

Office of Recovery Partnerships (ORP) Steering Committee Application

The Office of Recovery Partnerships Steering Committee is inclusive and hosts WA State Peer representatives from our lived experience communities statewide. We welcome and include the voices of adults, parents/parent partners, families, caregivers, and youth/young adults in all aspects of wellness. The ORP Steering Committee participates and lends voice in all phases of the Office of Recovery Partnerships mission, vision, and work.

“Recovery is not a dream; recovery is fully attainable and is the expected outcome of a system that fully responds to the needs and directives of those it serves.” - Office of Recovery Partnerships

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Applicant information

First name	Last name	Preferred name
Street address		
City		State
Zip code	County	
Phone number (include area code)	Email	
Age range:		
18-24		45-54
25-34		55-64
35-44		64+
Gender identity:		
Cultural and/or ethnic identity:		
LGBTQIA+:	Veteran:	
Yes	Yes	
No	No	
Ally	Prefer not to answer	
Prefer not to answer		

1. Do you or a family member have experience receiving services within the behavioral health system?
If so, please explain.

2. Are you a parent/parent partner, guardian or care giver of a child or youth who have experience receiving services within the behavioral health system? If so, please explain.

3. Are you a provider of, or currently employed by, an agency or organization that provides behavioral health services? If so, please explain.

4. Do you currently hold a leadership position with the peer (lived experience) community?
If so, please explain.

5. Do you currently have any financial responsibilities within a peer-ran or behavioral health organization?

6. Do you have experience and/or knowledge in policy making? If so, please explain.

7. Do you have experience and/or knowledge in advocacy? If so, please explain.

8. How do you currently support and promote “recovery culture”?

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Understanding

9. What does “behavioral health” mean to you?

10. What does “recovery” mean to you?

11. What does “inclusion” mean to you?

12. What does “equity” mean to you?

13. What does “collaboration” mean to you?

14. What are your thoughts on mental health, substance use disorder and physical health in terms of “integration”?

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Steering Committee engagement

15. Which areas of behavioral health are you most passionate about?

16. What skills do you hold that you feel would contribute the most to the Steering Committee?

17. What do you hope to accomplish as a Steering Committee member?

18. How would you feel working in an environment where you do not always see the effects of your advocacy or views adopted?

19. How can the ORP effectively contribute to the recovery culture within Washington State?

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Interests

20. What are your hobbies and interests?

21. Is there anything else you would like to comment on or that you would like us to know about you or your previous work?

Thank you for taking the time to fill out this application. To submit it, please send to Dakota Steel by email or mail.

✉ dakota.steel@hca.wa.gov

📁 Att: Dakota Steel
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