



State of New Jersey

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

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RESPONSE FROM THE GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE TO THE COMPTROLLER'S REPORT NOVEMBER 2008

December 1, 2008

Opening Statement

The Governor's Council on Alcoholism and Drug Abuse (Council) welcomed the Comptroller's Office review of its operations seeing it as an opportunity to improve performance and effectiveness. The Council also welcomes this opportunity to respond to the report issued as a result of the audit. This response to the report is presented by the Executive Officers (First Vice Chairman, Second Vice Chairman, Planning Chair and Alliance Chair) and the Executive Director.

In January 2008, the Council Chairman, Joseph P. (J.P.) Miele, retired from his appointed positions on the Council and the New Jersey Turnpike Authority. J.P. Miele was the founding Chairman of the Council appointed by Governor Tom Kean in 1989 and he was reappointed by each successive Governor. Chairman Miele was the quintessence of the Council and to say that he is greatly missed would not be an exaggeration. The Governor has not yet appointed another Chair and as a consequence the Council's Executive Officers have been overseeing the Council since January 2008.

The Council believes fundamental misunderstandings exist in the premises held by the Comptroller's Office and as result many of the conclusions it draws are seriously flawed. The Council also wishes to express its deep disappointment at the failure of the Comptroller's Office to meet with or interview any of the Council members (public or governmental designees). Retired Chairman Miele would have also gladly participated and was available during his summer residence in New Jersey. Many of the members have served for an extended period of time and their insight and knowledge would have been enlightening to the reviewers.

Before responding to the specific recommendations contained in the report, the Council will provide background information on the creation, development, role and current

status of the Council and all its operations. The Comptroller's Report focuses solely on the Alliance Program with no mention of the Council's coordination and planning efforts.

In this response, the Council provides a narrative which details the background of the Council and the Alliance Program; additional information on the Council's coordination and planning activities; specific responses to the recommendations contained in the Comptroller's Report; and a response to the idea of consolidation with the Division of Addiction Services. The Council believes that New Jersey's policy makers and other interested parties should have a full understanding of the role played by the Council in the greater alcoholism and drug abuse community in order to make the most informed decisions.

Background

On March 27, 1989, an act establishing the Governor's Council on Alcoholism and Drug Abuse was approved by the Senate and General Assembly of the State of New Jersey (PL 1989, Chapter 51). The legislature found and declared that the disease of alcoholism and drug abuse were major health problems facing the residents of our great state and that an independent coordinating, planning, research and review body be established to focus on these problems. In addition, an Alliance to prevent alcoholism and drug abuse was created to unite the communities of New Jersey in a coordinated and comprehensive effort utilizing county, municipal and volunteer resources to address not only the symptoms but the root causes of alcoholism and drug abuse.

The statute stated its intent this way: *"The Alliance shall be a mechanism both for implementing policies to reduce alcoholism and drug abuse at the municipal level, and for providing funds, including moneys from mandatory penalties on drug offenders, to member communities to support appropriate county and municipal-based alcohol and drug abuse education and public awareness activities."*

The Council has 26 members of whom 12 ex officio members represent various State Departments or agencies and 14 public members are appointed as follows: 10 by the Governor with the advice and consent of the Senate; two by the President of the Senate and two by the Speaker of the Assembly. At least two of the public members appointed by the Governor shall be rehabilitated alcoholics and at least two of the public members appointed by the Governor shall be rehabilitated drug abusers.

There are currently six public member vacancies (5 gubernatorial appointments and 1 Senate President appointment). Additionally, the terms of five of the current gubernatorial public members have expired. Because of the vacancies, an imbalance exists between the governmental designees and the public members that the Council believes to be contrary to the legislative intent. In addition to the public – governmental imbalance, the membership vacancies cause difficulties in attaining quorums and

participation on the Council's Committees and Subcommittees. The Comptroller's Report states that there were not quorums at 11 of the last 30 meetings as of June 17, 2008. The Council's review of its attendance records indicates lack of quorums at five meetings (April 2006, January 2007, February 2008 and April 2008) and four meetings that were cancelled at the discretion of Chairman for summer holidays (July 2006, August 2006, July 2007 and August 2007). The administrative staff of the Council works under the direction of the Chairman and the executive members of the Council.

