Recognition of Excellence
2009 Behavioral Health Collaborative Conference

Each day there are individuals and organizations in our state that demonstrate the highest standards in providing, promoting and/or enhancing behavioral health practices. Without such excellence, progress is not possible. This year the Behavioral Health Collaborative will recognize these individuals and organizations at the 2009 Behavioral Health Collaborative Conference. This is a call for nominations, please join us in recognizing the great work that is going on in our state and celebrating its resulting success.

The Collaborative wishes to recognize five individuals or groups in the following categories:

1. **Media activity and primary creator/facilitator** which over the last 24 months had significant impact on promoting behavioral health practices.
2. **Elected Official** who over the prior 24 months has had significant impact on promoting behavioral health practices through leadership on behavioral health issues, that either provided funding for new services, changed behavioral health programs or laws, or advocated for behavioral health consumers, programs, or providers.
3. **Unpaid Advocate** who over the last 24 months had a significant impact on promoting behavioral health practices anchored in recovery and resiliency.
4. **Pioneer Provider** who over their professional life time (at least 15 years) consistently made a significant impact on promoting behavioral health practices anchored in recovery and resiliency.
5. **Collaborative Project** which exemplifies the collaborative spirit by having numerous discrete stakeholders come together to successfully address a pressing behavioral health issue through an integrated coordinated effort.

**Application Submission Requirements**

- Please use no more than two electronically typed pages (single space; 12pt font, 1” margins, letter size) to nominate an individual or group according the criteria listed for the categories listed above.
- Applications must address each criterion for the selected category (see criteria below) within the two (2) page limit.
- Please provide the name and contact information, of the person submitting the nomination. This information must be complete in order to verify the nomination.
- Submit completed applications to: Letty Rutledge (Human Services Department) by email at: Leticia.Rutledge@state.nm.us; or by fax to Letty Rutledge at: (505) 476-9277.

The submission deadline for ALL applications is Monday, November 9, 2009 at 5pm. Applications received after the deadline shall not be considered.

For more information on the Behavioral Health Collaborative Conference, please contact Harrison Kinney via e-mail at Harrison.Kinney@state.nm.us
Award Nomination Criteria

**Media Recognition**

*Media activity and primary creator(s) or facilitator(s) which over the prior 24 months have made significant impact on promoting behavioral health practices.* Media activity applies to most mediums: newspaper; television, magazine, web based; or an event.

- **Nominee(s):** Name of Person(s) or representative(s); mailing address; telephone number and e-mail address.
- **Describe the Venue:** Identify the venue (radio, newspaper; media event) and attach copies of the activity (e.g. newspaper) or copies of description of activities or video DVD or web link.
- **Type of Activity:**
  *Describe the format and the specific focus of the activity.*
  *Describe target audience.*
  *Describe the time frame of the activity (one-time, series, etc.).*
- **Result:** Describe the specific outcomes of the activity or event, as well as the process for measuring the impact of the activity or event that enhances the abilities of consumers, families and/or youths to create a meaningful life in their communities.
- **Person Nominating:** Name; mailing address; telephone number and e-mail address.

**Elected Official Recognition**

*Elected Official who over the prior 24 months has had significant impact on promoting behavioral health practices through leadership on behavioral health issues, that either provided funding for new services, changed behavioral health programs or laws, or advocated for behavioral health consumers, programs, or providers.*

- **Nominee(s):** Name of the Elected Official’s mailing address; telephone number and e-mail address.
- **Background:** Provide a brief (one paragraph) background on the Elected Official.
- **Leadership:** Specify the initiatives in which the Elected Official demonstrated leadership (by role and responsibility) that provided funding for new services, changed behavioral health programs or laws, or advocated for behavioral health consumers, programs, or providers. Include the role of consumers, families, unpaid advocacy groups and youth in the process.
- **Outcome:** Describe how the leadership specifically improved the life of individuals with behavioral health disorders.
- **Person Nominating:** Name; mailing address; telephone number and e-mail address.
**Unpaid Advocate**

Unpaid Advocate who over the prior 24 months has had a significant impact on promoting behavioral health practices anchored in recovery and resiliency. Unpaid is defined as an individual who does not receive payment for activities that resulted in the nomination (except reimbursement of actual expenses for such activities, i.e. travel or supplies).

- **Nominee(s):** Name, mailing address; telephone number and e-mail address.
- **Background:** Provide a brief one paragraph background on the person.
- **Description:**
  - Describe the people and services aided by their advocacy.
  - Describe the type(s) of advocacy activities and the individual's specific role.
  - Provide a timeline if multiple activities occurred.
- **Inclusion:** Describe how the person nominated included consumers, families and youth, and persons of varying cultural/ethnic background in identifying and promoting this practice.
- **Results:** Describe the specific outcomes of the individual's efforts that enhance the abilities of consumers, families and/or youths to create a meaningful life in their communities.
- **Person Nominating:** Name; mailing address; telephone number and e-mail address.

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**Pioneer Provider**

Pioneer Provider who over their professional life time (at least 15 years) consistently made a significant impact on promoting behavioral health practices anchored in recovery and resiliency.

- **Nominee(s):** Name, mailing address; telephone number and e-mail address.
- **Background:** Provide a brief (one paragraph) background on the person.
- **Initiatives:** Specify at least three major initiatives in which the person demonstrated leadership (by role and responsibility) that promotes behavioral health practices. Provide detail on any innovative or cutting edge practice components.
- **Traits:** Describe this person’s communication and management practices, as well as their creativity, tenacity, and other strengths that enable them to effectively design, develop, oversee, and contribute to behavioral health practices anchored in recovery and resiliency.
- **Results:** Describe the results of their actions in terms of number of persons served; characteristics of those served; time frame and other information. Thereby demonstrating the significant impact of their life's work that enhances the ability of consumers, families and/or youths to create a meaningful life in their communities.
- **Person Nominating**-Name; mailing address; telephone number and e-mail address.
Collaborative Project

Collaborative Project that exemplifies the collaborative spirit through numerous discrete stakeholders that come together in an integrated coordinated effort, to successfully address a pressing behavioral health issue.

- **Nominee(s):** Name of collaborative group and organizational membership of the group. Please include the contact person- name, mailing address; telephone number and e-mail address.
- **Background:** Provide a brief (one paragraph) background on the organization.
- **Project Description:** Describe membership and the roles of members; project goal(s), target population, location and innovative or unique characteristics of the project(s).
- **Process:** Describe the timelines of actual and projected achievement, barriers overcome, creative problem solving and the strengths of collaborative participation.
- **Outcome:** Describe the specific results and outcomes of the project for consumers, families and youth with behavioral health disorders that enhances their ability to create a meaningful life in their communities.
- **Sustainability:** Describe how the project continues to support an integrated and coordinated effort to successfully address pressing behavioral health issues.
- **Person Nominating:** Name; mailing address; telephone number and e-mail address