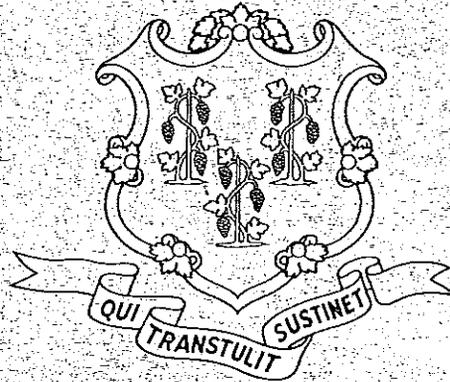


# Connecticut General Assembly



## Legislative Program Review and Investigations Committee

### SUNSET REVIEW

### Alcohol Advisory Council and Drug Advisory Council

Vol. II-4

January 1, 1981

CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated. In 1975 the General Assembly expanded the Committee's function to include investigations and changed its name to the Legislative Program Review and Investigations Committee. During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act to include "Sunset" performance reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

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ALCOHOL ADVISORY COUNCIL

AND

DRUG ADVISORY COUNCIL

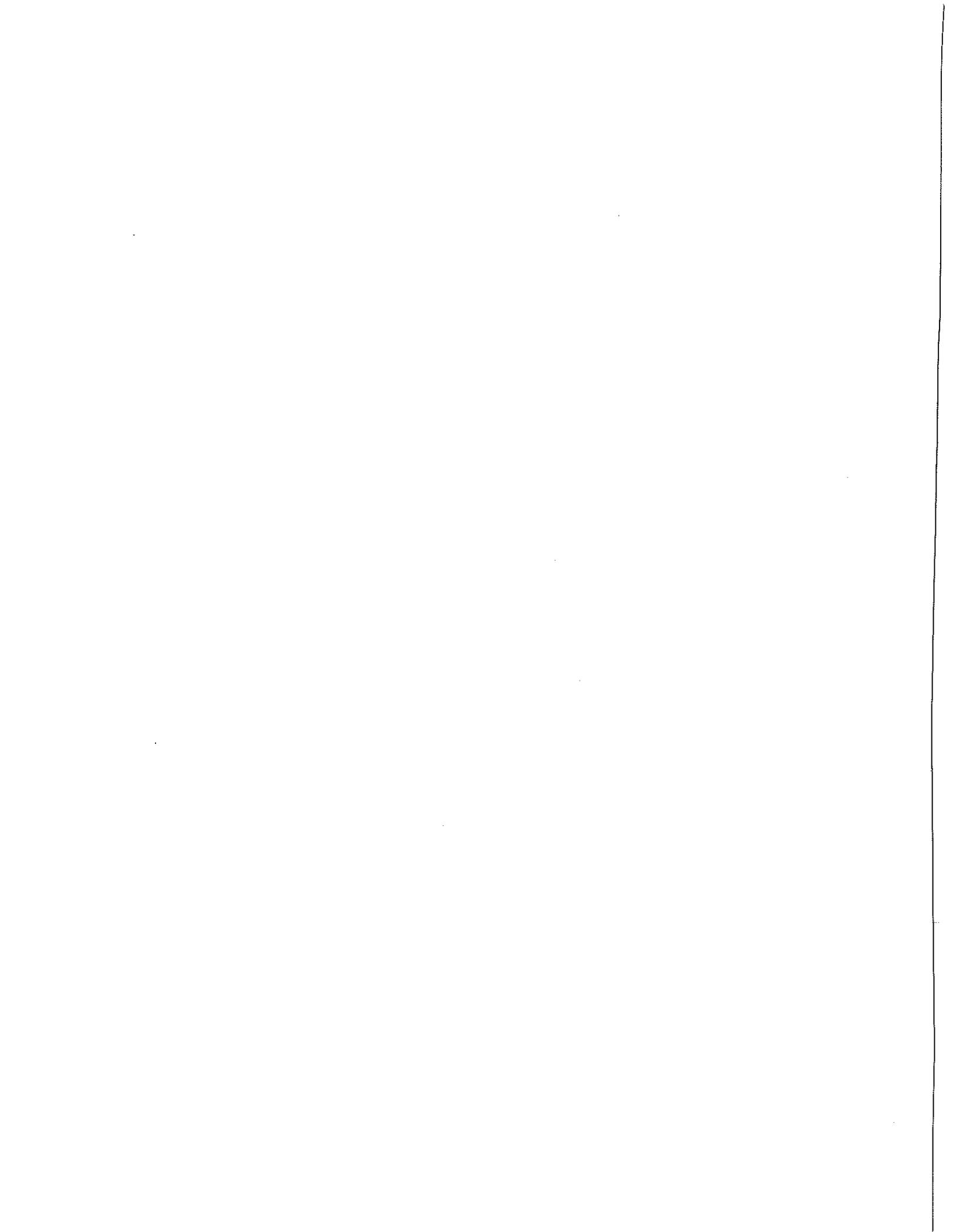


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LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Sunset Review

Connecticut State Drug Advisory Council  
Connecticut State Alcohol Advisory Council

SUMMARY

The Connecticut State Drug Advisory Council and the Connecticut State Alcohol Advisory Council are established in Chapter 304c of the Connecticut General Statutes. Their existence is in response to federal law which requires the establishment of an advisory council to the state authority for drug and alcohol programs.

Both councils are advisory to the Connecticut Alcohol and Drug Abuse Commission (CADAC). They are supposed to provide advice on the state plans for drug and alcohol programs. Each of the advisory councils is composed of 19 members, and all CADAC appointees are ex officio nonvoting members of both bodies.

The members of both advisory councils receive no compensation, but are reimbursed for their expenses. The total expenditures of the Drug Advisory Council for the fiscal year ending June 30, 1979 was \$191.00, while the Alcohol Advisory Council expended \$353.00 during that same fiscal year.

The two major issues which surfaced during the sunset review were the ineffectiveness of both advisory councils, and the resulting question of their continuation/termination.

The Legislative Program Review and Investigations Committee first explored the possibility of terminating both the Drug Advisory Council and the Alcohol Advisory Council in light of their ineffectiveness. However, it was learned that the requirement for the existence of an advisory body to the single state authority is based on federal law, and could not be waived without jeopardizing Connecticut's federal funds for drug and alcohol programs.

*Therefore, the Legislative Program Review and Investigations Committee recommends that Sec. 17-155m of the C.G.S., creating the Alcohol Advisory Council and Sec. 17-155jj of the C.G.S., creating the Drug Advisory Council be repealed. The committee further recommends that there be established a combined Drug and Alcohol Advisory Council to CADAC.*

The committee concluded that creating a combined advisory council would prevent any loss of federal funds for drug and alcohol programs, and would provide for a more streamlined substance abuse system.

Second, the committee cited several factors which contributed to the ineffectiveness of both advisory councils:

- I. absence of a formal link between the advisory councils and CADAC;
- II. lack of strong leadership;
- III. lack of significant role; and
- IV. lack of involved membership.

To prevent the same ineffectiveness from occurring with the new combined Drug and Alcohol Advisory Council, the Legislative Program Review and Investigations Committee made the following recommendations.

I. To bridge the gap between the advisory council and CADAC, and to promote a strong relationship between the two bodies, *the chairperson of the advisory council should sit as a voting member on CADAC.*

II. The Legislative Program Review and Investigations Committee considered permitting the advisory council to appoint its own chairperson. However, the committee believes that requiring the chairperson to sit on CADAC will ensure an active chair. Therefore, *the chairperson of the combined Drug and Alcohol Advisory Council shall be appointed by the governor.*

III. To enhance the role of the council, *the committee recommends that the combined Drug and Alcohol Advisory Council be statutorily required to provide advice only on the combined State Plan for Alcohol and Drug Abuse Prevention and Treatment, but allow members the opportunity to advise on other issues if they so wish.*

*The LPR&IC further recommends that the combined Drug and Alcohol Advisory Council meet with CADAC to set out a workable policy concerning functions that the advisory council should perform.*

The committee, by making this recommendation, did not wish to create unrealistic expectations for the advisory council or CADAC. At the same time, the committee did not want to frustrate members by prohibiting them from expanding on their federally mandated functions if they so desired.

IV. In its final recommendation for the combined Drug and Alcohol Advisory Council, the committee outlined the composition and procedures of the new council, with special emphasis on ensuring representation of those most familiar with substance abuse issues.

*The committee recommends that the twenty two-member combined Drug and Alcohol Council shall be composed of twelve public members including two former drug abusers and two former alcohol abusers. The remaining ten members shall represent state agencies or organizations whose functions include aspects of substance abuse planning and treatment.*

*All members of the combined advisory council shall be appointed by the governor, and shall serve without compensation but shall be reimbursed for expenses.*

*CADAC shall be responsible for all administrative duties necessary for the combined Drug and Alcohol Advisory Council. The commission shall also maintain records of all formal recommendations referred to it by the advisory council, and if those recommendations are not adopted, the reasons for their rejection. CADAC shall include this material in its annual report to the General Assembly.*

The Legislative Program Review and Investigations Committee also made two recommendations concerning the Connecticut Alcohol and Drug Abuse Commission although it was not included as an entity for this sunset review. The committee recommended two changes in CADAC membership to better reflect agencies and populations affected by substance abuse:

- 1) The Legislative Program Review and Investigations Committee recommends that the Commissioner of the Department of Children and Youth Services sit as a voting member of CADAC; and*
- 2) The Legislative Program Review and Investigations Committee recommends that the required public members on CADAC include two former alcohol abusers and two former drug abusers.*

## INTRODUCTION

### Purpose and Authority for the Sunset Review

Chapter 28 of the Connecticut General Statutes provides for the periodic review of certain governmental entities and programs and for the termination or modification of those which do not significantly benefit the public health, safety, or welfare. This so-called "sunset" law was enacted in response to a legislative finding that there had been a proliferation of governmental entities and programs without sufficient legislative oversight.

