

Santa Clara County Behavioral Health Board



Date: December 1, 2015
To: All Community Based Behavioral Health Providers, Family Members, Consumers, Clients, Educators, Law Enforcement and Interested Parties
From: Llolanda Ulloa, Santa Clara County Behavioral Health Board Support Liaison
Subject: SCC Behavioral Health Board Community Behavioral Health Heroes Awards

The Santa Clara County Behavioral Health Board (SCCBHB) is seeking nominees for its Community Heroes Awards. A nomination form is attached. Community Heroes Awards are given to community members who have made an extraordinary difference in the lives of people with behavioral health illness. Our intent is to recognize six members of our community who have made a difference in supporting people (and/or their families) with a behavioral health illness.

Awards will be presented to awardees at the Fifth Annual SCCBHB Community Heroes Awards Ceremony on May 4, 2016, (2:30 pm - 4:30 pm) in the **San Jose Masonic Center**, 2500 Masonic Drive, San Jose, CA. **DEADLINE for award nominations is January 31, 2016.** Nominations may be emailed as an attachment, faxed or US mailed, to:

Santa Clara County Behavioral Health Board

C/O: Llolanda Ulloa, Behavioral Health Services Department

828 South Bascom Avenue, Suite 200

San José, CA 95128. Email: Llolanda.Ulloa@hhs.sccgov.org FAX: (408) 885-5792

Hero Award Categories are:

Agency: An agency whose services for individuals with a behavioral health illness condition is consumer & family focused, professional, caring, compassionate, and innovative. The agency goes beyond the standard services/treatment and truly seeks to improve a client's/consumer's quality of life.

Consumers/Clients: An individual who has received behavioral health services and has demonstrated impressive personal achievements and has provided hope, inspiration or knowledge to others facing similar challenges.

Elected Official: A current elected official who has provided exemplary service in advocating for those with behavioral illnesses and/or working to eliminate the stigma and stereotypes that surround the disease.

Family Member: An individual who has a family member who receives behavioral health services and who has contributed to improving the lives of families who are impacted by behavioral health illness through advocacy, programs, or activities that reach beyond their own family circumstances to have an impact on the community and/or service delivery system.

Mover and Shaker: A person who has recognized critical behavioral health needs in the greater community and has acted by creating and promoting collaborative innovative and creative initiatives that serve those in need.

Program: A behavioral health program that provides unique services that has had an extraordinary impact on consumers, family members and community.

Additional Award Criteria:

1. Board members and their families are not eligible for nominations.
2. Nominations are preferred to recent activity, but may recognize a long term activity or service.
3. Awards are limited to nominees who either reside in or provide services in Santa Clara County.

For additional information contact: Llolanda Ulloa (408) 793-5677, BHB Support Liaison. All applications are reviewed by the SCC Behavioral Health Board Selection Committee, the final decision is made by the SCC Behavioral Health Board. In advance, thank you for your participation.

NOMINATIONS FOR SANTA CLARA COUNTY BEHAVIORAL HEALTH BOARD COMMUNITY HEROES AWARDS



DEADLINE for award nominations is **January 31, 2016**. Nominations may be mailed, emailed as an attachment, or faxed to:

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Maximum: ONE Nomination per Category per page

AGENCY HERO

CONSUMER HERO

ELECTED OFFICIAL HERO

FAMILY MEMBER HERO

MOVER AND SHAKER HERO

PROGRAM HERO

Submitted by:

Name /contact information (include email address and phone number)

I believe that this individual or organization should receive an award because: (if you need additional space, please limit the submission to one page, 12 point font, double spaced, with one inch margins).

CATEGORY:

NOMINEE NAME: _____

EMAIL ADDRESS: _____

PHONE: _____

ADDITIONAL INFORMATION REGARDING THIS NOMINEE CAN BE OBTAINED FROM THE FOLLOWING INDIVIDUALS:

NAME: _____

NAME: _____

Email Address: _____

Email Address: _____

PHONE: _____

PHONE: _____