NOMINATION FORM



To nominate someone please complete the entire form.

ABH's Salute to Excellence has traditionally been a celebratory day when we recognize individuals and groups, often clinical and direct care staff, who have made outstanding contributions to community-based behavioral healthcare in Massachusetts. ABH is extremely excited to announce that this year, we will be resuming our all-day, in-person celebration.

Nominator Information :

| Full Name : | E-Mail : |
|--------------------|----------|
| | |
| Program / Agency : | Phone : |
| | |

Award Categories :

Review the following award categories, complete the form and email it to <u>msocha@abhmass.org</u>. To be considered, nominees must be employed by an ABH member organization.

Scott M. Bock Force for Change Award (Individuals Only)

The recipient must demonstrate devotion to the behavioral health and human services fields, persistent advocacy on behalf of the workforce and individuals-served and successful consensus building among stakeholders. The nominee should display the ability to identify opportunities and challenges in the service delivery system, take risks, and mobilize staff and/or colleagues behind a common cause.

Carl B. Cutchins Award for Children's Behavioral Health (Individuals Only)

The recipient must be an active child advocate who has demonstrated a long-term commitment to supporting and enhancing services for children/adolescents with behavioral health needs at the state or local level.

[•] Elizabeth Funk Emerging Leader Award (Individuals Only)

Recipients must be under the age of 40. The recipient must show evidence of commitment to behavioral health through his/her ability as an emerging leader within the field. The nominee should display the ability to motivate staff and communicate effectively in their role as a developing leader.



Francis O'Brien Award for Addiction Services (Individuals Only)

The recipient must demonstrate a personal, long-term commitment to the goals of ABH and who provides leadership and support to the association, its members, staff and mission for addiction prevention, treatment and quality management.

Advancing Diversity, Equity, Inclusion & Justice Award (Individuals or Groups)

The recipient must demonstrate a commitment to advancing the integration and prioritization of diversity, equity, inclusion & justice in their organization and/or in the behavioral healthcare system.



Provider Recognition Awards (Individuals or Groups)

Recipients show evidence of personal commitment to quality and innovation in their work performance and carry out that commitment in a manner deserving of special recognition in any of the following categories:

- **Excellence in Outcomes:** Integration, utilization and management of client outcomes for quality improvement. Please include details of outcomes in your nomination write-up
- Excellence in Best Practices: Planning, implementation and on-going integration of best practices
- **Excellence in Program Leadership:** Program director / staff who exemplify outstanding leadership qualities
- Excellence in Administration and Finance: Exceptional management of program / agency / corporate finances and / or operations

Place a checkmark by the Award Type for which you are submitting this nomination :

| | Scott M. Bock Force for Change Award | | Advancing Diversity, Equity, Inclusion & Justice |
|--------------------------------------|--|--|--|
| | Carl B. Cutchins Award for Children's Behavioral Health | | Excellence in Outcomes |
| | | | Excellence in Best Practices |
| Elizabeth Funk Emerging Leader Award | Excellence in Program Leadership | | |
| | Francis O'Brien Award for Addiction Services | | Excellence in Administration and Finance |

Nominee Information :

If nominating a Group, you must provide the names and following contact information for each member.

| Full Name of Person / Group Nominated | : | Position / Title | : |
|---------------------------------------|---|------------------|---|
| | | | |
| Program / Agency : | | E-Mail | : |
| | | | |
| Address : | | | |
| | | | |
| City / State / Zip Code : | | Phone | : |
| | | | |

Describe the Nominee or Group and why they are deserving of recognition :

Please be as specific as possible. Please attach a separate document. Successful nominations in the past have included a detailed description. To view an example of a winning nomination write-up, click <u>here</u>.

