



**STATE OF NEW JERSEY
OFFICE OF THE STATE COMPTROLLER**

**GOVERNOR'S COUNCIL ON ALCOHOLISM
AND DRUG ABUSE**

**FOLLOW-UP AUDIT OF
SELECTED OPERATING PRACTICES**

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COMPTROLLER**

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F-02

TABLE OF CONTENTS



Background.....	1
Audit Objective, Scope and Methodology	3
Summary of Conclusions.....	4
Audit Results.....	5
Reporting Requirements	16
Auditee Response	Appendix A

BACKGROUND

The Governor's Council on Alcoholism and Drug Abuse (GCADA) was created in 1989 to review and coordinate New Jersey's efforts in planning and providing treatment, prevention, research, evaluation and education services concerning alcoholism and drug abuse. *See* N.J.S.A. 26:2BB-1 et seq. GCADA is comprised of a 26-member Council (Council) and an administrative staff. The Council is responsible primarily for policy matters. GCADA currently has an administrative staff of nine employees, and annual operating expenditures of approximately \$1.3 million.

One of GCADA's primary responsibilities is its administration of the statewide Municipal Alliance (Alliance) Program. The Alliance Program was created to provide municipalities with the opportunity to produce local solutions to substance abuse problems through prevention and education programs. These prevention and education programs are funded by formula-based grants awarded by GCADA to New Jersey's 21 counties, which, in turn, distribute the funds to participating Alliances. Alliances can include one or more municipalities. GCADA reimburses the counties subsequent to the expenditure of qualifying funds by the Alliances. GCADA's administrative office and the Alliance Program are funded primarily by the Drug Enforcement Demand Reduction (DEDR) fund, which is comprised of fines and penalties collected from criminal defendants convicted of drug offenses. *See* N.J.S.A. 2C:35-15. Each Alliance is required to provide a 100 percent match of the funds provided by GCADA, consisting of a minimum 25 percent cash match and a minimum 75 percent in-kind services match.

At the State level, three GCADA employees currently monitor the grant awards. Grants are managed at the county level by County Coordinators and at the municipal level by Municipal Alliance Coordinators.

During calendar years 2006 through 2009, GCADA awarded grants averaging \$10.3 million each year.

Our initial audit, *Governor's Council on Alcoholism and Drug Abuse – Selected Operating Practices* (Report PA-01), which was issued on December 4, 2008, found that GCADA did not adequately oversee the programs it funds. For example:

- GCADA had not established comprehensive grant guidelines for use by counties when reviewing and approving Alliance Program expenditures.
- GCADA had not conducted the required annual site reviews for 8 of the state's 21 counties, and could not locate any documentation for 5 others.
- GCADA did not have any mechanism in place to assure that the programs it funded produced tangible results or that funds were used for appropriate programs.
- GCADA was overstaffed, with some employees having few or no job responsibilities. In addition, GCADA management had not adequately monitored the performance or sick leave usage of its staff.

We made 10 recommendations to enhance GCADA's operations. Our auditors returned to GCADA beginning on December 7, 2009 to follow up on the implementation of those recommendations.

AUDIT OBJECTIVE, SCOPE AND METHODOLOGY

The objective of our follow-up audit was to determine if GCADA officials have implemented the recommendations contained in our initial audit. The follow-up audit covers the period from December 4, 2008 through March 23, 2010.

This audit was performed in accordance with the State Comptroller's authority as set forth in N.J.S.A. 52:15C-1 et seq. We conducted our follow-up audit in accordance with Generally Accepted Government Auditing Standards issued by the U.S. Government Accountability Office. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

As part of our audit procedures, we reviewed the actions taken by GCADA officials, as indicated in their Corrective Action Plan, to address our audit recommendations. To determine the extent to which those actions were actually in place and functioning as intended, we selected and visited three of the four counties we previously reviewed -- Essex, Mercer and Monmouth -- and reviewed documentation supporting programmatic expenditures at those offices. We then sampled eight Alliances within those counties to determine if grant funds were properly spent and monitored for the 2009 grant year.

SUMMARY OF CONCLUSIONS

We found that GCADA officials have made progress in implementing the recommendations contained in our initial audit report. Specifically, as reflected in the chart below, of the ten prior audit recommendations, four have been implemented and six have been partially implemented. These changes have helped GCADA achieve greater fiscal accountability.

Area	Recommendation Number	Recommendation Implemented	Recommendation Partially Implemented
Grant Guidelines	1		√
	2		√
	3		√
Site Reviews	4		√
	5		√
Program Outcomes	6		√
Oversight of Administrative Office	7	√	
	8	√	
	9	√	
	10	√	

Specifically, GCADA has substantially strengthened its oversight of its administrative office. However, in program-related areas, GCADA, while making some progress, needs to take additional steps to fully implement our recommendations and address the areas of concern cited in our initial audit.

AUDIT RESULTS

Recommendation 1

Establish specific guidelines and procedures governing the fiscal review and approval process of grant reimbursements to ensure that only allowable expenditures are funded.

Status: Partially Implemented

Our initial audit found that GCADA did not provide appropriate guidance concerning collecting, recording and depositing Alliance Program income. Further, GCADA had not established specific guidelines to govern the counties' fiscal review and approval process concerning grant expenditures. This lack of guidance and standardized procedures increased the risk of misappropriation of funds.

During the course of our initial audit, GCADA was in the process of implementing revised Program Guidelines (Guidelines) for the 2009-2011 grant cycle. Those Guidelines, which have since been completed and adopted by GCADA, impose additional controls over the Alliances' expenditure of grant funds.

In addition, on February 17, 2009, GCADA convened a workgroup that included Council members, County Alcoholism and Drug Abuse Directors, and County Coordinators to develop procedures concerning monitoring forms and documentation to be used by the counties and by Municipal Alliances. Specifically, two forms were developed to allow GCADA to monitor the collection, recording and depositing of program income collected by the Alliances. According to GCADA staff, the forms will assist GCADA with monitoring the attainment of the cash match requirement and will be implemented in the 2010 grant year.

The workgroup also developed a slide presentation for municipal finance officers that describes allowable and unallowable costs under the Alliance Program, and explains supporting documentation requirements. The presentation includes examples of documentation that should be maintained to support the quarterly fiscal report used to request reimbursement (e.g., purchase orders, receipts and invoices).

GCADA provided the forms and the presentation to the County Coordinators on June 23, 2009. The County Coordinators are now in the process of providing the forms and presentation to municipal finance officers. The forms will be used beginning in the 2010 grant year (January 1 through December 31, 2010). As the first quarterly reporting period ends on March 31, 2010, the forms have not yet been submitted to GCADA. Therefore, we could not determine their effectiveness as of the completion of our audit field work.

Recommendation 2

Maintain a database to track Municipal Alliance Coordinators and consultants, and require them to submit detailed time and activity reports.

Status: Partially Implemented

Our initial audit found that the identity of Municipal Alliance Coordinators and consultants was not tracked by GCADA, and that time and activity reports specifying the duties they performed were not required.

Following our audit, GCADA modified their Alliance Program Database, which now contains the names of the Municipal Alliance Coordinators, the various program activities of each Alliance, the amount of funding spent on those activities, and other program award information. GCADA also created an Excel spreadsheet to track consultants (hired by Alliances to conduct drug and alcohol prevention programs) and the services they provide at each Alliance.

During our review of documentation at the counties, we found that GCADA still did not require detailed time and activity reports from Municipal Alliance Coordinators and consultants. We also noted inconsistencies in the quality of

documentation supporting payments made to Municipal Alliance Coordinators and consultants. For example, we found that some Municipal Alliance Coordinators and consultants provided only general ledger information to GCADA, identifying the dollar amount requested. Others provided a narrative detailing their daily activity. Since Municipal Alliance Coordinators are allowed to act simultaneously as paid program consultants and can conduct program activities at multiple Alliances, the absence of detailed time and activity reports continues to create a risk of duplicative payments by GCADA.