The authority for undertaking the initial review in this oversight process is vested in the Legislative Program Review and Investigations Committee. This committee is charged under the provisions of section 2c-3 of chapter 28 with conducting a performance audit of each entity or program scheduled for termination. This audit must take into consideration, but is not limited to, the four criteria set forth in section 2c-7. These criteria include: (1) whether termination of the entity or program would significantly endanger the public health, safety, or welfare; (2) whether the public could be adequately protected by another statute, entity or program or by a less restrictive method of regulation; (3) whether the governmental entity or program produces any direct or indirect increase in the cost of goods or services and, if it does, whether the public benefits attributable to the entity or program outweigh the public burden of the increase in cost; and (4) whether the effective operation of the governmental entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

In addition to the criteria just outlined, the Legislative Program Review and Investigations Committee is required, when reviewing regulatory entities or programs, to consider, among other things: (1) the extent to which qualified applicants have been permitted to engage in any profession, occupation, trade, or activity regulated by the entity or program; (2) the extent to which the governmental entity involved has complied with federal and state affirmative action requirements; (3) the extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated; (4) the extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies; and (5) the manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to review.

In accordance with its legislative mandate the Legislative Program Review and Investigations Committee reviewed twelve entities and programs scheduled to terminate July 1, 1981. Contained in this report to the General Assembly is the result of the committee's review of the

### Methodology

The Legislative Program Review and Investigations Committee's sunset review began with the transformation of the general and regulatory specific criteria into an analytical framework consisting of fifteen broadly based research questions. The questions, or areas of inquiry, were directed at uncovering information about the background, purpose, functions and results of each entity or program being reviewed.

Several methods were used by the committee and staff to obtain information. These included: (1) a review of the Connecticut statutes, records, minutes and history related to each entity or program; (2) a review of the relevant policies and statutes of selected states; (3) staff observations of selected meetings held by each entity between January and August of 1980; (4) surveys of persons serving on, staffing, or affected by each entity or program; (5) interviews of selected persons serving on, staffing or affected by each entity or program; and (6) written or oral testimony obtained at public hearings and workshops.

The general sequence adhered to in conducting the review was for the committee staff to collect quantitative and qualitative data from documents (e.g., statutes, records, minutes, etc.), surveys, observations of meetings and interviews. This information, after being organized by the staff, was given to each committee member. Subsequently, it was discussed with the full committee at briefing sessions held prior to public hearings.

A total of five public hearings were held. Four were confined to specific topics and one was a general session. The hearings gave persons connected with each entity or program being reviewed an opportunity to discuss with committee members the public need for its reestablishment. In two instances, one involving the Commission on Hospitals and Health Care and the other involving the mental health boards, the committee held an additional workshop session with invited individuals. The purpose of these sessions was to obtain information not covered during the two scheduled public hearings.

Each public hearing or workshop was followed by a debriefing session. Here, questions arising from any of the committee's previous meetings were discussed with the staff. The primary focus of these discussions was to identify issues that the committee felt it needed to address.

At the completion of the issue identification stage, the staff researched and developed a range of options related to each issue. The particular option recommended by the staff, along with all the other options, were then given to the committee members for their discussion and action.

### Organization of the Report

This introductory section is designed to give an overview of the scope, methods and organization of the Legislative Program Review and Investigations Committee's sunset report on the Connecticut State Drug Advisory Council and the Connecticut State Alcohol Advisory Council. Section II, Entity Profile, describes in separate subsections the background, structure, purpose and major functions of both advisory councils. However, because the creation and evolution of the councils differ significantly, it was deemed that separate treatment in this section was more appropriate. Section III, Analysis and Issue Identification, explores the information collected from interviews, records, surveys, and testimony at the public hearing. In this section the major sunset review issues identified by the committee are presented. Because of the similarity of problems and issues facing the Drug Advisory Council and the Alcohol Advisory Council, both entities are treated jointly in this and the remaining sections of the report. Section IV, Findings and Recommendations, restates the issues identified in the previous section and outlines the related options considered by the Legislative Program Review and Investigations Committee. Each issue is followed by the committee's formal recommendation and its accompanying rationale. The appendices to the report make up the final section. These include a delineation of the sunset criteria, indicating where each relevant criterion is addressed in the report; the questionnaires used in conducting the performance audit, with their tabulated responses; legislative changes resulting from the report; and selected other materials considered by the committee during this sunset review.

## ENTITY PROFILE

### Connecticut State Drug Advisory Council

#### A. Background

The Connecticut State Drug Advisory Council was established in 1967 by Public Act 555, to coordinate activities of those departments in the state concerned with drug control. The advisory council was to study the laws and procedures dealing with controlled drugs and to recommend administrative and legislative changes which would benefit the public.

The advisory council continued unchanged until 1973, when, in response to Public Law 92-255 (The Drug Abuse Treatment Act of 1972), Connecticut split the Drug Advisory Council into two separate bodies. Public Act 73-208 was passed to comply with the federal law which required a single state agency to develop and administer a comprehensive plan for drug prevention and treatment. The act created the Drug Council which was given the single state agency status, and kept the Drug Advisory Council which was to provide advice to the Drug Council on the plan. The composition of the councils was also altered substantially, with the previous Drug Advisory Council members transferred to the Drug Council, and the Drug Advisory Council reestablished with fourteen entirely new members, including eight representatives from various legal and medical associations, as well as six electors, or public members.

In 1975 the single state agency designation was transferred to the Department of Mental Health by passage of Public Act 75-523. This act created some confusion in the substance abuse system with respect to final authority between the Department of Mental Health and the Drug and Alcohol Councils.

In an attempt to clarify roles and responsibilities, the General Assembly passed Public Act 77-544. This act combined the previously separate Alcohol Council and Drug Council into a combined body, the Connecticut Alcohol and Drug Abuse Council (CADAC).<sup>1</sup>

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<sup>1</sup> Public Act 80-92 changes the name of the Connecticut Alcohol and Drug Abuse Council to the Connecticut Alcohol and Drug Abuse Commission, effective October 1, 1980. Henceforth, in this report, it will be called the commission.

This legislation retained the Alcohol Advisory Council and the Drug Advisory Council as separate entities. However, it did expand the membership of the Drug Advisory Council to include five representatives of community drug treatment programs, and specified that two of the six electors of the state represent minority or poverty groups, and one be a member of a regional mental health board. It also required that the Drug Advisory Council advise on establishing standards for licensing treatment facilities.

The Drug Advisory Council was to advise the Connecticut Alcohol and Drug Abuse Council, even though the single state agency designation remained with the Department of Mental Health.

This final area of blurred responsibility was clarified in 1978 when Public Act 78-127 removed the single state agency designation for substance abuse from the Department of Mental Health and placed it with CADAC. The statutory responsibilities of both advisory councils, however, remained the same.

#### B. Structure

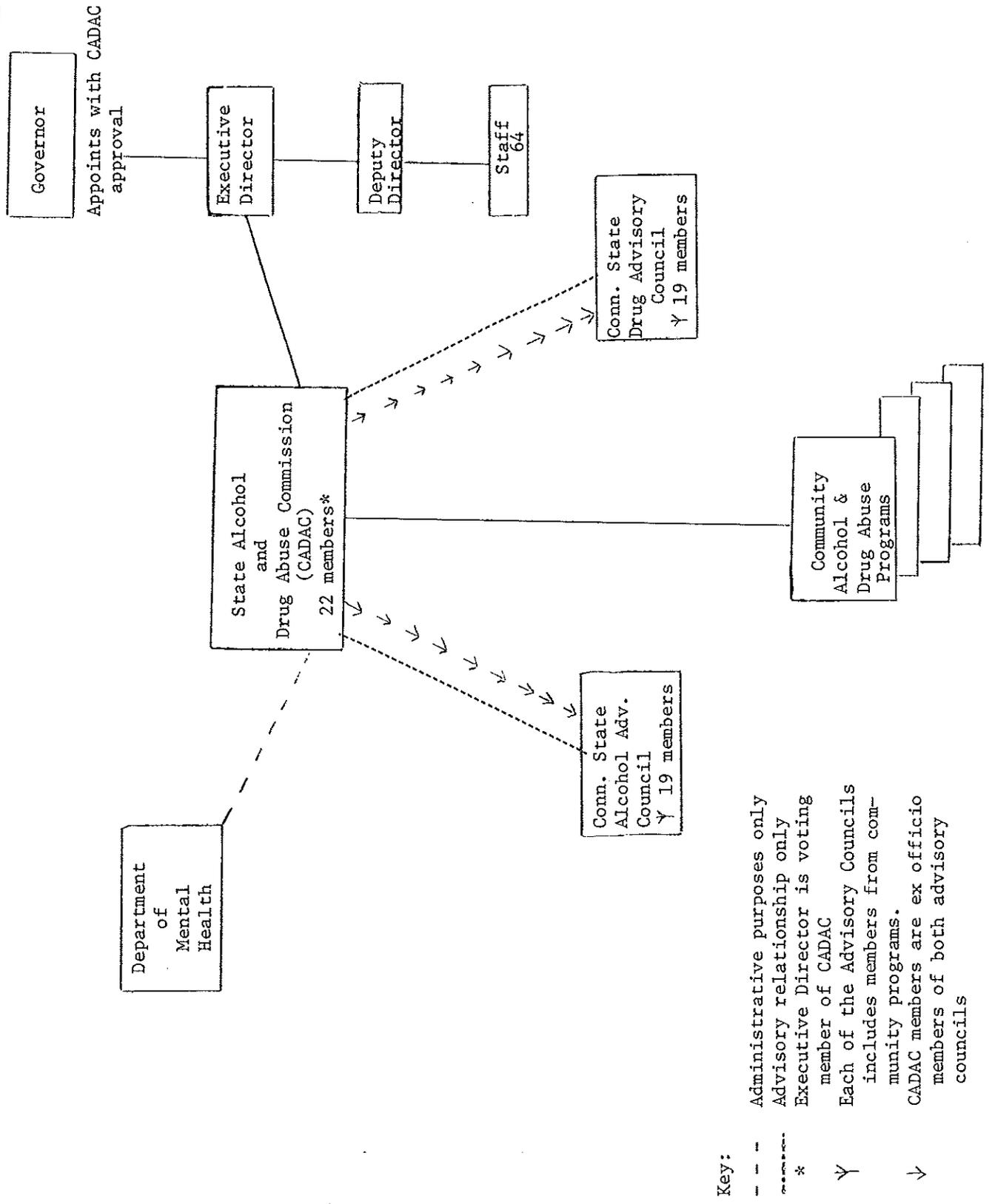
The Connecticut State Drug Advisory Council, established by Sec. 17-155jj, Chapter 304c, of the Connecticut General Statutes, is an advisory body to the Connecticut Alcohol and Drug Abuse Commission, which is under the Department of Mental Health for "administrative purposes only." (See Figure II-1.)

