

Review of the Mississippi State Department of Health's Management of Subgrants

A Report to the Mississippi Legislature
Report #727
January 5, 2026



PEER Committee

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Robin Robinson, Vice-Chair
Chad McMahan, Secretary

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The Committee assigns top priority to written requests from individual legislators and legislative committees. The Committee also considers PEER staff proposals and written requests from state officials and others.



Joint Legislative Committee on Performance Evaluation and Expenditure Review

PEER Committee

P.O. Box 1204 | Jackson, Mississippi 39215-1204

Senators

Robin Robinson
Vice Chair

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January 5, 2026

Honorable Tate Reeves, Governor
Honorable Delbert Hosemann, Lieutenant Governor
Honorable Jason White, Speaker of the House
Members of the Mississippi State Legislature

On January 5, 2026, the PEER Committee authorized release of the report titled ***Review of the Mississippi State Department of Health's Management of Subgrants.***

Representatives

Kevin Felsher
Chair

Tracy Arnold

Donnie Bell

Cedric Burnett

Becky Currie

Casey Eure

Kevin Ford

A handwritten signature in dark ink that reads "Kevin W. Felsher".

Representative Kevin Felsher, Chair

Executive Director

James F. (Ted) Booth

This report does not recommend increased funding or additional staff.

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CONCLUSION: Leadership at the Mississippi State Department of Health (MSDH) is aware that historically it has not effectively monitored and provided oversight of its subgrants and that there are many opportunities for improvement. As a result, the Department has been working to implement a comprehensive agency-wide reform to modernize and tighten its grants management and compliance processes. A key to improvement will be to ensure that all staff comply with the new policies, procedures, and processes.

BACKGROUND

MSDH receives and expends hundreds of millions of dollars each year in grants from federal, non-federal, and state sources to protect and advance the health, well-being, and safety of Mississippians. While a majority of grant funding is used by MSDH to fund its internal operations, a portion of funding is distributed by MSDH to other entities, known as subgrantees or subrecipients, to carry out the scope of work and purpose of the grant. Due to the challenges associated with managing subgrants, this review focused on MSDH's management and oversight of the funds it receives and awards to subgrantees through subgrant agreements.

Historically, subgrants have been managed by staff in each MSDH program area, with little oversight from the Central Office leadership. This has led to many of MSDH's issues with subgrant management. The decentralization of subgrant management has led to many of MSDH's issues in this area. However, MSDH is actively working to add more accountability and oversight over each program area.

A **subgrant** is an award provided by a pass-through entity to a subgrantee to carry out part of a federal award received by the pass-through entity.

A **pass-through entity** is a non-federal entity that provides subawards to a subrecipient to carry out part of a federal program.

KEY FINDINGS

- **In FY 2024 and FY 2025, MSDH received approximately \$456 million in total grant funding and had total grant expenditures of \$434.2 million.**

During this period, subgrant expenditures accounted for approximately 11% of total grant expenditures. The majority of MSDH's subgrants were awarded to entities for Crime Victim Assistance, the Special Supplemental Nutrition Program Women, Infants, and Children (most commonly known as WIC), and injury prevention and control programs.

- **While MSDH has policies and procedures in place to govern its management of subgrantees, a review of subgrantee documentation showed that the program area staff have not consistently implemented these requirements and practices over the last few years.**

In a sample of 150 subgrant expenditures, PEER determined some issues with incomplete and inconsistent supporting documentation and limited monitoring and oversight of MSDH subgrants. Most notably, MSDH staff has not conducted risk assessments as required by its policies and procedures, and as a result there has been limited monitoring of subgrantees.

- **While a majority of MSDH issues with subgrants management can be attributed to a lack of enforcement of policies and procedures and limited training, MSDH has taken steps to improve its management subgrants.**

Subgrant management changes implemented by MSDH, include: working to update subgrant policies and procedures, improving monitoring tools, implementing subgrant training for program area staff, and adding an oversight and compliance component at the Central Office to monitor program area management of subgrants. Overall, the steps taken by MSDH appear to add a level of compliance monitoring for MSDH staff that did not exist before and should help address many of the issues. MSDH must still ensure these changes are properly implemented. This can be done by strengthening internal controls, continuously providing training opportunities for all current staff, new hires, and subgrantees, monitoring compliance with policy requirements, and communicating with staff to advocate for transparency and obtain feedback.

A **subgrantee or subrecipient** is a non-federal entity (e.g., nonprofit) that receives a subaward from a pass-through entity to carry out part of a federal program.

Opportunities for Continued Improvement of Subgrant Management

Continued Improvement of Internal Controls

An effective internal control system can strengthen the management of subgrants. This can include: creating a set of standards, processes, and structures that provide the basis for carrying out internal controls; implementing better document storage; ensuring a segregation of duties; continuously communicating information; and conducting ongoing evaluations of internal controls to identify strengths and weaknesses.

Implementation of Subgrantee Training

A key to successful implementation of grant projects is to provide clear and timely communication regarding expectations, deliverables, and timelines with subgrantees. MSDH should ensure that all current and new subgrantees are provided information regarding all changes to subgrants management at the Department. This should include a subgrant policy manual and regularly scheduled trainings and meetings.

Incorporation of Performance and Evidence into the Subgrant Award Process

Due to the critical role subgrantees can have in public health, it is important to ensure that whenever possible, funds are invested in programs and services that are proven to work. MSDH can work towards incorporating performance and evidence into the subgrant award process by improving the performance measures that are written into subgrant agreements.

Providing More Transparency

MSDH should create an inventory or database of all its grant programs and publish it to its website on a regular basis. This would help provide more transparency to policymakers and further help ensure that public funds are being expended efficiently and effectively.

RECOMMENDATIONS

- PEER should conduct a review of MSDH's management of grants in CY 2028. In light of considerable changes the Department is making to its policies, procedures, and processes, this would allow MSDH the time needed to implement those changes. PEER notes, that in consideration of this future review, MSDH has offered to provide PEER with reports on its progress as it relates to grants management.
- MSDH should proceed with its plans to adopt its proposed subgrant policies and procedures. A year after implementation, MSDH's Executive Leadership should internally conduct a review to determine strengths and weaknesses of implementation and make any necessary amendments to its subgrant policies and procedures and grants management practices. The Department should provide the results of this review to the PEER Committee.
- MSDH should require all entities that it enters into subgrant or contractual agreements to provide detailed information regarding the scope of work that has been completed and the deliverables that are being reimbursed. So that there is no confusion of the work that has been completed, there should be a direct link between the scope of work/work plan and the work that has been completed.
- MSDH and the Department of Finance and Administration should continue working together to determine the documentation that should be submitted for all grant expenditure reimbursements uploaded to MAGIC.

Review of the Mississippi State Department of Health's Management of Subgrants

Introduction

Authority

The PEER Committee, under the authority granted by MISS. CODE ANN. § 5-3-51 (1972) et seq., conducted a targeted review of the Mississippi State Department of Health's (MSDH) management of subgrants.

Scope and Purpose

MSDH receives and expends hundreds of millions of dollars each year in grants from federal, non-federal, and state sources to protect and advance the health, well-being, and safety of Mississippians. Recently, there have been concerns over MSDH's management of its grants, specifically as it relates to its oversight and management of funds it receives and awards to other entities through subgrant agreements. As a result, in conducting this review, PEER sought to determine:

- how well MSDH managed federal and non-federal grants it awarded to non-federal entities such as nonprofit organizations (i.e., subgrantees) in State Fiscal Years (FYs) 2024 and 2025;
- the primary causes of MSDH's subgrant management issues and the steps MSDH has taken to address the issues; and,
- opportunities for continued improvement of grants management.

PEER chose to limit its review to MSDH's management and oversight of subgrants based on a number of issues identified within reports issued by the Office of the State Auditor during 2025. While this review focuses on MSDH's management of subgrants, PEER did not evaluate how subgrantees are managing the grants they receive from MSDH. PEER notes that this review excludes state funding provided through legislative appropriations, funding from other state agencies, and federal grants allocated for COVID-19 pandemic relief.

Method

To determine how well MSDH program offices managed subgrantee expenditures:

- PEER conducted a random sample of 150 subgrantee expenditures reimbursed in FY 2024 and FY 2025. PEER requested and reviewed various information and documentation for each expenditure and subgrantee, such as Notice of Awards, subgrant agreements, invoices, receipts, activity logs, performance and programmatic grant reports, risk assessments, onsite monitoring, and other documentation submitted.
- PEER utilized the Clopper-Pearson binomial method to generalize the results of the sample to the entire population of subgrant expenditures during this timeframe. This method makes no assumptions regarding the population and is a commonly cited method for determining confidence intervals (i.e., a range of values that are believed to contain, with a certain degree of probability, the true population value). Because this method is conservative, it might overestimate the size of the confidence intervals, but it is guaranteed to never underestimate those intervals. See the discussion beginning on page 12.

PEER also:

- interviewed MSDH staff;
- reviewed applicable state laws, rules, and regulations governing MSDH;
- downloaded grant documentation uploaded to the state's accounting system, Mississippi's Accountability System for Government Information and Collaboration (MAGIC);
- reviewed descriptions of federal programs that provide grants to MSDH;
- compared MSDH's previous subgrantee policies and procedures to its currently proposed draft procedures to determine if the new procedures will address concerns and issues found during the sample review; and,
- researched best practices in grants management.

Background

This chapter provides a general overview of:

- the federal grant awards process; and,
- grant revenues and expenditures in FY 2024 and FY 2025.

Federal Grant Awards Process

There are three phases of the grant lifecycle, including pre-award (e.g., funding opportunities and submission of applications), award (e.g., funding award selection), and post-award (e.g., implementation and oversight of the award).

A majority of MSDH's grant funding is awarded by federal sources, such as the U.S. Department of Health and Human Services for preventive health and the Department of Justice for crime victim assistance programs. MSDH acts as a pass-through entity to identify and distribute grant funding to subgrantees to carry out the scope of work and purpose of the grant. To determine its funding needs, MSDH evaluates its programs through strategic planning and determines high priority areas to align grant applications with the state's health needs.

As the pass-through entity, MSDH is responsible for applying for, accepting, and monitoring any award it receives. The federal grant lifecycle can be grouped into three main phases:

- pre-award;
- award; and,
- post-award.

The following sections provide a brief overview of each phase. PEER notes that these phases can vary slightly depending on the federal agency and grant awarded.

Definitions

A subgrant is an award provided by a pass-through entity to a subgrantee to carry out part of a federal award received by the pass-through entity. This does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program.

A pass-through entity is a non-federal entity that provides subawards to a subrecipient to carry out part of a federal program.

A subgrantee or subrecipient is a non-federal entity (e.g., nonprofit) that receives a subaward from a pass-through entity to carry out part of a federal program.

Pre-Award

The lifecycle of a grant begins in the pre-award phase, which includes the announcement of funding opportunities and the submission and review of grant applications. During this phase, a federal agency will prepare and publish Funding Opportunity Announcements (FOA) with all applicable information and requirements for eligibility. Entities, such as MSDH, can view grant opportunities, register to apply, and submit applications on Grants.gov. The application process can be lengthy and includes steps such as developing ideas, conducting research, and completing the application. The funding agency will review the applications and select entities to receive awards based on their fulfillment of minimum requirements, technical and programmatic quality and competency, and budget documentation. The pre-award phase ends once the federal agency has completed the application review process.

Award

The award phase of the grant lifecycle includes award decisions and notifications. The awarding agency sends a Notice of Award (NOA), which is the official, legally binding issuance of the award, and disburses funds to selected entities.

Post-Award

The post-award phase is the time in which the entity awarded funding conducts the activities outlined in the grant agreement with the federal agency. For entities, such as MSDH, this involves managing funding, entering into agreements with subgrantees, tracking and documenting all expenditures, submitting financial, performance, and programmatic reports to the federal agency for review and monitoring, and completing the closeout process at the end of the award period.

As a pass-through entity, MSDH is responsible for ensuring that it and its subgrantees comply with the applicable federal regulations, state laws, and award requirements for each of the grants it receives.

MSDH Grant Revenues and Expenditures in FY 2024 and FY 2025

In the two fiscal years included in the review, MSDH received approximately \$456 million in total grant funding and had total grant expenditures of \$434.2 million. Subgrant expenditures accounted for approximately 11% of total grant expenditures in both fiscal years. The majority of MSDH's subgrants were awarded to entities for Crime Victim Assistance, WIC, and injury prevention and control programs.

According to MSDH staff, the Department received approximately:

- \$209.3 million in grant revenues in FY 2024; and,
- \$246.7 million in grant revenues in FY 2025.

MSDH had total grant expenditures of approximately:

- \$205.9 million in FY 2024; and,
- \$228.3 million in FY 2025.

Grant expenditures not awarded to subgrantees are often expended by MSDH to fund its internal operations, such as funding salaries, wages, and fringe benefits for staff responsible for managing grants and entering into contractual agreements with entities for services and goods that do not meet the characteristics of a subgrantee relationship.

Subgrantee Expenditures in FY 2024 and FY 2025

PEER did not review how well MSDH managed internal grant expenditures, but rather focused its review on subgrant expenditures due to the challenges that can exist for pass-through entities responsible for providing oversight and ensuring compliance of subgrantees. Subgrantee expenditures totaled approximately \$46,387,943, including:

In both fiscal years, subgrant expenditures accounted for approximately 11% of total expenditures.

- \$26,531,577 in FY 2024 (13% of total expenditures); and,
- \$19,856,366 in FY 2025 (9% of total expenditures).

These subgrantee expenditures were funded by the following federal agencies:

- The U.S. Department of Agriculture for the Special Supplemental Nutrition Program for Women, Infants, and Children (most commonly known as WIC);
- The U.S. Department of Education for special education grants for infants and toddlers with disabilities;
- The U.S. Department of Health and Human Services to support multiple public health initiatives and programs; and,
- The U.S. Department of Justice to support the Office Against Interpersonal Violence.

MSDH also received funding from multiple non-federal sources, such as The National Association of Chronic Disease Directors and the W.K. Kellogg Foundation, to support subgrantee expenditures and programs.

Information regarding MSDH's grants are entered into several systems, including:

- the grants management access portal in MAGIC;
- the Automated Standard Application for Payments System (ASAP), which is used by federal agencies to enroll recipient entities, authorize payments, and manage accounts; and,
- the Payment Management System (PMS), which is a centralized web-based system operated by the U.S. Department of Health and Human Services to handle grant payments and cash management for federal agencies.

However, PEER notes that MSDH does not currently maintain a complete centralized list of its grant programs. There are several issues with creating a complete list of grants at MSDH, including but not limited to:

- Grants have historically been managed within each program area responsible for administering grants, with little oversight from the Central Office.

- Various information regarding grants can be located amongst different databases.
- Some of the grants will have carryover or expanded authority and be entered into the system with separate grant numbers.
- For tracking purposes, MSDH assigns grants with subparts separate numbers. This means that a grant for the same purpose but with different subparts could be listed several times.
- Some items are categorized as grants for tracking purposes but would not actually be considered grant funding (e.g., fees from marriage certificates and ATV sales that supports the trauma fund).

Taking all of these challenges into consideration, PEER utilized information from all three systems and federal assistance listings to categorize grants awarded to subgrantees in FY 2024 and FY 2025. For purposes of the inventory, grant awards with subparts and similar purposes were combined and counted as one grant program.

