NINE STEP PLANNER BOARD OF COUNTY COUNCILORS WORK SESSIONS

This form needs to be reviewed and approved by the board before a work session is scheduled.

REQUESTED BY: Marc Boldt

- 1. TOPIC: Southwest Washington Recovery Coalition (SWWARC)
- 2. WORK SESSION:

Michael Kornell, SWWARC Executive Board Chair Monte Gantka, SWWARC Executive Vice Chair Carl Robinson Gerald Reynolds Ed Parke

Barbara Gerrior is a County Employee but will be presenting as a volunteer member of SWWARC.

3. TIME FRAME:

LENGTH OF TIME NEEDED: One Hour DESIRED DATE: June 14, 2017

SCHEDULED DATE OF WORK SESSION:

- TIMING CONSIDERATIONS: As Clark County has become an early adopter of the Fully Integrated Health Care model, the Substance Abuse Advisory Board (SAAB) has been dispersed. Past members of the SAAB Board and other citizens in Clark County want to have open communication with the Board about recovery needs in our County. At the Clark County Recovery Forum Chair Boldt invited this conversation.
- 5. <u>DESIRED RESULTS</u>: The desired results would be an open line of communication between the Board and the recovery community in Clark County. The Board's continued support of recovery support services for individuals and families affect by addiction and mental health difficulties.
- IMPACTS (COMMUNITY/FINANCIAL/STAFF/OTHER): There are thousands of individuals who are in recovery from mental health and addiction issues in Clark County.
- 7. <u>POLICY IMPLICATIONS</u>: There could be implications depending on the Board's decision processes. Addiction and mental health problems are compounded by unemployment, homelessness, school dropout rates, crime, etc.
- 8. <u>ISSUES TO BE CONSIDERED</u>: The Board should be aware of the differences between the Behavioral Health Advisory Board under the Early Adopter Model and the Coalition.
- 9. RECOMMENDED ACTION: We will be asking for their continued support of recovery support services for folks in recovery. We will be asking what they see as helpful to them. What can we do for each other?

APPROVED FOR SCHEDULING:

Signature of request	or.	uest	real	of	ıre	atu	iaı	S
----------------------	-----	------	------	----	-----	-----	-----	---

B DATE: 5/8/17