



**Administrative Use Only: Final Approval**  
**Supervisor                      Behavioral Health Director**

## Behavioral Health Vision Award NOMINATION FORM

*The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff, and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promotes wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.*

Contra Costa County Behavioral Health Services wishes to acknowledge Behavioral Health Staff who exemplify our mission. CCBHS will honor award recipients in the quarterly edition of the Behavioral Health Connection Newsletter. All nominations should be returned to Jackie Lewis, Mental Health Director Secretary, [Jackie.Lewis@hsd.cccounty.us](mailto:Jackie.Lewis@hsd.cccounty.us) or by fax: 925-957-5156.

Staff Nominations should reflect ONE OR MORE areas of our mission:

- \* Provides a welcoming environment to the people we serve
- \* