



## BHRS Alcohol and Other Drug Stakeholder Process

Luminescence Consulting  
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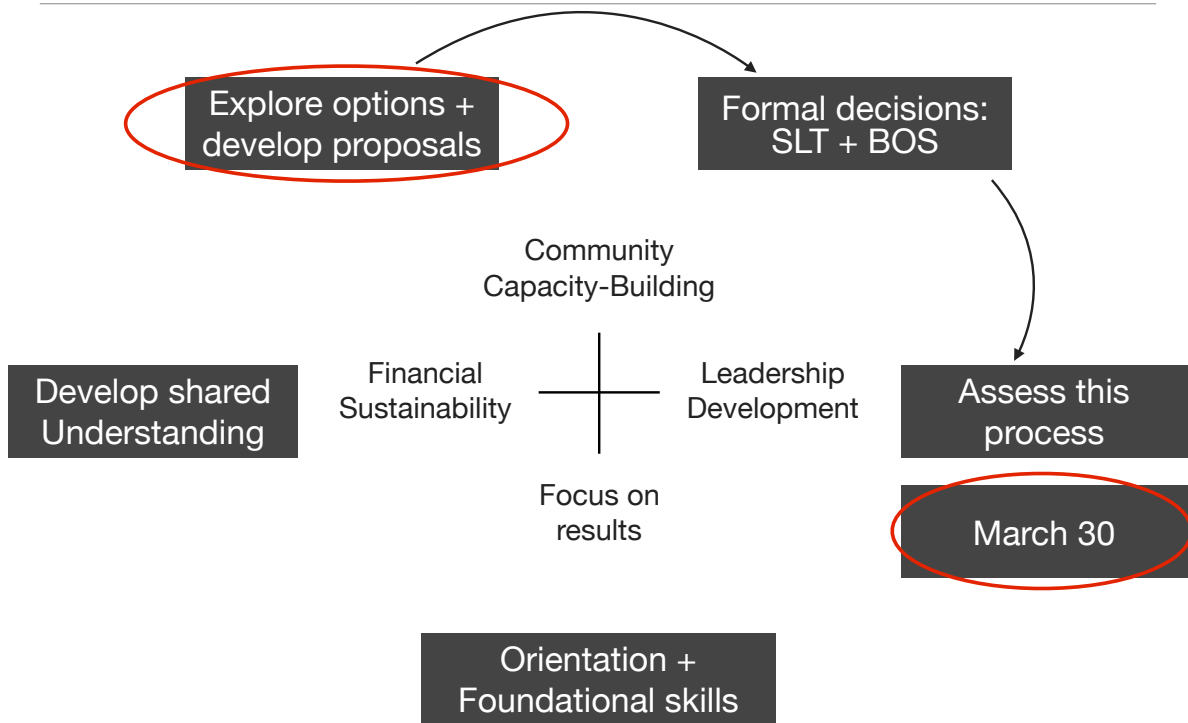
## Resetting the conversation

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- Focus of our work
- Timeframe
- Process and where we are



## Road map for the AOD Stakeholder process



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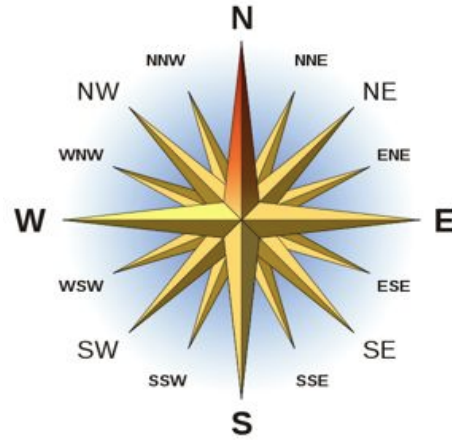
## Creating the conditions for Collective Wisdom to emerge

|            | Interior  | Exterior  |
|------------|---|---|
| Individual | <p>Sustained commitment to:</p> <ul style="list-style-type: none"> <li>• Not-knowing</li> <li>• Non-attachment</li> </ul> | <p>Skills, behaviors, + public commitments, including:</p> <ul style="list-style-type: none"> <li>• Distinguishing facts + stories</li> <li>• Listening with the intent to understand</li> <li>• Positions + Interests</li> </ul> |
| Group      | <p>Sustained commitment to:</p> <ul style="list-style-type: none"> <li>• The scallop principle</li> </ul>                 | <p>Structures + group practices, including:</p> <ul style="list-style-type: none"> <li>• This stakeholder process</li> <li>• Tending to the relational field</li> </ul>   |

