



STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

*TESTIMONY SUBMITTED TO THE
PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
March 6, 2014*

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Office of Policy and Management*

Senator Kissel, Representative Mushinsky and distinguished members of the Program Review and Investigations Committee, thank you for the opportunity to offer testimony on House Bill No. 5372, An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Concerning the Alcohol and Drug Policy Council.

This bill directs the Alcohol and Drug Policy Council to assume considerable new additional duties and responsibilities. This Council, created in 1997, has not met for over six years. Its original intent was to review the policies and practices of individual agencies and the Judicial branch concerning substance abuse treatment programs, prevention services, and referrals to such programs, and then create a statewide, interagency, integrated plan based on the findings of that review. The Council has not been active since 2007 because it had fulfilled its duties, and, more importantly, as noted below, the Department of Mental Health and Addiction Services (DMHAS) is actively carrying out the integrated plan that was envisioned when the Council was first established.

In the almost two decades since the creation of the Council, DMHAS, as the state's lead agency for the prevention and treatment of alcohol and other substance abuse, has coordinated the development and provision of an integrated network of comprehensive, effective, and efficient substance abuse and addiction services for the people of Connecticut. DMHAS provides a variety of treatment services on a regional basis to persons with substance use disorders, including ambulatory care, residential detoxification, long-term care, long-term rehabilitation, intensive and intermediate residential services, methadone or chemical maintenance, outpatient, partial hospitalization, and aftercare. The department also provides prevention services, designed to promote the overall health and wellness of individuals and communities by delaying or preventing substance use; these include information dissemination, education, alternative activities, strengthening communities, promoting positive values, problem identification, and referral to services.

DMHAS administers and funds 122 prevention coalitions covering 169 towns, and 60 community-based prevention programs provide services statewide or at the regional or local level. The department also funds and monitors more than 170 community-based substance abuse treatment programs and operates three inpatient state treatment facilities (Blue Hills Hospital, Connecticut Valley Hospital, and Greater Bridgeport Community Mental Health Center).

When the Alcohol and Drug Policy Council was originally created, the addiction services programs had just been recently transferred to DMHAS (formerly only the Department of Mental Health) within the previous two years. Considering the growth of the agency since then, and its work to date, there is no longer a need for the Council. In our continued effort to streamline government, promote efficiencies, and eliminate redundancy, I would like to respectfully request that you take no action on this bill.

If this bill were to go forward, the Office of Policy and Management would oppose remaining the statutory administrative staff for the council. As described above, it is more appropriate for DMHAS to staff this council.

I would like to again thank the committee for the opportunity to offer this testimony.