

## Report in Brief

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Report No. A-02-21-02010

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

For fiscal year (FY) 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded expansion grants to 166 Certified Community Behavioral Health Clinics (CCBHCs) in 32 States, totaling approximately \$447 million. The total included \$197 million in annual funding and \$250 million in emergency funding through The Coronavirus Aid, Relief and Economic Security Act. Due to the speed at which SAMHSA received applications and awarded the emergency funding, it may not have established adequate procedures for awarding and monitoring the grants known as CCBHC Expansion (CCBHC-E) grants.

Our objective was to determine whether SAMHSA's policies and procedures for awarding and monitoring CCBHC-E grants ensured that clinics complied with Federal requirements.

### How OIG Did This Audit

We obtained a list of 166 CCBHC-E grants that SAMHSA awarded for FY 2020 (audit period). We ranked the grants according to certain indices of demographic data related to the location of the associated grant recipients. We then selected a judgmental sample of 30 CCBHC-E grant totaling \$79 million. We reviewed SAMHSA's policies and procedures for awarding and monitoring CCBHC-E grants. For our sample of 30 CCBHC-E grants, we obtained and reviewed grant eligibility and performance documentation from SAMHSA and the associated clinics.

## The Substance Abuse and Mental Health Services Administration Did Not Ensure That Clinics Fully Complied With Federal Requirements When Awarding and Monitoring Certified Community Behavioral Health Clinic Expansion Grants

### What OIG Found

SAMHSA's policies and procedures for awarding and monitoring CCBHC-E grants were not adequate to ensure that clinics complied with Federal requirements. Specifically, for 28 of the 30 CCBHC-E grants in our sample, SAMHSA's policies and procedures related to awarding CCBHC-E grants did not establish (1) required time frames for verifying that clinics met certification eligibility requirements, or (2) processes to verify that clinics entered into agreements with designated collaborating organizations (DCOs) to provide certain services. Also, SAMHSA's policies and procedures related to monitoring CCBHC-E grants did not establish processes to verify that clinics (1) filled key personnel positions within established time frames or ensured that key personnel met level-of-effort requirements, (2) timely submitted financial reports, or (3) properly reported cash on hand.

As a result of SAMHSA's inadequate policies and procedures for awarding and monitoring CCBHC-E grants, there is a risk that clinics awarded CCBHC-E grants may not have used these funds efficiently or for their intended purposes. Also, there is a risk that SAMHSA will award future CCBHC-E grants to clinics that are not eligible to receive these funds. Further, individuals working as key personnel at clinics may not have the necessary qualifications and experiences to oversee and effectively manage grant funds. Also, without proper agreements detailing services performed by DCOs, there is a risk that some clinics may not have provided required clinical services.

### What OIG Recommends and SAMHSA Comments

We made a series of recommendations to SAMHSA to improve its policies and procedures for awarding and monitoring CCBHC-E grants to ensure that clinics comply with Federal requirements.

In written comments on our draft report, SAMHSA concurred with our recommendations and described actions that it has taken or plans to take to address them. Specifically, SAMHSA updated its funding opportunity notices for CCBHC-E grants to better ensure that clinics meet certification requirements, is developing a standardized tool for monitoring and verifying DCOs, and implemented a process to monitor financial reports. We commend SAMHSA for its actions to address our recommendations.