The Connecticut Drug Advisory Council is composed of 19 members who are appointed by the governor. The members consist of two physicians representing the Connecticut State Medical Society; one state's attorney; one representative from the Connecticut District Branch of the American Psychiatric Association; two pharmacists representing the Connecticut Pharmaceutical Association; one pharmacologist; six electors of the state including at least two persons representing minority or poverty groups, and one person who is a member of a regional mental health board; and five representatives of community drug treatment programs. (See Figure II-2.)

The members of the Connecticut Alcohol and Drug Abuse Commission are ex officio, nonvoting members of the Drug Advisory Council. Members of the advisory council serve without compensation, but are reimbursed for the expenses incurred in the performance of their duties. The chairman of the Drug Advisory Council is appointed by the governor.

The advisory council does not employ its own staff or control its own budget, but CADAC supplies staff services for the

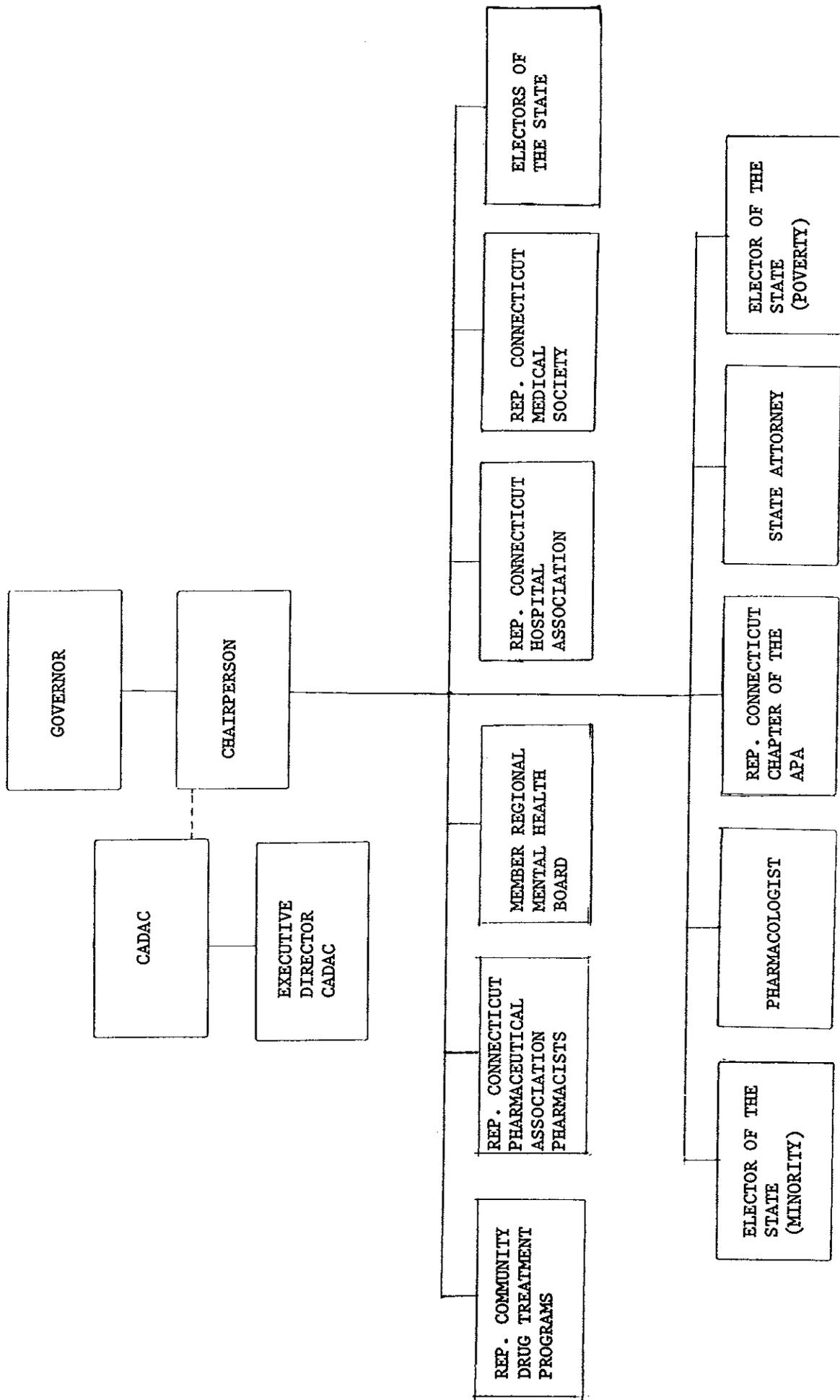
Figure II-1. Overview of the Alcohol and Drug Abuse System in Connecticut.



Key:

- - - Administrative purposes only
- - - Advisory relationship only
- \* Executive Director is voting member of CADAC
- Y Each of the Advisory Councils includes members from community programs.
- ↓ CADAC members are ex officio members of both advisory councils

Figure II-2. Composition of the Connecticut Drug Advisory Council.



Source: Connecticut Action Plan for Drug Abuse Prevention and Treatment, FY 1980.

Drug Advisory Council, and expenses incurred by its members are defrayed out of CADAC's budget. For the fiscal year ending June 30, 1979, those expenses for the Drug Advisory Council totaled \$191.00.

C. Purpose and Functions

The Drug Advisory Council is statutorily responsible for providing advice to the Connecticut Alcohol and Drug Abuse Commission.

Its functions, as outlined in statute include:

- to advise in the development of the Connecticut Comprehensive Plan for the Prevention, Treatment and Reduction of Drug Abuse;
- to advise and comment on funding for the plan;
- to review and comment on the plan; and
- to plan and prioritize services in the area of prevention and treatment of drug abuse.

D. Activities

Although the Connecticut Drug Advisory Council is not mandated by state statute to meet on a regular basis, the federal regulations require that the advisory council meet at least annually to review the State Plan.

The Connecticut Drug Advisory Council met twice in 1979, with seven members and six members attending, respectively. Its last meeting was held on May 31, 1979.

The advisory council has one "voice but no vote" representative on each of the CADAC's four standing committees-- Program Review and Evaluation; Planning and Development; Budget; and Legislative.

The majority of time at the Drug Advisory Council's 1979 meetings was spent discussing how the advisory council could assume a more active role.

The 1979 minutes indicate that the Drug Advisory Council made no official comment on the 1980 State Plan. However, the Legislative Program Review and Investigations Committee was informed that CADAC obtained informal advice on the plan from individual advisory council members.

### The Connecticut State Alcohol Advisory Council

#### A. Background

The Connecticut State Alcohol Advisory Council was created by Public Act 74-280. The advisory council initially began as a thirteen member body, with seven of those appointees coming from the previous State Advisory Council on Alcohol Abuse and Alcoholism. The advisory council was to provide advice to the Connecticut State Alcohol Council on the development of the Comprehensive State Plan for Alcohol Abuse, comment on the plan, and suggest funding for the plan.

In 1975, the Connecticut Alcohol Advisory Council was expanded to 17 members by Public Act 75-523. The act also designated the Department of Mental Health (DMH) as the single state agency for the receipt and disbursement of federal funds in the alcohol and drug abuse area. The Alcohol Advisory Council continued to advise the State Alcohol Council on the comprehensive plan, however.

Major changes in the alcohol and drug abuse planning system occurred with the passage of Public Act 77-544. This act merged the previously separate alcohol and drug councils into the Connecticut Alcohol and Drug Abuse Council. However, the Alcohol and Drug Advisory Councils remained separate entities, both providing advice to CADAC. This act also added two members to the Alcohol Advisory Council, bringing its total membership to 19. Further, the requirement to provide staff services to the advisory councils was transferred from DMH to CADAC.