Nearly two decades since inception, the Governor's Council on Alcoholism and Drug Abuse has formed 403 Alliances with 527 participating municipalities throughout the 21 counties, which provide over 3,700 prevention programs and activities. Using strategies established by the Center for Substance Abuse Prevention the allocations statewide are categorized as follows: 56.2% in Education programs; 22.7% in Alternatives; 11.5% in Communication; 5.5% in Collaboration; 3.6% in Early Intervention; .3% in Policy; and .2% in Enforcement.

The Municipal Alliance Program has earned national awards from Parents' Resource Institute for Drug Education, Inc. (PRIDE) and Community Anti-Drug Coalitions of America (CADCA), for being an outstanding state network of community based prevention efforts. The Office of National Drug Control Policy recognized the Governor's Council on Alcoholism and Drug Abuse and the Municipal Alliance Program as one of "America's best kept secrets".

New Jersey is the only state to have maintained a sustained volunteer prevention effort. Over 7,000 volunteers dedicate their time, energy and commitment to the largest anti-substance abuse community coalition effort in the country. Municipal Alliance programs have involved more than 348,000 participants and reached more than 620,000 residents in community education efforts.

Grassroots and Collaborative Governance

Collaborative governance is the heart of the Alliance Program. The state GCADA (Council), the county Local Advisory Committees on Alcoholism and Drug Abuse (LACADA), County Alliance Steering Subcommittee and the Municipal Alliance Committees (MAC) are citizen advisory committees that use inclusive, deliberative and consensus-oriented approaches to planning, problem solving, and policymaking.

New Jersey has a 24 year history in locally based, citizen driven planning and implementation for alcoholism and drug abuse prevention and treatment services. It began with the adoption of P.L. 1984, Chapter 531, which established the Local Advisory Committees on Alcoholism (LACA) in every county. The statute also designated the County Alcoholism Coordinator as the authority in the county and established the AEREF (Alcohol Education, Rehabilitation and Enforcement Fund) that was to be

disbursed to the counties to fund education, prevention, intervention and treatment efforts.

P.L. 1989, Chapter 51, the law that created the GCADA, expanded the county LACAs to include responsibility for planning county based drug abuse services (LACADAs), as well as creating County Alliance Steering Subcommittees (CASS). Each CASS reviews the proposals submitted by the municipalities. The approved municipal alliance proposals are included in the county alliance plan that is submitted to the GCADA.

Participation on the LACADA, CASS and MAC involve representatives from local government, education, health, law enforcement, the business community, parents, youth, recovering alcoholics and drug addicts and other members of the community. Collaborative governance is central to all phases of this process. *Citizens rather than experts or bureaucrats play a direct role in helping to guide decentralized decision-making, and the solutions reached are often better supported and more likely to be achieved.* (A list of references on collaborative governance is provided at the end of this document)

Alliance Program Funding Formula and Guidelines

The Council established a funding formula for distributing Drug Enforcement Demand Reduction (DEDR) funds that is primarily based on population but other factors such as per capita income, prevalence, youth population, arrests and DEDR collections also influenced the formula. The Council embraced a vision founded on the legislative intent of creating a sustainable network through which volunteers from New Jersey's municipalities could coordinate their efforts to establish or change community norms in order to reduce and prevent alcoholism and drug abuse. In keeping with that vision, the Council established guidelines for the Alliances that provided a basic framework within which the counties and municipalities operated. Council decisions on Alliance operations were founded on the overarching principle of empowering local communities by providing a maximum amount of flexibility and latitude.