In both fiscal years, there were approximately 50 assistance listings with grant programs awarded to 210 vendors (i.e., subgrantees). Subgrantees could receive funding under multiple assistance listings. Exhibit 1 on page 7 includes assistance listings with over a million dollars in subgrantee expenditures in total for the two fiscal years included in the review. These subgrants accounted for 78% of total subgrantee expenditures. As shown in Exhibit 1, a majority of subgrant funding is awarded for Crime Victim Assistance, WIC, and Injury Prevention and Control Research (e.g., Mississippi Against Drug Abuse Prevention).

In addition, Exhibit 2 on page 8 provides a list of the 20 subgrantees with the most subgrant expenditures in both fiscal years, accounting for 57% of total subgrant expenditures. As shown in Exhibit 2, the University of Mississippi Medical Center, the Mississippi Public Health Institute, and the Center for Violence Prevention received the largest awards in both fiscal years.

Definition

Federal assistance listings are detailed public descriptions of federal programs that provide grants, loans, scholarships, insurance, and other types of assistance awards. These listings help entities learn more about potential funding sources and grant opportunities.

Appendix A on page 37 provides additional information regarding subgrant awards in FY 2024 and FY 2025, including assistance listing, grant program, description, and funding agency.

Appendix B on page 43 provides a list of vendors receiving subgrant awards of \$100,000 or more in FY 2024 and FY 2025.

Exhibit 1: Subgrant Funding Accounting for 78% of Total Subgrantee Expenditures in FY 2024 and FY 2025

| Assistance Listing | Grants Included in Assistance Listing | Total Expenditures in FY 2024 and FY 2025 |
|---|--|---|
| Crime Victim Assistance | Crime Victim Assistance Fund | \$17,530,785 |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | WIC Administration, WIC Food, and WIC Breastfeeding PEER Counsel | \$3,551,597 |
| Injury Prevention and Control Research and State and Community Based Programs | State Injury Prevention, Mississippi Against Drug Abuse Prevention, and Rape Prevention and Education | \$2,445,350 |
| Preventing Heart Attacks and Strokes in High Need Areas | Mississippi Delta Health Collaborative | \$2,366,607 |
| Violence Against Women Formula Grants | Stop Violence Against Women | \$2,047,055 |
| Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services | Family Violence Prevention | \$1,629,043 |
| Maternal and Child Health Services Block Grant to States | Maternal and Child Health Services, Child Health, and Children with Special Health Care Needs | \$1,558,424 |
| Ending the HIV Epidemic: A Plan for America, Ryan White HIV/AIDS Program Parts A and B | Ryan White – Ending the HIV Epidemic | \$1,490,280 |
| National Bioterrorism Hospital Preparedness Program | Bioterrorism Hospital Preparedness | \$1,478,769 |
| HIV Prevention Activities Health Department Based | Ending the HIV Epidemic and Integrated HIV Surveillance and Prevention Programs for Health Departments | \$1,304,376 |
| Harold Rogers Prescription Drug Monitoring Program | Comprehensive Opioid Abuse Program | \$1,001,902 |
| Total Expenditures | | \$36,404,186.38 (78% of total subgrant expenditures) |

SOURCE: PEER analysis of subgrant expenditure data and information provided by the Mississippi State Department of Health and federal assistance listings.

Exhibit 2: Top Twenty Subgrantee Expenditures in FY 2024 and FY 2025

| Vendor Name | Total Expenditures in FY 2024 and FY 2025 |
|--|--|
| University of Mississippi Medical Center | \$4,707,773 |
| Mississippi Public Health Institute | \$3,366,197 |
| Center for Violence Prevention | \$2,024,510 |
| Gulf Coast Center for Nonviolence | \$1,784,205 |
| GA Carmichael Family Health Center | \$1,684,993 |
| ScriptGuideRX, Inc. | \$1,369,618 |
| Mississippi Hospital Association | \$1,251,660 |
| Community Health Center Association of Mississippi | \$1,206,136 |
| Mississippi Children's Home Society Canopy Children's Solutions | \$1,016,237 |
| Family Crisis Services of Northwest Mississippi | \$907,392 |
| Domestic Abuse Family Shelter | \$829,107 |
| Youth Villages Inc. | \$829,101 |
| Hope Village for Children | \$763,197 |
| Coastal Family Health Center | \$734,635 |
| Southern Christian Services for Children and Youth Inc. | \$714,844 |
| Children's Advocacy Center of Mississippi | \$709,078 |
| Care Lodge Domestic Violence Shelter | \$702,605 |
| Central Mississippi Civic Improvement Jackson-Hinds Comprehensive Center | \$701,893 |
| Mississippi Coalition Against Sexual Assault Inc. | \$639,117 |
| Catholic Charities Inc. | \$609,217 |
| Total | \$26,551,515 (57% of total subgrant expenditures) |

SOURCE: PEER analysis of subgrant expenditure data and information provided by the Mississippi State Department of Health.

Oversight and Monitoring of Subgrantees

This chapter provides an overview of:

- MSDH's requirements for managing subgrants and monitoring subgrantee expenditures and grant performance; and,
- the results of PEER's sample review of 150 subgrant expenditures in FY 2024 and FY 2025.

While MSDH has policies and procedures in place to govern its management of subgrantees, a review of subgrantee documentation showed that the program offices responsible for subgrantee management have not consistently implemented these requirements and practices over the last few years.

Requirements for Monitoring and Oversight of Subgrantees

Pursuant to federal guidelines, MSDH is required to establish policies and procedures for subgrantees to ensure that grant funds are used for their intended purposes. MSDH, as the pass-through entity, is responsible for selecting subgrantees and ensuring subgrant agreements include all required components. Once subgrant agreements are signed and the subgrant is active, MSDH is required to review and verify all reimbursement requests to ensure all supporting documentation is provided, conduct risk assessments to assess the risk of noncompliance, and determine necessary monitoring activities for each subgrantee.

MSDH administers grants in accordance with state law, federal *Uniform Guidance* (2 CFR Part 200.332 Requirements for Pass-Through Entities),¹ and internal departmental policies. The *Subgrant Policies and Procedures Manual* serves as the foundational framework for how MSDH manages, monitors, and evaluates non-profit spending through its subgrants. According to MSDH, the purpose of the policies and procedures are to ensure that funds are used for their intended purposes and to safeguard public funding to the greatest extent possible. The policies and procedures should be used along with guidance from prime funders (e.g., federal agencies issuing prime awards) to guide a subgrantee's decision making as it relates to subgrants awarded by MSDH.

MSDH updated its *Subgrant Policies and Procedures Manual* in July 2021. However, PEER notes that the Department is in the process of updating its subgrant policies and procedures as an effort to improve its management of grants. Some of the changes, which are still in draft form, will be discussed in the next chapter of this report.

¹ The *Uniform Guidance* is a government-wide framework by the United States Office of Management and Budget (OMB) that sets the rules for federal grants and awards.

While MSDH's policies and procedures address the various components of grants management, this review included the following components:

- **Pre-Award Requirements (i.e., the development phase of grants management):** including subgrantee selection and subgrant agreements; and,
- **Post-Award Requirements (i.e., the execution, implementation, and monitoring phase of grants management):** including risk assessment, subgrantee monitoring, and reimbursement requirements.

It has been MSDH's practice to give responsibility of grant management to staff in the program areas responsible for administering grants. This has resulted in a decentralized grants management process, with limited oversight from MSDH's leadership in the Central Office.

Subgrantee Selection

MSDH is responsible for determining whether disbursement of funds constitutes a subgrantee or contractor relationship in accordance with OMB's *Uniform Guidance*. This review focuses on non-profit entities entering into a subgrant agreement not a contractual agreement with the Department.

Prior to subgrantee selection, MSDH staff in the grant program area are required to:

- assess previous experience with the proposed subgrantee;
- review the subgrantee's proposal to determine whether the entity can properly manage the project and whether costs are reasonable and allowable;
- check the subgrantee's status in the System for Award Management (SAM.gov)² to determine if there are any active exclusions that would preclude MSDH from entering into the agreement with the entity (i.e., funds cannot be passed through to entities that are suspended, debarred, or otherwise deemed ineligible to participate in the funded program); and,
- have the subgrantee complete the *Conflicts of Interest Form* to be reviewed by MSDH legal counsel.

This information is to be documented and maintained in the subgrantee's file.

Subgrant Agreements

The primary funding instrument for MSDH subgrants is a cost reimbursed subgrant agreement. MSDH utilizes a standard template for subgrant agreements, which cannot be altered. All subgrantee agreements must include:

- standard terms;
- identification of the subgrant (i.e., subgrantee name, period of performance, amount of funds committed, and name of the program/subgrant);
- additional terms and special conditions, as applicable;

² SAM.gov is an official government website of the United States that entities can use to register to do business with the federal government.

- scope of work; and,
- budget or payment schedule.

According to MSDH staff, success for cost-reimbursed subgrants is tied to the completion of activities in the scope of work and compliance with the approved budget and reporting requirements.

Subgrantee Reimbursement Requirements

In order for MSDH to issue a reimbursement, subgrantees are required to submit documentation of actual costs incurred. Prior to any reimbursements, MSDH program area staff are required to:

- compare reimbursement requests to the grant budget in the subgrant agreement to ensure allowability and availability of funding; and,
- review supporting documentation for all expenditures included in the reimbursement requests and ensure the documentation adequately documents the request.

The reimbursement claim could be delayed or returned to the subgrantee unpaid, if the subgrantee does not submit proper documentation to support expenditures.

Subgrantee Risk Assessments

As required by *Uniform Guidance*, as a pass-through entity, MSDH must evaluate each subgrantee's risk of noncompliance to determine the extent of monitoring that is necessary. The results of each subgrantee risk assessment must be fully documented by MSDH. This phase is conducted after the execution of the subgrant and scores subgrantees on a low-to-medium-to-high scale. Risk assessment factors include:

- award complexity and dollar amount;
- the subgrantee's prior experience with the same or similar awards;
- history and results of previous audits (e.g., Single Audit status);
- personnel or system changes; and,
- the extent and results of federal awarding agency monitoring.

While subgrantees with lower risk require less monitoring, subgrantees with higher risk need to be monitored more often.

Definitions

A **Subgrant Agreement** is a formal, written agreement between the pass-through entity and the subgrant that outlines the terms of the grant award.

A **Cost Reimbursed Subgrant Agreement** is a type of agreement under which the subgrantee invoices MSDH for actual costs incurred under the subgrant to be reimbursed.

Scope of Work describes the services or benefits the subgrantee will provide and all activities must conform with the program requirements and objectives, including any performance measures attached to the award. It must also identify any deliverables MSDH imposes on the subgrantee in order for the Department to meet its own responsibility to the prime funding agency.

The **budget or payment schedule** represents the subgrantee's budget for performing the subgrant activities. It should be allocated by budget categories, such as personnel, fringe benefits, travel, commodities, contractual services, etc.

Risk assessments are an important internal control for grants management.

Subgrantee Monitoring

As required by the federal *Uniform Guidance* (2 CFR Part 200.332):

MSDH must monitor the subgrantee to ensure the subgrant is used for authorized purposes, achieves performance goals, and is in compliance with applicable funding terms and conditions, Federal and state regulations, and MSDH policies and procedures.

All subgrantees, regardless of risk, undergo these required activities:

- review of programmatic/performance reports and financial reports;
- follow-up on timely and appropriate action on all deficiencies pertaining to the subgrant;
- verifying the subgrantee is audited when the subgrantee's federal expenditures exceed \$750,000 (PEER notes that this threshold increased to \$1 million in 2024); and,
- issuing a management decision for Single Audit findings pertaining to the federal award provided to the subgrantee by MSDH.

Additional monitoring for high-risk subgrantees includes:

- training and technical assistance on program-related matters (e.g., webinars, conferences, information portals, and formal training programs);
- performance of on-site reviews of the subgrantee's program operations; and,
- arrangement for agreed-upon-procedure engagements.

According to the *MSDH Subgrant Policies and Procedures Manual*, all monitoring activities must be documented and communicated to the subgrantee. Monitoring plans are subject to internal review by the Office of Policy Evaluation and the Office of Internal Audit within MSDH's Central Office. PEER

notes that MSDH's proposed subgrant policies and procedures eliminate the Office of Policy Evaluation and create two new offices (i.e., the Office of Strategic Contracting and the Subgrant Office of Compliance) to handle subgrant management at the Central Office.

Any findings of non-compliance that are not corrected by the subgrantee in a timely manner can result in additional terms and modifications being added to the subgrant agreement, and in some cases MSDH may impose sanctions, such as withholding payment or suspending or terminating the subaward.

Routine monitoring and review of required documentation during the award period is important to measure the performance and ensure grant outcomes are met.

Subgrantee deficiencies are detected through on-site reviews, monitoring of reports, and other means (e.g., review of reimbursement documentation).

Issues with the Verification of Subgrant Expenditures and Monitoring Activities

In a sample of 150 subgrant expenditures, PEER determined issues with incomplete and inconsistent supporting documentation and limited monitoring and oversight of MSDH subgrants during FY 2024 and FY 2025.

To determine how well MSDH manages its subgrants, PEER conducted a random sample of 150 subgrantee expenditures reimbursed by MSDH during FY 2024 and FY 2025. PEER then used the sample to generalize the results to the entire population of 3,932 subgrantee expenditures³ utilizing the Clopper-Pearson binomial method. This allows for at least 99% certainty in the results of the analysis. This section's exhibits list the results of the analysis of subgrantee expenditures ranging from less favorable (i.e., red) to more favorable (i.e., green).

This review focused on MSDH's management of activities after it awarded subgrants and did not evaluate MSDH's procedures for selecting subgrantees. Overall, the review revealed several instances of missing, incomplete, and inconsistent documentation to support reimbursement requests, as well as a lack of risk assessments and monitoring activities being conducted by the responsible program offices. As MSDH states in its *Subgrant Policies and Procedures Manual*, poor management of subgrantees could result in MSDH's reputation being damaged and could jeopardize current and future funding opportunities.

Observations Made Through Review of Subgrant Agreements

PEER reviewed subgrant agreements between MSDH and its subgrantees. Each agreement follows a general template as required in the *Subgrant Policies and Procedures Manual* and includes a scope of work/work plan that often details project deliverables, goals, objectives, outputs, outcomes, and budget/payment schedule that outlines the available project funding and allowable grant reimbursements. Of the 150 expenditures included in the sample review:

According to analysis, between 89% to 97% of the expenditures in the population have a subgrant agreement on file as required.

- 94% had a subgrant agreement within the reimbursement timeframe of the expenditure request;
- 90% had a subgrant agreement that was signed by both parties and included all required components (i.e., scope of work and budget); and,
- 63% had outputs and/or outcomes written into the subgrant agreement to assist in tracking grant performance (However, PEER notes that oftentimes the subgrant agreements have outputs but no outcome measures. Subgrant agreements with outcome measures were often not measurable and would be difficult to track over the course of the grant).

Outcome measures in subgrant agreements can be a useful tool for ensuring subgrantees are tracking progress and meeting grant program goals.

While a majority of the expenditures had subgrant agreements, there were a few that were missing from the grant files provided by MSDH. According to MSDH staff, expenditures without a subgrant agreement were handled by former employees who are no longer employed by MSDH. The existing team conducted a thorough search of the missing information but were unable to find a subgrant agreement that would encompass the expenditures.