#### B. Structure

The Connecticut State Alcohol Advisory Council is established by Sec. 17-155m, Chapter 304c, of the Connecticut General Statutes.

The Connecticut Alcohol Advisory Council is a 19 member body with appointments made by the governor. The membership, outlined in statute, is composed of: two physicians representing the Connecticut State Medical Society; two psychiatrists

representing the Connecticut District Branch of the American Psychiatric Association; two attorneys representing the Connecticut Bar Association; one representative of the Connecticut Hospital Association; two representatives of the Connecticut Association of Alcohol Councils; one representative of the Chiefs of Police Association, one representative of the Connecticut Association of Health, Physical Education and Recreation; one member of the Statewide Health Coordinating Council; one member of a regional mental health board; three persons representing community programs dealing with alcoholism and intoxication; and three electors of the state including at least two persons representing minority or poverty groups. (See Figure II-3.)

The chairperson is appointed by the governor. All members of the Connecticut Alcohol and Drug Abuse Commission are ex officio members of the Alcohol Advisory Council. Appointments to the Alcohol Advisory Council reflect the geographical balance of the state, insofar as possible, and appointments are coterminous with the governor.

As with the Drug Advisory Council, the Alcohol Advisory Council members serve without compensation, but are reimbursed for expenses incurred in the performance of their duties. Similarly, the Alcohol Advisory Council does not control its own budget, or employ its own staff. However, CADAC does supply the necessary staff services as well as allot a portion of its budget for the advisory council's expenses. During FY 79, the Alcohol Advisory Council's expenses amounted to \$353.00.

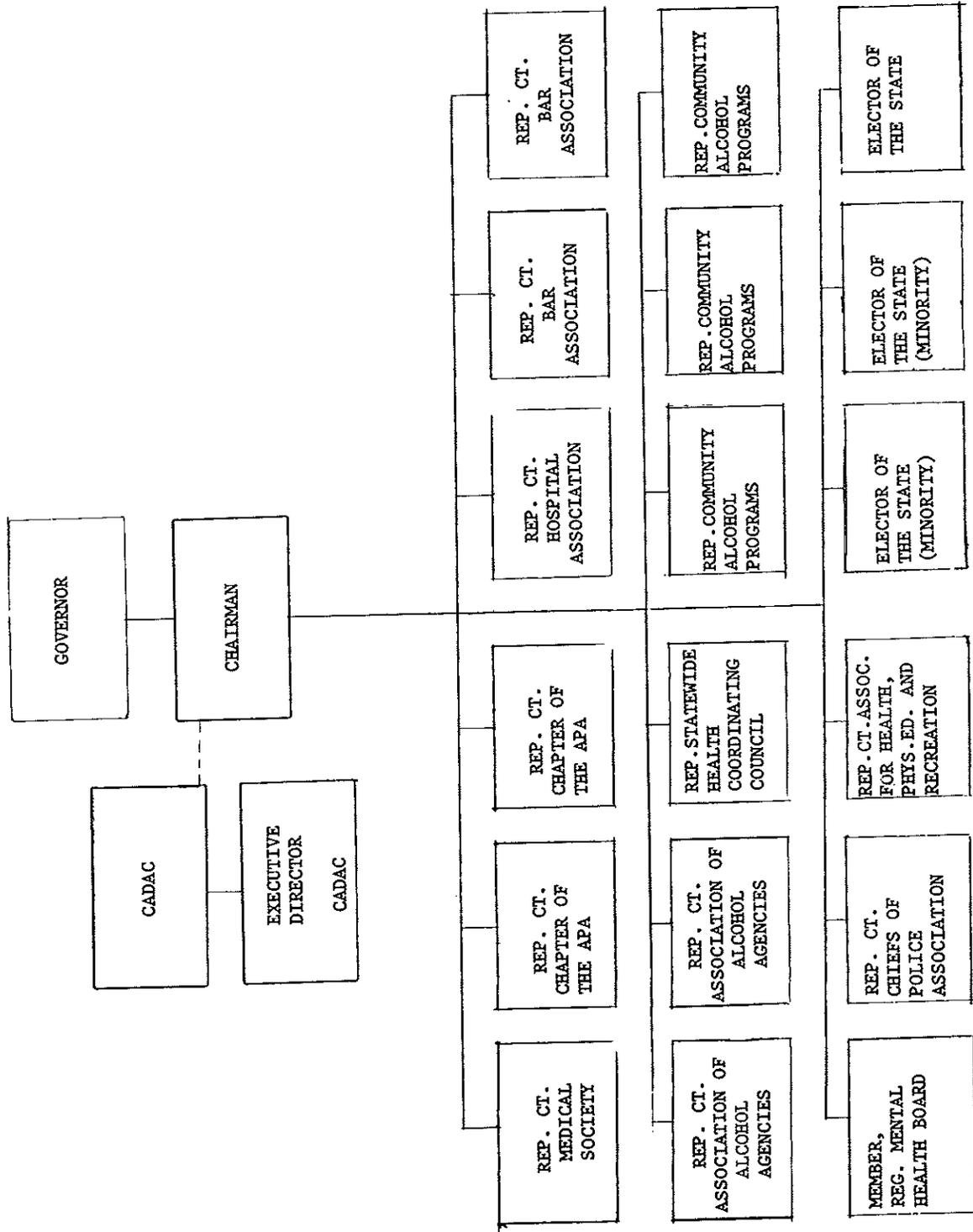
#### C. Purpose and Functions

The Alcohol Advisory Council is mandated to advise the Connecticut Alcohol and Drug Abuse Commission.

The advisory council is responsible for performing the following functions:

- to advise in the development of the Connecticut Comprehensive Plan for the Prevention, Treatment and Reduction of Alcohol Problems;
- to advise and comment on funding for the plan;
- to review and comment on the plan; and

Figure II-3. Composition of the Connecticut Alcohol Advisory Council.



Source: Connecticut Action Plan for Alcoholism Prevention and Treatment, 1979-1980 Update.

- to plan and prioritize services in the area of prevention and treatment of alcohol problems.

The existence of an advisory council to the single state agency is required by the Comprehensive Alcohol Abuse and Alcoholism Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, so that Connecticut may be eligible for federal funds for alcohol abuse treatment programs.

#### D. Activities

The Alcohol Advisory Council operates much like the Drug Advisory Council. It is required to meet "periodically" by state statute, and federal regulations require it to meet annually.

The Alcohol Advisory Council has not met at all in 1980, and held only three meetings in 1979. Their last meeting was held on May 31, 1979, and the average attendance for all 1979 meetings was six members.

The Alcohol Advisory Council, like the Drug Advisory Council, has voice but no vote representation on CADAC's four standing committees.

During its 1979 meetings, the Alcohol Advisory Council members were concerned primarily with the council's functions and purpose, and how they might improve its effectiveness.

Like the Drug Advisory Council, the Alcohol Advisory Council members individually provided informal comment on the 1980 State Plan for Alcohol Abuse Prevention and Treatment.

## ANALYSIS AND ISSUE IDENTIFICATION

The overwhelming issue which became apparent early in the review was the ineffectiveness of both the Drug Advisory Council and the Alcohol Advisory Council.

The last meetings of both councils were held on May 31, 1979, consequently neither has been actively functioning for over a year.

Upon examination of the minutes for all 1979 meetings, it was evident that neither advisory council provided formal advice on either the State Plan for Alcohol Abuse Prevention and Treatment, or the State Plan for Drug Abuse Prevention and Treatment during that year. In fact, the discussion at those meetings centered around the roles and functions of both advisory councils, and how their effectiveness could be improved.

The majority of both advisory councils' members with whom the Legislative Program Review and Investigations Committee had contact viewed this effectiveness question as a major problem.

This issue was especially clear in the responses to several questions contained in a survey sent to both advisory councils' members. When asked to rate the councils' effectiveness based on a scale of 1 = very effective to 4 = not effective, almost 90 percent of those who responded to this question concerning the Drug Advisory Council rated the council either 3 or 4 in the "review and comment on the State Plan" function, while 77 percent of those responding to this question regarding the Alcohol Advisory Council gave a rating of 3 or 4 for that same function. (See Tables III-1 and III-2.)

Further evidence of the ineffectiveness of both councils is contained in the responses to a question concerning the supposed/actual functioning of the Drug Advisory Council and the Alcohol Advisory Council. While 80 percent of those who responded to the Drug Advisory Council questionnaire felt that review and comment on the State Plan was a "supposed" function, only half of the group felt the advisory council actually performed it. In response to this same question of the Alcohol Advisory Council, 89 percent of the respondents felt that review and comment on the State Plan was a "supposed" function, while only one quarter stated that the advisory council actually performed it. (See Tables III-3 and III-4.)

Table III-1. Effectiveness of the Drug Advisory Council.

<u>Very Effective</u>		<u>Not Effective</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
0	1	0	8	Offering technical assistance to community alcohol programs
0	1	1	7	Coordinating drug abuse prevention and treatment services in Connecticut
0	1	2	6	Planning and prioritizing services in drug abuse prevention and treatment
0	1	0	8	Lobbying the legislature on behalf of alcohol and drug abuse system
0	1	5	3	Reviewing and making comment to CADAC on the State Plan for drug abuse prevention and treatment
0	1	2	6	Making recommendations on standards for licensing treatment facilities
0	1	0	8	Educating and informing the public on services available in the prevention and treatment of drug abuse
0	1	4	4	Making recommendations to CADAC regarding funding of community drug abuse prevention treatment programs

Source: LPR&IC Survey of Drug Advisory Council Members.  
N = 9

Table III-2. Effectiveness of the Alcohol Advisory Council.

