Why OIG Did This Audit
The HHS, Substance Abuse and Mental Health Services Administration (SAMHSA), has awarded a series of grants to States and Tribes to combat opioid use disorder (OUD). SAMHSA was authorized to award $1 billion in funding for fiscal years (FYs) 2017 and 2018. These grants included the Tribal Opioid Response (TOR) grants. The purposes of these grants were to increase access to treatment, reduce unmet treatment needs, and reduce opioid overdose-related deaths through prevention, treatment, and recovery services for OUD.

Our objective was to determine whether the Choctaw Nation of Oklahoma met program goals and complied with Federal regulations in administering its TOR grant.

How OIG Did This Audit
The Choctaw Nation was awarded the TOR grant for the period September 30, 2018, through September 29, 2020. Our audit period was the first grant year.

To determine whether the Choctaw Nation met program goals, we reviewed the Tribe’s grant application, needs assessment, strategic action plan, annual progress reports, and source documents for programs implemented during the first grant year. We then compared those programs against the requirements in SAMHSA’s Funding Opportunity Announcement and determined whether the Tribe made progress or implemented programs in accordance with the TOR grant goals and requirements.

Choctaw Nation of Oklahoma Made Progress Toward Meeting Program Goals During the First Year of Its Tribal Opioid Response Grant

What OIG Found
The Choctaw Nation met some program goals for its TOR grant during the first grant year. Specifically, the Choctaw Nation met program goals in the areas of prevention and recovery. The Choctaw Nation also made progress toward meeting treatment program goals but encountered some challenges that prevented it from increasing the availability of medication-assisted treatment (MAT) services for Tribal members within its health care system. The Choctaw Nation was unable to achieve one of its goals during the first grant year: to send a provider to a 12-month addiction and pain management fellowship to obtain credentialing as an Addiction Medicine Specialist. Although the Choctaw Nation was unable to establish MAT services by enrolling a provider in this addiction and pain management fellowship, the Tribe instead sent some of its current providers to become MAT waiver trained.

The Choctaw Nation generally complied with Federal cost principles when administering its TOR grant. However, during the first grant year the Choctaw Nation claimed a cost of $2,405 to the TOR grant that was unallowable. A contractor submitted one invoice for work performed on the grant that included the cost of a chartered flight, and the Choctaw Nation charged the entire invoice amount to the grant award. The cost of the chartered flight was unallowable because it was unreasonable. This error occurred because the Choctaw Nation’s policies and procedures did not clearly delineate responsibilities of departments in assessing the allowability of costs in the context of applicable Federal requirements on invoices submitted by the contractor.

What OIG Recommends and Grantee Comments
We recommend that the Choctaw Nation refund unallowable costs of $2,405 to the TOR grant. We also make procedural recommendations to the Choctaw Nation to train staff to identify contract costs that are allowable under Federal regulations and strengthen or establish policies and procedures regarding Tribal departmental responsibilities and staff access to contractual agreements.

Although the Choctaw Nation did not directly agree or disagree with our recommendations, it described corrective actions it took that were in keeping with our recommendations. The Choctaw Nation said that it received a refund from the contractor for the unallowable costs and used the returned funds on allowable expenditures. The Choctaw Nation added that it has implemented a more stringent process to review costs charged to the grant and a system whereby contracts can be accessed by any necessary party.

The full report can be found at https://oig.hhs.gov/oas/reports/region7/A072004121.asp.