The Mental Health and Recovery Services Board (MHRSB) of Lucas County would like to show our appreciation to the community by recognizing members of the community who have been exceptional in helping others find their path to recovery in 2016.

The MHRSB of Lucas County is pleased to announce the call for community nominations for the 4th Annual 2017 Recognition Awards to honor individuals in eight categories:

**Award Categories**

- **Consumer Involvement Award** – This award recognizes a consumer who gives his/her time without expectation, whose presence lends strength and dignity to others, and who has positively impacted the lives of other consumers.

- **Crisis Intervention Training (CIT) Officer of the Year Award** – This award goes to a sworn law enforcement officer who has completed CIT training and who demonstrates the values and principles of CIT.

- **Mental Health Professional of the Year Award** – This award recognizes the outstanding work of a mental health professional who reaches above and beyond the call of duty, striving to alleviate the stigma associated with mental illness.

- **Alcohol and Other Drug (AOD) Professional of the Year Award** – This award recognizes outstanding professional service in the areas of addiction, prevention, treatment, and recovery services.

- **Teen Leadership Award** – This category recognizes the outstanding efforts of an inspirational youth leader between the ages of 14-18.

- **Advocate of the Year Award** – This category recognizes outstanding advocacy efforts in the areas of mental health and addiction.

- **Advocate Hall of Fame Award** – This is a lifetime achievement award that honors Lucas County residents who have worked tirelessly over their lifetime to reduce the stigma of mental illness and addiction.

- **Diversity and Inclusion Award for Leadership** – This award recognizes contract provider agencies, teams, or individuals that have communicated/demonstrated exceptional leadership in advancing the diversity and inclusion goals.

All awards will be presented during the MHRSB Board’s Recognition Breakfast at 8:30 a.m., on Monday, May 1, 2017, at the Park Inn by Radisson 101 N. Summit St. Toledo, Ohio 43604.

**Nomination Process**

Either an individual or an organization may submit one or more nominations. Nominees may nominate themselves for an award. A nominee may only receive one award.

Nominations must use the official nomination form provided (copy as needed). Clearly print or type the nomination information in the form. Nominations may include supportive materials (documents, letters, brochures, media clippings, audio or video tapes, etc.). All submitted nominations and supporting documents will become the property of the MHRSB and cannot be returned.

The judges reserve the right not to select a recipient in any category and may select more than one recipient in a single category.
2017 Mental Health and Recovery Services Board of Lucas County
Consumer Involvement Award
Nomination Form

DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NAME OF CANDIDATE: ____________________________________________________________

ADDRESS: __________________________________________________________________________________

E-MAIL ADDRESS: ______________________ PHONE NUMBER: ______________________

NOMINATED BY: __________________________________________________________________________________

YOUR PHONE NUMBER: ______________________ YOUR EMAIL ADDRESS: ______________________

The Consumer Involvement Award recognizes the advocacy efforts of an individual in recovery. Selection criteria for the award will include the following from January 1, 2016 – December 31, 2016:

• Demonstrates an unwavering devotion to the consumer movement and has helped others on their recovery journey
• Provides skills and supports to help people live constructive and satisfying lives
• Reaches above and beyond the call of duty, giving without expectation

You may use a separate page for this description. Nominations will be judged on the facts presented. You may also include letters of support or other documents. Please do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. IN PERSON: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH 43604.
2. MAIL: Mail the completed nomination form to the Mental Health and Recovery Services Board of Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later than Monday, April 10, 2017.
3. EMAIL: Submit the completed nomination form to kbarham@lcmhrsb.oh.gov on or before Monday, April 10, 2017.
4. FAX: Fax the completed nomination form to 419-244-4707.
NAME OF CANDIDATE: ___________________________________________________________________________

DEPARTMENT: __________________________________________________________________________________

CANDIDATE POSITION: _____________________________________________________________________________

NAME OF PERSON MAKING NOMINATION: ____________________________________________________________

YOUR PHONE NUMBER: ______________________  YOUR EMAIL ADDRESS: ______________________________

The Crisis Intervention Training (CIT) Officer of the Year Award recognizes a sworn law enforcement officer who has completed a Lucas County CIT training and who demonstrates the values and principles of CIT. Selection criteria for the award will include the following from January 1, 2016 – December 31, 2016:

• Impacts co-workers in his/her department through his/her exemplary service with people who have a mental illness and/or addiction
• Advocates for people in the community who have a mental illness or an addiction
• Exhibits knowledge of community resources through his/her interaction with individuals who are in a crisis
• Demonstrates commitment to clients by going above and beyond the call of duty

You may use a separate page for this description. Nominations will be judged on the facts presented. You may include letters of support or other documents. Please do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

