

**RECOMMENDATIONS FOR THE FY 2011-12
STANISLAUS COUNTY ALCOHOL AND OTHER DRUG BUDGET**

**A Report Summarizing the Consensus Recommendations
Resulting from the AOD Stakeholder Process**

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EXECUTIVE SUMMARY

Stanislaus County's Behavioral Health and Recovery Services (BHRS) Department confronts a substantial projected shortfall in the Alcohol and Other Drug (AOD) budget for FY 2011-12.

The Department's AOD budget consists of two kinds of funds: categorical funds and flexible funds. BHRS has no discretion over the amount or how to allocate categorical funds: the source of the funds—usually the Federal or State government—determines how much the Department will receive and what programs the funds can support. The Department does have discretion over how it allocates flexible funds. The main sources of these funds include Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, County General funds, and various kinds of user fees.

The flexible fund portion of the AOD budget totals over \$2.5 million for FY 2010-11. Current projections estimate that this portion of the budget will receive just over \$1.6 million for FY 2011-12, a projected shortfall of approximately \$900,000. Given the projected size of this shortfall, and its potential implications for the array of services provided by BHRS and its partners, BHRS organized an expansive stakeholder process to assess how best to address this shortfall.

Participating stakeholder groups included people in recovery, family members, community leaders, faith-based leaders, non-profit providers, private sector providers, BHRS staff members, union members, BHRS Senior Leadership Team members, senior leaders from other county agencies, representatives from the County CEO's office, representatives from the Advisory Board on Substance Abuse Programs (ABSAP) and the Mental Health Board, and others. Each stakeholder group selected delegates and alternates to represent them in this process.

Delegates met for a total of 8 sessions between November 30, 2010 and March 2, 2011. Average attendance at these sessions, including delegates, alternates, and observers, was well over 60 people. In the early stages of the process, participants worked to understand the details of the AOD budget, the reasons for the projected shortfall, the diversity of services and supports available across the county to people who struggle with alcohol and other drug issues, the scope and focus of the BHRS-funded services most impacted by the budget reductions, and the available data about numbers of people served and the quality of the services provided by BHRS staff members and others.

Following these early sessions, delegates worked to develop principles to guide their deliberations. They then reviewed cost and service level scenarios for various programs, and worked through small and large group processes to develop multiple iterations of their recommendations. After several rounds of deliberations, delegates engaged in a series of conversations to understand where they had agreement and where they had divergence. **Ultimately, delegates approved by consensus the set of recommendations described in this report.**

These recommendations now go to the BHRS Senior Leadership Team members who will formally decide what to recommend to the County CEO and Board of Supervisors.

As promising as the delegates' recommendations are, everyone who participated in this process understands the impact that the projected budget cuts will have on individuals and families who struggle with alcohol and other drug issues. There will be fewer services and supports in a system that has suffered repeated budget cuts over the past several years. These cuts will mean that significant numbers of people, many in crisis, will likely not be able to get services that could help.

Still, all participants agree that the process has generated far better recommendations than would have emerged had the process not taken place. Moreover, the process revealed an array of community-based, faith-based, private sector, and other supports and services beyond those funded by BHRS. The process also made visible the passion and commitment of BHRS staff and the many community and other partners who support people who suffer with addictions and other alcohol and drug-related issues. If this process ultimately produces a more integrated and better coordinated system of care, and helps encourage a deeper level of commitment and more effective action among residents across the county, stakeholders will have achieved far more than the remarkable convergence and consensus that emerged among delegates in this process.