At the exit conference on March 23, 2010, GCADA provided us with a copy of a Service Report Form it recently sent to each county. This form now requires Municipal Alliance Coordinators and consultants to list the date, time, description and dollar amount of the programs or activities they conducted during the grant year. GCADA intends to input this information into its modified Alliance Program Database so it can effectively track the activity of Alliance Coordinators and consultants.

Recommendation 3

Establish guidelines to monitor the attainment of the matching requirement as well as the proper use of the cash and in-kind match.

Status: Partially Implemented

Our initial audit found that a lack of guidance from GCADA concerning the proper use and monitoring of cash and in-kind matches resulted in inconsistencies between and sometimes within counties. We further found there was no evidence of how the in-kind services match requirement was met at any of the counties.

GCADA's intention is that the two new forms it has created, the Statement of Program Income form and the Fundraising Certification form, will be used to monitor the attainment of the cash match requirement in the 2010 grant year. At the time of our review at the counties, GCADA still had not established a

mechanism to monitor the in-kind matches. Rather, GCADA was continuing to rely on the County Coordinators for oversight of such matches.

At the exit conference, GCADA provided us with an In-Kind Certification form it developed and included in the 2010 Letters of Agreement that recently were sent to each county to monitor the Alliances' attainment of the in-kind match requirement. This form now requires the Alliance Coordinators to delineate and certify the in-kind service matches received during the grant year. GCADA has stated that it plans to have the County Coordinators use this form to verify that the Municipal Alliances have attained the in-kind services match as prescribed by grant guidelines. To verify that the County Coordinators are exercising proper oversight of the matching requirement, GCADA intends to review this form as part of the annual site reviews it conducts at the counties.

GCADA's Guidelines, however, do not enumerate allowable versus non-allowable cash or in-kind match expenditures. Consequently, we found that Mercer County continues to reimburse the Hamilton Township Municipal Alliance Coordinator for rent, telephone, fax and modem expenses that she incurs as a result of working at her home. Mercer County approved these cash match expenditures, all of which were funded by municipal funds, totaling \$2,800 for the first three quarters of the 2009 grant year. When we questioned the Mercer County Coordinator about this expense, she stated that the expense is allowable since it was approved by GCADA. GCADA, in turn, informed us that its view is that such expenses are a local community decision.

As we pointed out in our initial audit, and as is still the case, there is no documentation to support how the rent amount was calculated. Upon contacting Hamilton Township's Department of Business Administration, we were informed that its Business Administrator and the Mayor are now considering providing space for the Hamilton Municipal Alliance Coordinator on municipal premises. Moreover, at the exit conference, GCADA's Executive Director stated that the Coordinator is primarily in field locations as a result of her job duties and may not need dedicated office space.

We question whether it is in the interest of taxpayers, especially in this fiscal climate, for public dollars to be used to pay an undocumented rent expense to someone for working out of their own home. Where the expenditure of such public funds triggers additional GCADA funding through the cash match process, those questionable expenditures become even more significant.

[In its response to our draft report, GCADA indicated that the municipality has now ceased paying the rent expense.]

Recommendation 4

Review the GCADA current staffing plan and job descriptions. Reallocate staff to meet the annual site review requirement and include a comprehensive fiscal examination that ensures accountability for grant expenditures.

Status: Partially Implemented

Our initial audit found that GCADA was not conducting the required 21 annual site reviews and for those that it did conduct, GCADA was not verifying the grant reimbursement amount. Thus, there was no assurance that grant funds were used only for intended purposes.

In response, GCADA has increased its monitoring team from two to three staff members who are now responsible for conducting the annual site reviews. Accordingly, each member is responsible for reviewing a specific aspect of each county's Alliance Program: administration, fiscal or programmatic. Further, GCADA revised its monitoring checklist to provide for a more extensive fiscal examination. For example, GCADA staff stated that their review now includes a comparison of the quarterly fiscal report totals to the supporting documentation to verify the appropriateness of grant reimbursements.

GCADA conducted all 2009 annual site reviews. However, although the monitoring checklist has been revised, the Guidelines remain deficient in the areas of cash and in-kind match allowable expenditures as described in

Recommendation 3. As a result, GCADA continues to be unable to ensure the accountability of all grant expenditures.

GCADA has also entered into a three-year contract with the Mercadien Group, an independent Certified Public Accounting firm, at a cost of approximately \$47,000 annually, to determine whether GCADA grant payments are being used for legitimate program expenses. The firm is required to review seven counties per year with the intent to cover all 21 counties within the three-year grant cycle. As of February 18, 2010, the services had not commenced. We will monitor the provision of these services to determine if such a contract is a justifiable use of public funds.

Recommendation 5

Establish comprehensive guidelines to ensure that all Alliances are reviewed on a rotating basis and that relevant fiscal documentation is properly maintained and thoroughly reviewed.

Status: Partially Implemented

Our initial audit found that GCADA had not established guidelines specifying how it determines which Alliances within a given county should be selected for review, or the extent to which and manner in which documentation should be tested during the site reviews.

Now, as part of GCADA's annual site review of each county, it selects for review three Alliances within each county that have sought reimbursement. Upon completion of each review, GCADA issues its monitoring report to the appropriate county. GCADA staff stated that the selected Alliances will be tracked to ensure that all Alliances are reviewed on a rotating basis.

In addition, GCADA's site reviews are now more extensive than they were at the time of our initial audit, and include an examination of grant reimbursement supporting documentation. Our review of expenditures by the Essex, Mercer and Monmouth Alliances for the 2009 grant year revealed that GCADA is

adequately reviewing the supporting documentation, with the exception of the matching fund deficiencies described in Recommendation 3.

However, Alliances that have not sought reimbursement at the time of GCADA's annual site review are not being examined. Specifically, we found that Trenton, Mercer County's largest Alliance, was not selected for review since it had not sought reimbursement as of October 28, 2009, the date of GCADA's site visit. This is the fourth consecutive year that this Alliance has not been reviewed by GCADA. GCADA should consider reviewing Trenton earlier in the cycle. At the exit conference, GCADA indicated that it will ask the Mercadien Group to include Trenton as one of the municipalities it reviews.

Recommendation 6

Develop a system to identify viable drug and alcohol programs and to evaluate the effectiveness of the Alliance Programs being funded by GCADA.

Status: Partially Implemented

Our initial audit found that GCADA had no mechanism in place to assure that the Alliance Programs it funds produce tangible results.

GCADA's new Guidelines require that all Alliances receiving more than \$10,000 in GCADA funding must implement evidence-based programs (programs supported by empirical evidence as to their efficacy) and measure the outcomes of such programs.

GCADA's management told us that they recognize GCADA's weaknesses in the areas of program evaluation and outcome tracking. To address these areas of concern, GCADA has attempted to take specific steps to enhance the capacity of the Alliance Program to measure the performance of programs being funded. For example, on December 7, 2009, GCADA submitted an application to the North East Center for Applied Prevention Technology (NECAPT) to participate in the Service to Science initiative. Service to Science is a national initiative to enhance the ability to measure performance of innovative programs and practices that address substance abuse prevention or mental health needs.

NECAPT selects programs to participate in the Service to Science initiative based on the following criteria: eligibility, program innovation, motivation, commitment and potential to advance the program's evaluation methods. On February 5, 2010, GCADA was notified that it was not selected to participate in NECAPT's Service to Science initiative. At the exit conference, GCADA officials indicated that GCADA will reapply for the Service to Science initiative in the next enrollment period.

