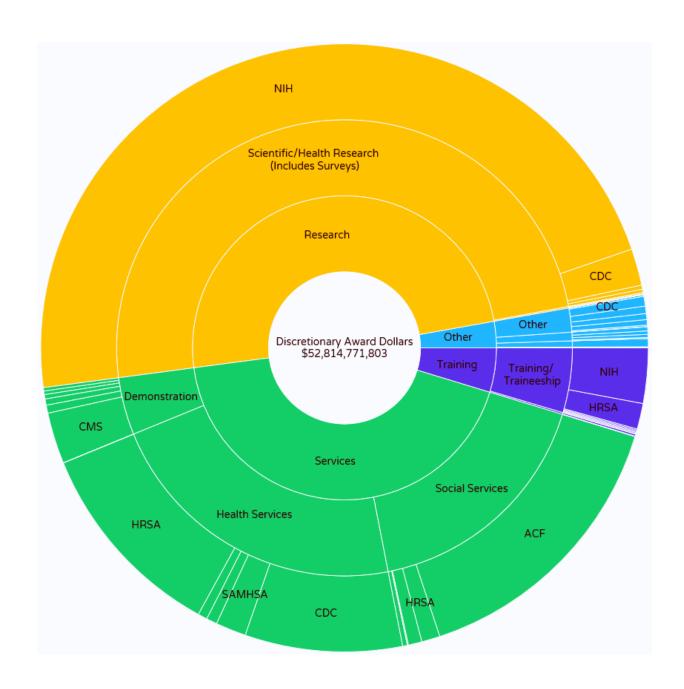


^{1&}quot;Other" programs include construction projects; grants for the planning and development of health programs and health resources; evaluations; and health infrastructure awards.



Discretionary Award Types By Award Dollars

Based on the HHS mission, grant program descriptions, and the CFDA guidelines, the TAGGS system uses activity types to characterize the nature of the grant being funded. For the purpose of this report the activity types have been grouped into four major types (Research, Services, Training, and Other). HHS agencies self-select the activity type for awards based on the primary purpose of the grant. Agencies have been reviewing awards grouped under the 'Other' category to insure they are using the correct activity type for their grants. Between FY 2015 and FY 2016 there was a significant decrease in the awards within this category due to this effort; the Total Award Amount Percent went from 15.3% to 1.5%, and the Award Amount Percent Within the Category went from 96% to 61.2%.





Award History

The Total Award Amounts and Award Number chart shows the number of awards and the amount of award dollars that HHS granted during the last 5 fiscal years. The blue bars represent the number of awards issued; the green bars represent total dollars awarded. Data for the current fiscal year, at the far right of the chart, are depicted in brighter colors.

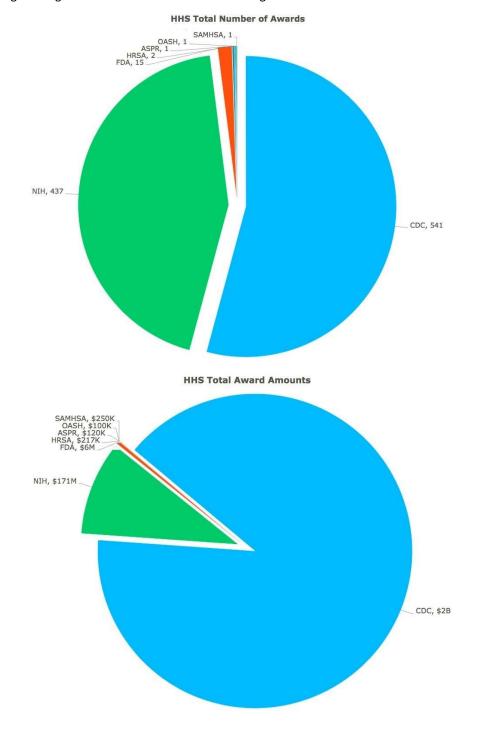




HHS International Awards

HHS agencies have a long history of granting awards to international recipients, in support of a variety of healthcare and humanitarian efforts. These include genetic and immunological research, disease prevention, human development, and bolstering public health.

The pie charts below contrast agencies that spent the largest amount of FY 2016 international grant funds against those agencies awarding the largest number of FY 2016 international grant awards.