Additionally, PEER observed instances of subgrant agreements with:

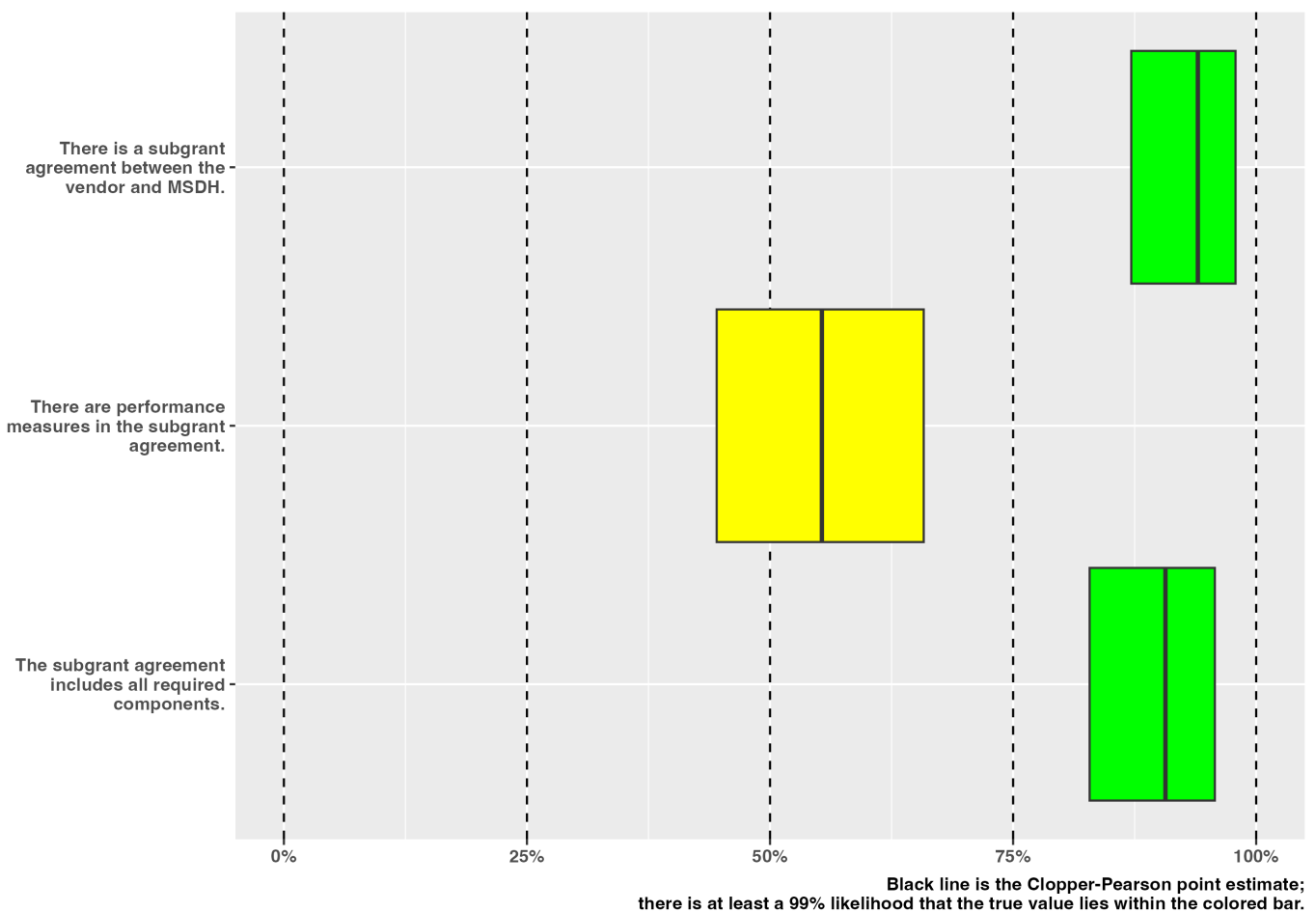
³ MSDH provided the subgrantee expenditure information used for this review.

- scope of work and deliverables that were not clearly defined;
- outcome measures lacking all the necessary components to demonstrate accountability, such as measurable targets and timeframes; and,
- budgets not including details to categorize the expenditure into a proper budget category (e.g., personnel, commodities).

Because the subgrant agreement is the legally binding document between the pass-through entity and the subgrantee it is important to ensure the agreement sets expectations for the grant funding and clearly defines project deliverables, responsibilities, and performance.

Exhibit 3 on page 14 provides the estimated percentage of expenditures in the subgrant population with a subgrant agreement, all required subgrant agreement components, and output and/or outcomes written into the agreements. Exact values for the confidence intervals for this Exhibit and all other graphics in this section are provided in Appendix C on page 50.

Exhibit 3: Estimated Percentage of Subgrant Expenditures with Subgrant Agreements



SOURCE: PEER analysis of subgrant expenditure data and supporting documentation provided by the Mississippi State Department of Health.

Issues with Supporting Documentation

As part of the sample, PEER reviewed supporting documentation for reimbursement requests. Supporting documentation can include various items (e.g., vendor invoices, store receipts, staff activity sheets). While subgrantees are expected to submit appropriate documentation for every reimbursement request, MSDH staff is responsible for reviewing each request for appropriateness. However, upon review of submitted documentation, this does not always occur.

Documentation Uploaded to the State's Accounting System

As a first step, PEER reviewed grant expenditure documentation uploaded to MAGIC by MSDH staff. In MAGIC, there is a grants management portal that is used by state agency staff to setup the grant record and submit accounts payables invoices. While supporting documentation should be included when entering expenditures into the system, there is no formal policy or requirements on what should be included in the documentation. According to staff from the Department of Finance and Administration (DFA), in lieu of formal policies and submission requirements, DFA staff provides training to state agencies regarding grant submissions and will help with grant related system issues. However, there is currently no guidance on grant report tracking or monitoring.

In the sample, all 150 expenditures had documentation uploaded to MAGIC (e.g., payment request, invoice). However, only 9% of the 150 expenditures had sufficient documentation to assess allowability and therefore required no follow up.

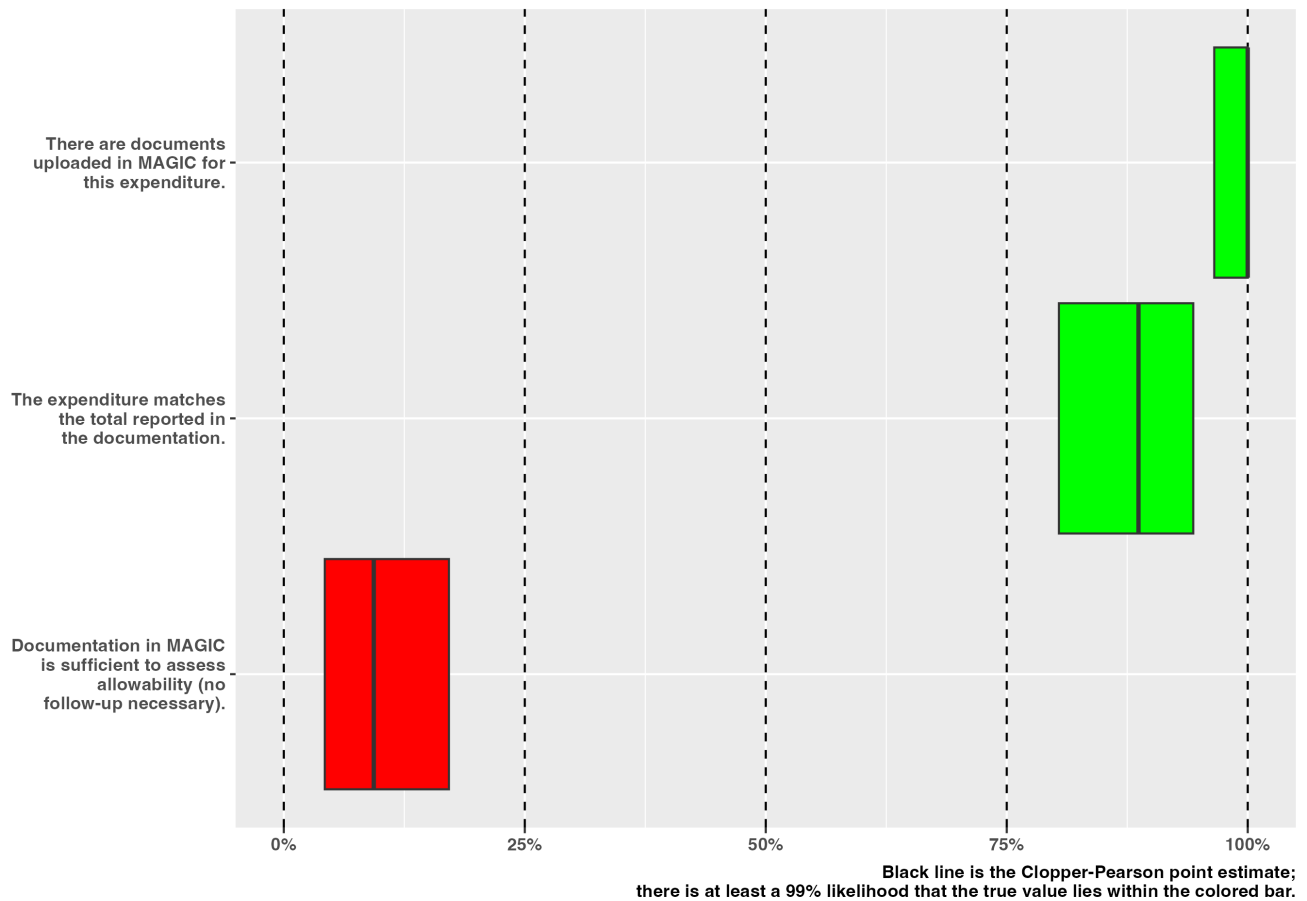
All expenditures in the sample had some documentation uploaded to MAGIC. However, according to analysis, between 5% to 15% of the expenditures in the population will have all supporting documentation needed to assess allowability, uploaded to MAGIC.

As part of the record review in MAGIC, PEER compared the payment reimbursement request submitted by the subgrantee to the expenditure being reimbursed. While the majority of requests matched the reimbursements, approximately 11% were different. In most cases, the amount requested was more than the amount reimbursed. There were no instances where the amount reimbursed exceeded the request.

Because MAGIC is the official record of expenditures, MSDH should ensure all supporting documentation for its grant expenditures are uploaded to the system. This would make any external requests for review less cumbersome on staff required to find the information through other avenues.

Exhibit 4 on page 16 provides the estimated percentage of expenditures in the subgrant population that should be expected to have the required supporting documentation uploaded to MAGIC.

Exhibit 4: Estimated Percentage of Subgrant Expenditures with Documentation Uploaded to MAGIC



SOURCE: PEER analysis of subgrant expenditure data and supporting documentation provided by the Mississippi State Department of Health.

Documentation Used to Support Expenditure Reimbursement Requests

As a second step in the documentation evaluation, PEER requested and reviewed all supporting documentation used by MSDH to approve subgrant reimbursements and determined if all documentation had been provided and adequately documented the expenditure as required by the *Subgrant Policies and Procedures Manual*.

PEER notes that the type and amount of documentation in the files provided varied by program area. Some programs, such as the Office Against Interpersonal Violence, provided more detailed information, such as monthly reimbursement requests to document

PEER notes that while subgrantees may have the supporting documentation and records in-house, it is important to provide all necessary information regarding subgrants to MSDH. This can help ensure MSDH is providing oversight and better management of the subgrants it is responsible for overseeing.

the amount of the reimbursement used for each budget category (e.g., personnel, commodities) and grant source, which is a requirement of its federal partners. Other program areas approved some reimbursements with very little supporting documentation (e.g., only an invoice with no receipts or proof of work), and in some cases none.

PEER reviewed the amount being requested, the invoice, and supporting documentation submitted. If the request included an invoice for:

| | | |
|--|--|---|
| <p><u>Personnel</u></p> <p>PEER reviewed the supporting documentation for time/activity sheets to verify activities and hours worked. Activity sheets should clearly show what activities are being reimbursed.</p> | <p><u>Commodities</u></p> <p>PEER reviewed the supporting documentation for receipts supporting commodity purchases (e.g., supplies). The receipts should be itemized, readable and match the request.</p> | <p><u>Training</u></p> <p>PEER reviewed the supporting documentation for agendas, sign-in sheets, receipts, materials produced and/or received, registration forms, etc. Documentation should show proof of attendance.</p> |
| <p><u>Travel</u></p> <p>PEER reviewed supporting documentation for travel reimbursement forms and receipts for food, hotels, air/car travel, etc. The travel reimbursement form should show the points of travel (to and from) and the receipts should match.</p> | <p><u>Contractual Services</u></p> <p>PEER reviewed the supporting documentation for invoices, payments, and receipts for contractual services. For consultants, receipts should be itemized and clearly show how the services provided met the terms in the agreement.</p> | <p><u>Other Reimbursements</u></p> <p>Some expenditures were categorized as “other” in the budget (e.g., gift card purchases). For these types of reimbursements, there should be receipts and documentation to show how they were used, what events were held, and who received them.</p> |

Through its review, PEER determined that 65% of expenditures in the sample had supporting documentation:

- needed to assess allowability; and,
- that adequately documented the reimbursement requests.

According to analysis, between 56% to 72% of the expenditures in the population have all supporting documentation and adequately document the reimbursement request.

Most reimbursement requests included multiple items for reimbursement. Approximately 17% of the sample expenditures had some documentation but not all documentation (e.g., an activity

sheet for personnel but no documentation to support travel expenditures). PEER did follow up with MSDH during the review to determine if any missing documentation could be provided. In some cases, MSDH staff were able to find the information, in other cases, staff admitted that the documentation could not be found, often noting that the grant had been the responsibility of staff no longer with the Department. As will be discussed in the next chapter, MSDH is in the process of implementing and enforcing updated requirements on each program area to ensure that more thorough reviews of invoices and

supporting documentation are conducted prior to approving any reimbursement requests.

Examples of issues in the documentation include but are not limited to:

- blurry receipts that make it difficult to know what the subgrantee purchased;
- missing information on travel reimbursements;
- invoices and receipts that are not itemized;
- monthly time sheets without activities listed;
- no receipts or supporting documentation submitted with invoice; and,
- missing documentation to clearly document that the scope of work is being done.