GCADA also contracted with the Community Anti-Drug Coalitions of America, at a cost of approximately \$112,000, to conduct a Coalition Academy training program for County Coordinators. The program consists of three weeks of classroom training and distance learning which focuses on program evaluation and outcome tracking as well as community-specific solutions to start or sustain an effective anti-drug coalition. The date of this training has not been set.

GCADA's revised Guidelines were met with some resistance from the Alliances, which wanted the flexibility to continue to use non-evidence based programs. In a written response to the counties, GCADA noted that it would be irresponsible to continue to fund programs without measuring their effectiveness.

GCADA's new Guidelines, however, separately allow municipalities to use up to 10 percent of the total GCADA grant award for community education and awareness programs. Such programs generally consist of "fun" activities that are not directly focused on drug and alcohol prevention, and therefore do not easily lend themselves to program evaluation. While we acknowledge the progress GCADA has made by limiting these types of expenditures to 10 percent of the total grant award, we question this use of public dollars in the current fiscal climate.

Recommendation 7

Review the responsibilities of all GCADA employees and reorganize the agency's structure to reflect the realities of its operational needs.

Status: Implemented

Our initial audit found that GCADA was overstaffed. In response, effective August 2009, GCADA restructured the agency. GCADA's staff has now been reduced from 12 employees to 9.

Based on our interviews and observations, the new organizational structure has streamlined GCADA's operations. GCADA has reduced the five clerical/support staff that we found in our initial audit to have few or no job responsibilities by two positions. In addition to assuming the responsibilities of the former employees, the remaining three clerical/support staff are also responsible for GCADA's timekeeping and maintaining the modified Alliance Program database.

Recommendation 8

Review, revise, and/or develop job descriptions and performance goals and targets for all GCADA positions. Develop an annual evaluation schedule to ensure that GCADA conducts required employee performance appraisals.

Status: Implemented

GCADA reviewed and revised all employee job descriptions and performance goals and targets during its reorganization that took place in August 2009. GCADA has begun utilizing the Department of the Treasury's employee performance appraisal program to cover the September 1, 2008 through August 31, 2009 employee performance rating period. The appraisal program requires that employees receive semi-annual evaluations. We found that all evaluations were completed in a timely manner.

Recommendation 9

Take proactive steps to minimize the abuse of sick leave. This can be accomplished by requiring employees to provide adequate supporting documentation when sick leave exceeds 15 days in a 12-month period as prescribed by N.J.A.C. 4A:6-1.4(d).

and

Recommendation 10

Establish a mechanism to track sick leave and to identify potential abuse.

Status: Implemented

Our initial audit found that GCADA did not adequately monitor the sick leave usage of its staff, resulting in abuse.

GCADA has since developed a recordkeeping process to track sick leave usage on a rolling 12-month basis so that potential abuse can be identified. Our review of sick leave usage for the three GCADA employees who exceeded the 15-sick-day limit during the period December 1, 2008 through December 2, 2009 revealed that the proper medical supporting documentation was submitted.

Separately, the Department of the Treasury (Treasury) had reviewed the use of sick leave by GCADA staff from July 1, 2008 through June 30, 2009. The review revealed that two employees exceeded the 15-day sick leave limit within a 12-month period. GCADA subsequently required these employees to provide medical documentation. GCADA management provided two other employees with written warnings regarding their use of sick time. Treasury conducted training on the appropriate use of leave time for GCADA staff on February 24, 2009.

In addition, GCADA management now receives leave usage reports from Treasury that indicate when an employee's sick leave balance falls below five days. When this occurs, the employee receives a written warning from GCADA's management concerning the employee's sick time.

Program Services Consolidation

Separate from our analysis of operating practices at GCADA, our initial audit found that the Department of Human Services' Division of Addiction Services (DAS) and GCADA share similar goals and objectives. We noted that a

consolidation of these two State agencies could result in the elimination of management and staff redundancies. We estimated that the State ultimately could realize a potential savings of more than \$600,000 based on DAS' opinion that, at most, it would need five full-time equivalent positions to carry out GCADA's work. Since we did not conduct an audit of DAS, we could not confirm the validity of DAS' representations.

We also noted that the combination of these two agencies could provide the State with the means to provide a full range of substance abuse services in a more efficient and cost effective manner than the current \$10 million GCADA funding stream allows. Consequently, we suggested State policymakers consider consolidating GCADA and DAS.

In response, during the 2008-2009 legislative session, identical bills were introduced in the State Assembly and the State Senate to amend N.J.S.A. 26:2BB-1 et seq.—the Act that established GCADA. The bills called for the transfer of GCADA and all of its functions, powers and duties from Treasury to the Department of Human Services. The bills were referred to committee, but were not voted upon.

Particularly in view of the State's continuing budget constraints, we restate our suggestion that the Governor and Legislature consider consolidating these two State agencies that have such overlapping missions and objectives.

REPORTING REQUIREMENTS

We provided a draft copy of this report to GCADA officials for their review and comment. Their comments were considered in preparing this report and are attached as Appendix A.

GCADA's response offers considerable background information regarding GCADA's creation and enabling legislation. We need not address point-by-point the assertions in the response, many of which are not directly germane to the issues covered by our audit. Of more significance, GCADA's response notes that GCADA has "either fully implemented or has initiated steps to fully resolve the concerns outlined in [the initial audit] report." We agree.

The response also offers a series of arguments as to why, in GCADA's view, consolidation with DAS would not be warranted. However, GCADA's response itself offers that "New Jersey would be best served if the operations of the Division of Addictions are placed under the oversight of the Council," thereby implicitly recognizing the current overlapping of efforts. As we noted in our initial audit, ultimately this is an issue that should be considered and decided by State legislators and the Governor.

The Office of the State Comptroller is required by statute to monitor the implementation of our recommendations. To meet this requirement, GCADA shall report periodically to this Office advising what additional steps it has taken to address the unresolved issues in this report. This Office will continue to monitor those steps.



State of New Jersey

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

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April 9, 2010

Mr. William Challice
Audit Director
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Dear Mr. Challice:

The leadership of the Governor's Council on Alcoholism and Drug Abuse has received and reviewed your draft report of the follow up of Selected Operating Practices of the Governor's Council on Alcoholism and Drug Abuse (GCADA). While we appreciate the time and energy your staff has put forth examining the Municipal Alliance Program, we believe that your agency continues to misinterpret the enabling legislation establishing GCADA and creating the Alliances. In reading the draft findings, we find a real disconnect between some of your opinions and the legal, governmental and functional basis of the GCADA and the Municipal Alliance Program.

I am pleased to share with you, as our staff has done during frequent interaction with your office over the last four months, that GCADA has either fully implemented or has initiated steps to fully resolve the concerns as outlined in your report. The leadership of

the GCADA, however, wishes to correct and clarify for the record the following items discussed in your report:

- The primary mission, as stated in the legislation, of the Governor's Council on Alcoholism and Drug Abuse is to be an independent planning, coordinating, research and review body covering all aspects of alcoholism and drug abuse. To accomplish its work, the GCADA has nine committees and subcommittees and participates in more than 20 state and regional collaborative planning bodies, workgroups and committees. The GCADA is required to produce an Annual Comprehensive Master Plan for Alcoholism, Tobacco and other Drug Abuse and the State Government Component that reports on the efforts of ten state departments and agencies. GCADA staff facilitates and coordinate the work of all of the Council's planning activities as well as its Alliance Program activities.
- The statute placed the Municipal Alliance Program within the GCADA. In order to ensure the proper functioning of the Municipal Alliance Program, six of the nine GCADA employees are directly involved in one way or another with County and Municipal Alliances. The GCADA's two administrative support staff and its graphic artist assist in maintaining communication with County and Municipal Alliances and in preparing the vast amount of materials required for distribution. In addition to the three-member monitoring team, the GCADA's two state alliance coordinators and management staff continually liaise with county and municipal alliances, attend committee meetings, governing body meetings, perform technical assistance and training, observe and take part in events and programs. In 2009, more than 229 such field visits were conducted in addition to the 21 formal county site reviews. Attached is GCADA's organizational matrix.
- Funding for the Council and the Alliance Program is solely derived from fines on convicted drug offenders, not tax payers. While it is public funding, the brilliant concept of returning to communities this user fee on drug offenders has allowed Municipal Alliances to develop and sustain their efforts much to the envy of

similar anti-drug coalition networks in other states. During fiscal years 2006 through 2009, the Drug Enforcement Demand Reduction fund had receipts averaging \$16.6 million each year and in the same period annual disbursements averaged \$9.7 million for the Municipal Alliance Program, \$1.26 million for GCADA operations, \$4.2 million to the Department of Human Services, and two disbursements of \$3 million were made to the Department of Law and Public Safety for the Crime Prevention Strategy in FY 2008 and FY 2009.

