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April 2, 2024

Susan Marsiglia  
MPH Director  
Division of State and Community Systems Development  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Ms. Marsiglia:

This is Disability Rights California's (DRC's) response to the draft report of the Substance Abuse and Mental Health Services Administration (SAMHSA) monitoring visit dated March 1, 2024. First, I would like to thank the SAMHSA monitoring team, Bethaney Myers and Chandler Coggins, for their time and effort in conducting this monitoring visit. They were both courteous, thoughtful, knowledgeable and responsive. Chandler and Bethaney did a wonderful job of making the monitoring visit as smooth as possible while also challenging us to improve our systems. Below are DRC's responses to the draft report and the preliminary findings.

### **Factual Errors in Draft Report**

The report has the following factual errors on page 2 and 3. Page 2: DRC's governing body has sixteen (16) members not eighteen; The Board currently has one (1) vacancy which will be filled by the new PAC Chair to be elected later this year; and Page 2-3: Staff titles corrected. Attached you will find a redlined version of the report.

## **DRC's response to Preliminary Findings**

### **Board of Directors (Board)**

1. **Finding:** DRC's Board stated that it works jointly with the PAC annually to establish program priorities and policies in compliance with 42 CFR 51.22 (a) and 42 CFR 51.24 (a) of the PAIMI Program requirements, but the Board did not provide written documentation to demonstrate that it works jointly with the PAC, as required.

**Recommendation:** DRC's Board must demonstrate that it works jointly with the PAC annually to establish program priorities and policies for compliance with 42 CFR 51.22 (a) and 42 CFR 51.24 (a) of the PAIMI Program requirements. This can be demonstrated through the Board's minutes of meetings or a detailed description of the Board and PAC process for working together.

**DRC Response:** DRC's Board works jointly with the PAC annually to establish program priorities and policies in compliance with 42 CFR 51.22 (a) and 42 CFR 51.24 (a) of the PAIMI Program requirements.

Demonstrated in the following written documentation provided in the Pre-visit files 1 of 5, folder: 09\_Priority Setting.

Please see attached documents:

- Joint Meeting Minutes dated 08.28.21 and 08.30.22
- Joint Meeting materials/packets dated 08.28.21 and 08.30.22
- FY 2023 Memo to the Board re Statement of Goals Priorities
- PAIMI Operating Procedures (see: Section C Pages 5-6)
- PAIMI Statement of Goals 2023

### **DRC Corrective Action:**

- DRC Board of Directors and PAC shall review and update our current procedures and policies to ensure they are effectively working jointly to establish program priorities in compliance with 42 CFR 51.22 (a) and 42 CFR 51.24 (a).
2. **Finding:** DRC's Board stated that continuing efforts are made to include members of racial and ethnic minority groups as Board members for compliance with 42 CFR §51.22 (c) of the PAIMI Program requirements, but did not provide documentation, such as a written plan of actions, to demonstrate that continuing efforts are made.

**Recommendation:** DRC's Board must develop documentation to demonstrate that continuing efforts are made to include members of racial and ethnic minority groups as Board members for compliance with 42 CFR 51.22 (c) of the PAIMI Program requirements.

**DRC Response:** DRC is committed to ensuring our Board includes members of racial and ethnic minority groups. DRC Board By-laws state under Article 5, Section 5.4 (b) "Every effort shall be made to ensure that the Board's composition reflect the ethnic, geographic and disability diversity of the State." Currently 62 percent of DRC's Board are members of racial and ethnic minority groups.

**DRC Corrective Action:**

- DRC Board of Directors shall develop and adopt a board policy to ensure continuing efforts are made to include members of racial and ethnic minority groups as Board members in compliance with 42 CFR §51.22 (c).

3. **Finding:** DRC's Board written succession plan for the Executive Director was in draft form. However, the written succession plan does not include SAMHSA's requirements listed in the PAIMI Grant Notice of Award (NoA) for key personnel.

**Recommendation:** DRC's Board must finalize the written succession plan that is in draft form. The plan must include the requirements listed in the PAIMI Grant NoA for key personnel, which states, "Pursuant to 45 CFR § 75.308(c)(1)(ii), the recipient must request prior approval from the SAMHSA Grants Management Specialist (GMS) and the PAIMI Program Officer (PPO) of changes to the key personnel named in the application for PAIMI program funding. Please note that individuals that are suspended or debarred are prohibited from serving on Federal grant awards (reference 45 CFR §75.213)".

**DRC Response:** The Board of Directors approved DRC's Executive Director Succession Plan on 11/4/2023. Please see attached.

**DRC Corrective Action:** DRC will update its succession plan to include the requirements listed in the PAIMI Grant NoA 45 CFR § 75.308(c)(1)(ii).