Administration for Children & Families

Mark Greenberg **Acting Assistant Secretary**

Mission: To foster health and well-being by providing federal leadership, partnership and resources for the compassionate and effective delivery of human services.

Organization: ACF is guided by the vision of "children, youth, families, individuals, and communities who are resilient, safe, healthy, and economically secure." We seek to advance that vision by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services.





Administration for **Community Living**

Kathy Greenlee Administrator Assistant Secretary



Mission: Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.

Organization: ACL works with states, tribes, community providers, universities, nonprofit organizations, businesses and families to help older adults and people with disabilities live in their homes and fully participate in their communities.







Agency for Healthcare Research and Quality

Andrew B. Bindman, M.D. Director

Mission: The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

Organization: AHRQ awards discretionary grants, cooperative agreements, and contracts to carry out research projects, demonstrations, evaluations, and dissemination activities. AHRQ's research projects examine the availability, quality, and costs of healthcare services; ways to improve the effectiveness and appropriateness of clinical practice, including the prevention of disease; and other areas of health services research. The information helps health care decisionmakers, patients and clinicians, health system leaders, and policymakers make more informed decisions and improve the quality of health care services.

AHRQ also supports small grants, conference grants, and training through dissertation grants, National Research Service Awards, and career development awards.







Assistant Secretary for Planning and Evaluation

> Richard Frank **Assistant Secretary**

Mission: The Secretary for Planning and Evaluation (ASPE) advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

Organization: ASPE, within the Office of the Secretary, is organized into principal offices: Office of Disability, Aging and Long-Term Care Policy, Office of Health Policy, Office of Human Services Policy/HHS' Chief Economist, and Office of Science and Data Policy, as well as several smaller ones. Each of the major offices is headed by a Deputy Assistant Secretary. (Keep all on same page).







Assistant Secretary for Preparedness & Response

Nicole Lurie, M.D., M.S.P.H. **Assistant Secretary**

Mission: To lead the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters by supporting our communities' ability to withstand adversity, strengthening our health and response systems, and enhancing national health security.

Organization: ASPR, as delegated by the Secretary, leads the federal public health and medical response to public health emergencies and incidents covered by the National Response and National Recovery Frameworks. ASPR serves as the principal advisor to the Secretary on all matters related to public health and medical emergency preparedness and response and leads a collaborative approach to the Department's preparedness, response and recovery portfolio. In addition to coordination of the federal public health and medical response to incidents, ASPR has operational responsibilities for the advanced research and development of medical countermeasures.







Centers for Disease Control

Dr. Tom Frieden Director

Mission: CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease, and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

Organization: CDC's Center, Institute, and Offices (CIOs) allow the agency to be more responsive and effective when dealing with public health concerns. The CIOs include the Center for Global Health (CGH), National Institute for Occupational Safety and Health (NIOSH), Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), Office of Public Health Preparedness and Response (OPHPR), Office of Public Health Scientific Services (OPHSS), and the Office for State, Tribal, Local, and Territorial Support (OSTLTS) Each group implements CDC's response in their areas of expertise, while also providing intra-agency support and resource-sharing for cross-cutting issues and specific health threats. (Keep all on same page).







Centers for Medicare & Medicaid Services

Andy Slavit

Acting Administrator

Mission: To ensure effective, up-to-date healthcare coverage and to promote quality care for beneficiaries.

Organization: CMS covers 100 million people through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace. But coverage isn't our only goal. To achieve a high quality health care system, we also aim for better care at lower costs and improved health.

Medicare, the nation's largest health insurance program, is a direct payment program and its funding levels are not included in the CMS grant totals. Grant programs which support the administration of some Medicare services are included in CMS totals. Examples of key CMS grant programs include the Medicare State Survey and Certification Group; CMS Research, Demonstrations and Evaluations; Medicare Hospital Insurance; and Medicare Supplementary Medical Insurance.

Medicaid provides healthcare to millions of low-income families with children, elderly, blind or disabled persons. It is the Department's largest grant program in terms of funding levels. The CHIP allows states to initiate and/or expand health insurance to uninsured, low-income children.



CMS (Continued) Award History





Food & Drug Administration

Robert M. Califf, M.D. Commissioner



Mission: To protect the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that give off radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get accurate, science-based information they need to use medicines and foods to improve their health.