<u>Very Effective</u>		<u>Not Effective</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
0	0	1	8	Offering technical assistance to community alcohol programs
0	1	1	7	Coordinating alcoholism prevention and treatment services in Connecticut
0	0	3	6	Planning and prioritizing services in alcoholism prevention and treatment
0	1	2	6	Lobbying the legislature on behalf of alcohol and drug abuse system
0	2	4	3	Reviewing and making comment to CADAC on the State Plan for alcoholism prevention and treatment
0	0	0	8	Making recommendations on standards for licensing treatment facilities
1	0	0	8	Educating and informing the public on services available in the prevention and treatment of alcoholism
0	0	3	6	Making recommendations to CADAC regarding funding of community alcoholism prevention and treatment programs

Source: LPR&IC Survey of Alcohol Advisory Council Members.  
N = 9

Table III-3. Supposed/Actual Functioning of Drug Advisory Council.

<u>Supposed</u>	<u>Actual</u>	
2	0	Offer technical assistance to community drug programs
2	1	Coordinate drug abuse prevention and treatment services in Connecticut
6	1	Plan and prioritize services in drug abuse prevention and treatment
3	0	Lobby legislature on behalf of alcohol and drug abuse system
8	4	Review and make comment to CADAC on the State Plan for drug abuse prevention and treatment
5	1	Make recommendations on standards for licensing treatment facilities
2	0	Educate and inform the public on services available in the prevention and treatment of drug abuse
7	1	Make recommendations to CADAC regarding funding of community drug abuse prevention and treatment programs

Source: LPR&IC Survey of the Drug Advisory Council Members.  
N = 9

Table III-4. Supposed/Actual Functioning of the Alcohol Advisory Council.

<u>Supposed</u>	<u>Actual</u>	
3	0	Offer technical assistance to community alcohol program
0	1	Coordinate alcoholism prevention and treatment services in Connecticut
3	1	Plan and prioritize services in alcoholism prevention and treatment
3	2	Lobby legislature on behalf of alcohol and drug abuse system
8	2	Review and make comment to CADAC on the State Plan for alcoholism prevention and treatment
6	0	Make recommendations on standards for licensing treatment facilities
1	1	Educate and inform the public on services available in the prevention and treatment of alcoholism
7	0	Make recommendations to CADAC regarding funding of community alcoholism prevention and treatment programs

Source: LPR&IC Survey of the Alcohol Advisory Council Members.  
N = 9.

The Legislative Program Review and Investigations Committee identified a number of contributing factors to this obvious ineffectiveness.

First, it was clear that the lack of a formal link between the advisory councils and CADAC contributed to the ineffectiveness of both the Drug Advisory Council and the Alcohol Advisory Council.

The LPR&IC's review of the 1979 minutes clearly shows that the Drug Advisory Council members were extremely dissatisfied with their "voice but no vote" representation on the CADAC's four standing committees. The minutes of the January 4, 1979, meeting state:

The issue of "voice but no vote" as outlined in the CADAC bylaws was questioned by the members present. There were strong feelings on the part of the Drug Advisory Council that to expect the members to devote time and energy to CADAC business, but then to deny those representatives the right to vote, denies any real role.<sup>1</sup>

This problem is exacerbated by the fact that no member of either the Alcohol Advisory Council or the Drug Advisory Council sits as a voting member on the Connecticut Alcohol and Drug Abuse Commission.

While there is time allotted at each CADAC meeting to hear reports from both advisory councils, members of both councils argued that this was not an adequate participatory role.

Second, several members of both advisory councils saw the lack of a significant role as being a major issue. This is evidenced by responses to the question, "what (if any) is the major impediment to the effective operation of the advisory council?" In the case of the Drug Advisory Council, three of the seven members who indicated there was a major impediment identified it as being the view held by members of the council that their role is not significant. In addition, two of the six Alcohol Advisory Council members who stated there was a major obstacle to the council's operations, identified

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<sup>1</sup> Minutes of Meeting of January 4, 1979, the Connecticut Drug Advisory Council, p. 2.

the lack of a significant role as the impediment. (See Tables III-5 and III-6.)

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Table III-5. Impediments to Drug Advisory Council's Effective Operation.

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If yes to 11a, what do you feel is the major impediment? Please choose one response only.

- |   |   |
|---|---|
|   | Lack of communication between the State Drug Advisory Council and CADAC   |
| 3 | Council members do not view their role as significant   |
|   | Lack of participation by Council members  |
| 1 | Lack of coordination between State Drug Advisory Council and CADAC  |
|   | The statute itself is unclear concerning the Council's purpose and functions  |
| 3 | Other (please specify) a) Lack of active leadership<br>b) CADAC's view of Advisory Council as not vital, and their subsequent ignoring of Advisory Council's advice (2) |

Source: LPR&IC Survey of the Drug Alcohol Council Members.  
N = 7

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Further, half of those responding to the Drug Advisory Council questionnaire thought that their input to CADAC was unimportant, while 45 percent of the Alcohol Advisory Council members responded this way. (See Tables III-7 and III-8.) Although these percentages indicate that not a majority feel this way in either case, it is difficult to imagine a council functioning effectively while half or nearly half of its members view their input as insignificant.

In addition, the Legislative Program Review and Investigations Committee was repeatedly informed that the advisory councils' members were discontented with the limited function of advising on the State Plans for Alcohol Abuse and Drug Prevention and Treatment in Connecticut.

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Table III-6. Impediments to the Alcohol Advisory Council's Effective Operation.

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If yes to 11a, what do you feel is the major impediment? Please choose one response only.

- 1 Lack of communication between the State Alcohol Advisory Council and CADAC
- 2 Council members do not view their role as significant
- 1 Lack of participation by Council members
- Lack of coordination between State Alcohol Advisory Council and CADAC
- The statute itself is unclear concerning the Council's purpose and functions
- 2 Other (please specify) a) The fact that the chairman is appointed by the Governor b) Meeting times are not conducive to rousing interest

Source: LPR&IC Survey of the Alcohol Advisory Council Members.  
N = 6

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Table III-7. Value of Drug Advisory Council's Input to CADAC.

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How would you rate the State Drug Advisory Council's input to the Connecticut Alcohol and Drug Abuse Council?

- 2 Very Important                      1 Somewhat Important
- 2 Important                              5 Not Important

Source: LPR&IC Survey of the Drug Advisory Council Members.  
N = 10

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Table III-8. Value of the Alcohol Advisory Council's Input to CADAC.

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How would you rate the State Alcohol Advisory Council's input to the Connecticut Alcohol and Drug Abuse Council?

2	Very Important
2	Important
1	Somewhat Important
4	Not Important

Source: LPR&IC Survey of the Alcohol Advisory Council Members.  
N = 9

---

Members of the advisory councils complained that this function was too limited, and in effect meant little more than ratifying a plan that had been developed by CADAC staff and reviewed by the Connecticut Alcohol and Drug Abuse Commission members. A number of both advisory council members who communicated with the Legislative Program Review and Investigations Committee through the questionnaire or public hearing stated that this role was unfulfilling. These members argued that the role of the advisory councils should be expanded so that input could be provided to CADAC on issues other than the State Plans.

Not all the advisory councils' members considered that they should take on a more dynamic role, however. At least 20 percent of the respondents to each questionnaire disclosed that the councils should be abolished. (See Question 15 of Appendices III-I and III-II, for detailed responses.)

A third contributing factor which emerged during the sunset review was the complaint voiced by some members that lack of strong leadership had been a significant factor in leading to the advisory councils' inactivity. In the case of the Drug Advisory Council, three members indicated on the questionnaire that the chairperson had been remiss in his duties while one Alcohol Advisory Council member who responded felt the same way about the chairperson of that council.

However, in interviews with committee staff, the chairpersons of both advisory councils indicated that while it was true

that no meetings had been called in some time, there were reasons for this inertia. The chairperson of the Drug Advisory Council asserted that some members held unrealistic conceptions about their role, and meetings were used as forums for attempts at enhancing the advisory capacity of the Drug Advisory Council.

The Alcohol Advisory Council chairperson, on the other hand, felt that there was a lack of involvement on the part of Alcohol Advisory Council members. He stated it was futile to call meetings when they were so poorly attended. In fact, in his written testimony to the Legislative Program Review and Investigations Committee, the chairperson of the Alcohol Advisory Council stated:

"...I have not called a meeting of the council for a year. Not one member of the CADAC staff, its council or the Alcohol [Advisory] Council has complained."<sup>1</sup>

Finally, while the advisory councils themselves did not cite the issue of client representation as a problem, members of the Legislative Program Review and Investigations Committee expressed concern that the statutory requirements (both federal and state) for public or citizen representation failed to include any consumer representation defined as former alcohol or drug abusers.

The committee agreed that the lack of consumer representation could have been a contributing factor to the stated problem of the councils' ineffectiveness.

Finally, at no time during the sunset review did the committee hear any evidence that the public's health, safety or welfare was in any way enhanced by the existence of the advisory councils. In fact, in light of the obvious ineffectiveness of both the Drug Advisory Council and Alcohol Advisory Council, it was apparent that the drug and alcohol abuse system in Connecticut could function without the existence of either council. Therefore, the Legislative Program Review and Investigations Committee did consider the termination of the advisory councils a major issue.

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<sup>1</sup> Written testimony obtained at the Legislative Program Review and Investigations Committee public hearing held on May 14, 1980.

