

OF THE MEMBERS FIRST APPOINTED ONE-THIRD SHALL BE APPOINTED FOR A TERM OF TWO YEARS AND ONE-THIRD FOR A TERM OF ONE YEAR. MEMBERS WHO HAVE SERVED TWO CONSECUTIVE FULL TERMS MAY NOT BE ELIGIBLE FOR REAPPOINTMENT FOR A PERIOD OF THREE YEARS FOLLOWING COMPLETION OF THEIR TERMS. THE OFFICERS OF THE COUNCIL SHALL BE ELECTED ANNUALLY BY THE MEMBERSHIP AND THE CHAIRMANSHIP MAY NOT BE HELD BY THE SAME PERSON FOR MORE THAN TWO CONSECUTIVE YEARS. THE COUNCIL IS EMPOWERED TO CREATE INTERNAL SUBCOMMITTEES AND DRAW IN ADDITIONAL PARTICIPANTS AS NEEDED. THE LOCAL HEALTH OFFICER AND THE ALCOHOLISM COORDINATOR SHALL BE EX OFFICIO MEMBERS OF THE COUNCIL. THE ALCOHOLISM COORDINATOR SHALL ATTEND AT LEAST ONE LOCAL COUNCIL MEETING PER YEAR. THE LOCAL HEALTH OFFICER SHALL PROVIDE STAFF SERVICES TO THE COUNCIL AND FACILITATE THE WORK OF THE COUNCIL IN EVERY WAY POSSIBLE.

TWO OR MORE COUNTIES BY AGREEMENT OF THE GOVERNING BODIES CONCERNED AND UPON THE CONSENT OF THE DIRECTOR OF THE ALCOHOLISM CONTROL ADMINISTRATION WITH THE APPROVAL OF THE SECRETARY OF HEALTH AND MENTAL HYGIENE, MAY ESTABLISH ~~AN ALCOHOLISM CONTROL PROGRAM~~ AND AN INTERCOUNTY ADVISORY COUNCIL, IF THE POPULATION OF ONE OF THE COUNTIES IS TOO SMALL TO WARRANT ESTABLISHMENT OF AN INDEPENDENT PROGRAM.

THE PROVISIONS OF THIS SUBSECTION (A) SHALL NOT APPLY IN ANY COUNTY WHICH, AS OF THE EFFECTIVE DATE OF THIS ACT, HAS AN EXISTING COUNCIL, ADVISORY BOARD, OR OTHER BODY ESTABLISHED BY LAW OR ORDINANCE, WHICH AS ITS SOLE RESPONSIBILITY, REVIEWS POLICIES AND PROGRAMS FOR THE TREATMENT OF DRUG ABUSE AND ALCOHOLISM AND WHICH MAKES RECOMMENDATIONS TO THE APPROPRIATE HEALTH OFFICIALS CONCERNING THOSE POLICIES AND PROGRAMS.

(B) THE INTERCOUNTY ADVISORY COUNCIL SHALL BE SELECTED BY THE GOVERNING BODIES OF THE COUNTIES CONCERNED. EACH PARTICIPATING JURISDICTION SHALL APPOINT AT LEAST FOUR MEMBERS.

(C) THE FUNCTION OF EACH DISTRICT ALCOHOLISM ADVISORY COUNCIL SHALL BE TO:

(1) PERIODICALLY REVIEW WITH THE ADVICE AND ASSISTANCE OF THE ALCOHOLISM COORDINATOR AVAILABLE SERVICES AND FACILITIES AND DETERMINE LOCAL ALCOHOLISM PROGRAM NEEDS;

(2) ADVISE AND REPORT ANNUALLY TO THE LOCAL HEALTH OFFICER, THE APPROPRIATE GOVERNING BODY, AND THROUGH THE ALCOHOLISM COORDINATOR TO THE DIRECTOR OF THE ALCOHOLISM CONTROL ADMINISTRATION ON PROGRESS OF THE LOCAL ALCOHOLISM CONTROL PROGRAM AND OF ACTIONS NEEDED FOR FURTHER IMPROVEMENTS;

(3) MAKE RECOMMENDATIONS FOR APPROPRIATE ALLOCATION OF FUNDS IN ACCORDANCE WITH AGREED UPON