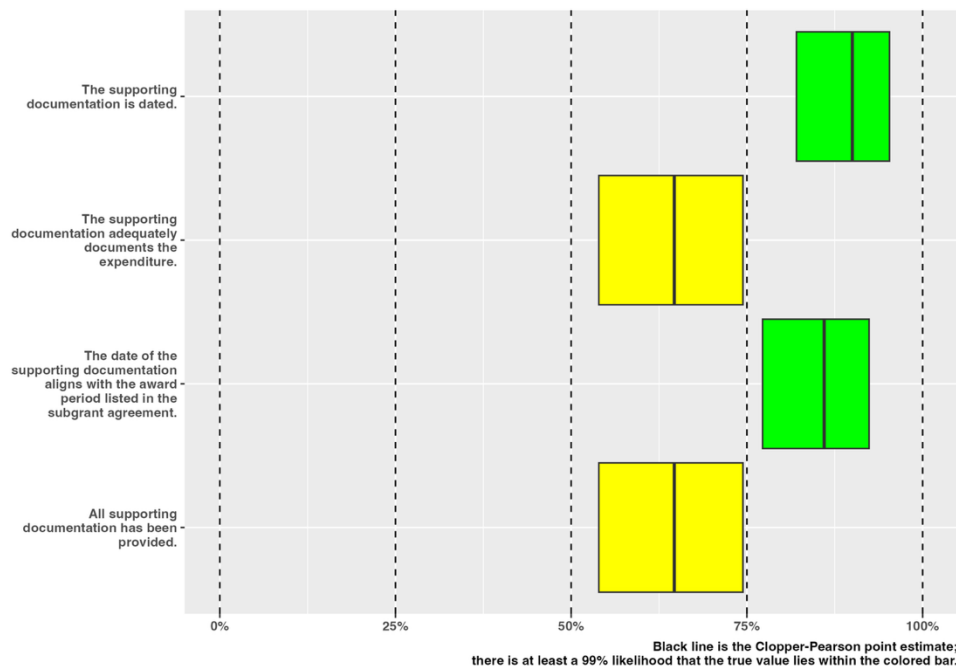
PEER notes that because its review was of expenditures and not subgrantees it was difficult to determine if subgrantees were fulfilling the requirements of the grant and meeting the scope of work outlined in the subgrant agreements based on one or two

A question often asked during this review, is “How does MSDH know that the subgrantee is actually doing what it has been tasked to do?”

expenditures. However, it is clear that better documentation and tracking mechanisms are needed to show that items in the scope of work are actually completed with the funding that is provided by MSDH.

Exhibit 5 on page 18 provides the estimated percentage of expenditures in the subgrant population with supporting documentation.

Exhibit 5: Estimated Percentage of Subgrant Expenditures with Supporting Documentation



SOURCE: PEER analysis of subgrant expenditure data and supporting documentation provided by the Mississippi State Department of Health.

Allowability and Reasonableness of Expenditures

PEER reviewed expenditures in the sample to determine if they were allowable under the subgrant agreement, within the allocated budget, and reasonable (i.e., ordinary and necessary for the proper and efficient performance of the grant award). Lack of supporting documentation made it difficult to assess the allowability and reasonableness of some expenditures. Any expenditure without adequate supporting documentation to assess these factors were categorized as unallowable, outside of the budget, and unreasonable.

Through its review, PEER determined the following:

According to analysis, between 70% to 84% of the expenditures in the population appear reasonable based on available supporting documentation.

- **Allowability:** 81% of the 150 expenditures were allowable under the terms of the subgrant agreement.
- **Proper Budget Allocation:** 80% of the 150 expenditures were within the allocated amount and category of the budget (e.g., the actual expenditure for personnel did not exceed the amount budgeted for the category in the subgrant agreement).
- **Reasonableness:** 77% of the 150 expenditures appeared to be reasonable based on supporting documentation and the terms of the subgrant agreement.

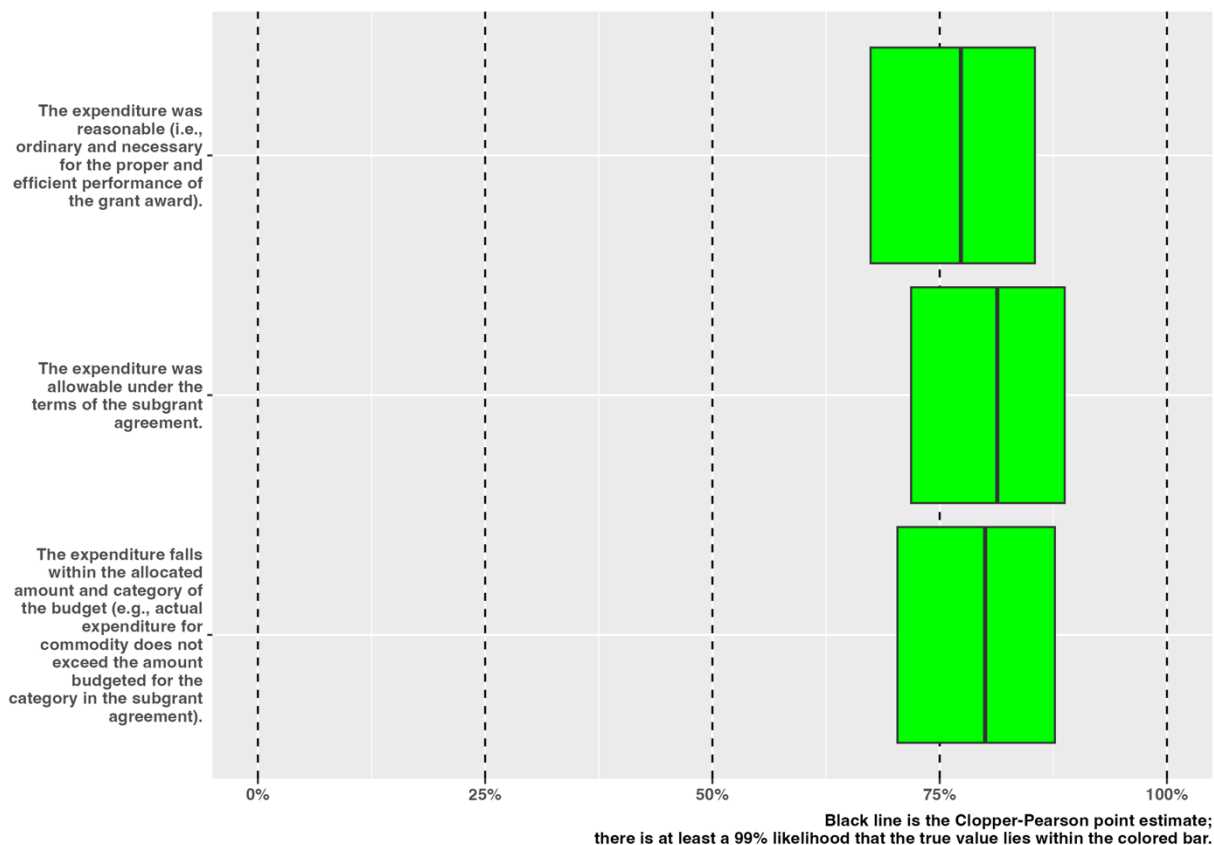
While a majority of the expenditures in the review appeared to be reasonable and allowable under the associated subgrant agreement, there were a few that were questionable. Examples include:

- While an entity was allowed a \$55 per diem each day for food for three individuals, the Director of the entity submitted a receipt for over \$500 for food for four people. This not only exceeds the per diem limit but also exceeds the number of individuals allowed reimbursement.
- An entity paid over \$9,000 (\$81 per hour) to consultants for training and technical assistance during two months of FY 2024 without providing adequate documentation to support the actual training provided and how the training was used to reach the goals and objectives of the grant program.
- Reimbursements of \$4,550 made for a contracted evaluator position when the budget allowed for \$4,166.67 per month. Even worse the documentation provided does not adequately document the expenditure or the scope of work.
- Someone received a medical reimbursement which was not allowed through the subgrant.
- Reimbursements for social media outreach efforts without documentation of outreach conducted or receipts to support those efforts.
- Gift cards purchased as incentives but no documentation to support who they were provided to or what incentives they were used for. One entity spent approximately \$24,000 in gift cards (400 gift cards at \$50 each and 200 gift cards at \$10 each) and processing and purchasing fees for the gift cards (over \$2,000 in fees). While gift card purchases were allowed in the subgrantees scope of work and the entity submitted receipts, there was limited documentation to support who received the gift cards and how many events were held by the entity. It would not be unreasonable for MSDH to require entities to submit event and incentive logs for documentation.

- A lower-tier subgrantee was reimbursed by the incorrect grant funds without any supporting documentation.
- Payments, ranging from \$500 to \$750, to entities to complete a quarterly report that has very limited information regarding the funded program and the steps being taken to refer and enroll patients into the program. While this expenditure is specifically allowed under the scope of work and budget, it appears to be unreasonable.

Exhibit 6 on page 20 provides the estimated percentage of expenditures in the subgrant population that were allowable, properly allocated to budget expenditures, and appear reasonable.

Exhibit 6: Estimated Percentage of Subgrant Expenditures that are Allowable, Properly Allocated to Budget Expenditure, and Appear Reasonable



SOURCE: PEER analysis of subgrant expenditure data and supporting documentation provided by the Mississippi State Department of Health.

Lack of Risk Assessments and Limited Monitoring Activities

In theory, risk assessments should drive monitoring activities. While risk can interfere with successful grant performance, the reduction of risk promotes increased performance and safeguards the use of funding. The review of expenditures showed a lack of risk assessments being conducted by MSDH, which limited monitoring activities.

Risk assessments drive monitoring activities. A lack of risk assessments could result in limited monitoring activities.

Lack of Risk Assessments

While MSDH is required to conduct risk assessments for all subgrantees after a subgrant agreement is executed, only two risk assessments had been conducted in the sample of expenditures. PEER notes that

According to analysis, less than five percent of the expenditures in the subgrant population were reimbursed to subgrantees that had a risk assessment conducted by MSDH.

while one office did provide risk assessments for two subgrantees, these risk assessments were a few years old and had not been updated when subgrant modifications were made.

Examples of reported reasons offices did not comply with the risk assessment requirements include:

- Risk assessments and monitoring activities were limited during the fiscal years under review due to significant staff turnover (i.e., MSDH program area staff reported a turnover rate of 60% over the last three to four years).
- There is no evidence on file to support that a risk assessment has been conducted.
- Risk assessments are conducted if significant challenges arise related to internal processes, program outcomes, or financial management.
- Risk assessments are not applicable.
- The program does not currently conduct individual risk assessments for each subgrantee but obtains and reviews a copy of an audit report of subgrantees that is conducted by a certified public account (CPA) firm. According to MSDH staff, this ensures that financial activities and compliance of subgrantees are independently evaluated by qualified professionals, providing an additional layer of accountability and oversight.

Exhibit 7 on page 24 provides the estimated percentage of expenditures in the subgrant population that were reimbursed to subgrantees that had a risk assessment conducted by MSDH.

Limited Monitoring Activities

To assess compliance with monitoring activities, PEER requested and reviewed:

- documentation supporting onsite reviews, including the results of those reviews;
- programmatic and performance reports submitted to MSDH by subgrantees; and,
- responses from each program area regarding monitoring plans and activities.

Through this review, PEER determined the following:

- **Onsite reviews:** Only nine percent of the 150 expenditures had subgrantees who received an onsite review during FY 2024 and FY 2025. Of those reporting onsite visits, only eight percent submitted documentation to support such a visit. Onsite visits can validate activities, verify supporting documentation and reports, and help address deficiencies and identify additional assistance needed. For example, one office reported that some documentation (e.g., contractual documents and lower tier subgrant agreements) is required to be maintained at the subgrantee level and would be requested during onsite reviews. If onsite reviews are not being conducted, MSDH cannot ensure that the subgrantees are maintaining this documentation as required.

According to analysis, between five percent to 15% of the expenditures in the subgrant population were provided to subgrantees that had an onsite review during the two years under review.

- **Programmatic and performance reporting:** Approximately 64% of the 150 expenditures in the sample had programmatic or performance reports provided by subgrantees. The requirement and timeframe (i.e., monthly, quarterly, or annual) of such reports depends on the federal award. If the program area staff responsible for the expenditure did not submit programmatic or performance reports with expenditure documentation, PEER made every effort to follow up with the office regarding such reports. This is because some reports are not monthly and would not be maintained with the specific expenditure. PEER notes

that some of the reports were difficult to follow, did not always include information regarding deliverables and performance outlined in the subgrant agreements, and in some cases, appear to be insufficient to monitor overall grant performance.

According to analysis, between 56% to 72% of the expenditures in the subgrant population had programmatic or performance reports provided.

- **Overall monitoring activities:** For 27% of the 150 sample expenditures, the MSDH program area reported that it had actively implemented monitoring plans and tools during the timeframe under review. To make this determination, PEER used supporting documentation and responses from each office regarding monitoring activities. PEER notes that one of the offices, which represented a majority of the expenditures in the sample, reported that it had a monitoring plan and tools that had been approved by federal partners, but during the timeframe of the review it had not been actively implementing monitoring procedures. This office reported that it has actively been recruiting staff to support the administration of the office's grant programs and monitoring activities.

According to analysis, between 20% to 34% of the expenditures in the subgrant population were provided to subgrantees who were actively being monitored.

Monitoring activities greatly varied by Program Office. Examples of monitoring activities reported included:

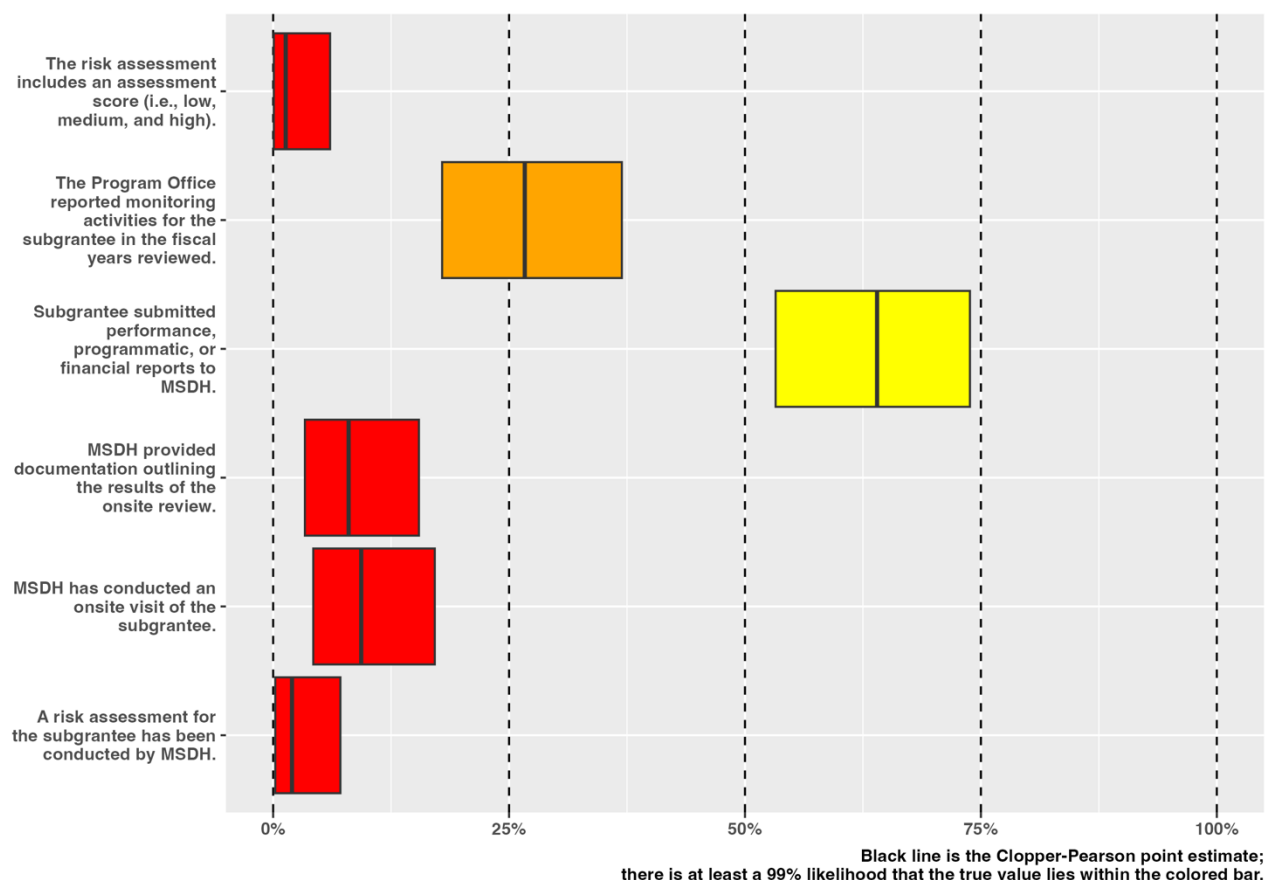
- Monitoring activities are documented through a structured and comprehensive process designed to ensure compliance and program integrity. Each monitoring visit, whether conducted on-site or remotely, is recorded using standardized tools and checklists that evaluate key areas such as financial management, nutrition services, and participant eligibility. Formal monitoring reports are developed to include detailed findings and any required corrective actions.
- Monitoring activities are documented by a review of the provider's quarterly report of activities and objectives that are listed in the work plan, along with a review of invoices and receipts and comparison of approved budget to carry out activities in the work plan.
- Monitoring activities are conducted on an annual basis and include interviews with subgrantees, self-assessment standards for systems of care, and a fiscal monitoring tool that tracks general accounting practices, internal controls, and the various budget categories.
- Subgrantees are monitored through ongoing communication and periodic reviews. The office conducts monthly teleconferences or virtual meetings, and quarterly progress report reviews. These activities are documented through meeting notes, correspondence logs from calls and emails, and internal memos.

