

Mental Health Services Act (MHSA) Awards Nomination Form & Instructions

Deadline for submission is:

Wednesday September 26, 2018, at 5:00pm

To ensure that your nominee receives consideration,
please allow yourself ample time to submit your nomination form.

The 2018 MHSA Awards Ceremony will be held on
Thursday, October 25th, 2018, from 10:00am-1:30pm
at the Scottish Rite Masonic Center, 2850 19th Ave, San Francisco CA 94132

What are the MHSA Awards?

The MHSA Awards Ceremony honors the achievements of peers
in their journey of mental health recovery
with the support of MHSA-funded programs in San Francisco.
All staff and peers of MHSA-funded programs are invited to submit nominations.

Please email, fax, mail, or hand-deliver
the completed front and back of the following pages (pages 3 and 4)
of the nomination form to:

Mental Health Association of San Francisco (MHASF)

Attention: Meaghan O'Brien

870 Market Street, Suite 928

San Francisco, CA 94102

FAX: (415) 421-2928

meaghan@mentalhealthsf.org

**Only COMPLETE Nomination Forms will be considered by the
MHSA Awards Selection Committee.**

Review Process: This form will be sent for review to the MHSA Awards Planning Committee, which is made up of peers, community partners, and MHSA/MHASF staff. They will then make the selections and notify all Award Nominees by **Thursday, October 11th, 2018.**

**For questions about accessibility or to request accommodations,
please call our dedicated MHSA Awards line at 415-341-9529.

Please give us notice to provide such accommodations and access by **Friday, October 5th, 2018.**



This page
intentionally
left blank

**The 2018 Mental Health Services Act (MHSA) Awards Ceremony will honor individuals and teams in these areas:
*Achievement in Recovery • Peer of the Year • Peer Impact • Team of the Year***

Achievement in Recovery Awards will be awarded to current and former clients in MHSA-funded programs.

The **Peer of the Year Award** will be given to one (1) peer who demonstrates any kind of outstanding achievement in recovery.

The **Peer Impact Award** will go to one (1) peer who demonstrates outstanding achievement in recovery through paid or volunteer employment to listen, advise, and help fellow peers on their path to recovery.

Team of the Year Awards will be awarded to two (2) MHSA-funded teams who provide outstanding recovery services and supports.

Peer Achievements may include but are not limited to:

- Employment
- Independent living
- Pursuing educational goals
- Financial independence
- Reducing the impact of substances
- Addressing legal issues
- Attending trainings
- Improving physical health

The winning teams will:

- Be welcoming and culturally responsive
- Provide innovative and collaborative services
- Help clients to achieve recovery
- Have peers represented as staff members
- Reduce stigma regarding mental health conditions

To nominate someone for a Peer of the Year or Peer Impact Award, please attach a cover letter describing their achievements.

To nominate a Team of the Year, please attach a cover letter describing the team's qualifications.

To nominate Achievement in Recovery Award, please put a check next to the category below.

ABOUT THE NOMINEE:

Award Nomination category: ___ Achievement in Recovery ___ Peer of the Year ___ Peer Impact ___ Team of the Year

Full Name of Individual Nominee

(Please write the name of the Nominee the way they want it on their certificate)

-Or-

Name of Team of the Year Nominee

Nominee's Contact Information: Email: _____ Phone _____

FULL NAME OF NOMINATING STAFF/PEER: _____

Nominator's Contact Information: Email: _____ Phone _____

Name of MHSA-funded agency where the nominated peer receives services:

CONFIDENTIALITY NOTICE

For: Individual nominating a potential award recipient

I, the nominating staff/peer for this award, agree by signing this form that:

- I have informed my nominee that I have nominated them for a Mental Health Services Act (MHSA) Award, which they agree to.
- I have also informed my nominee that this form, which bears their name and personal information about their recovery, will be forwarded to the MHSA Awards Committee for review.
- I have given the nominee the opportunity to read the completed nomination form.
- I have informed my nominee that if they are selected to receive an award, and choose to accept it, they will be publicly acknowledged by name during the Awards Ceremony, unless they request in writing not to be so acknowledged.

Please know that this Awards Ceremony may be attended by SFDPH-MHSA (San Francisco Department of Public Health – Mental Health Services Act) staff, Mental Health Association of San Francisco (MHASF) staff, other peers & their guests, and service providers, and that some guests may be taking pictures throughout the event.

Nominating Staff/Peer (Print Name)

Nominating Staff/Peer (Signature)

NOMINEE'S APPROVAL

I, the nominee of this award, have been informed of the following and agree to the following:

- ____ (Initials) I agree to be nominated for an MHSA award
- ____ (Initials) By signing this form which bears my name and personal information about my recovery, I give permission to have it reviewed by the MHSA Award Committee.
- ____ (Initials) I have had a chance to read this completed form, and agree to its contents.
- ____ (Initials) I have been informed that if I am selected to be an award recipient, and choose to accept it, I will be publicly acknowledged by name during the Awards Ceremony.

Please know that this Awards Ceremony may be attended by SFDPH-MHSA (San Francisco Department of Public Health – Mental Health Services Act) staff, Mental Health Association of San Francisco (MHASF) staff, other peers & their guests, and service providers, and that some guests may be taking pictures throughout the event.

Nominee (Print Name)

Nominee (Signature)

Please notify us below of any accessibility accommodations (for example, wheelchair access, food allergies, etc.):

Accommodations: _____