- The Governor's Council's membership includes 12 state departments or agencies, including Law and Public Safety, Education, Health and Senior Services, Human Services, Military and Veterans Affairs and the Higher Education Presidents Council. The remaining 14 membership positions are public members of which 10 are appointed by the Governor, 2 by the Senate President and 2 by the Speaker of the Assembly. The Chair of the Council is also appointed by the Governor. It is very disappointing and unfortunate that Governor Corzine did not make one appointment during his term. The result created huge challenges for the Council and left it significantly weakened; of the ten Gubernatorial membership positions there are 6 vacancies and 4 members serving in expired terms. The first and only Chairman of the Council retired in January 2008; so, in the absence of the Governor making an appointment, the First Vice Chairman has been serving as Acting Chairman. The Executive Director of the Council is also appointed by the Governor with confirmation of the Senate.
- The business of the GCADA is conducted in open public meetings where anyone can address the Council and all members review, discuss and vote to approve guidelines, policy, resolutions, major expenditures and the County Alliance Plans.
- There exists true transparency and accountability in this decentralized system where a small state agency distributes grant funds to county government who in turn disburse grants to participating municipal governments. Each level of the process involves citizen advisory committees (involving more than 7,000 volunteers statewide) who conduct their business in open public meetings, and

whose activities are overseen by county and municipal governing bodies, administrators and finance officers. Since the inaugural Municipal Alliance grants in 1991, more than \$165 million has been disbursed to the counties for their Municipal Alliances and it is important to note that there have been no significant audit findings by county or municipal auditors or incidents of wrongdoing. Attached is an organization flow chart which shows the governmental relationships.

- It is inaccurate to state that the Alliance Program was created to implement “prevention and education” programs; the enabling legislation (P.L. 1989, Chapter 51) was one of the most thought out and detailed bills of its kind; both the legislators and the Kean administration intended the Alliance Program as a mechanism both for implementing policies at the municipal level and for providing funds to support county and municipal level education and *public awareness* efforts – they were fully aware of the difference between prevention and public awareness. There is a fundamental lack of expertise in the Comptroller’s office in the area of community based health prevention; therefore, your supposition on what is or is not effective community prevention is not consistent with the research or federal agency guidelines. Attached is a list of resources that explain community coalition efforts and studies on the effectiveness of community based efforts.
 - In August of 2009, the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (CSAP/SAMHSA) conducted a review of the federal block grant utilization that resulted in an analysis of New Jersey’s Prevention System, which highlighted as a prevention system strength the GCADA/Alliance Program for implementing policies and education and public awareness activities. The County Alcoholism and Drug Abuse Advisory Committees were also identified as a prevention system strength for their review of municipal and county needs assessment data and the development of county planning and funding priorities.

- There are 395 municipal alliance grants encompassing 529 municipalities. Sixty six percent, or 262, of the grants are \$20,000 or less; thirty one percent, or 121, of the grants are between \$21,000 and \$60,000; and, three percent, or 12, are grants between \$61,000 and \$241,000.
- In 2009, a total of 3,518 Municipal Alliance programs were implemented in which there were more than 783,464 participants and 24,141 volunteers.
- There are seven CSAP prevention strategies and Municipal Alliance plans are developed utilizing multiple strategies that cut across all segments of their community. See attached pie charts showing the CSAP strategies and target populations addressed by the Municipal Alliances.

While we believe that GCADA has effectively addressed each of the recommendations made in your initial report, we will continue to look for ways to use this follow up report to help strengthen the oversight and management of the Municipal Alliance Program. Your report reflects six recommendations partially implemented, the Council's response to these items are as follows:

Recommendation 1: Establish specific guidelines and procedures governing the fiscal review and approval process of grant reimbursements to ensure that only allowable expenditures are funded.

Response: While the statute enumerates the development of programs and fiscal guidelines consistent with directives of the GCADA as a responsibility of the counties (N.J.S.A. 26:2BB-8), the GCADA has consistently worked with the County government to develop uniform practices so that there is consistent controls over the Municipal Alliance expenditure of grant funds. We are confident the measures and reporting forms put in place will ensure only activities approved in the County Plans by the GCADA are reimbursed.

Recommendation 2: Maintain a database to track Municipal Alliance Coordinators and consultants, and require them to submit detailed time and activity reports.

Response: The implementation this year of the new reporting forms should address this concern. However, it is necessary to make a point of clarification on this issue. In the early days of the Municipal Alliance Program the Council recognized that there could be potential abuses and use of excess amount of grant funds for administrative purposes; therefore, it began to adopt policies of limiting expenses related to coordinating the grant (e.g. doing the paperwork, facilitating MAC meetings, organizing the logistics of events). Currently, the Council limits the amount of grants funds for coordination purposes to 15% of the grant. There are Municipal Alliances who have hired Certified Prevention Specialists (CPS) not only to coordinate the grant but to actually implement programs and trainings. Coordination expenses are carved out, but when a CPS or other professional implements a program the costs involved are charged under that activity's budget as consultant expenses.

Recommendation 3: Establish guidelines to monitor the attainment of the matching requirement as well as the proper use of the cash and in-kind match.

Response: The implementation this year of the new reporting forms should address this concern. However, it is necessary to make a point of clarification on this issue. The Council's long standing policy has been to allow Municipal Alliances to utilize their cash match funds or in-kind not only within the parameters of allowable DEDR fund uses but also outside those parameters; as long as the Municipal Alliance Committee provides justification and it is accepted by the County Local Advisory Committee on Alcoholism and Drug Abuse. The GCADA will be reconvening the guidelines workgroup by the end of April 2010 with a view to revising the existing guidelines for the purpose of clarifying the use of cash and in-kind match.

In a cost savings move, the governing body of Hamilton Township in the mid 1990s decided not to create a municipal employee position for salary and benefits. Instead, they

hired a consultant who works on Alliance activities, is certified and trained to implement programs, as well as to do screenings and referrals for youth and other residents in need of treatment. Largely due to the necessity of complying with federal confidentiality laws, dedicated communications (phone, fax, and modem) and a small office for files were necessary. No space was available in the municipal building so the government body entered into an arrangement with a consultant to pay for a 'home' office for the Alliance work. At the time and subsequently, justification to use cash match funds in this manner was provided by Hamilton Township to the Mercer County Local Advisory Committee on Alcoholism and Drug Abuse which approved of the arrangement with subsequent approval by the GCADA in keeping with its practice on the use of match funds. As of January 2010 the municipality is no longer paying rent. It is important to note for the record that the Hamilton Township Alliance is quite large with a grant of \$78,731 and it is very engaged in all sectors of the community. The 'home office' arrangement has transcended several administrations in a municipality that is often fraught with political turmoil and activism. The GCADA has noted that no individual, agency or entity within that community had questioned the arrangement; perhaps because it saved local taxpayers at least \$12,000 in fringe benefits by not placing a salaried employee on the books.