Examples of reasons offices were limited in conducting monitoring activities included:

- Monitoring activities were primarily conducted on an as-needed basis through email correspondence, review of invoices, and periodic check-ins with subgrantees. Documentation of these activities was limited, and no readily available evidence of a comprehensive written monitoring plan exists prior to any agency-wide changes in the grants management process.
- The office does have a program monitoring plan and monitoring tools in place. However, the office lacked the staffing resources to complete any monitoring activities in FY 2024 and FY 2025.
- Leadership in the office has changed. While invoices were matched against payroll, timesheets, and monthly reports, there is no evidence to support any monitoring activities.
- Current staff in the office do not have access to the documentation to support monitoring activities.
- Monitoring activities are not applicable to the office.

Exhibit 7 on page 24 provides the estimated percentage of expenditures in the subgrant population that were reimbursed to subgrantees who had been actively monitored by MSDH.

Exhibit 7: Estimated Percentage of Subgrant Expenditures with Risk Assessments and Monitoring Activities



SOURCE: PEER analysis of subgrant expenditure data and supporting documentation provided by the Mississippi State Department of Health.

Primary Causes of Subgrant Management Issues and Efforts by MSDH to Address these Issues

MSDH leadership is aware that historically it has not been effectively monitoring and providing oversight of its subgrants and that there are many opportunities for improvement. In May and September of 2025, the Mississippi State Auditor reported instances of questionable spending by nonprofits receiving grant funding from the Department due to insufficient monitoring. According to the Mississippi State Health Officer, the Department has actively been working to implement a comprehensive agency-wide reform to modernize and tighten its grants management and compliance processes.

This chapter provides an overview of:

- the primary causes of MSDH's subgrants management issues;
- the efforts by the Department to address the causes of and issues with its management of subgrants; and,
- opportunities for continued improvement of subgrant management.

Primary Causes of Issues with MSDH's Management of Subgrants

Most of the issues with subgrants management at MSDH can be attributed to a lack of enforcement of policies and procedures and limited training and resources provided to program area staff to ensure understanding of responsibilities and requirements.

The primary causes of MSDH's issues related to its management of subgrants include but are not limited to:

- a lack of enforcement of policies and procedures to ensure proper monitoring and oversight are being provided by each program area;
- limited training and monitoring tools to ensure program area staff were aware of their responsibilities and requirements to properly manage subgrantees;
- lack of a streamlined reporting process for grants; and,
- reported issues with turnover that limit the amount of staff time that can be allocated to monitoring and oversight activities within tight timelines for other projects.

As will be discussed, MSDH has taken steps to address its issues with subgrants management.

PEER notes that there could be other causes of MSDH's issues with grants management. However, during the course of this review, these causes were the most apparent.

Lack of Enforcement of Grants Management Policies and Procedures

According to the U.S. Government Accountability Office (GAO), effective oversight procedures based on internal control standards for monitoring the use of awarded grant funds is key to ensuring that waste, fraud, and abuse are not overlooked and that program funds are being spent appropriately. Further, agencies need effective processes related to financial management, performance reporting, and monitoring to ensure grant funds are used for intended purposes.

As previously discussed in this report, MSDH has established policies and procedures (previously updated in 2021) to address monitoring and oversight requirements for grants. MSDH has a decentralized process for managing grants (i.e., grants are managed by the program areas, with no centralized office in the Department to provide oversight). While some of the policies and procedures in the manual could be more defined and better stated (e.g., specific timeframes for completing risk assessments, more specific requirements for onsite visits), the issue is not that MSDH does not have these required policies and procedures, but rather that there is clearly a lack of oversight at a higher level within the Department to ensure implementation of the procedures at the program area level. There has been an unspoken expectation that program area staff were complying with the monitoring and oversight requirements, without having practices or checks and balances in place to confirm compliance. Oftentimes, the program areas were not being monitored, unless an issue occurred or an outside entity brought the issue to the attention of MSDH leadership. When a pass-through entity operates its grants in a decentralized manner, it is important to have practices in place to ensure program areas are also provided with oversight and monitoring by a centralized office within the agency. The more oversight provided the more accountable program areas should be.

In addition to the issues with risk assessments, monitoring activities, and ensuring all supporting documentation is submitted, the following is an example of MSDH policies and procedures not being enforced:

- The *Subgrant Policies and Procedures Manual* requires MSDH program staff to check the subgrantee's status in SAM.gov to determine if there are any active exclusions that would preclude MSDH from entering into the agreement with the entity (i.e., funds cannot be passed through to entities that are suspended, debarred, or otherwise deemed ineligible to participate in the funded program). However, MSDH staff have not consistently complied with this requirement, which allowed at least one individual who had an active exclusion to enter into an agreement with MSDH for funding.

Limited Training and Monitoring Tools

According to MSDH staff, a majority of the challenges have occurred due to the lack of proper training. Without proper training, program area staff have not known the rules and their responsibilities surrounding oversight and monitoring. The following are examples of how training would help clarify some of the information in the *Subgrant Policies and Procedures Manual*:

- The manual states that subgrantees are required to submit documentation supporting all expenditures being reimbursed. However, the policies do not state or provide examples of the type of documentation that would be sufficient for approval. Without training, staff may not understand what type of documentation is proper and sufficient.
- While risk assessments are required to be conducted after a subgrant agreement is executed, there is no timeline for completion.

- The manual states that high-risk subgrantees will require additional monitoring beyond the required monitoring activities listed in the manual. However, there is not further explanation of what that entails.

In addition, MSDH's templates and monitoring tools are not always intuitive or user friendly and have limited instructions on how to use the templates and tools. If a newly hired employee is not familiar with what information should be included in a scope of work in a subgrant agreement, the tool provided would not be helpful. More information and clarity is needed to ensure staff understand things such as objectives, outcomes, activities, etc.

Providing training on a regular basis to further explain policies and procedures, as well as expectations, will better ensure consistency and compliance in each program area.

Through review of documentation and the inconsistencies in what was considered acceptable supporting documentation, PEER could concur that training has been limited, and each program area has operated on its own terms.

Lack of Streamlined Process for Subgrant Awards

MSDH has not had a streamlined system to facilitate its subgrant applications and agreements. This could be the reason for some of the issues the Department has had with the lack of supporting documentation. For example, PEER had to follow up with MSDH staff several times to request supporting documentation before the program areas could produce the information. All subgrant documentation for each subgrantee should be stored together and easily produced. MSDH should not have to request supporting documentation from the subgrantee after the reimbursement has been approved. However, some program areas did reach out to subgrantees for some of the information requested in this review.

Reported Issues with Turnover

Some program areas reported issues with staff turnover (i.e., one MSDH program area staff reported a recent turnover rate of 60%) that limits monitoring activities and reported that it can be difficult to maintain high-quality staff. Turnover can have an impact on morale and retention rates.

Efforts Made by MSDH to Address Subgrant Management Issues

In October of 2024, MSDH began taking steps to address its issues and challenges related to subgrant management by implementing agency-wide changes. These changes include but are not limited to: working to update subgrant policies and procedures, improving monitoring tools, implementing subgrant training for program area staff, and adding an oversight and compliance component at the central office to monitor program area management of subgrants.

MSDH is in the process of addressing subgrant management issues and implementing agency-wide changes. As part of that process, on October 14, 2024, MSDH entered into a contractual agreement with the Trace Advisory Group (Trace)⁴ to provide accounting and related support

⁴ Trace Advisory Group is an accounting and consulting firm based in Ridgeland, Mississippi. According to its website, it provides accounting, compliance auditing, grants management, and operations support services.

services for the period beginning September 23, 2024, and ending on June 30, 2025. At the end of the original contract, MSDH entered into another contract with the entity for the period beginning August 25, 2025, and ending on August 24, 2026. In the contract, MSDH agreed to pay Trace an hourly rate of \$140 for an amount not to exceed \$500,000 in a fiscal year. The scope of services in the contract included an array of accounting and support services, such as:

- reviewing accounting processes and internal controls over programs and various systems to ensure accountability;
- evaluating and documenting policies, procedures, and systems, and providing leadership with an objective source of information regarding the organizational risks, control environment, and operational effectiveness;
- providing technical assistance and subject matter expertise; and,
- assisting in the preparation and coordination of special projects such as grants management and fiscal controls related to human resources and documentation to support agency response reimbursement.

From February 6, 2025, to July 1, 2025, MSDH reimbursed Trace \$235,830. According to the invoices submitted in MAGIC, Trace staff worked in various program areas to perform procedures to deliver professional accounting and related support services as directed by MSDH leadership. From the invoices, it is not clear if the entire reimbursement encompassed only subgrant management activities or if Trace is providing additional services. Further, it is not clear from the submitted invoices exactly what services Trace provided.

According to MSDH staff, regarding grants management, Trace has provided the following support:

- assisted in updating subgrant policies and procedures (at the time of report release these were still in draft format);
- built a toolkit for implementation (e.g., scope of work and budget template);
- created a system to rank subgrant agreements to assist in sampling of expenditures for review by the Central Office; and,
- developed subgrant monitoring training presentations to be provided to all program area staff (these training sessions started in November 2025).

In addition to the assistance provided by Trace, MSDH has also:

- implemented a system to facilitate MSDH agreements to modernize procurement, grants, and subgrant agreements;
- reenforced the requirement that all subgrantees must be registered in SAM.gov to check for active exclusion;
- placed a renewed focus on any payments being requested for reimbursement by program area leadership to include reviews by MSDH's Finance and Administration staff to ensure documentation is sufficient;
- reorganized program area staff and leadership within some of the program offices;
- created additional offices, such as an Office of Strategic Contracting to manage pre-award grant and subgrant activities (e.g., grant applications and subgrant modifications), and a

Subgrant Office of Compliance to ensure MSDH's compliance with federal statutes, regulations, and terms and conditions of awards by monitoring each program area; and,

- required Internal Audit staff to review a sample of subgrant payments to nonprofits as the new offices are created and policies and procedures are being implemented.

The next two sections provide a brief overview of MSDH's new data management system for all grants and procurements, and how the proposed changes to MSDH's policies and procedures and implementation of new agency-wide monitoring tools should help MSDH address some of the issues identified through this review.

Implementation of a New Procurement Portal

MSDH has implemented a new procurement portal called OpenGov to facilitate all MSDH agreements. This new portal is where all subgrants are now solicited, awarded, created, and executed. MSDH began utilizing the portal in March 2025. MSDH staff believe that the key benefits of this new system include:

- a faster paperless process that should simplify document submission and storage;
- automatically notifying vendors and applicants of new award opportunities;
- providing real-time tracking of a grant's status for all stakeholders; and,
- offering a more streamlined experience with easy registration and intuitive design for all users.

The new procurement portal should help MSDH better organize its grants to ensure it has received all the required documentation from a subgrantee. Documentation should be easier to locate within the portal.

The portal will be used at various stages of the grant process, including but not limited to:

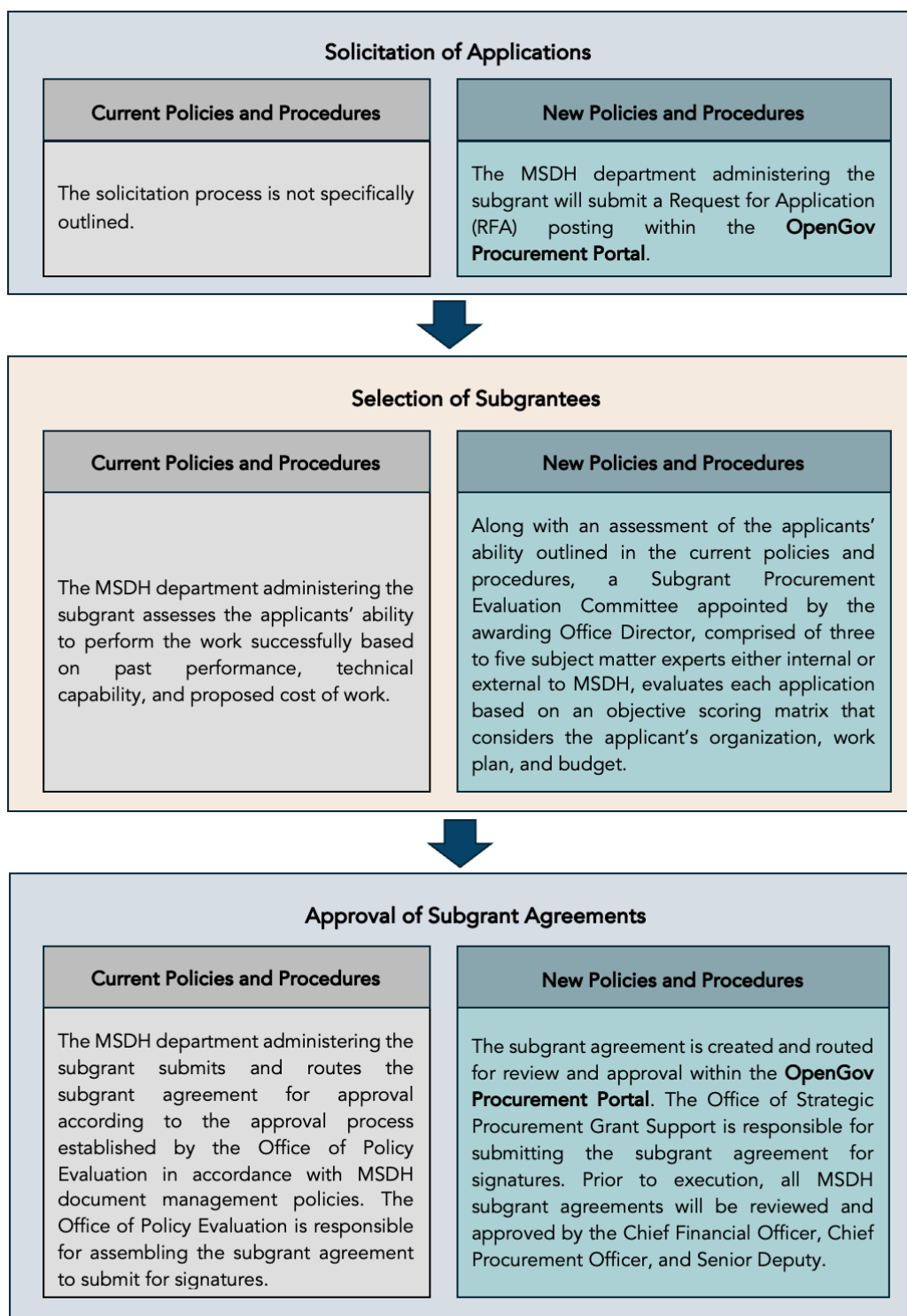
- solicitation and submission of applications;
- creation, review, and approval of subgrant agreements;
- submission of financial documentation; and,
- requesting and completing modifications to subgrant agreements.