Organization: The Food and Drug Administration (FDA) is a scientific regulatory agency that is responsible for protecting and advancing the public health in the United States. FDA's responsibilities cover a wide range of regulatory activities. FDA decisions affect every American on a daily basis. Annually, consumers spend nearly \$1.5 trillion, or more than 20 percent of all consumer expenditures, on FDA-regulated products.







Health Resources & Services Administration

Jim Macrae, M.S., M.P.P.

Acting Commissioner

Mission: To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

Organization: Tens of millions of Americans get affordable health care and other help through HRSA's 90-plus programs and more than 3,000 grantees.

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. HRSA's programs provide health care to people who are geographically isolated, economically or medically vulnerable.

This includes people living with HIV/AIDS, pregnant women, mothers, and their families and those in need of high quality primary health care. HRSA also supports the training of health professionals, the distribution of providers to areas where they are needed most and improvements in health care delivery.

HRSA oversees organ, bone marrow and cord blood donation. It compensates individuals harmed by vaccination, and maintains databases that protect against health care malpractice, waste, fraud and abuse.

Since 1943 the agencies that were HRSA precursors have worked to improve the health of needy people. HRSA was created in 1982, when the Health Resources Administration and the Health Services Administration were merged.



HRSA (Continued)





Indian Health Service

Mary L. Smith Principal Deputy Director



Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Organization: The Indian Health Service (IHS) provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. IHS serves a population of approximately 2.2 million American Indians and Alaska Natives.

The IHS goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. The foundation of IHS is to uphold the federal government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

The IHS manages Discretionary and "Compact" awards. Compacts are written agreements consistent with the federal government's trust responsibility, treaty obligations, and the government-to-government relationship between Indian Tribes and the United States and may only be amended by mutual agreement of the parties. Compacts are usually awarded with an "indefinite term" per the Indian Self-Determination and Education Assistance Act under Title V of the statute and therefore intended to be in place in perpetuity. Funding Agreements associated with Title V compacts identify the Programs, Functions, Services, and Activities (PFSAs) or portions thereof that will be assumed by a Tribe or tribal organization and the funding that is related to those PFSAs. Each Tribe has a sole right to its share of IHS PFSAs. Each Tribe chooses whether to receive the funding and each Tribe controls the timing of the funding agreement and the retention of the ongoing responsibility for so long as permitted



IHS (Continued) Award History







National Institutes of Health

Francis S. Collins, M.D., Ph.D. Director

Mission To seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life and reduce illness and disability.

Organization: National Institutes of Health (NIH) is the primary federal agency for conducting and supporting medical research. Helping to lead the way toward important medical discoveries that improve people's health and save lives, NIH investigates ways to prevent disease as well as the causes, treatments, and even cures for common and rare diseases. Comprised of 27 Institutes and Centers, NIH provides leadership and financial support to researchers in every state and throughout the world.





Office of The Assistant Secretary for Health

Karen B. DeSalvo, M.D., M.P.H., M.Sc. Acting Assistant Secretary



Mission: Mobilizing leadership in science and prevention for a healthier nation.

Organization: OASH oversees 12 core public health offices — including the Office of the Surgeon General and the U.S. Public Health Service Corps — as well as 10 regional health offices across the nation and 10 Presidential and Secretarial advisory committees.







Office of Global Affairs

Jimmy Kolker **Assistant Secretary**

Mission: To promote the health of people of the world by advancing the Department of Health and Human Services' global strategies and partnerships, thus serving the health and well-being of the people of the United States.

Organization: OGA, within the Office of the Secretary, represents the Department to other governments, other federal departments and agencies, international organizations, and the private sector on international and refugee health issues.







Office of the National Coordinator for Health Information Technology

Jon White, M.D. Acting National Coordinator

Mission: ONC is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009.

Organization: The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve health care. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services.





Substance Abuse & Mental Health Services Administration

Kara Enomoto
Principal Deputy Administrator

Mission: It is SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities.

Organization: The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Prevention, treatment, and recover support services for behavioral health are important parts of the health service systems for our communities. These services work to improve our health and minimize cost to individuals, families, businesses, and governments. However, people with mental and/or substance use disorders often do not get the treatment they need. In 2015, over 19 million adults aged 18 or older had a substance abuse disorder and did not receive treatment, and almost 25 million adults with a mental illness did not use mental health services. The gap in service to this population unnecessarily jeopardizes the health and wellness of people and causes a ripple effect in costs to American communities.