An amount of \$7.5 million of DEDR funds was used and applied to the funding formula for distribution to the Municipal Alliances. An additional \$900,000 was made available for the county coordination of the Alliances. Despite significant growth in the DEDR Fund (collections over the past four years average \$16.1 million); the annual \$8.4 million remained unchanged until 2002 when \$1.1 million was added to the amount to be distributed annually through the funding formula. Current disbursements from the DEDR Fund for the Municipal Alliance Program total \$9.5 million. County governments can take 15% of their DEDR allocation for coordination expenses and until 2009 that amount could not exceed \$85,000. Smaller counties are adversely affected by the flat rate of 15% for coordination so the Council has established a base amount \$50,000. In reality the

funds made available for coordination are not adequate to cover a county's costs which they are forced to cover.

Because county planners would recognize their own unique situations, the Council allowed each County Alliance Steering Subcommittee and Local Advisory Committee on Alcoholism and Drug Abuse to adopt more stringent guidelines as long as they did not conflict with those issued by the Council. The Council instituted virtually no guidelines on the use of matching funds until the adoption of the 2009-2011 grant guidelines. For example, the Council's review committee often suggested that programs not eligible for DEDR funding could be funded by cash match.

In the first years of the Alliance Program the Council employed the 'biopsychosocial disease model' but by 1994 had adopted strategies established by the Center for Substance Abuse Prevention. In 1996, the GCADA along with the Division of Addiction Services and the Counties embarked on a collaborative prevention planning process known as *Prevention Unification*. A working committee of representatives of all three entities developed a consensus-based process that would improve prevention services for at-risk individuals, families and communities statewide.

Municipal alliances and counties determine and measure the risk and protective factors of their communities. The risk and protective factor framework is based on the research of J. David Hawkins and Richard F. Catalano who have identified four domains (individual, family, school and community) within which risk and protective factors can be assessed.

Prevention Unification begins with community and county data collection and needs assessment; it proceeds to consensus building and priority setting based on the needs and resources identified. Unification establishes funding priorities that are used to guide municipal alliance activities and prevention programs supported by the county and state funds.

The first step of the Prevention Unification process involved the municipal alliances completing a needs assessment, an examination of the significant findings and the setting of priorities. This step is followed by the county process involving a broad cross-section of representatives that complete the county needs assessment, prevention resource inventory, and sets county priorities. County priorities are then used to inform the Department of Human Services, Division of Addictions (DAS) allocation of community based prevention services. The Council feels that the recent implementation of Prevention Unification Planning did not serve the Municipal Alliances well because the prime focus in the process was to establish priorities for targeted prevention efforts to be used by the Counties and the Division of Addiction Services.

In each successive planning cycle, the Council has incrementally modified the Municipal Alliance guidelines tightening the parameters on the use of DEDR funds in order to have

the Alliance Program implement evidence based practices. The Council's vision is still one that embraces the volunteerism at the heart of the municipal alliances; however, it also recognizes current research documents effective planning processes as well as identifying programs proven to be effective.

Unfortunately, the Alliance Program lost opportunities to be further ahead due to extending the last two plans 2000-2002 and 2005-2007 for two years (03-04) and one year (08) respectively at the request of the Division of Addiction Services. In the upcoming 2009-2011 plan cycle, all Municipal Alliances receiving more than \$10,000 in DEDR funds will have to implement evidence-based programs as listed on a national registry or they must document and measure the effectiveness of their programs. The Division of Addiction Services recently announced it was issuing four year prevention contracts ceasing the Prevention Unification planning process since Municipal Alliances are on a three year planning cycle.

County and Municipal Coordination

When the enabling legislation, P.L. 1989, Chapter 51, created the County Alliance Steering Subcommittee it established the following functions: development of a County Alliance Plan for the expenditure of DEDR funds; development of programs and fiscal guidelines consistent with directives from the GCADA for awarding funds to the municipalities; identification of a network of community leadership for the expansion, replication and development of successful community model programs; coordination of projects among and within municipalities to ensure cost effectiveness and avoid fragmentation and duplication especially to ensure that the funds dedicated to education pursuant to section 2 of P.L. 1983, Chapter 531 do not duplicate the Alliance effort.