Recommendation 5: Establish comprehensive guidelines to ensure that all Alliances are reviewed on a rotating basis and that relevant fiscal documentation is properly maintained and thoroughly reviewed.

Response: The GCADA developed and is implementing a new county site monitoring visit that thoroughly reviews fiscal practices and program operations to make sure the Alliances are functioning at an acceptable level to assure program fidelity. Mercer County is one of the counties the independent auditing firm will review in 2010. The GCADA will request that Trenton be one of the municipalities selected for review. The GCADA has provided to the audit firm, a list of municipalities it reviewed on the county site monitoring visits and has asked the firm to select other municipalities so as to ensure maximum review. It should be noted that the Comptroller's Office selected Mercer County as one of the counties to review and did not review the Trenton Municipal

Alliance. The GCADA is certain that Mercer County fiscal documentation for Trenton is properly maintained and scrutinized by County staff. In 2007, Mercer County had concerns regarding how the Trenton Alliance was reporting and accounting for its consultant services and as a result held reimbursement payments for a long period of time until the matter was resolved. In October 2007, the Executive Director of the GCADA wrote to the Trenton mayor requesting a meeting that would involve the Council, Mercer County Alcoholism and Drug Abuse officials and the city officials responsible for the Municipal Alliance Grant. The GCADA supported the County's position regarding this matter and eventually the city complied by completing the consulting reporting form as requested.

Recommendation 6: Develop a system to identify viable drug and alcohol programs and to evaluate the effectiveness of the Alliance Programs being funded by GCADA.

Response: It is important to give a brief description of the data driven evidence based planning process used by the Municipal Alliances. Each municipality uses epidemiological and archival data to complete a local needs assessment to identify risk and protective factor priorities that are then used to develop their strategy and plan for the grant application. So, outcome measurement and municipal level data evaluation has always been conducted at the local level by the Municipal Alliance Committees. The GCADA has already acknowledged that no mechanism was devised for either the counties or GCADA to gather and use this information collectively. This is primary due to absence of consistent and comparable survey and studies providing local level data; which is the key mechanism used in measuring effectiveness. Various departments of state government – for example: Department of Education, Department of Health and Senior Services, Department of Human Services, and Law and Public Safety – conduct student and general population surveys and risk assessments however the samples only provide for a general view of the entire state, not a picture of what is happening in a particular community. As a result, many communities do their own youth surveys which they use in developing their plans; however, the information is then just useful to that specific community as it is not comparable or consistent from municipality to

municipality. As is noted in the research on community coalitions, formal evaluation data are often not available because most community based efforts have limited funding and evaluations are expensive. The Municipal Alliances perform local evaluations and measure their outcomes the best they can with the resources (funding and data) available.

The 2009-2011 Alliance Grant Applications required each Municipal Alliance to complete what is known as a logic model theory of change instrument. A logic model identifies anticipated short and long term outcomes. This tool should enable the counties, and GCADA, to gather and aggregate municipal alliance data to report collective outcomes.

The Department of Education has been leading a workgroup comprised of GCADA, Department of Health and Senior Services, Department of Human Services and Law and Public Safety in discussions on developing a state mechanism for implementing student surveys that will fulfill the requirements of the state agencies as well as deliver local (county and municipal) data. There is a concept currently being examined that, if approved, will take at least a year to put in place; and this concept offers the state the best opportunity to finally measure change at the community level with consistent and comparable data.

The Office of National Drug Control Policy (ONDCP) funds the national Drug Free Communities Program which in concept and operation is very similar to New Jersey's Municipal Alliances Program. ONDCP is required to develop and implement a set of research based principles upon which prevention programming can be based. The 15 principles and guidelines they established were drawn from literature reviews and guidance supported by the federal departments of Education, Justice, and Health and Human Services as well as ONDCP. Each of the principles and guidelines are reflected in the processes and practices of the Municipal Alliance Program. Attached are the ONDCP Principles of Prevention.

The Municipal Alliances must employ multiple prevention strategies across their communities. We currently categorize Alliance activities using the seven prevention strategies identified by the Center for Substance Abuse Prevention. The Municipal Alliances reach entire populations and reduce collective risk. This type of community coalition activity is generally referred to as environmental prevention based upon the public health model, which demonstrates that problems arise through relationships and interactions among an agent (alcohol and drugs), a host (the individual user) and the environment (the social and physical context of use). Environmental prevention is carried out most effectively in the context of community problem solving process conducted by community coalitions like the Municipal Alliances. According to Community Anti Drug Coalitions of America (CADCA), environmental prevention strategies are cost effective given the potential magnitude of change. Community mobilization is central to creating population level change.

The Council is confident of the role played by New Jersey's Municipal Alliances on the front lines against alcohol and drug abuse. They have effectively provided the firewall necessary to prevent the majority of our communities from being overrun by the du-jour drug trend such as we have witnessed in other states, especially methamphetamine. Municipal Alliances engage residents, civic leaders, law enforcement, schools, nonprofits organizations, youth, recovering individuals and the faith community to work together to address community concerns.

Program Consolidation: The Office of the State Comptroller restates their suggestion that the Governor and Legislature consider consolidating the Governor's Council on Alcoholism and Drug Abuse and the Division of Addiction Services.

Response: This suggestion by the Comptroller's Office was a misguided one when it was first made in December 2008; but given changing circumstances over the past two years it is a worse suggestion today. The leadership of the Governor's Council on Alcoholism and Drug Abuse is certain that this suggested consolidation is wrongheaded and would cause harm to New Jersey's communities and families.

Your office reports the introduction of two legislative bills. However, what you leave out of your report is more important and would enlighten the new Governor, his administration and the legislature on the critical happenings of the past year.

Assemblywoman Sheila Oliver, Chair of the Assembly Human Services Committee, did introduce A3686 in January 2009. The Council believes that Assemblywoman Oliver had the best of intentions but was misled by bureaucrats at the Department of Human Services regarding the legislative intent of the Municipal Alliance Program and use of the DEDR fund. One hearing to discuss the bill was held on January 26, 2008. At this hearing, the Director of the Division of Addictions testified that if the Alliance Program was transferred to them, they (the bureaucrats) would identify the priorities that had to be addressed and would issue competitive RFPs. Both of those concepts are contradictory to the statute that created the Alliances. It would in effect remove from local community based planning bodies the ability to identify their own priorities and effectively cut out the majority of Municipal Alliances that are volunteer driven and receiving small grants.

As a result of that hearing, a groundswell of local activism to preserve the Municipal Alliance Program swept across the state. Alliance volunteers, local elected officials, schools and local law enforcement contacted their legislators and numerous county and municipal resolutions were adopted opposing the transfer of GCADA and the Municipal Alliance Program to the Department of Human Services. The leadership of the GCADA asked for meetings with the Governor's Office and legislative leaders. The highest level of legislative leadership met with officers of the GCADA; unfortunately, Governor Corzine's office never responded.

Senator Stephen Sweeney put his name on the Oliver bill in a legislative practice we believe is referred to as "reserving". This claims a bill from the other house and blocks other legislators from introducing it. It was referred to the Senate Budget and Appropriations Committee. It needs to be noted that Gloucester County was one of the first counties to pass a resolution opposing A3686 and Senator Sweeney at that time was Director of Gloucester County Board of Chosen Freeholders and signed the resolution.

The Corzine budget when it was introduced moved the Drug Enforcement Demand Reduction Fund and the Governor's Council on Alcoholism and Drug Abuse to the Department of Human Services. Senator Barbara Buono, Chair of the Senate Budget and Appropriations Committee, introduced budget bills deleting the language moving the GCADA from the Corzine budget, restored to GCADA under the Department of Treasury and held the FY 2010 level of funding for the Municipal Alliances at the FY 2009 level. The actions of legislative leaders in 2009 indicate no willingness at that time to dissolve the Council and move the Municipal Alliance Program to the Division of Addictions. Those legislative leaders have ascended to higher ranks in the 2010 Senate.