## Starting with principles for allocation

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- Evolve from agency- to community-centric
- Strengthen capacity of communities to engage and support people effectively
- Prioritize needs that aren't/won't be otherwise met
- Serve the maximum number of people possible
- Be guided by cost and effectiveness data
- Focus on fiscal sustainability
- Strive to maintain multiple levels of care and support

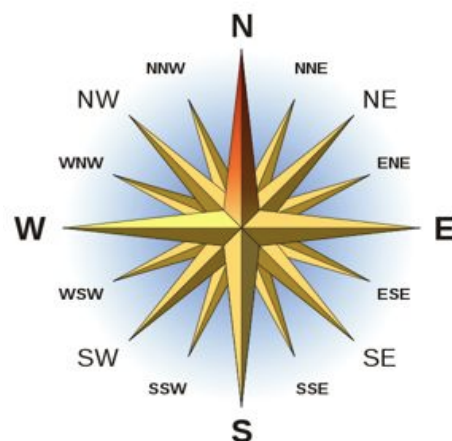


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## Principles to guide implementation

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- Prioritize underserved communities
- Develop treatment appropriate for people of different diversity dimensions
- Improve integration and coordination
- Map resources
- Develop and improve data
- Consider developing a centralized resource center
- Evolve a holistic system of care
- Going forward: look for other funding sources and funding opportunities



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## Continuing the exploration of options

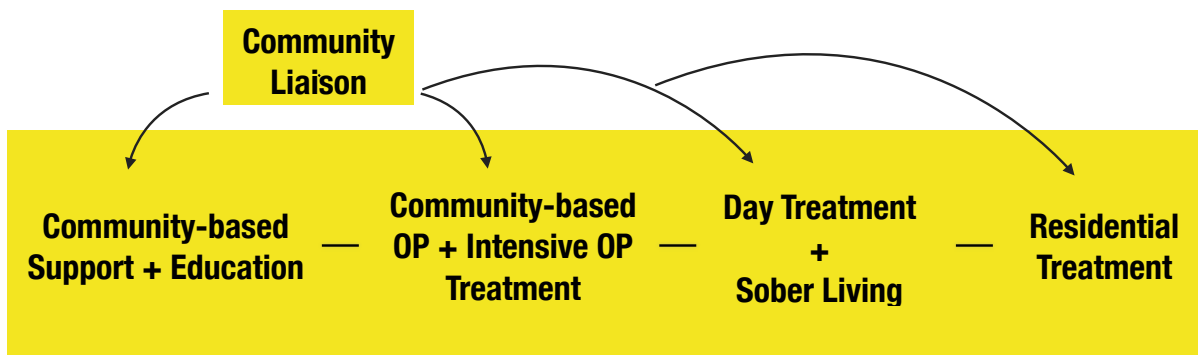
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- February 8th results
- Beginning map of emerging convergence
- The process



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## Visualizing an emerging continuum of care



## Community-based supports + education

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### Where JO thinks we have agreement

- Crucial part of the system. Includes faith-based, neighborhood-based, AA, NA, others
- Want as broadly available as possible
- Ideally the first line of support
- Want to promote learning and collaboration
- Want to improve linkages to other parts of continuum through **Community Liaison**



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## Outpatient + Intensive Outpatient Treatment

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### Notes

- This requires certified **staff** but **not** certified facility
- If a **facility** is certified, can bill Medi-Cal

### Where JO thinks we have agreement

- Some people need more than community supports
- Want this tx to be broadly available across the County
- Want this tx to be linked seamlessly to rest of continuum with help from **Community Liaison**

### Where we have work to do

- How much to this category?
- Where located?
- Do we want a specialized 'post-detention' program?

