

Department of Health and Human Services



Fiscal Year 2012 Report on Conferences Held by HHS

January 31, 2013

About the Report:

As the principal Department responsible for protecting the public health and providing essential human services to the American people, effective outreach to the general public is central to the mission of the Department of Health and Human Services (HHS). Our success is also contingent on our ability to collaborate with thousands of health care and human services providers, scientific researchers, and other key partners across the country and internationally. Conferences and other meetings play a vital role in carrying out these efforts.

This report is submitted as required by Office of Management and Budget (OMB) Memorandum on Promoting Efficient Spending to Support Agency Operations ([M-12-12](#)), dated May 11, 2012, which requires the Department to report publicly on all conference expenses in excess of \$100,000.

Description of the Report:

For each conference held by HHS and its [agencies](#) in Fiscal Year (FY) 2012 where the net expenses to the Department were in excess of \$100,000, the attached report includes:

- the HHS agency and the agency's office hosting or sponsoring the conference;
- the location of the conference – including city, state, and venue;
- the date of the conference;
- the total expenses incurred by the agency for the conference;
- a brief explanation how the conference advanced the mission of the agency;
- the total number of individuals attending the conference; and
- the total number of individuals whose travel expenses or other conference expenses were paid by the agency.

OMB Memorandum M-12-12 established a \$500,000 threshold on conference spending, allowed the Department head to waive this threshold based on “exceptional circumstances”, and required that Departments include information on such waivers as part of the annual report. Therefore, a description of the exceptional circumstances for any conference that exceeded \$500,000, and that was approved after the implementation of the waiver requirement in June 2012, is provided below.

OMB defined a conference as “a meeting, retreat, seminar, symposium or event that involves attendee travel.” The Department interpreted this to mean attendee travel funded by HHS, not an outside source, and to include conferences held local to an HHS agency. However, the following meetings are not considered conferences by HHS, and are generally not included in the report:

- Federal Advisory Committee meetings
- Tribal consultation and compact or contract negotiation meetings
- Solicitation / Funding Opportunity Announcement Review Board meetings

- Peer review/Objective review panel meetings
- Evaluation panel/board meetings
- Program kick-off and review meetings (including those for grants and contracts)
- Class-room training available through Federal and commercial sources
- General staff meetings

This report includes the HHS Office of the Inspector General, which did not have any conferences over \$100,000.

Fiscal Year 2012 Summary:

Over the course of the year, HHS conducted both department-level and agency-level review of its conference-related practices and policies, implemented new [policies on the use of appropriated funds for conferences](#), and established processes and approval thresholds for conference planning and hosting activities. One series of reviews, conducted in May/June 2012, of 83 planned conferences resulted in cost reductions of over \$8M. Costs were primarily avoided by shortening the duration of the conferences, streamlining the agendas, and reducing attendance levels.

In FY 2012, HHS held a total of 140 conferences at a total cost of \$56,130,874 with 92,547 attendees¹. This spending represents 0.07% of HHS' discretionary budget for FY 2012. To minimize travel costs, over half of HHS' conferences (56%) were held in the vicinity of the HHS agency holding the conference, and only 16% of the attendees traveled at the Department's expense.

FY 2013 Initiatives:

We have continued a Department-wide effort to ensure that our spending on conferences directly contributes to our mission and is an effective use of program resources. While we have made significant strides, we have also identified several areas that require additional attention, specifically, how we acquire and use contractor support, conference space, and audio visual services. Therefore, on December 06, 2012, the Deputy Secretary implemented a two-month moratorium on awarding any new contracts supporting conferences, regardless of the dollar threshold.

This has given us the opportunity to establish a cross-agency, cross-functional workgroup on conference spending, with separate committees addressing: (1) contractor support, (2) venue selection and agreements, and (3) audio visual (A/V) support. Although the work of this workgroup and these committees will extend beyond the moratorium, the overall goal of this initiative is to identify ways in which we can more efficiently purchase these services.

