

Memorandum

TO: AOD Delegates, alternates, and other interested parties
FROM: John
DATE: January 23, 2011
RE: **Summary of emerging principles from the January 11, 2011 delegates meeting**

Participants in the AOD stakeholder process engaged in small and large group discussions on January 11, 2011 about priority principles to guide the delegates' deliberations about the FY 2011-12 AOD budget. What follows is a *draft* summary I developed based on the written lists turned in by the 10 small groups and notes from the large group discussion.

The principles clustered into two categories: principles to guide our funding allocation deliberations, and principles to guide our on-going efforts to evolve a more effective AOD system of care.

1. Draft principles to guide funding allocation

- a. Evolve from an agency-centric to a community-centric focus
- b. Strengthen the capacity of communities and community-based efforts to engage and support people effectively
- c. Prioritize needs in the system that aren't/won't be otherwise met
- d. Serve the maximum number of people possible
- e. Be guided by cost data and data re effectiveness
- f. Focus on fiscal sustainability
- g. Strive to maintain multiple levels of care and support (including varying levels of intensity and the ability to adjust programing to meet consumer need)

2. Draft principles to guide implementation

- a. Allocate services in ways that prioritize underserved communities
- b. Develop treatment protocols that are appropriate for people of different cultures, ethnicities, genders, sexual orientations, and other dimensions of diversity
- c. Improve the integration and coordination among county-funded, community-based, and private sector services and supports
- d. Build on the work of the faith-based efforts to map resources (county, community, and private sector) across the county
- e. Develop and improve data, particularly data regarding long-term effectiveness
- f. Consider developing a centralized resource center
- g. Evolve services to create a holistic system of care, including economic, emotional, physical, and spiritual needs
- h. Going forward: look for other funding sources and funding opportunities

A final principle—or invitation—that emerged from the group was an invitation to let go of attachments as we seek to discern how best to evolve the system moving forward.