

## SANTA CLARA COUNTY MENTAL HEALTH BOARD



**Date:** February 28, 2013  
**To:** All Community Based Mental Health Providers, Family Members, Consumers, and Interested Parties  
**From:** Llolanda Ulloa, Santa Clara County Mental Health Board Support  
**Subject:** SCC Mental Health Board - Community Mental Health Awards

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**May is Mental Health Month;** the Santa Clara County Mental Health Board (SCCMHB) is seeking nominees for its Community Service Awards. A nomination form is attached. Community Service Awards are made to community members in any area of expertise 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 five 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 Second Annual SCCMHB Community Service Awards Luncheon on **May 29, 2013**. **DEADLINE for award nominations is April 7, 2013;** Nominations may be mailed, emailed as an attachment, or faxed to:

### **Santa Clara County Mental Health Board - Luncheon Planning Committee**

C/O: Llolanda Ulloa, Mental Health Administration

828 South Bascom Avenue, Suite 280

San José, CA 95128. Email: [Llolanda.Ulloa@hhs.sccgov.org](mailto:Llolanda.Ulloa@hhs.sccgov.org) FAX: (408) 885-5788

#### **Hero Award Categories are:**

- Agency:** An agency whose services for individuals with a mental illness condition is consumer & family focused, professional, caring, compassionate, and innovative. They go beyond standard services/treatment and truly seek improving a consumer's life.
- Consumers:** An individual who has received mental health services whose impressive personal achievements or knowledge has provided hope and inspiration to others that face similar challenges.
- Elected Official:** A key elected official who has provided extraordinary service and has helped to transform our system by advocating for greater access to mental health services, contributing exceeding time to improving the lives of people with mental illness, or publicly giving voice to those with mental illness, helping to eliminate the stigma and stereotypes that surround the disease.
- Family Member:** An individual who has a family member who receives mental health services and who has contributed to improving the lives of families who are impacted by mental illness through advocacy, programs, or activities that reach beyond their own family circumstances to have an impact on the service delivery system.
- Program:** A mental health program that provides unique services that are above and beyond the standard mental health services. This program has had an extraordinary impact on consumers, family members and community.

#### **Additional Award Criteria:**

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

**FOR FURTHER INFORMATION CONTACT:** LLOLANDA ULLOA (408) 793-5677, MHB SUPPORT. THE SCC MENTAL HEALTH BOARD REVIEWS THE QUALIFICATIONS FOR THE NOMINEES; NOMINEE WITH MAJORITY VOTES WILL BE AWARDED. THERE WILL BE A SPECIAL AWARD PRESENTATION DURING **“SCC MENTAL HEALTH BOARD 2<sup>ND</sup> ANNUAL LUNCHEON”**. THANK YOU FOR YOUR PARTICIPATION.



**NOMINATIONS FOR SANTA CLARA COUNTY MENTAL HEALTH BOARD COMMUNITY SERVICE AWARDS**

**DEADLINE for award nominations is April 7, 2013;** Nominations may be mailed, emailed as an attachment, or faxed to:

**Santa Clara County Mental Health Board - Luncheon Planning Committee**

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**Maximum: ONE Category per page**

**CONSUMER HERO    ELECTED OFFICIAL HERO    FAMILY MEMBER HERO    PROGRAM HERO    AGENCY HERO**

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

**CATEGORY:** \_\_\_\_\_

**NOMINEE NAME:** \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

Email ADDRESS: \_\_\_\_\_

Email ADDRESS: \_\_\_\_\_