

# PARTNERSHIP/VENDOR INFORMATIONAL KIT

## BE A PART OF THE SOLUTION





In 2015, Rockdale County Commissioner, Post 2, Dr. Doreen Williams took on the ambitious assignment to spearhead our local county Initiative adopted from the National Association of Counties (NACo) to create a community that respects, supports, and enhances the recovery process for people who live with mental health and substance use challenges. Work in collaboration among systems of health, behavioral health, law enforcement, justice, human services, public safety, recovery community and advocates to optimize the level of services and minimize recidivism and length of incarceration in the county detention center.



#### **Our Mission**

To be collaborative partners in reducing the number of people involved in the criminal justice system who have a mental health and/or a co-occurring substance use challenge.



#### **Our Vision**

Rockdale County Stepping Up Initiative is dedicated to making a significant difference in our community, and we invite you to be a part of this impactful journey. By sponsoring our initiative, you will play a crucial role in supporting peer involvement, setting ambitious goals, and executing strategic efforts to drive positive change. Your sponsorship will enable us to reach even greater heights and enhance our ability to make lasting improvements in our community. Together, we can create a brighter future for Rockdale County and beyond. Join us in our mission and be a vital contributor to meaningful transformation. Your partnership matters, and we look forward to exploring the possibilities together.

#### Together We Can Solve

### **Get Involved.**



Individual Contact Information :	
First Name : Last N	ame :
Address :	
Post Code : Phone No :	E-Mail :
Type of Involvment Interest :	
Volunteer	Events
Community Outreach	Peace Under The Pavilion (Mental Health Month)
Event Support	International Overdose Awareness Day
Other:	Year of the Peer (Substance Abuse Recovery Mont
Join Rockdale Stepping Up Initiative Team	
Business Organization Name :	Website / E-Mail :
Position Business :	Phone Number :
Full Address:  Is your Organization already a partn	City / Provience :
Describe Your Organization's Involvement With The Community Initiative?	Yes No  Signature Of Author