The legislation also allows the governing body of each municipality to appoint a Municipal Alliance Committee (MAC) or to join with one or more other municipalities. It empowers the MAC, in consultation with the Local Advisory Committee on Alcoholism and Drug Abuse, to identify alcoholism and drug prevention, education and community needs. The MAC is charged with implementing Alliance programs. The legislation says "*a municipality may match any funds it receives from the alliance.*"

In developing guidelines throughout the years, the Council recognized that the legislation envisioned the County as the authority that would develop fiscal guidelines for the management of their Alliances, under general directives of the Council. This included the oversight of matching funds. The Council never saw its role as one of passing on unfunded mandates to local government or adopting bureaucratic rules in lieu of or to supersede legislation.

The statute envisioned the Alliances as a vehicle for implementing policies to reduce alcoholism and drug abuse at the municipal level while receiving support from the DEDR

Fund through the Council for community based alcohol and drug abuse education and public awareness.

The Council recognizing the need for a designated person in each county to oversee the Alliance Program provided funds to the counties so they could establish the position of County Alliance Coordinator. Many of the County Coordinators have served in their positions for a long period of time. There was no prescription for the creation of Municipal Alliance Coordinators.

However, since the vast majority of the Municipal Alliances function with a committee of volunteers it was prudent to allow the municipalities to use DEDR funds to offer stipends or other compensation in order to perform the coordination tasks of the Alliance. A minority of larger municipalities that receive sizeable awards have full time paid Alliance Coordinators. In either case, coordination expenses cannot exceed established guidelines. For 2009 that amount will be no more than 15% of the total amount a municipality receives in DEDR funds.

The Council has determined that coordination activities are separate and apart from program implementation. Therefore, the costs for Municipal Alliance Coordinators who might also implement programs are not attributed to the coordination budget but rather to the program budget as consultants.

The Council is committed to providing the resources necessary to train the County and Municipal Alliances in all facets of prevention planning, implementation and evaluation. *The Council is also mindful that local volunteers and part time coordinators, not paid prevention professionals, make up the majority of the Municipal Alliances.* The Council has held sacred the belief that local volunteers, in conjunction with community stakeholders, can change the conditions and the social norms in their neighborhoods and municipalities. The Council recognizes that targeted and specific prevention initiatives are necessary for special populations and problems; however, alcoholism and drug abuse problems would overrun all of our communities without locally based environmental change advocates.

Collaboration with the Attorney General's Office

Since September 2007, the Council has been working collaboratively with the Attorney General's Office on Governor Corzine's Crime Prevention Strategy in particular on the establishment of local planning bodies. Municipal Alliances are being encouraged, where possible, to expand their mission by amending their ordinances to include juvenile delinquency prevention efforts. Researchers J. David Hawkins and Richard F. Catalano discovered that risk and protective factors are associated with four problem behaviors: substance abuse, violence, delinquency, teen pregnancy and school drop-out.

As a result of the collaboration with the Attorney General's Office and the Crime Prevention Strategy, the Council adopted significant changes to the MAC Guidelines issued for the 2009-2011 plans. The new guidelines will ensure that all Municipal Alliances receiving more than \$10,000 in DEDR funds will have to implement evidence-based program as listed on a national registry or they must document and measure the effectiveness of their programs. Additionally, the annual renewal process for Municipal Alliance plans will include evaluation measures rather than granting automatic renewals.

Coordination and Planning

From the initiation of the Council it has maintained a structure of committees and subcommittees in order to fulfill the tasks envisioned by the legislation. Currently the Council has the following active committees: Executive Committee, Planning Committee, Alliance Committee, RFP Committee, Criminal/Juvenile Justice Subcommittee, Legislative Subcommittee, Treatment Subcommittee and a Military Families and Veterans Subcommittee.