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3. **EMAIL:** Submit the completed nomination form to kbarham@lcmhrsb.oh.gov on or before Monday, April 10, 2017.
4. **FAX:** Fax the completed nomination form to 419-244-4707.
2017 Mental Health and Recovery Services Board of Lucas County
Mental Health Professional of the Year Award
Nomination Form

DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NOMINEE: _______________________________________________________________________________________

ORGANIZATION: ___________________________________________________________________________________

TITLE: _____________________________________________________________________________________________

NOMINATED BY: ___________________________________________________________________________________

YOUR PHONE NUMBER: _______________________ YOUR EMAIL ADDRESS: _____________________________

The Mental Health Professional of the Year Award recognizes outstanding achievement in serving others whose lives have been touched by mental illness. Selection criteria for the award will include the following from January 1, 2016 – December 31, 2016:

• Demonstrates commitment to clients by going above and beyond the call of duty
• Embodies “recovery” in words and in actions
• Highly respected by his/her co-workers and respects all those with whom he or she interacts daily
• Is an example to others in the areas of professional ethics, knowledge, and performance as a team member

You may use a separate page for this description. Nominations will be judged on the facts presented. You may also include letters of support or other documents. Please do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. IN PERSON: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH 43604.
2. MAIL: Mail the completed nomination form to the Mental Health and Recovery Services Board of Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later than Monday, April 10, 2017.
3. EMAIL: Submit the completed nomination form to kbarham@lcmhrsb.oh.gov on or before Monday, April 10, 2017.
4. FAX: Fax the completed nomination form to 419-244-4707.
2017 Mental Health and Recovery Services Board of Lucas County
Alcohol and Other Drug (AOD) Professional of the Year Award
Nomination Form

DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NOMINEE: _______________________________________________________________________________________

ORGANIZATION: __________________________________________________________________________________

TITLE: _____________________________________________________________________________________________

NOMINATED BY: ____________________________________________________________________________________

YOUR PHONE NUMBER: ___________________ YOUR EMAIL ADDRESS: ___________________________

The Alcohol and Other Drug (AOD) Professional of the Year Award recognizes outstanding achievement in the areas of addiction, prevention, intervention, treatment, and recovery services. Selection criteria for the award will include the following from January 1, 2016 – December 31, 2016:

• Reaches above and beyond normal duties and whose contribution inspires others around him/her to not only meet the needs of the people in the system, but to impact the system itself in order to serve those who have addiction and their families
• Leads by example and helps build capacity of the workforce
• Provides skills and support to help people live constructive and satisfying lives

You may use a separate page for this description. Nominations will be judged on the facts presented. You may also include letters of support or other documents. Please do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. IN PERSON: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH 43604.
2. MAIL: Mail the completed nomination form to the Mental Health and Recovery Services Board of Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later than Monday,April 10, 2017.
3. EMAIL: Submit the completed nomination form to kbarham@lcmhrsb.oh.gov on or before Monday,April 10, 2017.
4. FAX: Fax the completed nomination form to 419-244-4707.
2017 Mental Health and Recovery Services Board of Lucas County
Teen Leadership Award
Nomination Form

DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NAME OF CANDIDATE: ___________________________________________________________________________

SCHOOL: ______________________________________________________________________________________

AGE OF CANDIDATE: ____________________________________________________________________________

NOMINATED BY: ________________________________________________________________________________

YOUR PHONE NUMBER: ______________________   YOUR EMAIL ADDRESS:____________________________

The Teen Leadership Award recognizes the outstanding efforts of an inspirational youth leader between the ages of 14-18. Selection criteria for the award will include the following from January 1, 2016 – December 31, 2016:

• Helps to reduce the stigma of mental illness and/or addictions
• Increases the awareness of resources in the community
• Increases compassion to those that have mental illness and addiction

You may use a separate page for this description. Nominations will be judged on the facts presented. You may also include letters of support or other documents. Please do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. IN PERSON: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH 43604.
2. MAIL: Mail the completed nomination form to the Mental Health and Recovery Services Board of Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later than Monday, April 10, 2017.
3. EMAIL: Submit the completed nomination form to kbarham@lcmhrsboh.gov on or before Monday, April 10, 2017.
4. FAX: Fax the completed nomination form to 419-244-4707.
2017 Mental Health and Recovery Services Board of Lucas County
Advocate of the Year Award
Nomination Form

DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NAME OF CANDIDATE: ___________________________________________________________________________

ADDRESS: ______________________________________________________________________________________

E-MAIL ADDRESS: _________________________________ PHONE NUMBER: _______________________________

NOMINATED BY: __________________________________________________________________________________

YOUR PHONE NUMBER: _________________________ YOUR EMAIL ADDRESS: ___________________________

The Advocate of the Year Award recognizes outstanding advocacy efforts in the areas of mental health and
addiction. Selection criteria for the award will include the following from January 1, 2016 – December 31,
2016:

• Raises awareness of mental illness and addiction issues through education and outreach
• Advocates for outreach programs and mental health and addiction services which help to identify
  those at risk, encourage help-seeking, and promote healthy self-care
• Helps to reduce the stigma of mental illness and addiction

You may use a separate page for this description. Nominations will be judged on the facts presented. You
may also include letters of support or other documents. Please do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of
Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. **IN PERSON**: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH
   43604.