¹ Due to the disparate nature of the systems used to record conference related expenses, the total costs and attendance levels are best estimates. Estimated costs are based on readily identifiable and known costs for contractor support, venue and audio-visual related expenses, registration fees, travel, and other miscellaneous costs.

As we implement the current HHS policy, we have used a paper-based process for the submission of the requests. While this process instilled the necessary controls on conference spending, paper-based forms and information do not facilitate spend analysis or reporting in an efficient manner. As a result, HHS has begun to develop a Conference Tracking Application to automate the conference request process, which will enable our agencies to collaborate on planned conference spending for the same conference, facilitate analysis of and share information about conference costs, and support the new reporting requirements. The CTA is expected to be available later in FY 2013.

Secretary's Approval of Exceptional Circumstances:

The following conferences received approval from the Secretary to waive the \$500,000 limitation on conference spending based on the exceptional circumstances described below. Additional details are included in the supporting data.

Administration for Children and Families:

Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care

The purposes of this meeting were: to provide an opportunity for State leaders to enhance existing cross-system efforts to ensure appropriate use of psychotropic medications for children in foster care; to help State grantees improve upon and implement their existing oversight plans; to showcase collaborative projects and initiatives at State- and local-levels; to offer state-of-the-art information on cross-system approaches to improving mental health and well-being of children in foster care; and to encourage participants to think in a deep and nuanced way about strategies for addressing the mental health and trauma-related needs of children in foster care with evidence-based and evidence-informed interventions.

The agency made all feasible attempts to reduce costs while maintaining the integrity of the meeting. The agency did not pay speaker fees, and did not provide food or beverage to the participants. Two other options to realize additional reductions were considered, but determined to not be feasible: reduce the number of participants or shift costs to States. Cutting the number of State representatives would severely compromise the impact of this meeting. Invitations were sent to 6-member teams from each State (plus DC and Puerto Rico). Six-person teams allow States to send two representatives from each of the State agencies responsible for ensuring the appropriate use of psychotropic medications for foster children. These teams include an agency administrator (with the authority to make decisions about cross-agency collaboration needed to resolve the complicated issues surrounding medication use) and a content area expert (with the experience and knowledge to make use of the complex and nuanced information to be presented). Similarly, reducing teams to one representative per agency would leave teams unable to either: 1) make authoritative decisions about actions to be taken; 2) fail to incorporate and learn from the complex subject matter to be presented. For the 2nd option, in the present financial

climate, it is unlikely that costs can be shifted to the States or that most State participants have access to funds to travel to this meeting. Therefore if States were asked to absorb these costs, it is likely most would opt not to come.

Conference Cost: \$725,937

Date Waiver Approved: June 19, 2012

Healthy Marriage and Responsible Fatherhood Annual Training and Technical Assistance Meeting

The Office of Family Assistance (ACF/OFA) has funded and provided oversight and monitoring to Healthy Marriage and Responsible Fatherhood grantees since 2006. The Claims Resolution Act of 2010, the authorizing legislation for the current grantees, includes language regarding the provision of technical assistance to programs awarded under this appropriation. Additionally, the Funding Opportunity Announcements included a requirement that grantees attend annual training and technical assistance meetings. In addition to providing proactive and responsive training and technical assistance, grantees have also expressed a need for peer-to-peer learning opportunities to share common goals and address common challenges. Grantees have frequently stated that these opportunities are advantageous and beneficial, and have consistently given the annual meetings favorable reviews.

Assisting grantees to maintain a continued focus on collaboration/partnerships and economic stability/self-sufficiency is important for meeting the Administration's goals and objectives for Healthy Marriage and Responsible Fatherhood. The Healthy Marriage and Responsible Fatherhood programs are priority Administration initiatives and receive considerable visibility—by the public, Congress, and advocacy organizations. The experiences and success of the grantees will result in valuable contributions to the field. This annual meeting, together with the provision of other regular, consistent oversight and monitoring, helps increase the level of confidence that ACF is providing the appropriate degree of oversight warranted by a high-profile, Administration priority.