## FINDINGS AND RECOMMENDATIONS

### I. CONTINUATION/TERMINATION OF THE DRUG ADVISORY COUNCIL AND THE ALCOHOL ADVISORY COUNCIL

Information obtained through questionnaires, testimony given at the public hearing as well as through individual interviews disclosed overwhelmingly that the public health, safety and welfare would not be endangered if both the Alcohol Advisory Council and the Drug Advisory Council were terminated.

However, in communicating with the Department of Health and Human Services, there was a clear indication that the federal funds Connecticut receives for alcohol and drug programs would be jeopardized if the advisory councils were discontinued.

The committee expressed concern that the spirit of sunset was stymied because of the inflexibility of the federal law requiring an advisory council to the single state agency for substance abuse planning, regardless of the latter's composition. The committee felt certain that the intent of the federal legislation was to insure citizen participation in the process, and that Connecticut was more than meeting that intent by involving citizens at the policymaking level on the Connecticut Alcohol and Drug Abuse Commission (CADAC).

While frustrated that its preference to sunset both advisory councils was thwarted through federal requirements, the committee also recognized that continuing two advisory councils to CADAC was duplicative and unnecessary.

*Therefore, the Legislative Program Review and Investigations Committee recommends that Sec. 17-155m of the C.G.S., creating the Alcohol Advisory Council and Sec. 17-155jj of the C.G.S., creating the Drug Advisory Council be repealed. The committee further recommends that there be established a combined Drug and Alcohol Advisory Council to CADAC.*

The committee realizes that CADAC sets policy for both substance areas, and views it as more appropriate to have a combined advisory council as well.

Further, beginning with FY 1981, the State Plan for Alcohol and Drug Abuse Prevention and Treatment is now combined, and the committee considered that the advice-giving process would be more streamlined if the advice emanated from one source.

## II. INEFFECTIVENESS OF THE ALCOHOL ADVISORY COUNCIL AND THE DRUG ADVISORY COUNCIL

The committee cited several contributing factors to this overriding problem of ineffectiveness:

- Absence of a formal link between the advisory councils and CADAC;
- Lack of strong leadership;
- Lack of significant role;
- Lack of involved membership.

Absence of a formal link between the advisory councils and CADAC. Analysis of the data indicated that the absence of a formal link between the advisory councils and CADAC was a major element of the ineffectiveness of both the Alcohol Advisory Council and the Drug Advisory Council.

The committee felt that continuing to permit the combined advisory council to function without formal input to CADAC was setting the stage for frustration on the part of the advisory council's membership.

Therefore, to remove the advisory council's sense of isolation as well as to move toward building a stronger relationship between CADAC and its advisory council, *the Legislative Program Review and Investigations Committee recommends that the chairperson of the advisory council sit as a voting member on CADAC.*

Lack of strong leadership. While the committee acknowledged the charge by some members that the chairs of both advisory councils were inactive, and hence frustrated the efforts of more active members, the committee rejected the proposal that the advisory council appoint its own chairperson.

*Instead, the Legislative Program Review and Investigations Committee recommends that the chairperson of the combined Drug and Alcohol Advisory Council be appointed by the governor.*

The committee intends that the requirement that the chair of the advisory council sit as a voting member of CADAC will ensure the active participation and strong leadership by the chair. The committee was also strongly influenced in its decision by the Executive Reorganization Act (P.A. 77-614) which prohibits the internal appointment of a chairperson.

Lack of significant role. The committee recognized that a source of contention among members of both the Alcohol Advisory Council and the Drug Advisory Council was their lack of a significant role in the state's alcohol and drug abuse prevention and treatment effort. As analyzed in the previous section of this report, some of the members desired a more dynamic role, while others saw no useful purpose for either advisory council and would support their abolition if federal funds would not be jeopardized.

Hence, while the committee considered that enhancing the combined advisory council's role to include advice-giving on any issue requiring a CADAC vote might provide for a more active advisory council, the committee expressed concern that this would be placing unrealistic expectations on the combined Drug and Alcohol Advisory Council as well as CADAC.

On the other hand, the committee sought not to prohibit the combined Drug and Alcohol Advisory Council from expanding upon its federally mandated function if it so desired.

*Therefore, the Legislative Program Review and Investigations Committee recommends that the combined Drug and Alcohol Advisory Council be statutorily required to provide advice only on the combined State Plan for Alcohol and Drug Abuse Prevention and Treatment, but allow members the opportunity to advise on other issues if they so wish.*

*The Legislative Program Review and Investigations Committee further recommends that the combined Drug and Alcohol Advisory Council meet with CADAC to set out a workable policy concerning functions that the advisory council should perform.*

Lack of involved membership. Finally, the committee finds that the composition of the present Drug Advisory Council and the Alcohol Advisory Council is outdated, and bears little relevance to significant issues in the substance abuse areas. The current membership is cited as a significant factor in the advisory council's inactivity and ineffectiveness.

To remedy this problem, the Legislative Program Review and Investigations Committee sought to include members who are familiar with the problems of substance abuse, and therefore recommends the following composition and operating procedures for the combined Drug and Alcohol Advisory Council. *The Drug and Alcohol Advisory Council shall be a twenty-two member body whose members shall be appointed by the governor, and be composed of the following:*

*Twelve members shall be public members who reflect the economic, racial and geographic characteristics of the state. The twelve public members shall include a physician with experience in the treatment of alcohol and drug abuse; one representative from*

a private company which supports an employee assistance program; and two former alcohol abusers and two former drug abusers. Special consideration shall be given to ensure representation from women, elderly, youth and minority and poverty groups.

The remaining ten members shall consist of:

The Commissioner or his designee of the Department of Children and Youth Services; the Department of Income Maintenance; the Department of Human Resources; the Department of Public Safety; the Department of Aging; and one representative from: a Regional Mental Health Board; Statewide Health Coordinating Council; the Connecticut Association of Alcohol Agencies; the Connecticut Association of Drug Abuse Programs; and a Health Systems Agency.

A majority of the advisory councils' members shall constitute a quorum. The Drug and Alcohol Advisory Council members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties.

The minutes of all meetings of the Drug and Alcohol Advisory Council shall be recorded and copies of the record maintained by the Connecticut Alcohol and Drug Abuse Commission. CADAC shall provide on a regular basis such information and assistance as may be required by the advisory council to perform its duties.

CADAC shall also maintain records of all formal recommendations referred to it by the advisory council, and if those recommendations are not adopted, the reasons for rejection. The Connecticut Alcohol and Drug Abuse Commission shall include this material in their annual report to the General Assembly.

#### Related Areas

Although the Connecticut Alcohol and Drug Abuse Commission was not included in this sunset review, the committee recognized that changes could be made in the commission's membership to better reflect populations affected by alcohol and drug abuse problems.

First, the committee understands that a problem of substance abuse among youth does exist in Connecticut. The committee considers it important to have the state agency responsible for youth services represented on the planning and policy board for substance abuse, if the problem is to be tackled in a comprehensive manner.

Therefore, the Legislative Program Review and Investigations Committee recommends that the Commissioner of the Department of Children and Youth Services sit as a voting member of CADAC.

Second, the committee was also concerned that clients defined as former alcohol and/or drug abusers were not statutorily required to be represented on CADAC. While the committee was informed that there are indeed former substance abusers on the commission, it felt this should be ensured through legislation.

The committee feels it is imperative that the needs and problems of the substance abuser be communicated to the commission by those who have experienced the problems firsthand.

Therefore, the Legislative Program Review and Investigations Committee recommends that the required public members on the commission include two former alcohol abusers and two former drug abusers.

## Appendix I-1

### Sunset Criteria

The Connecticut sunset law requires the Legislative Program Review and Investigations Committee to take into consideration certain criteria when conducting its reviews. Most of the criteria are broad in nature and the scope of the committee's treatment of them is similarly broad. Where relevant comments for each criteria exist they are referenced below.

#### Sec. 2c-7 Criteria for determining public need.

#### References

In determining whether there is a public need for the continued existence of an entity or program, the general assembly shall consider, among other things:

(a) Whether termination of the entity or program would significantly endanger the public health, safety or welfare;

pp. 20-21

(b) Whether the public could be adequately protected by another statute, entity or program, or by a less restrictive method of regulation;

p. 21

(c) Whether the governmental entity or program produces any direct or indirect increase in the cost of goods or services, and if it does, whether the public benefits attributable to the entity or program outweigh the public burden of the increase in cost, and

(d) Whether the effective operation of the governmental entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

pp. 16-19

#### Sec. 2c-8 Criteria for determining whether a regulatory entity or program has served the general public.

In determining whether a regulatory entity or program has served the general public, and not merely the persons regulated, the general assembly shall consider, among other things:

(a) The extent to which qualified applicants have been permitted to engage in any profession, occupation, trade or activity regulated by the entity or program;

Criteria

References

(b) The extent to which the governmental entity involved has complied with federal and state affirmative action requirements;

(c) The extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated;

(d) The extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies, and

(e) The manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to regulation.

Appendix I-2

Legislative Changes

Repeal Section 17-155m of the Connecticut General Statutes.

Repeal Section 17-155jj of the Connecticut General Statutes.

Create a new section of the Connecticut General Statutes establishing a combined Drug and Alcohol Advisory Council.

Alter Section 17-155ff of the Connecticut General Statutes to allow for the membership change on the Connecticut Alcohol and Drug Abuse Commission. This change would require the addition of the Commissioner or his designee of the Department of Children and Youth Services, and the stipulation that the required public members include two former alcohol abusers and two former drug abusers.

