



Alameda County Mental Health Board

Date: March 11, 2008
To: All Community Based Mental Health Providers, Family Members, Consumers, and Interested Parties
From: Barry Hall, Administrative Liaison Alameda County Mental Health Board
Subject: Community Mental Health Awards

The Alameda County Mental Health Board (ACMHB) is seeking nominees for its Community Service Awards. A nomination form is attached. Community Service Awards are made to individuals, professionals, businesses, and media for those who have made an extraordinary difference in the lives of those people with "mental illness". Recognition is given for mental health education of the general public, elimination of stigma, preventing or fighting housing discrimination, creation of new and innovative programs, recognition of fundraising for mental health activities, recognition of long-term financial support to mental health programs, provisions of community support activities emphasizing mental health, facilitating others through advocacy or intervention, or working for new mental health legislation. Our intent is to award members of our community who are serving people with "mental illness" and improving the quality of their lives.

Awards will be presented to awardees at the Annual ACMHB Community Service Awards Banquet on **May 20, 2009**. **Deadline for awards nominations is April 20, 2009**. Please mail nominations to the ACMHB Awards Committee Coordinators, Attention to Barry Hall at Behavioral Health Care Services (BHCS), 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 or fax information to (510) 567-8161.

Awards Categories are:

- Business:** An individual, group of individuals or company operating as for profit (e.g. an attorney, physician or landlord), who is not a mental health contractor and has provided extraordinary services through any of the above-described activities.
- Child/Adolescence:** An individual, group or organization that has contributed, enhanced and expanded children's mental health and alcohol and drug services to infants, children and youth in Alameda County.
- Consumers:** An individual who has received mental health services and who has helped to improve the provision of mental health services through any of the above-described activities.
- Family:** An individual who has a family member who receives mental health services and who has helped to improve the provision of mental health services through any of the above-described activities.
- Media:** An individual, group or organization, who through the media has informed the public in a positive way of the issues of "mental illness" through any of the above-described activities.
- Professional:** A mental health professional or organization taking that "extra step" in providing mental health services and going beyond their job description.
- Volunteer:** An individual not fiscally compensated for their work and achieved any of the above-described activities.

Additional Award Criteria:

1. Nominations are preferred to recent activity, but may recognize long term activity or service.
2. Awards are for Alameda County residents or for nominees, who have provided activities or services, which must benefit persons with "mental illness" in Alameda County

NOMINATIONS FOR THE ALAMEDA COUNTY MENTAL HEALTH BOARD
COMMUNITY SERVICE AWARDS

DEADLINE FOR NOMINATIONS IS *April 20, 2009*. PLEASE MAIL THIS FORM TO ALAMEDA COUNTY MENTAL BOARD (ACMHB) ADMINISTRATIVE LIAISON, ATTENTION: BARRY HALL AT BEHAVIORAL HEALTH CARE SERVICES (BHCS) DEPARTMENT, 2000 EMBARCADERO COVE, SUITE 400, OAKLAND, CA 94606 OR FAX INFORMATION TO (510) 567-8161.

I NOMINATE _____ (NAME) FOR THE ALAMEDA COUNTY MENTAL HEALTH BOARD COMMUNITY SERVICE AWARD IN THE FOLLOWING CATEGORY:

BUSINESS _____ CHILD/ADOLESCENCE _____ CONSUMER _____
FAMILY _____ MEDIA _____ PROFESSIONAL _____ VOLUNTEER _____

I BELIEVE THAT THIS INDIVIDUAL OR ORGANIZATION SHOULD RECEIVE AN AWARD:
(GIVE BRIEF SUMMARY)

NOMINEE: NAME: _____
ADDRESS: _____
PHONE: _____

NOMINATED BY: NAME: _____
ADDRESS: _____
PHONE: _____

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

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____

FOR FURTHER INFORMATION CONTACT: BARRY HALL (510) 567-8174, THE ADMINISTRATIVE LIAISON (MHB), WITH FINAL SELECTIONS MADE BY THE MENTAL HEALTH BOARD WILL REVIEW THE QUALIFICATIONS FO THE NOMINEES. AWARDS WILL BE GIVEN AT A SPECIAL PRESENTATION DURING *"MAY IS MENTAL HEALTH MONTH"*. THANK YOU FOR YOUR PARTICIPATION.