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## Day Treatment + Sober Living support

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### **Where JO thinks we have agreement**

- There are some people who require more intensive tx than outpatient alone
- For people who are coming from residential tx or from non-supportive situations, good to have housing options available for them
- Want to leverage and support the Sober Living network

### **Where we have work to do**

- How much to this category?
- Where is Day Treatment located?
- What numbers are possible for what we invest?

## Residential Treatment

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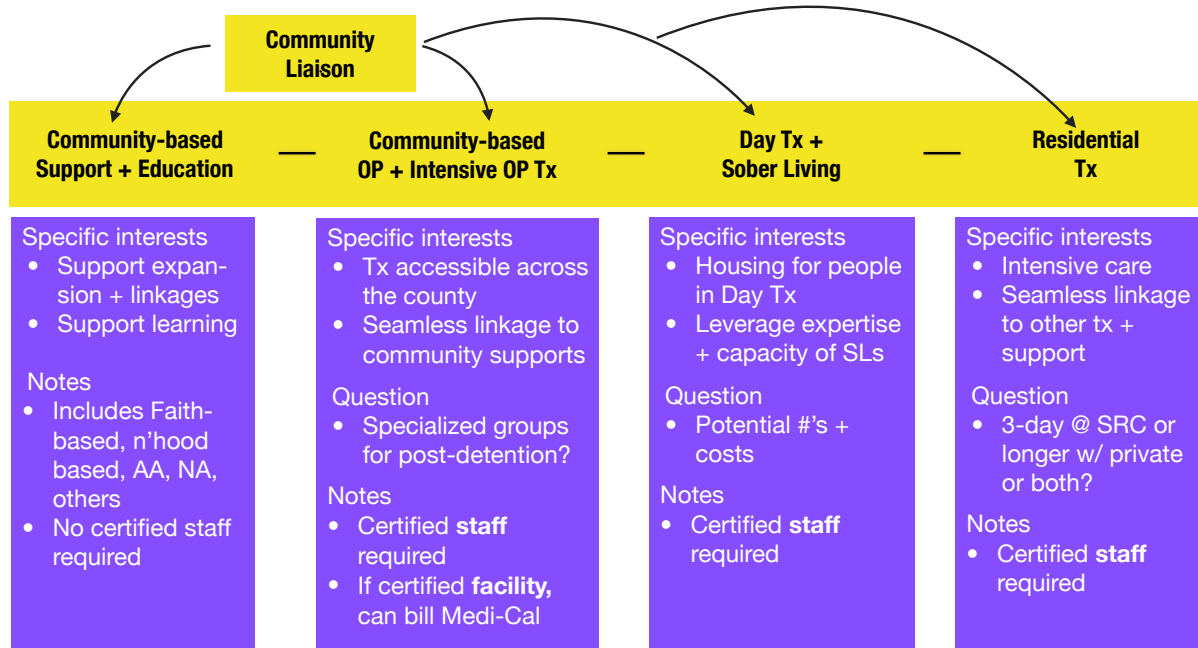
### **Where JO thinks we have agreement**

- There are some people who require more intensive tx than day treatment + outpatient alone
- Want to maximize numbers possible
- Want to leverage SRC infrastructure + expertise

### **Where we have work to do**

- How much to this category?
- SRC 3-day only? Private sector extended residential only? Or both?
- What numbers are possible for what we invest?

# Summary of emerging continuum + issues



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## Table process

- Delegates only this time
- Next iteration of the worksheet
- Community Liaison
- Integrated phone referral



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## Next meetings

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- Wed March 2: Finalize recommendations  
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- Wed March 30: Assessment



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## Closing session

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- Other next steps
- Assessing this meeting
- Final reflections



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