For each new Request for Application (subgrants), the portal provides:

- an overview of the subgrant (e.g., description, timeline, award period, applicant eligibility);
- project documents (e.g., application, evaluation criteria);
- a place to directly upload documents required for the project;
- a question and answer tool applicants can use to ask for clarifications regarding the grant project; and,
- a list of vendors following the project and submitting responses/applications for the award.

All program areas and subgrantees are required to use this system for procurement and subgrant requests and all awards will be routed for review and approval within the system. Exhibit 8 on page 30 provides an overview of how the new system will be used in the subgrantee selection process.

Exhibit 8: Proposed Changes to the Solicitation, Selection, and Approval of Subgrant Awards



SOURCE: PEER analysis of the Mississippi State Department of Health's current and proposed subgrant policies and procedures.

Changes to Subgrant Policies and Procedures and Updated Monitoring Tools

MSDH is in the process of updating its subgrant policies and procedures and creating a subgrantee manual for additional support. As of December 1, 2025, these procedures were still in draft format and were awaiting final approval by MSDH leadership. These proposed procedures make several technical, procedural, and administrative changes to the current *Subgrant Policies and Procedures Manual*. Overall, these proposed procedures provide more details and clarification on timelines and requirements and also include updated tools and templates that will be provided to subgrantees to assist in the submission of documentation and assist program areas in providing better monitoring activities and tracking a subgrantee's progress towards meeting the goals and objectives of the subgrant.

MSDH's proposed *Subgrantee Manual* will provide guidance to subgrantees about fulfilling program expectations and responsibilities. The manual reiterates the policies and procedures pertinent to subgrantees and provides targeted instructions about how to complete the tasks necessary to maintain compliance with the procedures.

While there are many changes MSDH plans to implement with its proposed policies and procedures, PEER focused on the changes that should directly impact the issues identified through this review, including:

- **Lack of risk assessments and monitoring activities:** Previously MSDH did not specify a timeframe for implementing risk assessments at the subgrant level. Now, risk assessments must be conducted within 60 calendar days of the executed subgrant agreement and within 30 calendar days of a subgrant modification or onsite visit of the subgrantee. All subgrantees who are either new to MSDH or to a program area will be considered high-risk for the first year of the award. The proposed procedures also give examples of low, medium, and high-risk attributes, which is not explained in the current *Subgrant Policies and Procedures Manual*.

Program area staff will be responsible for using a new risk assessment tool for evaluating a subgrantee's risk of noncompliance to determine the extent of monitoring that is required. To track monitoring activities, program areas will use a separate monitoring tool and enter in monitoring activities as they occur.

Each program area will monitor progress, performance, and financial reports and follow a risk-based review schedule for each subgrantee. MSDH will require that a 20% sample of documentation be reviewed from each subgrant.

These additions to the policies and procedures provide clarity for some of the requirements regarding risk assessments and monitoring.

- **Lack of enforcement over program areas:** MSDH has not actively enforced requirements in its subgrant policies and procedures to ensure program area implementation. The proposed policies and procedures appear to address that issue directly by adding a second level of risk assessment and monitoring at the program level (i.e., to monitor program area staff compliance with oversight and monitoring requirements). This will be overseen by the Office of Subgrant Compliance (a newly created office at the Central Office). These assessments will be conducted at least annually for each program area and more often if deemed necessary. This additional level of monitoring of the program areas

should address the issue with MSDH staff not complying with the *Subgrant Policies and Procedures Manual*.

- **Incomplete documentation to support expenditure reimbursements:** The proposed policies and procedures require that the subgrantee report the cost incurred for the month and request reimbursement by submitting a reimbursement claim form and all supporting documentation through OpenGov by the tenth calendar day of the following month. The program area administering the subgrant must use a tracking mechanism, such as the Subgrant Reimbursement Tracking Tool, to document reimbursements throughout the life of the subgrant, including periodically reconciling reimbursement records with the data on file with MSDH's Finance and Administration Department. The proposed policies and procedures require program area staff to verify supporting documentation, track and monitor reimbursement payments, and ensure allowability under the subgrant agreement.

The templates and tools MSDH plans to implement should also help with some of the issues identified with incomplete documentation. The tools should allow for more consistency across program areas and subgrants.

Also, PEER notes that MSDH has added a Subgrant Procurement Evaluation Committee to review all Request for Applications prior to release on the OpenGov portal. The Committee will consist of three to five subject matter experts, who can be internal or external to MSDH, and will use objective criteria and a more consistent scoring method to conduct its evaluations. All subgrant applications will be submitted through the portal and reviewed by staff in the program area. The evaluations for the top applicants will be submitted to the Central Office through the portal for review and final approval. Previously, the evaluations of subgrant applicants were not visible to Central Office staff (e.g., Senior Deputy, Chief Financial Officer). MSDH will then award the top scoring applicant(s) with available funding. While PEER did not review MSDH's selection procedures, the addition of the Committee and additional review of evaluations to select subgrantees should provide a fair and more consistent process for selecting subgrantees at MSDH. A more efficient process in the beginning could help alleviate issues that can occur in later stages of the grant process.

Overall, the steps taken by MSDH, such as the proposed policies and procedures, appear to add a level of compliance monitoring for MSDH staff that did not exist before and should help address many of MSDH's subgrant management issues. However, MSDH must still ensure that these changes are properly implemented by all program area staff. This can be done by strengthening internal controls, continuously providing training opportunities for all current staff, new hires, and subgrantees, monitoring compliance with policy requirements, and communicating with staff to advocate for transparency and obtain feedback.

Opportunities for Continued Improvement of Subgrant Management

In addition to the agency-wide changes MSDH is making to its subgrant management processes, there are other opportunities and strategies it could consider implementing, such as continued improvement of internal controls, subgrantee training, and incorporation of performance and evidence-based practices in the subgrant award process.

A key to MSDH's improvement is ensuring that all staff fully comply with the Department's policies.

PEER notes that MSDH is in the beginning stages of implementation of its new subgrants management processes. More time is needed to determine if the changes MSDH is making will improve the issues that

have been identified. MSDH recognizes that the Department is not yet where it would like to be in its management of grants, but it believes it has made improvements over the last year. The following provides a brief overview of opportunities and strategies for MSDH to consider as it implements its agency-wide changes and continues to work towards improvement of oversight and management of the grant funding it receives each year.

Continued Improvement of Internal Controls

There are often weaknesses in internal controls as it relates to grants management. MSDH has been working to strengthen its internal controls over grants management. This is evident by its proposal of new policies and procedures that aim to improve risk assessments and overall monitoring activities. Additional internal controls MSDH could consider, to ensure it has an effective internal control system, include but are not limited to:

According to GAO, pass-through entities that award and receive grant funding need effective internal controls over the processes involved and the funds it receives. Internal controls are fundamental in assuring the proper and effective use of funds to achieve program goals and to ensure that funds are used for intended purposes.

- creating a set of standards, processes, and structures that provide the basis for carrying out internal control across the organization (e.g., hire and train highly qualified staff to carry out the grants management process, hold staff accountable, and create cross-functional teams to support entity-wide grants management);
- ensuring a segregation of duties to prevent fraud, errors, and misuse of funds by dividing responsibilities among different individuals;
- implementing better document storage procedures to ensure all subgrant information remains together;
- continuously communicating information to ensure everyone involved in the grants management process are on the same page and have the same understanding; and,
- conducting ongoing and periodic evaluations to determine whether the components of internal controls are present and functioning (e.g., ensure program deficiencies are communicated to all responsible parties, including management and elected and appointed officials).

Implementation of Subgrantee Training

A key to successful implementation of grant projects is to provide clear and timely communication regarding expectations, deliverables, and timelines with subgrantees. MSDH should ensure that all current and new subgrantees are provided information regarding all the changes to grants management at the Department. This should include the subgrant policy manual that is being created, as well as required trainings and regular meetings to discuss any issues that may arise.

Training requirements can be embedded into subgrant agreements to ensure subgrantees understand the requirement.

Further, ongoing communication with subgrantees is important to build a rapport with those involved in managing the grant project. Feedback from subgrantees can also be essential to highlight deficiencies or non-compliance issues but also provides an opportunity for any positive feedback that could help MSDH better manage its subgrants. A form of feedback could be provided through annual subgrantee surveys.

Incorporate Performance and Evidence into the Subgrant Award Process

In state government, especially in public health, there is reliance on nonprofit entities to provide services to individuals and families. Due to the critical role these entities can play in public health, it is important to ensure that whenever possible, funds are invested in programs and services that are proven to work. MSDH can work towards incorporating performance and evidence into the subgrant award process by improving the performance measures (e.g., outcomes, outputs) that are written into subgrant agreements. Once it is more comfortable with the performance measures, data collection process, and the data provided through these measures, MSDH could work towards developing a system that pays for performance and incorporates evidence-based practices and programs into subgrant awards. According to MSDH staff, its goal in subgrant management is to implement a system where the subgrantee will be expected to achieve clearly defined public health outcomes, for example, improved access to care, increased immunization coverage, or reductions in disease burden, with payments tied to performance metrics. This approach would ensure that funding supports strategies that demonstrate measurable impact, accountability, and effective use of public resources.

MSDH's proposed scope of work template includes a section for including SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goals and objectives for the subgrant award. It also includes the identification of outcomes. Outcomes can help to indicate whether expected results are achieved and determine the effectiveness of the grant program.

Another step to this goal would be to embed evidence-based requirements into subgrant agreements and then create a process for ensuring that grant programs are being implemented with fidelity to their treatment model.

PEER recognizes that MSDH first needs to address current issues prior to focusing on this strategy.

Provide more Transparency by Maintaining an Inventory of Grants

MSDH should create an inventory or database of all its grant programs and publish it to its website on a regular basis. This would help provide more transparency to policymakers and further help ensure that public funds are being expended efficiently and effectively. Each grant program should include but not be limited to:

- grant program name;
- funding agency and source;
- current grant status (e.g., active)
- grant terms;
- total revenues and expenditures by year;

- eligible expenses;
- description of the award;
- subgrantee information; and,
- any performance metrics that are being tracked.

Implementation of a grant program inventory would also help MSDH staff when preparing for requests regarding its grant revenues and expenditures. According to MSDH staff, this is a future goal of the Department.

Recommendations

1. The Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER) should conduct a review of the Mississippi State Department of Health's (MSDH) management of grants in CY 2028. In light of considerable changes the Department is making to its policies, procedures, and processes, this would allow MSDH the time needed to implement those changes. PEER notes, that in consideration of this future review, MSDH has offered to provide PEER with reports on its progress as it relates to grants management.
2. MSDH should proceed with its plans to adopt its proposed subgrant policies and procedures. A year after implementation, MSDH's Executive Leadership should internally conduct a review to determine strengths and weaknesses of implementation and make any necessary amendments to its subgrant policies and procedures and grants management practices. The Department should provide the results of this review to the PEER Committee.
3. MSDH should require all entities that it enters into subgrant or contractual agreements to provide detailed information regarding the scope of work that has been completed and the deliverables that are being reimbursed. So that there is no confusion of the work that has been completed, there should be a direct link between the scope of work/work plan and the work that has been completed.
4. MSDH and the Department of Finance and Administration should continue working together to determine the documentation that should be submitted for all grant expenditure reimbursements uploaded to MAGIC.

Appendix A: Subgrant Awards by Assistance Listing

| Assistance Listing/Funding Agency/Responsible Program Area/Description | Grant Program(s) | Total Subgrant Awards in FYs 2024 and 2025 |
|--|---|--|
| <u>Crime Victim Assistance (16.575)</u> <i>Department of Justice/Office Against Interpersonal Violence</i> This funding source provides an annual grant from the Crime Victims Fund to each state and eligible territory for the financial support of services to crime victims by eligible crime victim assistance programs. | Crime Victim Assistance Fund | \$17,530,785 |
| <u>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (10.557)</u> <i>Department of Agriculture/WIC</i> WIC provides federal grants to state agencies for supplemental foods, health care referrals, and nutrition education, including breastfeeding promotion and support, for income-eligible pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children up to age five who are found to be at nutritional risk. | WIC Administration and WIC Food | \$3,551,597 |
| <u>Injury Prevention and Control Research and State and Community Based Programs (93.136)</u> <i>Department of Health and Human Services/Public Health Pharmacy, Office Against Interpersonal Violence, and Office of Preventive Health</i> These grants should be used to develop, implement, and promote effective injury and violence prevention and control practices. | Mississippi Against Drug Abuse Prevention, Rape Prevention and Education, and State Injury Prevention | \$2,445,350 |
| <u>Preventing Heart Attacks and Strokes in High Need Areas (93.816)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> The purpose of this funding is to support implementation of population-wide and priority population approaches to prevent and control high blood pressure and reduce health disparities associated with high blood pressure among adults in Mississippi's 18-county Delta Region, which is a high burden, underserved, rural area. | Mississippi Delta Health Collaborative | \$2,366,607 |
| <u>Violence Against Women Formula Grants (16.588)</u> <i>Department of Justice/Office Against Interpersonal Violence</i> The purpose of these grants is to develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women and develop and strengthen victim services in cases involving crimes against women. | Stop Violence Against Women | \$2,047,055 |
| <u>Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services (93.671)</u> <i>Department of Health and Human Services/Office Against Interpersonal Violence</i> Grant funding to support domestic violence services programs that provide immediate shelter and supportive services to victims and survivors of family violence, domestic violence, and dating violence, including their dependents. Funds may be used for prevention and awareness and for specialized services for children exposed to domestic and dating violence. | Family Violence Prevention | \$1,629,043 |
| <u>Maternal and Child Health Services Block Grant to the States (93.994)</u> <i>Department of Health and Human Services/Maternal and Child Health/Family Planning</i> States may use funds to develop systems of care for the provision of health services and related activities, including planning, administration, education, and evaluation consistent with the items outlined in the state's annual funding application. | Maternal and Child Health Services and Services for Children with | \$1,558,424 |