Since 1990, the Council has produced an Annual Strategic Master Plan and State Government Component. In 1996, the State Government Component became a part of the Master Plan. The member Departments of the Council submit information annually on the alcoholism and drug abuse prevention, intervention and treatment programs they fund. The information includes program descriptions and details about whether the funds are state, federal or from another source. The Council is the only state entity to gather and catalog this information and publish it so that it becomes available to New Jersey policy makers as well as the public.

In 2000 and 2001, the Council engaged a consultant, held trainings for Council members, undertook a strategic planning process, and did a comprehensive review and revision of its bylaws. The Council has a vision, mission and goal statement adopted as a result of a broad based, inclusive and collaborative process. Under the direction of the Planning Committee and the framework established by the vision, mission and goals, each of the standing subcommittees is responsible for developing annual objectives and strategies for inclusion in the Master Plan which is issued annually in December. The Master Plan also contains information on the Municipal Alliance Program as well as current issues and emerging trends.

Each of the committees or subcommittees is composed of volunteer members from the Council, the Counties and the broader alcoholism and drug abuse community. When the Council was adopting its new planning structures, the administrative staff of the Council committed to ensuring coverage of planning and coordination activities on a par with those allocated for the Alliance Program. The Council's administrative staff provides

support for the operations of the committees. The work and activities of the committees and subcommittees varies depending upon circumstances.

Many in the alcoholism and drug abuse community and related fields find an outlet for their opinions and concerns by participating in the Council's committees and subcommittees. There is also a public portion of every Council meeting and over the years many people have used the time to share with the Council their problems and concerns.

The mission of the Council as outlined in the legislation is extensive and varied. The Council hears from the powerless, gives voice to the voiceless, and works collaboratively with all state agencies and other parties while being a threat to none. The following list is a sampling of the work of the Council and its committees:

- In 1998 a group of mothers from south Jersey many who had lost their children to heroin overdoses were invited to speak to the Council. Their concern was the total lack of state funded adolescent treatment in the southern region of the state. This group went on to form 'Parent to Parent' an active advocacy group that tries to reach parents in order to educate them. In 2000, the Council supported the allocation of \$2 million from the DEDR Fund to be used in establishing an adolescent treatment center in south Jersey.
- Meetings between representatives of Alcoholics Anonymous and the Department of Corrections were brokered in 2000 because of concerns around access to correctional facilities for AA meetings because each facility had its own procedures. As a result a central clearance procedure process was established allowing all eligible AA members to obtain a clearance card and then facilitate meetings in all state correctional institutions.
- By adopting and distributing resolutions, the Council plays an active role in advocacy on pieces of legislation; for example, student surveys, needle exchange, parity, student assistance and more. Other examples include Chairman Miele's testimony to the Steroid Task Force and the personal request made to Chairman Miele by a Senate leader who asked that he send a letter regarding the Council's support of the parity bill to the legislative leadership.
- State departments and their divisions often cannot speaking out in favor or in opposition to legislation and therefore can play no role in advocating for changes important to the alcohol and drug abuse community. An example would be the work done over a couple months time in 2007 by a subcommittee of the Division of Addiction Services' SPF SIG Committee (Strategic Prevention Framework State Incentive Grant). This subcommittee was formed to look at the issue of

active parent consent legislation and the effect it has on student surveys. The subcommittee collected data and information and involved governmental agencies as well as non-profit providers. The subcommittee developed a paper of talking points highlighting the problems and costs associated with the existing law. The SPF SIG was anxious to approve it so that constituent groups could use the talking points. It was blocked for adoption by the DAS. A paper on the issue of student surveys and active parental consent is in the 2008 Master Plan.