In October 2009, a Senate Resolution introduced by Senator Girgenti, was adopted to honor the Governor's Council on Alcoholism and Drug Abuse for its twentieth anniversary and to commend the Council for its distinguished service to New Jersey's communities during the past two decades.

The Comptroller's Office has not performed an audit of the Division of Addiction Services nor have you conducted interviews with county government representatives, other stakeholders from the field of alcoholism and drug abuse, or the citizen volunteers involved in safeguarding our communities from drug abuse and alcohol misuse. Therefore, this suggestion has little merit. The Council wishes to share the following information with New Jersey's policy makers so that they can make informed determinations when looking at the GCADA, DAS and all alcoholism and drug abuse services in New Jersey:

Transparency and Accountability

- The GCADA is the only alcoholism and drug abuse agency in the state that conducts its business in open public meetings with an opportunity for *anyone* to address the Council about any issue. DAS has several committees, none of which operate in accordance with the open public meetings act.
- The GCADA directly provides advice to the Governor and the Legislature on alcoholism and drug abuse issues.

- The county Local Advisory Committees on Alcoholism and Drug Abuse and Alliance Steering Subcommittees, as well as, the Municipal Alliance Committees conduct their business in accordance with the open public meetings act.
- The administration of DAS is placed deep within the largest of all of the departments of the state: they do not conduct their business in an open public manner and offers no opportunity to those not connected to the Division to participate in planning and decision making.
- DAS guards its information (spending, contracts, decisions, reports, etc) tightly often refusing to answer questions or share information (all of which is in the public domain). Often sanitized summaries are released to providers under the appearance of sharing information but not the full public documents (for instance the 2009 federal systems analysis conducted by CSAP and CSAT).

Bureaucratic Nightmare

- The Council currently has nine employees, has in the past as many as 16; one thing is certain without the partnership and cooperation of county government the state would not have been able to build a Municipal Alliance effort involving 529 municipalities. GCADA staff works closely with county staff to ensure the proper functioning of local planning structures.
- The current administration of DAS has neglected its relationship with county government preferring to deal with them as if they are contractual providers like contractors who respond to RFPs. There have been multiple years where no DAS monitoring site visits of the counties took place; we know of one county that hadn't seen a DAS person in five years prior to 2009. After the Comptroller's audit of GCADA, DAS began performing county monitoring visits.
- As if to emphasize their purposeful indifference to the county based, legislatively established local planning system, DAS officially dismantled its County Planning Unit in 2009. These Trenton administrators do not respect county level planners and administrators; therefore, they are unlikely to feel any different in regards to municipal level planning bodies.

- DAS has grown uncontrollably over the years and according to Gannett News Data Universe had 130 employees and that does not account for those positions filled by Memorandums of Agreement with Rutgers University to assign staff to the division – some have been in place for many years. Of the 130 positions: 16 had salaries over \$100,000; 37 had salaries between \$80,000 and \$100,000; 8 are in management titles; 5 have exempt titles; and 16 are in Research Scientist titles. The use of the Research Scientist title is a way of getting around civil service lists – the appointing authority can appoint someone with a master’s degree as a Research Scientist, the person becomes a permanent civil servant without being subject to open competitive tests. A couple questions that should be asked are: With 16 Research Scientists, why does DAS have to expend funds by outsourcing research and evaluation projects?; The Pennsylvania state system is more than double the size of New Jersey’s and their central office staff consists of 40 employees, why does DAS need three times that many?
- A number of states have designated county planning bodies as Single County Authorities; our neighbors in Pennsylvania are organized in this way. If New Jersey were to designate Single County Authorities, funds could then be block granted to the counties to be utilized according to the needs identified at the local level and the services would be monitored by the Counties just as they currently monitor their service contracts. New Jersey statute (P.L. 1983, Chapter 531 and P.L. 1989, Chapter 51) already confers authority to County government and planning bodies. New Jersey’s policy makers were ahead of their time when they established in the law some of the structures we have to address alcoholism and drug abuse; how unfortunate for our citizens and our services that the bureaucracy of the Division of Addiction Services never saw fit to convey the same confidence and trust in local government.
- The planned consolidation of DAS into the Division of Mental Health within the Department of Human Services would bury the implementation for alcoholism and drug abuse services deeper within the bureaucracy of the largest state department; leaving little hope those addictions administrators would ever be able to advocate or give advice directly to the Governor or Legislature.

- On the Department of Human Services website they describe themselves in this way:

DHS serves individuals and families with low incomes; people with mental illnesses, developmental disabilities, or late-onset disabilities; people who are blind, visually impaired, deaf, hard of hearing, or deaf-blind; parents needing child care services, child support and/or healthcare for their children; and families facing catastrophic medical expenses for their children.

DHS and its eight divisions strive to help individuals and families in need keep their lives on track, their families together, a roof over their heads, and their health protected. The programs and services offered through DHS Human Services give individuals and families the breathing room they need in order to find permanent solutions to otherwise daunting problems.

Clearly theirs is an admirable mission and one in which the alcoholism and drug abuse field has always worked closely with; however, it is worth pointing out that nowhere in this description do they mention alcoholism and drug abuse or drug free communities. (<http://www.state.nj.us/humanservices/home/about/>)

- Like most out of control bureaucracies in New Jersey, DAS has created an unfriendly climate for the provider community by over-regulating a field that has national accreditation boards (JCAHO and CARF). They use bureaucratic intimidation and retaliation, as well as, rewards of no-bid contracts to control the provider community.
- DAS has outsourced some contract management and payer services, and yet no subsequent downsizing occurred in their central office.
- DAS does not support workforce development in the area of prevention. In the RFPs for the 2009-2012 prevention contracts they dropped the requirement that the provider must have at minimum one Certified Prevention Specialist (CPS) on staff. The federal government, and many in our state who have worked in the prevention arena, recognize that different skills and training are necessary to effectively implement prevention programs especially at the community level.

A Look At Restructuring New Jersey's Alcoholism and Drug Abuse Efforts

The costs and consequences of alcoholism and drug abuse place an enormous burden on state budgets, economic productivity, and the well being of individuals and families. It remains at the top of our state's health problems and crosses all societal boundaries, affects both genders, every ethnic group, and people in every tax bracket.

According to a report released by the National Center on Addiction and Substance Abuse at Columbia University in May 2009, the State of New Jersey spent 11.7% of its total budget, or \$3.8 billion dollars, in 'shoveling up' the consequences of substance abuse in the areas of justice, education, health, child/family assistance, mental health, public safety, regulation compliance and the state workforce. State spending for prevention, treatment and research amounted to .3% of the total budget, or \$101 million (figures used are from 2005). The Shoveling Up II report can be viewed and downloaded, the link is:

<http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf>

These budget numbers show us that governmental spending is tilted toward dealing with the consequences of alcoholism and drug abuse due to our continued failure to prevent and treat the problem effectively. We are still by and large looking the other way, while alcoholism and drug abuse cause illness, injury, death, crime, harm our children, overwhelm social service systems, impede education and impose a steep and growing tax burden on our citizens. In the current fiscal climate of growing economic hardship, we no longer can afford costly and ineffective policies and bureaucracies.

It is unfortunate that the previous administration, and its leaders in the Division of Addictions, were more interested in issues such as providing clean syringes for drug users and medical marijuana rather than ensuring local government and front line anti-drug activists have the tools and support they need to keep our communities safe and drug-free. There needs to be leadership so that a course correction can be made before we see an escalation in alcoholism and drug related deaths and consequences.