SUNSET - 1981  
Summary Sheet

NAME: Connecticut State Drug Advisory Council (17-155jj)

YEAR CREATED: 1967 TYPE: Advisory

ORGANIZATIONAL LOCATION: Advisory to CADAC

PURPOSE: To advise the Connecticut Alcohol and Drug Abuse Council (CADAC), specifically, by statute, in the area of the State Plan for Drug Abuse Prevention and Treatment, and in establishing standards for licensing treatment facilities.

FUNCTIONS:

1. Advise in the development of the Connecticut comprehensive plan for the prevention, treatment, and reduction of drug abuse.
2. Advise and comment on funding for the plan.
3. Review and comment on the plan.
4. Plan and prioritize services in the area of prevention and treatment of drug abuse.

NUMBER OF MEMBERS: 19

COST: FY-79 - \$191.00

APPOINTING AUTHORITY: Governor

TERMS: Coterminous

AVERAGE LENGTH OF SERVICE: 2.8 years

NUMBER OF MEETINGS IN 1979: 2

AVERAGE ATTENDANCE: 7 Members

DISCUSSION AREAS:

Need to Continue

- An advisory council to the designated Single State Agency (CADAC) is required by federal law (PL- 92-255, as amended), in order to receive federal funds.

Need to Modify & Improve Effectiveness

- The Drug Advisory Council has not met since May, 1979;
- Only 11% of those responding to the questionnaire think that the Drug Advisory Council is effective in performing any of its functions.
- There is no formal link between the Drug Advisory Council and CADAC.

SUNSET - 1981  
Summary Sheet

NAME: Connecticut State Alcohol Advisory Council (Sec. 17-155m)

YEAR CREATED: 1974                      TYPE: Advisory

ORGANIZATIONAL LOCATION: Advisory to CADAC

PURPOSE: To advise the Connecticut Alcohol and Drug Abuse Council (CADAC); specifically, by statute, in the area of the State Alcohol Prevention & Treatment Plan, and in establishing standards for licensing treatment facilities.

FUNCTIONS:

1. Advise in the development of the Connecticut comprehensive plan for the prevention, treatment, and reduction of alcohol problems;
2. Advise and comment on funding for the plan and programs involved therein;
3. Review and comment on the plan;
4. Plan and prioritize services in the area of prevention and treatment of alcohol problems;

NUMBER OF MEMBERS: 19                      COST: FY-79 - \$353.00

APPOINTING AUTHORITY: Governor                      TERMS: Coterminous

AVERAGE LENGTH OF SERVICE: 2-1/2 years

NUMBER OF MEETINGS IN 1979: 3                      AVERAGE ATTENDANCE: 6 Members

DISCUSSION AREAS:

Need to Continue

- An advisory council to the designated Single State Agency (CADAC) is required by federal law (PL-91-616 , as amended) in order to receive federal funds.

Need to Modify & Improve Effectiveness

- The Alcohol Advisory Council has not met since May, 1979
- Only 16% of those responding to the questionnaire think that the Advisory Council is effective in performing any of its functions.
- There is no formal link between the Advisory Council and CADAC.

ALCOHOL ADVISORY COUNCIL (AAC)  
 DRUG ADVISORY COUNCIL (DAC)  
 LPR&IC OPTION PAPER

LPR&IC  
 RECOMMEN-  
 DATION

ISSUES	OPTIONS	PRINCIPAL IMPACT	GENERAL IMPACT	
I. Continuation of Councils	A. Continue separate councils	A. Maintaining present situation - two councils advising CADAC.	- citizen - government structure	Option B
	B. Merge the AAC and the DAC	B. Would eliminate councils as presently structured and revamp into single advisory council		
	C. Eliminate both advisory councils	C. Would eliminate advisory body to CADAC; could jeopardize federal funding		
II. Formal representation on CADAC	A. Yes	A. Would give advisory council voting seat(s) on CADAC	- citizen - government structure	Option A
	B. No.	B. Would maintain present structure - with no formal link between advisory councils and CADAC		
III. Appointment of Chair	A. Gubernatorial	A. Would maintain present practice	- citizen - government structure	
	B. Advisory Council Selection	B. May prevent internal dissent as a result of dissatisfaction with the chair(s), as is presently the case		Option A

ALCOHOL ADVISORY COUNCIL (AAC)  
 DRUG ADVISORY COUNCIL (DAC)  
 LPR&IC OPTION PAPER

LPR&IC  
 RECOMMEN-  
 DATION

ISSUES	OPTIONS	PRINCIPAL IMPACT	GENERAL IMPACT	
IV. Functions of Advisory Council	<p>A. As presently exists in statute</p> <p>B. Provide advice to CADAC on all issues requiring a CADAC vote</p> <p>C. Allow the advisory council to decide functions other than those required by federal law</p>	<p>A. Limits functions to advising on State Plan, as required by federal law</p> <p>B. Would provide CADAC with advice on all areas of policy-making; would give CADAC responsibility for providing materials to advisory council in timely fashion</p> <p>C. Only advice on the State Plan would be statutorily required, all other functions would be decided on by Advisory Council</p>	<p>- citizen government structure</p>	Option C

V. Organization of the Advisory Council

See pp. 25-26.

Appendix I-6

Sources Consulted

Connecticut Alcohol and Drug Abuse Council. Connecticut Action Plan for Alcoholism Prevention and Treatment, 1979-80 Update, 1979.

Connecticut Alcohol and Drug Abuse Council. Connecticut Action Plan for Alcohol and Drug Abuse Prevention and Treatment, FY-1981 (Proposed), 1980.

Connecticut Alcohol and Drug Abuse Council. Connecticut Action Plan for Drug Abuse Prevention and Treatment, FY-1980, 1979.

Connecticut Alcohol and Drug Abuse Council. Directory of Alcohol and Drug Facilities and Services, 1980.

National Association of State Alcohol and Drug Abuse Directors, A Directory of Single State Agencies for Drug Abuse Prevention, August, 1978.

## SUNSET REVIEW - 1981

State Drug Advisory Council  
Questionnaire

1	5	0		
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RESPONDENTS: 10

Instructions: Please fill in your profession or occupation below. Then, for questions 1 through 11, please circle the number to the left of the most appropriate response. Where the questionnaire indicates only one response is desired, please choose only one response, choosing more than one may invalidate the questionnaire's results.

What is your profession or occupation? \_\_\_\_\_

1. How long have you served on the State Drug Advisory Council? 2.8 years  
(average)

2. What percentage of the Council meetings do you attend?

- 4 Almost 100%
- More than 50%
- 1 From 25% - 50%
- 4 Less than 25%
- 1 No Answer

3. On a quarterly (three month) basis, how much time outside of the Drug Advisory Council's meetings, do you spend on Council activities?

- 7 0-4 hours per quarter
- 5-8 hours per quarter
- 1 9-16 hours per quarter
- 17 plus
- 2 No Answer

4. What do you feel is the major purpose of the State Drug Advisory Council?  
(Circle the major purpose only.)

- 4 Advise the Connecticut Alcohol and Drug Abuse Council (CADAC)
- 2 Fulfill a federal funding requirement
- 3 Provide public participation in the Alcohol and Drug Abuse System
- Development of programs and policies
- Educational and informational purpose
- 1 Ceremonial/symbolic

5. How would you rate the State Drug Advisory Council's input to the Connecticut Alcohol and Drug Abuse Council?

- 2 Very Important
- 2 Important
- 1 Somewhat Important
- 5 Not Important

6a. Does the State Drug Advisory Council publicize its meeting dates beforehand to enhance public participation?

- 1 Yes
- 6 No
- 3 Don't know

6b. If yes to question 6a, how is this publicizing done? (You may choose more than one response.)

- 1 Legal notice in newspaper
  - Radio announcements
  - 1 Newsletter to membership and other interested persons
  - Other (please specify) \_\_\_\_\_
-

7. Who are the primary beneficiaries of the functions performed by the State Drug Advisory Council? (Please choose one response only.)

- 1 Community drug abuse prevention and treatment programs
- 1 Connecticut Alcohol and Drug Abuse Council
- 2 Public in general
- 1 Clients of drug abuse prevention and treatment programs
- 2 Licensed drug abuse treatment facilities
- 2 Don't know

8. Why did you agree to serve on the State Drug Advisory Council? (Please indicate the most important reason only.)

- 2 Work (paid or volunteer) in a community drug abuse prevention or treatment program  
 Represent a particular group in the community (i.e., minority or poverty group)
- 5 Interest in drug abuse treatment and prevention
- 3 Other (please specify) a) Asked to represent a society or association (2)  
b) Represent a geographic area of state

9. Does the State Drug Advisory Council have adequate access to necessary information it needs to arrive at recommendations?

- 1 Always
- 2 Usually
- 3 Sometimes
- 2 Rarely
- 1 Never
- 1 Don't know

10. Which of the following sources does the Council consider most important in making its recommendations?

- 3 Discussions with CADAC staff
- 2 Discussions with Executive Director of CADAC
- 1 Public input
- Research and literature
- 2 Other (please specify) a) Members' expertise (2)

---

- 1 Don't know

11a. Do you feel the effective operation of the State Drug Advisory Council is impeded by any statute, regulation, policy, or procedure?

- 7 Yes
- 3 No

11b. If yes to 11a, what do you feel is the major impediment? (Please choose one response only.)