- The Council played a key role in helping to organize the Day of Advocacy which took place in Trenton in December 2004.
- Development of a Treatment Services Directory which was distributed to the legislature, the counties and the public. As well as undertaking some research into the waiting list situation facing residential treatment facilities.
- Between 2005 and 2007, the Council through its Criminal/Juvenile Justice Subcommittee worked with the Administrative Office of the Courts to jointly facilitate county forums to introduce and highlight the work of the Alliances and the Drug Courts. The Council is currently in discussions with the Division of Highway Safety about launching similar county forums.
- At two successive Council meetings in 2006 several hundred members of New Jersey's treatment community appeared to voice their concern about the changes occurring at the Division of Addiction Services. Chairman Miele allowed anyone to talk who wanted to talk; he told the community he would bring their concerns to the Governor's Office; he asked for a report to be developed and he delivered that report to the Governor's Office.
- In late 2007, the Council formed a Military Families and Veterans Ad Hoc Committee to explore ways the Council and the Alliances could assist New Jersey's veterans and their families. This collaborative group has brought together family representatives, county representatives, as well as representatives from several state departments and agencies. In the spring of 2008, with approximately a month's turnaround time, the committee pulled together an application to become one of 10 states chosen by the Federal government to work on a collaborative veteran's initiative. While not selected in this cohort of states, the committee working with the Department of Military and Veterans Affairs has established the basis for moving forward. In November 2008, the committee published a resource guide for military families and veterans.

Those are just some of the highlights involving the activities of the Council not covered in the Comptroller's Office review. Much of the coordination and collaboration performed by the Council is done in the most routine manner and goes largely unnoticed. The administrative staff of the Council participates in more than a dozen community based and state level committees where they facilitate coordination between the activities of the Council, the counties, constituency groups and other state agencies.

Council Staffing and Administrative Support

From the origin of the Council its staff has been apportioned across three units of activity: administration, planning and Alliance. Staffing patterns have varied at one point reaching a high of 16 full time employees (FTE) and 1 hourly employee. There are now currently 11 employees of the Council. The position of Deputy Executive Director has been vacated and will not be filled. This is an immediate cost savings of approximately \$120,000.

The Executive Director has served since her appointment in 1998; previously working for 14 years for Ocean County nearly 11 of those years as the County Alcoholism and Drug Abuse Director. In 1998, the internal and external fiscal responsibilities were combined under the jurisdiction of a Grant Administrator, a confidential employee who had previously served in a similar capacity for 12 years in Ocean County.

Up until recently, there was always three Alliance liaison staff. After the retirement of one of the field staff, the Council was informed by Treasury Human Resources that we could not fill the position because OMB (Office of Management of Budget) had reduced the FTE certification. The temporary arrangement referred to in the Comptroller's report was actually an attempt on the part of our agency to maintain three full time county liaison positions. A staff person serving as a clerk typist who had extensive knowledge of the Alliance program was assigned to the Alliance unit and was being trained to become a county liaison representative. However, because of the hiring freeze we could not adjust her title which resulted in our having to return her to her previously held position.

The remaining administrative staff and planning staff are often utilized to support the activities of the Alliance Program just as Alliance staff often work with the Council's committees. The Council is exploring alternative staffing patterns in order to address some of the concerns expressed in the Comptroller's report. The Council will access assistance from the Department of Personnel. The Human Resource Development Institute offers an Organizational Development service in which they will assess the agency's needs and recommend certain interventions.

Response to Recommendations

Grant Guidelines

1. Many changes have already occurred with the 2009-2011 Alliance Guidelines issued in April 2008. The Council will convene a workgroup to work collaboratively with representatives of the County Alcoholism and Drug Abuse Directors and the County Alliance Coordinators in order to adopt guidelines and procedures governing county fiscal review and approval process to ensure that only allowable expenditures are funded. This will be done in December 2008 – January 2009.

Additionally, the Council has contacted the State Auditor's Office and will be allocating unexpended Alliance funds for the purpose of establishing an independent audit process that would audit Council activities and seven counties a year on a rotating basis. In this way, all 21 Counties will have undergone an audit of Alliance activities every planning cycle.

2. The workgroup mentioned in #1 will develop a mechanism so that reporting documents will include a tracking mechanism for Municipal Alliance Coordinators.
3. The Council will seek an opinion from the Attorney General's Office regarding its statutory authority to regulate and monitor municipal matching funds. In the meantime, the workgroup will begin to develop possible reporting mechanisms.