In an Issue Brief from the National Governor's Association (NGA) Center for Best Practices, "Substance Abuse: State Actions to Aid Recovery", October 11, 2002, it is recommended that state's establish commissions to develop policy and coordinate statewide activities around substance abuse. In 1989, the Kean Administration and the New Jersey Legislature had already envisioned this level of coordination of the state's effort with the establishment of the Governor's Council on Alcoholism and Drug Abuse. Administrative support for the GCADA and its mission has varied greatly in the ensuing years, with the complete abandonment of this approach by the previous administration.

In November 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a study on "State Substance Abuse Agencies and Their Placement Within Government: Impact on Organizational Performance and Collaboration in 12 States". The report states "Substance abuse agencies that are in the lower echelons of a State bureaucracy or another department lose their visibility and influence. They reported that they were simply unable to advance significant substance abuse education, prevention, treatment and policy objectives, particularly those objectives that are held jointly with other agencies including mental health, criminal justice, Medicaid and public health.

Join Together, with support from the Robert Wood Johnson Foundation, convened a panel of experts and public officials who had dedicated themselves to anti-drug abuse efforts in their states; they released their report "Blue Print for the States" in 2006 a copy of which can be downloaded here:

http://www.jointogether.org/aboutus/policy-panels/blueprint/Blueprint_PDF.pdf

They found, "very few states have a strategy for effective action that is led by the governor and legislative leadership and crosses agencies lines. To make matters worse, treatment and prevention agencies have been moved like checkerboard pieces in administrative reorganizations that have buried them far from the state's senior leadership. We found these reorganizations often miss the mark focusing on organizational efficiency at the cost of effective prevention and treatment." The

recommendations they make regarding state leadership could have come straight from the GCADA's enabling legislation. The report further states, "We conclude that when prevention and treatment are delegated to inconspicuous, mid-level state agencies, states will not be able to successfully prevent or treat alcohol or drug problems at the population level."

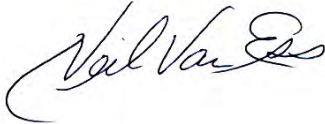
One of the Blue Print's recommendations is to "Sustain State Focus and Attention" and they recommend the following building blocks be put in place in every state:

- A permanent, highly visible state alcohol and drug advisory board, led by civic leaders and individuals in recovery. The advisory board should have the resources and responsibility to issue regular public reports on state strategies and results. The board should also conduct social marketing campaigns to develop public support for alcohol and drug prevention and treatment programs. (GCADA comment: This is the Governor's Council on Alcoholism and Drug Abuse)
- A network of community coalitions and recovery organizations that have the resources and responsibility to monitor and report local problems and progress. The network should also have the ability to mobilize local public and private groups to support an alcohol and drug strategy. These groups should work closely with local police and school authorities to develop collaborative prevention and enforcement strategies. (GCADA comment: This is the Municipal Alliance Program)
- A network of health services and treatment providers that can work constructively with state agencies to ensure that new clinical developments are incorporated into state standards. (GCADA comment: The PACADA's , provider advisory committees existing in each County, in conjunction with a vibrant statewide professional or counselors association could be this building block)

The leadership of the Council asserts these building blocks are already in place in New Jersey; they just need to be strengthened and empowered. The leadership further believes that New Jersey would be best served if the operations of the Division of Addictions are placed under the oversight of the Council.

If you have any questions or would like additional information on anything covered in the GCADA response, please contact our Executive Director, Mary Lou Powner, at 609-777-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil Van Ess". The signature is fluid and cursive, with a large initial "N" and "V".

Capt. Neil Van Ess
Acting Chairman

Cc: John Gluck, Second Vice Chairman
Harry Morey, Alliance Committee Chairman
Mary Lou Powner, Executive Director

GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE

ORGANIZATIONAL MATRIX (August 2009)

Name	Alliance Program function	Planning function	Other function
Mary Lou Powner	Overall Oversight	Overall Oversight	Overall Oversight
Margaret Beattie	Grant Coordinator	Policy/Intra Treasury Coord	Fiscal Manager
Kevin Sullivan	Monitor	Master Plan Coordinator	ELO
Nick Petrozino	Monitor	Planning & Committee Staff	Research Coord
Evon Judkins	County Liaison	Committee Staff	Collaboration Coord
Rebecca Alfaro-Avenoso	County Liaison	Committee Staff	Training Coord
Susan Massaro	Admin Assistant	Admin Assistant	Time Keeper
Kate Assenheimer	Sec Assistant	Sec Assistance	Data Base Coord
John Varone	Graphic Artist	Graphic Artist	IT & Printing Coord

Areas of Responsibility

MLP – GCADA

M Beattie – Alliance Program and Finance

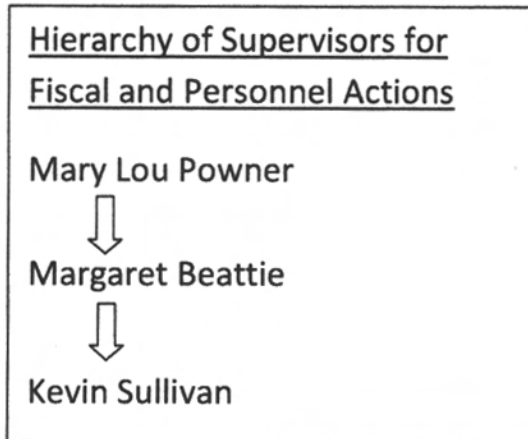
K Sullivan – Master Plan Development Supervisor