A meeting period of two and a half days as a minimum number of days needed to effectively address the myriad issues related to program implementation of Healthy Marriage and Responsible Fatherhood programs. The meeting provided the opportunity to address common issues, as well as to share and reinforce the vision and mission of the Administration in funding these programs. Group interaction, shared experiences and solutions benefit these programs in the long term and significantly contribute to a multi-faceted, dynamic strategy to achieve ACF/OFA's overarching goals: to promote permanency in families and child well-being through successful implementation of the Healthy Marriage and Responsible Fatherhood Initiatives; and maximize or augment resources so that programs can do the work that they need to do to help stabilize families.

Conference Cost: \$499,361

Date Waiver Approved: July 16, 2012

Head Start's Eleventh National Research Conference

The Head Start Research Conference is foundational to ACF and the Office of Planning, Research and Evaluation's (OPRE) efforts to support the development of the evidence base

for Head Start. The conference has been a presence in the early care and education field since 1991. The conference was the eleventh biennial iteration of the conference. The large number of registrants reflected the continuing high interest in this meeting among researchers, practitioners and policy makers. ACF believes this is due to the quality and utility of previous conferences. Since dissemination and dialogue are goals of the conference, this high attendance was desirable. The conference supported HHS Strategic Goal 3A: Promote the safety, well-being, resilience, and healthy development of children and youth, and ACF's goal to promote healthy development and school readiness for children in low-income families. It also supported HHS Strategic Goal 2D: Increase our understanding of what works in public health and human service practice. Conference presentations focused on applied research that addresses program and policy questions. The conference contributed to improved policy and practice in Head Start and related programs by providing a forum for dissemination and discussion of research and evaluation findings and their application to Head Start. It also strengthened ACF's research and evaluation through discussions of methods, needs and priorities for future research and evaluation.

Conference Cost: \$1,130,000

Date Waiver Approved: June 19, 2012

Centers for Disease Control and Prevention (CDC):

National Conference on Tobacco or Health (NCTOH)

Tobacco use remains the leading preventable cause of disease and death in the U.S., killing nearly half a million Americans every year. The CDC works with national tobacco control organizations, state health agencies, and other key groups to develop, implement, and promote effective strategies for reducing tobacco use. The National Conference on Tobacco or Health (NCTOH) was the only established national conference and training that brings together tobacco control professionals and researchers from across the country and many from around the world to present and discuss the latest scientific findings and best practices on ending the tobacco use epidemic. In the 38 months since the last NCTOH, there had been significant changes to the tobacco control landscape. This conference and training ensured those working in tobacco prevention and control are well positioned to accelerate the decline in tobacco use and to capitalize on the current momentum in support of tobacco control. NCTOH included 3 plenaries, 16 sub-plenaries, 162 breakout presentations, and 399 poster sessions. Additionally, the conference allowed attendees to receive up to 14 elective credits or credit hours for the American Academy of Family Physicians; National Commission for Health Education Credentialing, Inc. (NCHEC); and the Council for Tobacco Treatment Training Programs.

Conference Cost: \$1,440,220

Date Waiver Approved: August 08, 2012

2012 CDC National Cancer Conference and CDC Grantee Kick-off and Expert Meeting

Conference - Cancer is the leading cause of death worldwide and accounted for 7.6 million deaths (around 13% of all deaths) in 2008. The CDC is a leader in the nationwide

efforts to ease this burden. Through the Division of Cancer Prevention and Control, CDC works with national cancer organizations, state health agencies, and other key groups to develop, implement, and promote effective strategies for preventing and controlling cancer. In the 5 years since the last Cancer Conference was held, there were significant changes which impact the work of CDC and those in the cancer community. The purpose of this conference was to ensure that those working in cancer prevention and control are well positioned to respond to improvements and changes in the health care system and to translate and disseminate advances in technology, screening guidelines, effective interventions and communication.