Site Reviews

4. The Council will ask for the assistance of the Department of Personnel in order to complete an Organizational Development assessment and plan. Unless advised by DOP, or some other authority, the Council will utilize the two professional staff members in the planning unit as monitors. A revised monitoring procedure is being developed with the expectation that each county will receive two on site monitoring visits a year, commencing in January 2009.
5. The workgroup will build consensus on the development of comprehensive guidelines for the review of municipal alliances operations as well as requirements for properly maintaining fiscal documentation. These guidelines will have to be adopted by the counties.

Program Outcomes

Comment: The examples used by the Comptroller's Office of activities that do not produce measurable outcomes are a matter of judgment. In the case of the petting zoo and pony rides the costs involved the materials for taking pictures of kids on a pony and tagging the picture with the municipal alliance name and contact phone number. This would be very similar to the way DARE uses it logo on merchandise in order to spread awareness of the program.

Additionally, costs associated with community days, health fairs, founders day booths, etc. are also well established mechanisms for Alliances and other groups to hand out literature and other information to the public. According to the statute DEDR funds are to be used by member communities to support education and *public awareness activities*.

From our database on the Municipal Alliance Program, we know that in 2007 a minimum of 7,000 community volunteers took part in Alliance activities; more than 348,000 youth, parents, seniors and other residents participated in Alliance programs; and more than 620,000 citizens were reached through Municipal Alliance community education efforts (e.g. community days).

6. The new Alliance program guidelines for 2009-2011 establish that any Municipal Alliance receiving more than \$10,000 must implement evidence based programs from a federal registry or they must measure and report the outcomes of their home grown programs.

The Council is currently engaged with New Jersey Department of Treasury IT to have its Alliance Program database modified so that a greater variety of reports can be issued that will detail municipal alliance activity. One significant modification will be the ability to have the counties directly enter their quarterly report information into the database. Additionally, the Council intends on employing community and school based surveys through the Municipal Alliances in order to have them measure changes in their own communities.

Oversight of Administrative Office

7. As mentioned earlier, the Council will be reaching out to the Department of Personnel's Human Resource Development Institute to arrange for an organizational development assessment. The ability to modify employee responsibilities, change titles or make other adjustments within the constraints of civil service has proven restrictive in the past and the Council hopes DOP will provide the guidance necessary.

8. As of the September 1, 2008 – August 31, 2009 employee performance rating period all Council staff have the requisite performance rating documents in place. The Council will follow Treasury's evaluation schedule.
9. Several of the Council staff members (including the executive director) are sole caregivers either for elderly parents or children. All employees that might be eligible for FMLA will be encouraged to file the necessary documentation with Treasury's leave unit. Sick leave used under FMLA is recorded as family sick and not considered an abuse of leave time.

Council management receives leave use reports from Treasury. These reports indicate when an employee falls below 5 sick days. When this happens the staff member receives a memo from management warning them on their use of sick time and advising that if they exhaust all their sick time they will have to submit medical documentation when using other leave time for sick purposes. The Council has several staff members placed under this condition at this time. Management will discuss with Labor Relations if that requirement can remain in place for an extended period of time after the New Year. Before the end of the year management will hold discussions with staff members who chronically exhaust their sick leave time.

10. Until informed by the Comptroller's Office, the Council's management was unaware that 12 months did not only constitute the calendar year (when leave time is granted) but it also refers to a rolling 12 month period. Council management staff has already devised a record keeping process to track sick leave use on a rolling 12 month basis so that potential abuse can be identified.

Consolidation of Program Services

The idea to consolidate the Alliance Program into the operations of the Division of Addiction Services (DAS) is not a new one. A recommendation to shift the Municipal Alliance Program from the Governor's Council on Alcoholism and Drug Abuse to DAS was made in 1995.