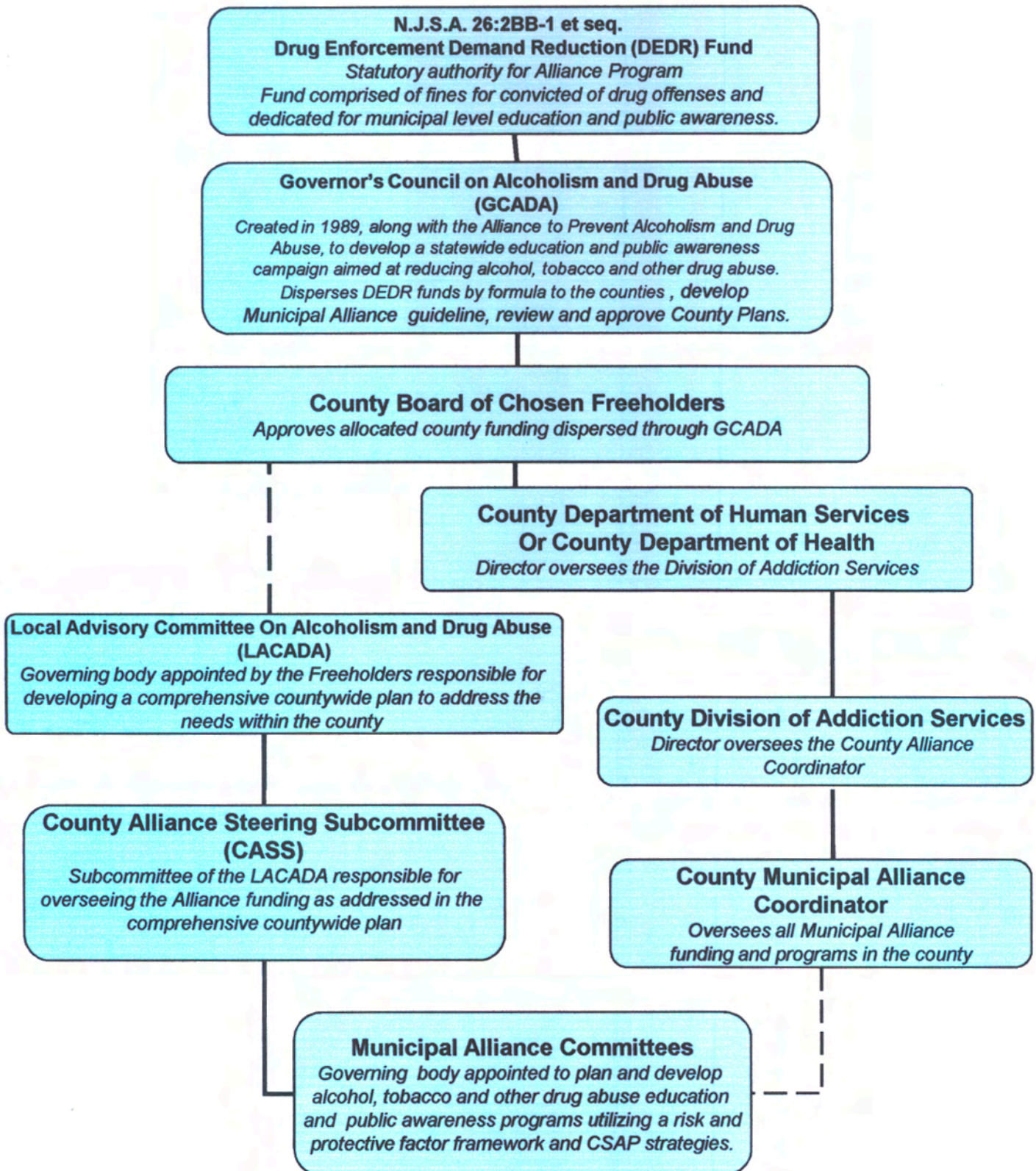
N Petrozzino – Research Coordinator

E Judkins – Collaboration Coordinator

R Alfaro-Avenoso – Training Coordinator

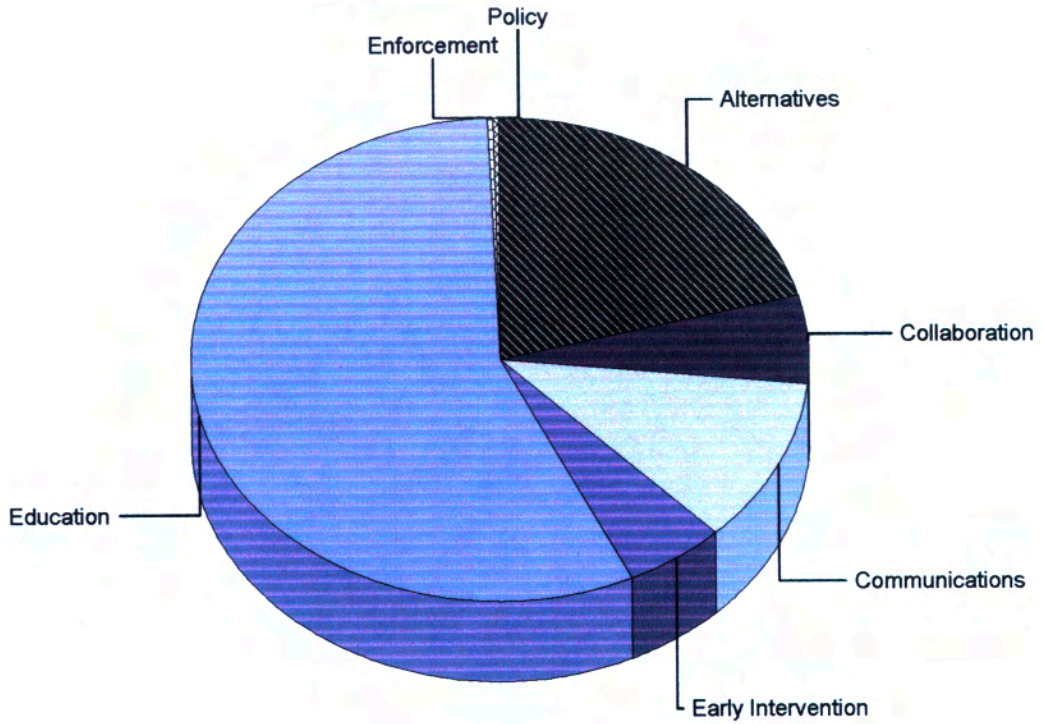
J Varone – IT Coordinator





Percentage of Programs by CSAP Strategy

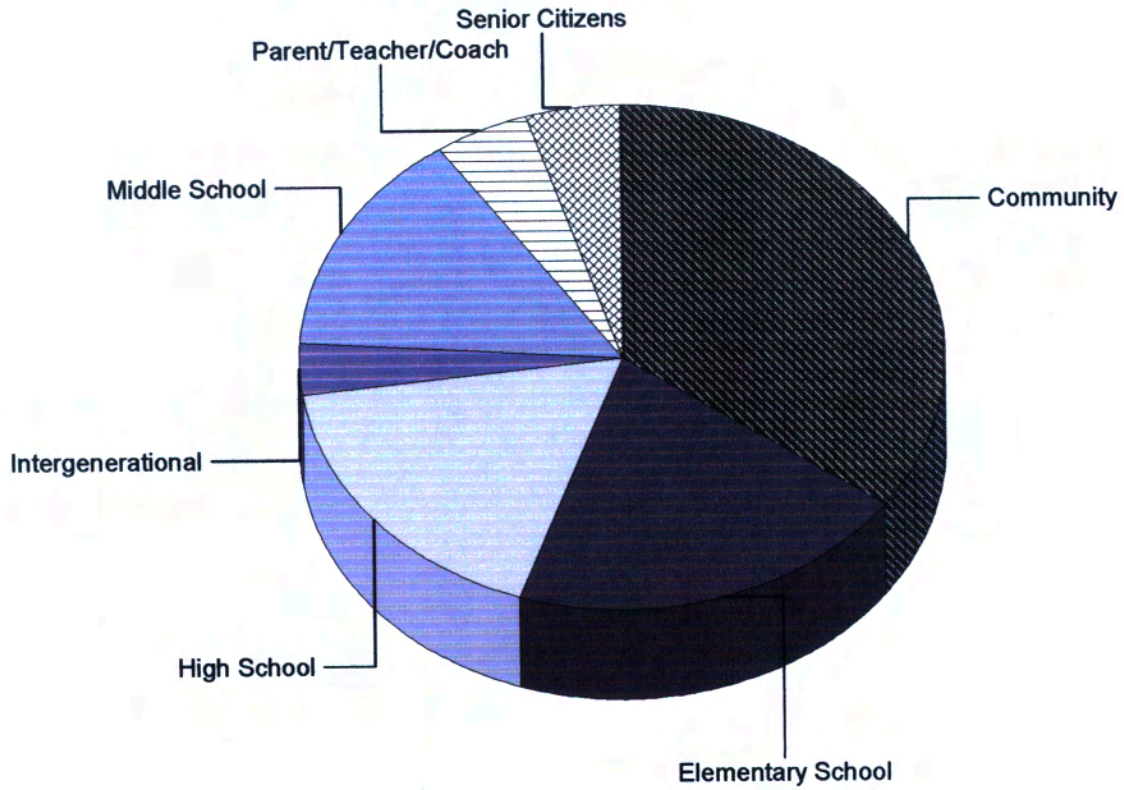
Grant Year: 2009 County: ALL



Alternatives	737	20.9%
Collaboration	202	5.7%
Communications	386	11.0%
Early Intervention	193	5.5%
Education	1984	56.4%
Enforcement	10	0.3%
Policy	6	0.2%
Total:	3518	100.0%

Percentage of Programs by Target Population

Grant Year: 2009 County: ALL



Community	1230	35.0%
Elementary School	715	20.3%
High School	618	17.6%
Intergenerational	115	3.3%
Middle School	508	14.4%
Parent/Teacher/Coach	162	4.6%
Senior Citizens	170	4.8%
Total:	3518	100.0%