| Assistance Listing/Funding Agency/Responsible Program Area/Description | Grant Program(s) | Total Subgrant Awards in FYs 2024 and 2025 |
|---|--|--|
| | Special Health Care Needs | |
| <u>Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (93.686)</u> <i>Department of Health and Human Services/Office of STD/HIV</i> Federal initiative for states to implement strategies, interventions, approaches, and provide core medical and support services to people living with HIV. The initiative seeks to achieve the goal of reducing new HIV infections in the U.S. to less than 3,000 per year by 2030. | Ryan White – Ending the HIV Epidemic | \$1,490,280 |
| <u>National Bioterrorism Hospital Preparedness Program (93.889)</u> <i>Department of Health and Human Services/Office of Health Protection</i> This grant is provided to ready hospitals and other healthcare systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies. | Bioterrorism Hospital Preparedness | \$1,478,769 |
| <u>HIV Prevention Activities – Health Department Based (93.940)</u> <i>Department of Health and Human Services/Office of STD/HIV</i> This grant assists states in meeting the cost of establishing and maintaining HIV prevention and surveillance programs. | Ending the HIV Epidemic and Integrated HIV Surveillance and Prevention Programs for Health Departments | \$1,304,376 |
| <u>Harold Rogers Prescription Drug Monitoring Program (16.754)</u> <i>Department of Justice/Public Health Pharmacy</i> The purpose of this grant is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to implement and enhance prescription drug monitoring programs and develop and enhance public safety, behavioral health, and public health information sharing partnerships. | Comprehensive Opioid Abuse Program | \$1,001,902 |
| <u>State Loan Repayment Program (93.165)</u> <i>Department of Health and Human Services/Office of Health Services</i> Grants to repay the qualifying educational loans of health professionals who have entered into a contract with states. | Grants to States for Loan Repayment | \$929,831 |
| <u>WIC Grants to States (10.578)</u> <i>Department of Agriculture/WIC</i> Grants and cooperative agreements provided to improve the delivery of program benefits and services to WIC participants. | WIC Grants to States – Forrest County and WIC Grants to States – Wilkinson County | \$888,421 |
| <u>Small Rural Hospital Improvement Grant Program (93.301)</u> <i>Department of Health and Human Services/Office of Health Services</i> The grant supports eligible small rural hospitals in meeting value-based payment and care goals for their respective organizations through purchases of hardware, software, and training. | Small Hospital Improvement Program (SHIP) | \$860,626 |
| <u>Substance Abuse and Mental Health Services Projects of Regional and National Significance (93.243)</u> <i>Department of Health and Human Services/Public Health Pharmacy</i> | Mississippi's Comprehensive Opioid-Overdose Reduction Program (MS- | \$624,325 |

| Assistance Listing/Funding Agency/Responsible Program Area/Description | Grant Program(s) | Total Subgrant Awards in FYs 2024 and 2025 |
|--|--|--|
| Grant funds may only be used for expenses clearly related and necessary to carry out approved activities that will provide immediately useful, practical knowledge that service providers need as they deal with the rapidly changing health care environment. | CORP) and Revolutionizing Medications for Opioid Use Disorder in Mississippi (RMOUND-MS) | |
| <u>Mississippi Community Engagement Alliance (CEAL) Project (99.999)</u> <i>University of Mississippi Medical Center/Office of Preventive Health</i> Funding to address the complexities of Mississippi's health issues and social determinants of health, with objectives to advance the health and wellbeing of Mississippi's populations experiencing differing health outcomes and to enhance the resilience and power within communities to disseminate and implement evidence-based interventions. | Mississippi Community Engagement Project (CEAL) | \$617,714 |
| <u>Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations (93.898)</u> <i>Department of Health and Human Services/Office of Health Services</i> The purpose of funding is to improve the public health infrastructure for cancer prevention and control. | Cancer Prevention – National Breast and Cervical Cancer Early Detection Program | \$612,594 |
| <u>Sexual Assault Services Formula Program (16.017)</u> <i>Department of Justice/Office Against Interpersonal Violence</i> Funding should be used on programs to increase intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault; family and household members of such victims; and those collaterally affected by the victimization, except for the perpetrator of such victimization. | Sexual Assault Services and Prevention Program | \$553,880 |
| <u>State Rural Hospital Flexibility Program (93.241)</u> <i>Department of Health and Human Services/Office of Health Services</i> Grant funding enables state designated entities to: support critical access hospitals in quality improvement, quality reporting, performance improvement, and benchmarking; assist facilities seeking designation as critical access hospitals; and create a program to establish or expand the provision of rural emergency medical services. | Rural Hospital Flexibility Program | \$502,636 |
| <u>Affordable Care Act Personal Responsibility Education Program (93.092)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> Grant funding supports prevention education services for youth ages 10 to 19, to include special populations of youth who are at risk for teen pregnancy and sexually transmitted infections. Such populations include youth in foster care and juvenile justice systems, victims of human trafficking, and youth in runaway or homeless situations. | Mississippi Alzheimer's Disease and Personal Responsibility Education Program Grant | \$493,919 |
| <u>Jackson Heart Study (99.999)</u> <i>National Institutes of Health and the National Institute on Minority Health and Health Disparities/Office of Preventive Health</i> Grant funding provided to support cardiovascular health for minority populations. | Jackson Heart Study | \$486,556 |
| <u>Centers for Disease Control and Prevention Investigations and Technical Assistance (93.283)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> Funding is provided to assist in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. Investigations and evaluation of all | Cancer Prevention and Control and Mississippi Tobacco Control Strategic Plan | \$420,548 |

| Assistance Listing/Funding Agency/Responsible Program Area/Description | Grant Program(s) | Total Subgrant Awards in FYs 2024 and 2025 |
|--|---|--|
| methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support. | | |
| <u>HIV/AIDS Surveillance (93.944)</u> <i>Department of Health and Human Services/Office of STD/HIV</i> Grant funds may be used for salaries of staff conducting HIV/AIDS surveillance and serosurveillance activities, travel related to carrying out project activities and participating in national planning and implementation meetings, necessary supplies, computer software and hardware, and laboratory, data collection, and analysis costs. | Medical Monitoring Project | \$369,661 |
| <u>Special Education – Grants for Infants and Families (84.181)</u> <i>Department of Education/Office of Health Services</i> Grant funds are used to assist states in implementing and maintaining their statewide systems of early intervention services. | Special Education Grants for Infants and Toddlers with Disabilities | \$328,774 |
| <u>Public Health Emergency Preparedness (93.069)</u> <i>Department of Health and Human Services/Office of Health Protection</i> The grant funding is to strengthen state, local, tribal, and territorial public health preparedness and response capability through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action. | Public Health Emergency Preparedness | \$295,823 |
| <u>STD Prevention and Control Grants (93.977)</u> <i>Department of Health and Human Services/Office of STD/HIV</i> The purpose of the grant funding is to strengthen STD prevention programs in eligible jurisdictions. | STD/HIV Syphilis Supplemental | \$246,589 |
| <u>National and State Tobacco Control Program (93.387)</u> <i>Department of Health and Human Services/Office of Tobacco Control</i> This grant funding supports the achievement of four National Tobacco Control Program goals to: prevent initiation of tobacco use among youth and young adults; eliminate exposure to secondhand smoke; promote quitting among adults and youth; and identify and eliminate tobacco related disparities. | Mississippi Tobacco Control Strategic Plan | \$208,082 |
| <u>Preventive Health Services Block Grant (93.758)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> Grant funding provides states with the resources to improve the health status of the population of each grantee (e.g., coordinating related administration, education, monitoring, and evaluation activities). | Preventive Health Services Block Grant | \$198,376 |
| <u>Services for Trafficking Victims (16.320)</u> <i>Department of Justice/Office Against Interpersonal Violence</i> Funding supports grants to develop, expand, or strengthen victim service programs for victims of trafficking, including programs that provide housing to victims of trafficking. | Mississippi Human Trafficking | \$169,264 |
| <u>Cooperative Agreements for Diabetes Control Programs (93.988)</u> <i>Department of Health and Human Services/Office of Health Services</i> Funds may be used for costs associated with planning, implementing, and evaluating state-based diabetes control programs. | Diabetes Prevention and Control | \$135,516 |
| <u>Supporting Maternal Mortality Review Committee in Mississippi (99.999)</u> <i>Department of Health and Human Services/Maternal and Child Health/Family Planning</i> Funding to support comprehensive reviews of pregnancy-related deaths occurring within a year of the end of a pregnancy. | Maternal Mortality Review Committee in Mississippi | \$132,494 |
| <u>Grants to States for Operation of State Office of Rural Health (93.913)</u> <i>Department of Health and Human Services/Office of Health Services</i> | Rural Health | \$114,040 |

| Assistance Listing/Funding Agency/Responsible Program Area/Description | Grant Program(s) | Total Subgrant Awards in FYs 2024 and 2025 |
|--|---|--|
| The purpose of the grant is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state. | | |
| <u>Rural Domestic Violence, Dating Violence, Sexual Assault, and Stalking Assistance Program (16.589)</u> <i>Department of Justice/Office Against Interpersonal Violence</i> Grant funding may be used to carry out programs serving rural areas or rural communities that address sexual assault, domestic violence, dating violence, and stalking. | Mississippi Rural Collaborative | \$111,797 |
| <u>Preventive Health and Health Services Block Grant (93.991)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> Grant funding provides states with the resources to improve the health status of the population of each grantee (e.g., coordinating related administration, education, monitoring, and evaluation activities). | Preventive Health Services Block Grant | \$108,137 |
| <u>The National Cardiovascular Health Program (93.426)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> Funds for this program are to be used to implement and evaluate evidence-based strategies to address the challenges and systemic barriers that contribute to prevention and management of cardiovascular disease and diabetes in high-burden populations. | National Cardiovascular Health | \$97,589 |
| <u>Healthy Start Initiative (93.926)</u> <i>Department of Health and Human Services/Office of Health Services</i> The purpose of the grant is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. | Healthy Start Initiative – Eliminating Racial/Ethnic Disparities | \$87,821 |
| <u>Building Resilient Inclusion (99.999)</u> <i>National Association of Chronic Disease Directors/Office of Preventive Health</i> Funding to address food and nutrition security, improve safe physical activity access, and reduce social isolation and loneliness through policy, systems, and environmental changes. | Building Resilient Inclusion | \$86,230 |
| <u>Maternal and Child Health Federal Consolidated Programs (93.110)</u> <i>Department of Health and Human Services/Maternal and Child Health/Family Planning</i> Funding is for training grants that may be made to public or private nonprofit institutions of higher learning. | Alliance for Innovation on Maternal Health | \$73,830 |
| <u>Trust for America’s Health – Age-Friendly Public Health System (99.999)</u> <i>America’s Health/Office of Preventive Health</i> Grant initiative to support Mississippi becoming an age-friendly state (e.g., having age-friendly services and public systems in place for Mississippians as they grow older). | Trust for America’s Health – Age-Friendly Public Health System | \$59,097 |
| <u>Child Health and Human Development Extramural Research (93.865)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> Grant funding provided for research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all. | Delta Mississippi Center of Excellence in Maternal Health Project | \$47,180 |
| <u>Rural Equity Education of Network – Focus Group (99.999)</u> <i>Department of Health and Human Services/Office of Health Services</i> Funding to advance rural education in the state. | Rural Equity Education of Network Focus Group | \$38,000 |
| <u>The Health Brain Initiative (93.334)</u> <i>Department of Health and Human Services/Office of Preventive Health</i> | Mississippi Alzheimer’s | \$37,865 |

| Assistance Listing/Funding Agency/Responsible Program Area/Description | Grant Program(s) | Total Subgrant Awards in FYs 2024 and 2025 |
|--|---|--|
| The purpose of this grant funding is to implement public health actions through engagement of national partners and public health networks at national, state, and local levels to apply public health strategies to promote cognitive health and address cognitive impairment (e.g., Alzheimer's disease). | Disease and Related Dementias Programs | |
| <u>Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices (93.130)</u> <i>Department of Health and Human Services/Office of Health Services</i> Recipients are expected to perform state-wide primary care planning and resource coordination. | Primary Care Agreement | \$25,587 |
| <u>W.K. Kellogg Foundation Maternal and Infant Health (99.999)</u> <i>W.K. Kellogg Foundation/Maternal and Child Health/Family Planning</i> Grant funding for maternal and infant health. | W.K. Kellogg Foundation Maternal and Infant Health | \$10,160 |
| <u>Early Hearing Detection and Intervention (93.251)</u> <i>Department of Health and Human Services/Office of Health Services</i> The grant funding supports comprehensive and coordinated Early Hearing Detection and Intervention Systems, so families with newborns, infants, and young children up to three years of age who are deaf or hard of hearing receive appropriate and timely services that include hearing screening, diagnosis, and early intervention. | Universal Newborn Hearing Screening and Intervention | \$8,650 |
| <u>Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health (93.283)</u> <i>Department of Health and Human Services/Office of Health Services</i> Assists entities in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. | Workforce Development Grant | \$1,517 |
| <u>Emergency Medical Services for Children (93.127)</u> <i>Department of Health and Human Services/Emergency Medical Services</i> Funding supports demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. | Emergency Medical Services for Children Partnership | \$600 |
| <u>Epidemiology and Laboratory Capacity for Infectious Diseases (93.323)</u> <i>Department of Health and Human Services/Epidemiology</i> The purpose of this grant is to enhance the capacity of public health agencies to effectively detect, respond to, control, and prevent known and emerging or re-emerging infectious disease threats. | Epidemiology and Laboratory Capacity for Infectious Diseases – Data Modernization | \$29 |
| <u>HIV Care Formula Grants (93.917)</u> <i>Department of Health and Human Services/Office of STD/HIV</i> Funding to improve the quality, availability, and organization of a comprehensive continuum of HIV health care, treatment, and support services for eligible individuals. While there were subgrantees, according to MSDH, internal accounting adjustments were made to this grant, which resulted in the zero-dollar subgrant award balance. | Ending the HIV Epidemic | \$0 |
| Grand Total | | \$46,387,943 |

SOURCE: PEER analysis of subgrant expenditure data and information provided by the Mississippi State Department of Health, data reported in the Mississippi's Accountability System for Government Information and Collaboration, and federal assistance listings.