The leadership of the Governor's Council on Alcoholism and Drug Abuse opposes the suggestion to consolidate the Alliance Program into the Division of Addiction Services just as it opposed the recommendation in 1995.

- The Comptroller's estimate of \$600,000 potential savings is a red herring being used to sell the dissolution of the Governor's Council on Alcoholism and Drug Abuse. By their own admission they cannot affirm the validity of DAS' representations. The only way to affect that level of savings is to disband the

Council and doing away with its coordination, collaboration and planning functions.

- Due to recent staff changes, the Council will be experiencing a cost savings of \$120,000 and additional costs saving measures are being examined.
- The Legislature created the Council as an independent advisory body because they recognized the need to have an independent, non-biased, non-territorial advocate's voice for those families and individuals suffering from alcoholism and drug abuse.
- Because of its structure, DAS cannot be independent, non-biased or non-territorial.
- The Council is collaborative governance at its best. New Jersey has a 24 year history of citizen driven local planning for alcoholism and drug abuse. The Council's collaborative processes along with it development of the municipal alliances have completed a continuum of citizen driven planning from the municipal level, to the counties and the state. (See attached reference list for more information on collaborative governance)
- There is currently no advisory board or commission currently established within DAS that has the authority to directly influence the governor or the legislature.
- More than 12 years ago, DAS was supposed to merge the federal block grant funds with the State's Alcoholism, Education, Rehabilitation and Enforcement Fund (AEREF) and adopt the county based planning system for all the substance abuse funds it administers – it has not yet completed that process.
- The Division's bureaucracy would overwhelm the volunteer Alliance program whose focus is on community education and awareness. The Council has great concerns that New Jersey's citizens will lose the direct role they now play in all phases of the Alliance program in lieu of centralized bureaucratic decision making.
- The Division struggles with consistent funding problems and has used more than \$59 million in DEDR funds since 1991 to plug holes. The DEDR fund was meant to be turned over to New Jersey's communities for education and awareness programs, it was never meant to supplant other state or federal funding for

treatment services. Leaving jurisdiction of the DEDR solely to DAS would likely mean increasing transfers of funds for other purposes.

- If the legislature and the governor decide consolidation is the best solution, the Council suggests that the Department of Law and Public Safety would be a better fit for the Council and the Alliance Program (e.g. Juvenile Justice Commission).
- As New Jersey's alcoholism and drug abuse field faces the future we know a few things for certain: 1) there will never be enough resources to do everything that needs to be done; 2) a 'legalization' movement is active and the bureaucracy by itself is woefully inadequate to stand against it; and 3) the heart and soul of changing social norms in our communities is our citizens.

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Consensus Building Institute

www.workablepeace.org/main-project-who.html

The Consensus Building Institute, Inc. (CBI), is a Cambridge-based nonprofit organization dedicated to improving the theory and practice of consensus building in government and civil society around the world.

Deliberative Democracy Consortium

www.deliberative-democracy.net

The Deliberative Democracy Consortium is a network of researchers and practitioners working together to strengthen the field of deliberative democracy.

Kettering Foundation

www.kettering.org

The Kettering Foundation is an operating foundation that conducts research focused on the question: What does it take to make democracy work as it should? Rather than looking for ways to improve on politics as usual, Kettering is seeking ways to make fundamental changes in how democratic politics are practiced.

National League of Cities

www.nlc.org

The National League of Cities (NLC) has been working in the field of democratic governance for more than twenty years, in the unique position of being able to employ effective techniques to encourage and enable city officials in dialogue and inquiry around various forms of civic engagement, consensus building, collaboration, and participatory practices. NLC's "Strengthening Democratic Local Governance" Project has focused on effective democratic participation in public life, especially the structuring of public life to facilitate and support effective participation.

Policy Consensus Initiative

www.policyconsensus.org

The Policy Consensus Initiative is a national nonprofit program working with leaders at the state level—governors, legislators, attorneys general, state agencies, and others—to establish and strengthen the use of collaborative practices in states to bring about more effective governance.