2. **MAIL**: Mail the completed nomination form to the Mental Health and Recovery Services Board of
   Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later than
   Monday, April 10, 2017.

3. **EMAIL**: Submit the completed nomination form to kbarham@lcmhrsb.oh.gov on or before Monday,
   April 10, 2017.

4. **FAX**: Fax the completed nomination form to 419-244-4707.

701 Adams St., Suite 800 Toledo, Ohio 43604 P 419.213.4600 F 419.244.4707 TDD 419.241.1740

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DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NAME OF CANDIDATE: _________________________________________________________________

ADDRESS: __________________________________________________________________________

E-MAIL ADDRESS: ___________________ PHONE NUMBER: _______________________________

NOMINATED BY: ______________________________________________________________________

YOUR PHONE NUMBER: ___________________ YOUR EMAIL ADDRESS: ___________________

The Advocate Hall of Fame Award is to honor those Lucas County residents who have worked tirelessly over their lifetime to reduce the stigma of mental illness and addiction. In commemoration of their efforts, this award will be presented to the Hall of Fame entrant or to a surviving family member.

You may use a separate page for this description. Nominations will be judged on the facts presented. You may also include letters of support or other documents. Do not exceed 300 words.

The recipient will be presented with the award during the Mental Health and Recovery Services Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. IN PERSON: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH 43604.
2. MAIL: Mail the completed nomination form to the Mental Health and Recovery Services Board of Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later than Monday, April 10, 2017.
3. EMAIL: Submit the completed nomination form to kbarham@lcmhrsb.oh.gov on or before Monday, April 10, 2017.
4. FAX: Fax the completed nomination form to 419-244-4707.
2017 Mental Health and Recovery Services Board of Lucas County

Diversity and Inclusion Award for Leadership

Nomination Form

DUE DATE: MONDAY, APRIL 10, 2017, 5:00 p.m.

NAME OF CANDIDATE: ___________________________________________________________________________

ADDRESS: ________________________________________________________________________________________

E-MAIL ADDRESS: _________________________________  PHONE NUMBER: ______________________________

NOMINATED BY: __________________________________________________________________________________

YOUR PHONE NUMBER: ________________________  YOUR EMAIL ADDRESS: ___________________________

The Diversity and Inclusion Award for Leadership is for the contract provider agencies, teams, or
individuals who have communicated/demonstrated exceptional leadership in advancing diversity
and inclusion goals. They are individuals or agencies that view both the opportunities and the
challenges brought on by diversity efforts as an avenue to achieving greater health equity and
business success within the MHRSB system of care.

Selection criteria for the award will include the following from January 1, 2016 – December 31, 2016:

• Provider agencies or individuals within the system, and/or the teams that help achieve
diversity goals.
• Communicated and demonstrated leadership in advancing diversity and inclusion. Examples
might include; innovative hiring and recruitment strategies; creative training opportunities
for staff; approaches to engaging diverse communities; innovative approaches to shaping
organizational climate, etc.
• Has articulated the benefits and challenges to diversity and inclusion and the opportunities
they present to helping to achieve greater health equity among client populations.

You may use a separate page for this description. Nominations will be judged on the facts
presented. You may also include letters of support or other documents. Do not exceed 300 words.
The recipient will be presented with the award during the Mental Health and Recovery Services
Board of Lucas County Recognition Ceremony on Monday, May 1, 2017.

Submission
You may submit the completed nomination in one of four ways:

1. **IN PERSON**: Bring the completed nomination form to 701 Adams Street, Suite 800, Toledo, OH
   43604.
2. **MAIL**: Mail the completed nomination form to the Mental Health and Recovery Services Board of
   Lucas County at 701 Adams Street, Suite 800, Toledo, OH 43604. Must be postmarked no later
   than Monday, April 10, 2017.
3. **EMAIL**: Submit the completed nomination form to kbarham@lcmrhsb.oh.gov on or before
   Monday, April 10, 2017.
4. **FAX**: Fax the completed nomination form to 419-244-4707.