## **PAIMI Advisory Council (PAC)**

1. **Finding:** DRC's PAC stated that continuing efforts are made to include members of racial and ethnic minority groups as advisory council members for compliance with 42 CFR § 51.23 (b) of the PAIMI Program requirements, but did not provide documentation, such as a written plan of actions, to demonstrate that continuing efforts are made.

**Recommendation:** DRC's PAC must develop documentation to demonstrate that continuing efforts are made to include members of racial and ethnic minority groups on the advisory council for compliance with 42 CFR § 51.23 (b) of the PAIMI Program requirements.

**DRC Response:** DRC is committed to ensuring our PAC includes members of racial and ethnic minority groups. Currently 71% of DRC's PAC are members of racial and ethnic minority groups. DRC provided the PAC Operating Procedures manual that includes in page 8 the requirement that "continuing efforts must be made to include members of racial and ethnic minority groups" to demonstrate that continuing efforts are made to include members of racial and ethnic minority groups as advisory council members in compliance with 42 CFR § 51.23 (b). Attached you will find a copy of the PAC Operating Procedures.

**DRC Corrective Action:** DRC's PAC will review and update its policies and procedures to demonstrate that continuing efforts are made to include members of racial and ethnic minority groups on the advisory council for compliance with 42 CFR § 51.23 (b).

2. **Finding:** DRC's PAC Operating Procedures state that "The Board is responsible for appointing all PAIMI Advisory Council members." But the procedure is not in compliance with 42 CFR § 51.23 (a) (1) and (2), which requires the PAC to provide independent advice and recommendations to the P&A system and work jointly with the governing authority in the development of policies and priorities.

**Recommendation:** DRC's PAC must remove the statement that "The Board is responsible for appointing all PAIMI Advisory Council members." from its PAC Operating Procedures for compliance with 42 CFR § 51.23 (a) (1) and (2).

**DRC Response and Corrective Action:** DRC will comply with this recommendation.

**3. Finding:** DRC's PAC, Board, and staff did not have the same understanding about the roles and responsibilities of the PAC established in 42 CFR § 51.23.

**Recommendation:** DRC's PAC, Board, and staff must review 42 CFR § 51.23 to gain a better understanding of the roles and responsibilities of the PAC.

**DRC Response and Corrective Action:** DRC shall provide PAIMI trainings to the Board of Directors, the PAIMI Advisory Council, and PAIMI Program Staff to ensure members gain a better understanding of the roles and responsibilities of the PAIMI Advisory Council (PAC).

## **Disability Rights California (DRC)**

**1. Finding:** DRC's Administrative Policy Manual states that "The Executive Director, Administrative Directors, Program Directors, Managing Attorneys, Office Managers and other staff as determined by the Executive Director shall annually complete a Conflict-of-Interest Disclosure Form and update the form as necessary through the year if the staff member's circumstances change." However, the staff members did not complete disclosure forms on an annual basis as required by DRC's Administrative Policy Manual to demonstrate compliance with 42 CFR § 51.26 of the PAIMI Program requirements.

**Recommendation:** DRC must ensure the staff members, required by DRC's Administrative Policy Manual, complete the conflict-of-interest disclosure forms on an annual basis to demonstrate compliance with 42 CFR § 51.26 of the PAIMI Program requirements.

**DRC Response and Corrective Action:** DRC will conduct an internal audit by June 2024 to ensure all staff have signed the Conflict-of-Interest Disclosure Form and at the time of initial employment. DRC will continue to require staff to sign the Conflict-of-Interest Disclosure Form on an annual basis.

2. **Finding:** DRC's case closing letters did not contain DRC's grievance procedures or a link to DRC's grievance form. Instead, the case closing letters contained a link to DRC's client satisfaction survey, which in turn linked to the grievance form on DRC's website. As a result, DRC's grievance procedures were not provided in an easily accessible manner by the case closing letters.

**Recommendation:** DRC must review and revise its case closing letters to provide the grievance procedures and form in an easily accessible manner to its clients.

**DRC Corrective Action:** DRC has modified its advocacy manual and closing letter standard language to require inclusion of the grievance procedure in all its closing letters. Please see attached documents: "Section 4 – Case Opening and Closing Protocol.pdf" (Page 8, Sec IX.E), and "02-05 Sample LAU Case Closing Letter.docx"

3. **Finding:** Section 4 of DRC's Advocacy Manual, titled "Opening and Closing Cases," does not require the case closing letters to include access to the grievance procedures and form.

**Recommendation:** DRC must update Section 4 of its Advocacy Manual to require the case closing letters to include access to the grievance procedures and form.

**DRC Corrective Action:** DRC has modified its advocacy manual and closing letter standard language to require inclusion of the grievance procedure in all its closing letters. Please see attached documents: "Section 4 – Case Opening and Closing Protocol.pdf" (Page 8, Sec IX.E), and "02-05 Sample LAU Case Closing Letter.docx"

Sincerely,



Andrew J. Imparato  
Executive Director