Meeting – The newly funded DP12-1205 created a new platform for the coordination and integration of long-standing cancer activities at the state, tribal and territorial levels. In addition, these meetings supported the Center’s greater focus on coordination with other chronic disease program in the health departments.

Conference Cost: \$ 794,762 (Conference: \$606,948, Meeting: \$187,814)

Date Waiver Approved: July 16, 2012

Centers for Medicare and Medicaid Services (CMS):

HHS HUD Housing Capacity Building Initiative for Community Living Regional Meetings

These meetings were a vehicle for advancing the President’s Year of Community Living, HHS Secretary Sebelius’ Community Living Initiative and the Supreme Court’s *Olmstead* Decision by training participants how to link housing and long term services so seniors and individuals with disabilities can live meaningful lives in the community. HHS and HUD representatives attended, as well as state and local Money Follows the Person (MFP) and housing agencies staff. This supported the agencies’ mission by increasing opportunities for individuals with long-term care needs to receive, or continue to receive, those services in the most integrated setting appropriate to the individual’s needs. The contract supporting these meetings was awarded in FY 2011 at a total cost that exceeds \$500,000. However, the costs represent estimated expenses to hold 4 separate meetings during various times and at various locations (the individual events fall below the \$500,000). Two conferences were held in FY 2012, and the remaining two are pending for FY 2013.

Conference Cost: \$646,276 (FY 2012: \$323,261, FY2013: \$323,015)

Date Waiver Approved: June 19, 2012

Health Resources and Services Administration (HRSA):

National Health Service Corps (NHSC) Scholar Orientation and Placement Conference

The NHSC has invested an average of \$37 million per year over the preceding three years in scholarships for health professional students who, upon completion of training, provide primary health care in underserved communities across the country. These scholars directly support HRSA’s strategic goals to strengthen the health workforce and improve access to quality health services. Without the conference, scholars would still be obligated to fulfill their service obligations or assume the penalties for not doing so. However, the ability to support scholars in making a match that will result in retention at a

site beyond the NHSC service commitment may be jeopardized. Attendees of the conference included a defined audience, NHSC scholars completing training and entering the placement cycle, making it difficult to reduce the number of attendees in an impactful manner. Many NHSC scholars have been in school for two to eight years since receiving their scholarship; their job at an NHSC site will likely be their first professional position. Anxiety is high and questions numerous for these scholars. The conference represented an efficient means by which to communicate NHSC scholar placement requirements and resources, contractual obligations, and unique characteristics about working with the underserved. This conference also allowed them to begin their job search at the recruitment event by speaking directly with many NHSC approved sites that meet the criteria for hiring a scholar. Allowing scholars to interact with numerous sites in a single setting avoided the costs associated with traveling each scholar to multiple interviews during their job search process.

Conference Cost: \$663,406

Date Waiver Approved: July 16, 2012

Substance Abuse and Mental Health Services Administration (SAMHSA):

SAMHSA State Systems Development Program (SSDP) X – Mental Health and Substance Abuse Block Grants: Cornerstones of Behavioral Health Services Systems

The SSDP Conference was the single major vehicle for providing cost-effective technical assistance, guidance, oversight and monitoring of the substantial federal investment in public sector behavioral health services. It is held on a biennial basis. Convening the conference was an alternative to federal oversight through regular staff site visits, saving at least \$250,000-300,000 in annual travel costs. Moreover, the presence of a large number of State officials and service providers achieved valuable synergy among providers and permitted peer-to-peer sharing of effective service strategies. If not conducted, State officials and local behavioral health service providers would be substantially less prepared to implement health reform, lacking knowledge in such key areas as electronic health records, data exchange, patient confidentiality, services for military families, performance management, health homes, Medicaid managed care, workforce development, and primary health care integration.

Conference Cost: \$1,543,606

Date Waiver Approved: July 16, 2012