Appendix B: MSDH Subgrantees Receiving \$100,000 or More in Subgrants in FY 2024 and FY 2025

| Subgrantee/Summary of Assistance | Total Subgrant Awards in FYs 2024 and 2025 |
|--|--|
| <u>University of Mississippi Medical Center:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: maternal and child health, bioterrorism hospital preparedness, public health emergency preparedness, victims of crime, and prescription drug monitoring. | \$4,707,773 |
| <u>Mississippi Public Health Institute:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: disease control and prevention, drug monitoring, HIV, tobacco control, and substance abuse. | \$3,366,197 |
| <u>Center for Violence Prevention:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family and domestic violence prevention, and trafficking victims. | \$2,024,510 |
| <u>Gulf Coast Center for Nonviolence:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family and domestic violence prevention, and sexual assault services. | \$1,784,205 |
| <u>GA Carmichael Family Health Center:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: WIC, the Delta Health Collaborative, and HIV care program. | \$1,684,993 |
| <u>ScriptGuideRX, Inc.:</u> The entity received grant funding to support its HIV care program. | \$1,369,618 |
| <u>Mississippi Hospital Association:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: small rural hospital improvement, state rural hospital flexibility, and the Delta Health Collaborative. | \$1,251,660 |
| <u>Community Health Center Association of Mississippi:</u> The entity received grant funding to support several programs and areas, including: ending the HIV epidemic, coordination and development of primary care offices, and preventive health. | \$1,206,136 |
| <u>Mississippi Children's Home Society – Canopy Children's Solutions:</u> The entity received grant funding to support victims of crime. | \$1,016,237 |
| <u>Family Crisis Services of Northwest Mississippi:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and injury prevention and control research. | \$907,392 |

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| <u>Domestic Abuse Family Shelter</u> The entity received grant funding to support several programs and areas, including for: victims of crime, family violence prevention, and stopping violence against women. | \$829,107 |
| <u>Youth Villages, Inc.:</u> The entity received grant funding to support victims of crime. | \$829,101 |
| <u>Hope Village for Children:</u> The entity received grant funding to support victims of crime. | \$763,197 |
| <u>Coastal Family Health Center:</u> The entity received grant funding to support several programs and areas, including grants for: its state loan repayment program and WIC. | \$734,635 |
| <u>Southern Christian Services for Children and Youth, Inc.:</u> The entity received grant funding to support victims of crime. | \$714,844 |
| <u>Children's Advocacy Center of Mississippi:</u> The entity received grant funding to support victims of crime. | \$709,078 |
| <u>Care Lodge Domestic Violence Shelter:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and stopping violence against women. | \$702,605 |
| <u>Central Mississippi Civic Improvement Jackson-Hinds Comprehensive Center:</u> The entity received grant funding to support several programs and areas, including grants for: cancer prevention and control, HIV prevention activities, and WIC. | \$701,893 |
| <u>Mississippi Coalition Against Sexual Assault Inc.:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and stopping violence against women. | \$639,117 |
| <u>Catholic Charities, Inc.:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and sexual assault services. | \$609,217 |
| <u>Sally Kate Winters Family Services:</u> The entity received grant funding to support victims of crime. | \$588,415 |
| <u>My Brothers Keeper, Inc.:</u> The entity received grant funding to support several programs and areas, including grants for: HIV prevention activities, cardiovascular health for minority populations, and STD prevention and control. | \$570,498 |
| <u>Forrest County Board of Supervisors:</u> The entity received grant funding for WIC. | \$568,421 |
| <u>Shafer Center for Crisis Intervention:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, sexual assault services, and stopping violence against women. | \$499,727 |

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| <u>Wesley House Community Center, Inc.</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and stopping violence against women. | \$486,802 |
| <u>Christians in Action, Inc.:</u> The entity received grant funding to support victims of crime. | \$485,993 |
| <u>Southwest Mississippi Children's Advocacy Center:</u> The entity received grant funding to support victims of crime. | \$451,296 |
| <u>Family Health Center, Inc.:</u> The entity received grant funding to support several programs and areas, including grants for: maternal and child health, its state loan repayment program, and WIC. | \$451,208 |
| <u>Haven House Family Shelter:</u> The entity received grant funding to support several programs and areas, including grants for: victims of crime, family violence prevention, and stopping violence against women. | \$431,582 |
| <u>Mississippi State University:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, operation of rural health office, and small rural hospital improvement. | \$421,595 |
| <u>Jackson Medical Mall Foundation:</u> The entity received grant funding to support several programs and areas, including grants for: HIV prevention activities, the Delta Health Collaborative, and STD prevention and control. | \$418,057 |
| <u>North Mississippi Rural Legal Services, Inc.:</u> The entity received grant funding to support victims of crime. | \$416,827 |
| <u>Casa of Southeast Mississippi, Inc.:</u> The entity received grant funding to support victims of crime. | \$406,379 |
| <u>Aids Services Coalition:</u> The entity received grant funding to support several programs and areas, including grants for: HIV care and HIV prevention activities. | \$397,663 |
| <u>El Pueblo:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and stopping violence against women. | \$391,828 |
| <u>Family Health Care Clinic, Inc.:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and stopping violence against women. | \$388,111 |
| <u>Safe Haven, Inc.:</u> The entity received grant funding to support several programs and areas, including grants for: victims of crime, cancer prevention and control, and stopping violence against women. | \$384,581 |

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| <u>Consumer Wellness Solutions, Inc.:</u> The entity received grant funding to support several programs and areas, including: disease control and prevention and tobacco control. | \$376,684 |
| <u>Mississippi Coalition Against Domestic Violence:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and stopping violence against women. | \$374,066 |
| <u>Faith Haven, Inc.:</u> The entity received grant funding to support victims of crime. | \$368,461 |
| <u>Tunica 10 Point Coalition, Inc.:</u> The entity received grant funding as part the Delta Health Collaborative. | \$350,191 |
| <u>Dr. Arenia C Mallory Community Health Center:</u> The entity received grant funding to support several programs and areas, including grants for: its state loan repayment program, WIC, and the Delta Health Collaborative. | \$341,246 |
| <u>City of Hattiesburg:</u> The entity received grant funding to stop violence against women. | \$332,864 |
| <u>Kids Hub Child Advocacy Center:</u> The entity received grant funding to support victims of crime. | \$322,342 |
| <u>Delta Health Center, Inc.:</u> The entity received grant funding to support several programs and areas, including grants for: cancer prevention and control, the Delta Health Collaborative, and WIC. | \$319,064 |
| <u>Healing Hearts Child Advocacy Center:</u> The entity received grant funding to support victims of crime. | \$309,024 |
| <u>University of Alabama – Tuscaloosa Board of Trustees:</u> The entity received grant funding to support several programs and areas, including grants for: diabetes control, cardiovascular health for minority populations, and the Delta Health Collaborative. | \$297,512 |
| <u>Mississippi Hospital Association Health Research and Educational Foundation:</u> The entity received grant funding to support bioterrorism hospital preparedness. | \$286,774 |
| <u>Wilkinson County Board of Supervisors:</u> The entity received grant funding for WIC. | \$275,683 |
| <u>Delta Health Alliance, Inc.:</u> The entity received grant funding to support several programs and areas, including grants for diabetes control and as part of the Delta Health Collaborative. | \$273,996 |
| <u>Mississippi Children’s Advocacy Center:</u> The entity received grant funding to support victims of crime. | \$271,782 |

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| <u>Aaron E. Henry Community Health Services Center, Inc.:</u> The entity received grant funding to support several programs and areas, including grants for WIC and as part of the Delta Health Collaborative. | \$265,489 |
| <u>Natchez Children's Services:</u> The entity received grant funding to support victims of crime. | \$260,412 |
| <u>Wayne General Hospital:</u> The entity received grant funding for its state loan repayment program. | \$250,003 |
| <u>Alliance for the Advancement of Infant Mental Health:</u> The entity received grant funding for maternal and child health and early intervention. | \$248,353 |
| <u>The University of Mississippi:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: injury prevention and control research, maternal and child health, and supporting the maternal mortality review committee. | \$245,498 |
| <u>East-End Family Medical Center:</u> The entity received grant funding as part of the Delta Health Collaborative. | \$238,325 |
| <u>Alzheimer's Association:</u> The entity received grant funding for its Alzheimer's program. | \$228,885 |
| <u>District Attorney – 15th Circuit Court District:</u> The entity received grant funding for stopping violence against women. | \$226,491 |
| <u>Teen Health Mississippi:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: the personal responsibility education program, HIV prevention activities, and maternal and child health. | \$210,084 |
| <u>Easter Seals Mississippi, Inc.:</u> The entity received grant funding to support victims of crime. | \$193,928 |
| <u>House of Grace:</u> The entity received grant funding to support victims of crime and family violence prevention. | \$189,634 |
| <u>Pearl River County Board of Supervisors:</u> The entity received grant funding to support victims of crime. | \$187,692 |
| <u>Pike County Board of Supervisors:</u> The entity received grant funding to support victims of crime. | \$186,559 |
| <u>Casa of Lafayette County (North Mississippi):</u> The entity received grant funding to support victims of crime. | \$182,814 |

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| <u>Greater Meridian Health Clinic, Inc.:</u> The entity received grant funding for WIC. | \$176,620 |
| <u>Mississippi Public Health Association:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: the personal responsibility education program, maternal and child health, and supporting the maternal mortality review committee. | \$174,263 |
| <u>Jones County Board of Supervisors:</u> The entity received grant funding to support victims of crime and stopping violence against women. | \$174,106 |
| <u>Mississippi State Medical Association – Professional Health Program:</u> The entity received grant funding for ending the HIV epidemic. | \$170,250 |
| <u>Caffee Caffee and Associates:</u> The entity received grant funding for rural equity education and disease control and prevention. | \$163,383 |
| <u>Angel Wings Outreach Center:</u> The entity received grant funding to support victims of crime and family violence prevention. | \$159,370 |
| <u>Safe, Inc.:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: victims of crime, family violence prevention, and injury prevention and control. | \$157,516 |
| <u>District Attorney – First District:</u> The entity received grant funding to support victims of crime and stopping violence against women. | \$156,279 |
| <u>TDK Accounting and Tax Services, LLC:</u> The entity received grant funding for preventive health services. | \$141,364 |
| <u>Shaw Family Medical:</u> The entity received grant funding as part of the Delta Health Collaborative. | \$130,842 |
| <u>Jefferson County Board of Supervisors:</u> The entity received grant funding to support victims of crime. | \$130,760 |
| <u>Mom.Me.:</u> The entity received grant funding to support several programs and areas, including grants for: child health and human development research, maternal and child health, and maternal mortality review committee. | \$127,844 |
| <u>Community Foundation of Washington County, Inc.:</u> The entity received grant funding as part of the Delta Health Collaborative. | \$118,634 |
| <u>Exchange Club of Vicksburg Child and Parent Center, Inc.:</u> The entity received grant funding to support victims of crime. | \$115,415 |
| <u>Central Mississippi Health Services, Inc.:</u> The entity received grant funding for maternal and child health. | \$112,319 |

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| <u>Nakeitra L. Burse Six Dimensions, LLC:</u> The entity received grant funding for maternal and child health. | \$110,116 |
| <u>Northeast Mississippi Health Care Inc. (Byhalia Family Health Center:</u> The entity received grant for WIC. | \$108,376 |
| <u>Institute for the Advancement of Minority Health:</u> The entity received grant funding to support several programs and areas, including but not limited to grants for: disease control and prevention, HIV prevention activities, and tobacco control. | \$106,687 |
| <u>Casa of Harrison and Stone Counties:</u> The entity received grant funding to support victims of crime. | \$103,703 |
| <u>Washington County Board of Supervisors:</u> The entity received grant funding to support victims of crime and stopping violence against women. | \$102,806 |

SOURCE: PEER analysis of subgrant expenditure data and information provided by the Mississippi State Department of Health, data reported in the Mississippi's Accountability System for Government Information and Collaboration, and federal assistance listings.

Appendix C: Exact Confidence Interval Boundaries for Clopper-Pearson Inferences

| Statement | Number of Expenditures in the Population | | |
|---|--|----------|-------------|
| | Lower Bound | Estimate | Upper Bound |
| There is a subgrant agreement between the vendor and MSDH. | 3,427 | 3,696 | 3,849 |
| The subgrant agreement includes all required components (e.g., signed by both parties). | 3,258 | 3,565 | 3,765 |
| There are performance measures in the subgrant agreement. | 1,750 | 2,176 | 2,588 |
| There are documents uploaded in MAGIC for the expenditure. | 3,796 | 3,932 | 3,932 |
| The expenditure matches the total reported in the documentation. | 3,162 | 3,486 | 3,710 |
| Documentation in MAGIC is sufficient to assess allowability. | 167 | 367 | 674 |
| All supporting documentation has been provided. | 2,121 | 2,543 | 2,927 |
| Supporting documentation is dated. | 3,226 | 3,539 | 3,747 |
| The date of the supporting documentation aligns with the award period listed in the subgrant agreement. | 3,037 | 3,382 | 3,633 |
| The supporting documentation adequately documents the expenditure. | 2,121 | 2,543 | 2,927 |
| The expenditure was allowable under the terms of the subgrant agreement. | 2,825 | 3,198 | 3,490 |
| The expenditure falls within the allocated amount and category of the budget. | 2,766 | 3,146 | 3,447 |
| The expenditure was reasonable. | 2,650 | 3,041 | 3,361 |

| Statement | Number of Expenditures in the Population | | |
|--|--|----------|-------------|
| | Lower Bound | Estimate | Upper Bound |
| A risk assessment for the subgrantee has been conducted by MSDH. | 9 | 78 | 280 |
| The risk assessment includes an assessment score (i.e., low, medium, and high). | 3 | 52 | 237 |
| MSDH has conducted an onsite visit of the subgrantee. | 167 | 367 | 674 |
| MSDH provided documentation outlining the results of the onsite review. | 132 | 315 | 607 |
| Subgrantee submitted performance, programmatic, or financial reports to MSDH. | 2,094 | 2,516 | 2,903 |
| The Program Office reported monitoring activities for the subgrantee in the fiscal years reviewed. | 704 | 1,049 | 1,453 |

SOURCE: PEER analysis of subgrant expenditure data and supporting documentation provided by the Mississippi State Department of Health.

Agency Response



MISSISSIPPI STATE DEPARTMENT OF HEALTH

December 19, 2025

Ted Booth
Executive Director
Joint Committee on Performance Evaluation and Expenditure Review
Woolfolk Building, Suite 301-A
501 North West Street
Jackson, MS 39201

RE: "Review of Mississippi State Department of Health's Management of Subgrants"

Mr. Booth,

On behalf of the Mississippi State Department of Health, I would like to express our appreciation for the recent report, *Review of Mississippi State Department of Health's Management of Subgrants*.

Consistent with the positive working relationship the Agency has experienced with the PEER committee staff, I would like to commend the staff's professionalism and comprehensive approach applied to this review and the resulting report. The opportunity to collaborate with PEER staff – by providing information and additional context – contributes to a stronger, more meaningful report with practical recommendations that support continuous improvement.

The Agency acknowledges that, historically, subgrant management functions developed in a decentralized manner across programs, reflecting the rapid growth and complexity of federal funding over time. While this structure supported program expansion, it also created variability in processes, documentation, and monitoring practices. The Agency recognized these challenges and has taken, and will continue to take, deliberate steps to address them.

Over the past 24 months, the Agency has initiated organizational changes to strengthen consistency, accountability, and compliance across all subgrant activities. These efforts include clarifying roles and responsibilities, standardizing subgrant templates and monitoring tools, enhancing staff training on federal, state and agency requirements, and advancing a more centralized oversight model to improve coordination between programmatic, fiscal, and compliance functions. These ongoing changes are demonstrating early successes. The Agency will build on these results to reflect its sustained commitment to continuous improvement and responsible stewardship of public funds.

The Agency has reviewed the report's recommendations in detail and will integrate them into transformative efforts that were underway prior to PEER's initiation of the review and publication of the report. The Agency looks forward to continued collaboration with PEER and other external partners to demonstrate measurable, sustained progress.

Sincerely,

Daniel Edney, MD
Daniel P. Edney, MD, FACP, FASAM
State Health Officer

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Equal Opportunity in Employment/Services

SOURCE: The Mississippi State Department of Health.

James F. (Ted) Booth, Executive Director

Reapportionment

Ben Collins

Administration

Kirby Arinder

Stephanie Harris

Gale Taylor

Quality Assurance and Reporting

Tracy Bobo

Bryan "Jay" Giles

Performance Evaluation

Lonnie Edgar, Deputy Director

Jennifer Sebren, Deputy Director

Taylor Burns

Emily Cloys

Kim Cummins

Kelsi Ford

Will Harper

Matthew Holmes

Chelsey Little

Ryan Morgan

Meri Clare Ringer

Sarah Williamson

Julie Winkeljohn