- Lack of communication between the State Drug Advisory Council and CADAC
- 3 Council members do not view their role as significant
- Lack of participation by Council members
- 1 Lack of coordination between State Drug Advisory Council and CADAC
- The statute itself is unclear concerning the Council's purpose and functions
- 3 Other (please specify) a) Lack of active leadership b) CADAC's view of Advisory Council as not vital, and their subsequent ignoring of Advisory Council's advice (2)

12. Which of the following functions do you feel the State Drug Advisory Council is supposed to perform, and what does it actually perform? (Under each of the columns, choose as many functions as appropriate.)

<u>Supposed</u>	<u>Actual</u>	
2	0	Offer technical assistance to community drug programs
2	1	Coordinate drug abuse prevention and treatment services in Connecticut
6	1	Plan and prioritize services in drug abuse prevention and treatment
3	0	Lobby legislature on behalf of alcohol and drug abuse system
8	4	Review and make comment to CADAC on the State Plan for drug abuse prevention and treatment
5	1	Make recommendations on standards for licensing treatment facilities
2	0	Educate and inform the public on services available in the prevention and treatment of drug abuse
7	1	Make recommendations to CADAC regarding funding of community drug abuse prevention and treatment programs

13. On a scale from 1 = Very Effective to 4 = Not Effective, how would you rate the performance of the State Drug Advisory Council in the following functions?

<u>Very Effective</u>		<u>Not Effective</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
	1		8	Offering technical assistance to community alcohol programs
	1	1	7	Coordinating drug abuse prevention and treatment services in Connecticut
	1	2	6	Planning and prioritizing services in drug abuse prevention and treatment

(Options continued on next page.)

<u>Very Effective</u>		<u>Not Effective</u>		
0	1	0	8	Lobbying the legislature on behalf of alcohol and drug abuse system
0	1	5	3	Reviewing and making comment to CADAC on the State Plan for drug abuse prevention and treatment
0	1	2	6	Making recommendations on standards for licensing treatment facilities
0	1	0	8	Educating and informing the public on services available in the prevention and treatment of drug abuse
0	1	4	4	Making recommendations to CADAC regarding funding of community drug abuse prevention treatment programs

14. On a scale from 1 = Excellent to 4 = Poor, please rate the following relationships in the alcohol and drug system?

<u>Excellent</u>		<u>Poor</u>	
2	2	5	The State Drug Advisory Council and CADAC
2	1	6	The Drug Advisory Council and the State Alcohol Advisory Council
2	2	5	The State Drug Advisory Council and the Department of Mental Health
1	1	6	The State Drug Advisory Council and the Health Systems Agencies
2	1	6	The State Drug Advisory Council and the community drug programs

15. What do you feel would be the most viable alternative for carrying out the functions now performed by the State Drug Advisory Council? (Please choose the most viable alternative only.)

- 4 Merge the State Drug Advisory Council and the State Alcohol Advisory Council but limit membership
- 1 Investigate whether there is another Board or Council in existence that could fulfill the council's requirements
- Leave the Drug Advisory Council in existence but limit membership
- 4 Other (please specify) a) Revamp CADAC & eliminate Advisory Councils  
b) Turn Advisory Council into Advocacy Program by restructuring membership to key representatives of service providers c) Mandate required meetings(2)

## SUNSET REVIEW - 1981

State Alcohol Advisory Council  
Questionnaire

1	4	0		
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RESPONDENTS: 9

Instructions: Please fill in your profession or occupation below. Then, for questions 1 through 11, please circle the number to the left of the most appropriate response. Where the questionnaire indicates only one response is desired, please choose only one response, choosing more than one may invalidate the questionnaire's results.

What is your profession or occupation? \_\_\_\_\_

1. How long have you served on the State Alcohol Advisory Council?  $\frac{2-1/2}{(average)}$  years
2. What percentage of the Council meetings do you attend?
- 3 Almost 100%
  - 2 More than 50%
  - 2 From 25% - 50%
  - 2 Less than 25%
3. On a quarterly (3 month) basis, how much time outside of the Alcohol Advisory Council's meetings, do you spend on Council activities?
- 3 0-4 hours per quarter
  - 1 5-8 hours per quarter
  - 9-16 hours per quarter
  - 17 plus

4. What do you feel is the major purpose of the State Alcohol Advisory Council?  
(Circle the major purpose only.)

6 Advise the Connecticut Alcohol and Drug Abuse Council (CADAC)

1 Fulfill a federal funding requirement

Provide public participation in the Alcohol and Drug Abuse System

Development of programs and policies

Educational and informational purpose

2 Ceremonial/symbolic

5. How would you rate the State Alcohol Advisory Council's input to the Connecticut Alcohol and Drug Abuse Council?

2 Very Important

2 Important

1 Somewhat Important

4 Not Important

6a. Does the State Alcohol Advisory Council publicize its meeting dates beforehand to enhance public participation?

2 Yes

7 No

6b. If yes to question 6a, how is this publicizing done? (You may choose more than one response.)

Legal notice in newspaper

Radio announcements

1 Newsletter to membership and other interested persons

1 Other (please specify) Personal Letter

---

7. Who are the primary beneficiaries of the functions performed by the State Alcohol Advisory Council? (Please choose one response only.)

- 2 Community alcohol prevention and treatment programs
- 4 Connecticut Alcohol and Drug Abuse Council
- Public in general
- 1 Clients of alcoholism prevention and treatment programs
- 1 Licensed alcoholic treatment facilities
- 1 No One

8. Why did you agree to serve on the State Alcohol Advisory Council? (Please indicate the most important reason only.)

- 1 Work (paid or volunteer) in a community alcohol abuse prevention or treatment program
  - 2 Represent a particular group in the community (i.e., minority or poverty group)
  - 5 Interest in alcohol abuse treatment and prevention
  - 1 Other (please specify) Asked by Executive Director of CADAC
- 

9. Does the State Alcohol Advisory Council have adequate access to necessary information it needs to arrive at recommendations?

- Always
- 3 Usually
- 2 Sometimes
- 3 Rarely
- Never
- 1 Don't Know

10. Which of the following sources does the Council consider most important in making its recommendations?

- 2 Discussions with CADAC staff
- 4 Discussions with Executive Director of CADAC
- Public input
- 1 Research and literature
- 2 Other (please specify) a) Irrelevant - function of Advisory Council is chiefly ceremonial b) CADAC's members provide own input

11a. Do you feel the effective operation of the State Alcohol Advisory Council is impeded by any statute, regulation, policy, or procedure?

- 6 Yes
- 3 No

11b. If yes to 11a, what do you feel is the major impediment? (Please choose one response only.)

- 1 Lack of communication between the State Alcohol Advisory Council and CADAC
- 2 Council members do not view their role as significant
- 1 Lack of participation by Council members
- Lack of coordination between State Alcohol Advisory Council and CADAC
- The statute itself is unclear concerning the Council's purpose and functions
- 2 Other (please specify) a) The fact that the chairman is appointed by the Governor b) Meeting times are not conducive to rousing interest

12. Which of the following functions do you feel the State Alcohol Advisory Council is supposed to perform, and what does it actually perform? (Under each of the columns, choose as many functions as appropriate.)

<u>Supposed</u>	<u>Actual</u>	
3	0	Offer technical assistance to community alcohol program
0	1	Coordinate alcoholism prevention and treatment services in Connecticut
3	1	Plan and prioritize services in alcoholism prevention and treatment
3	2	Lobby legislature on behalf of alcohol and drug abuse system
8	2	Review and make comment to CADAC on the State Plan for alcoholism prevention and treatment
6	0	Make recommendations on standards for licensing treatment facilities
1	1	Educate and inform the public on services available in the prevention and treatment of alcoholism
7	0	Make recommendations to CADAC regarding funding of community alcoholism prevention and treatment programs

13. On a scale from 1 = Very Effective to 4 = Not Effective, how would you rate the performance of the State Alcohol Advisory Council in the following functions?

<u>Very Effective</u>		<u>Not Effective</u>		
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
		1	8	Offering technical assistance to community alcohol programs
	1	1	7	Coordinating alcoholism prevention and treatment services in Connecticut
		3	6	Planning and prioritizing services in alcoholism prevention and treatment

(Options continued on next page.)

<u>Very</u> <u>Effective</u>			<u>Not</u> <u>Effective</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

1	2	3	4
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Lobbying the legislature on behalf of alcohol and drug abuse system

2	4	3	
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Reviewing and making comment to CADAC on the State Plan for alcoholism prevention and treatment

8

Making recommendations on standards for licensing treatment facilities

1

8

Educating and informing the public on services available in the prevention and treatment of alcoholism

3

6

Making recommendations to CADAC regarding funding of community alcoholism prevention and treatment programs

14. On a scale from 1 = Excellent to 4 = Poor, please rate the following relationships in the alcohol and drug system?

<u>Excellent</u>			<u>Poor</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

2

5

2

The State Alcohol Advisory Council and CADAC

3

4

The State Alcohol Advisory Council and the Drug Advisory Council

7

The State Alcohol Advisory Council and the Department of Mental Health

1

6

The State Alcohol Advisory Council and the Health Systems Agencies

2

2

4

The State Alcohol Advisory Council and the community alcohol programs

15. What do you feel would be the most viable alternative for carrying out the functions now performed by the State Alcohol Advisory Council? (Please choose the most viable alternative only.)

3 Merge the State Alcohol Advisory Council and the State Drug Advisory Council but limit membership

Investigate whether there is another Board or Council in existence that could fulfill the council's requirements

Leave the Alcohol Advisory Council in existence but limit membership

6 Other (please specify) a) Reorganize and make Advisory Council more effective (3) b) Abolish Alcohol Advisory Council c) Leave Alcohol Advisory Council, but appoint fewer members.

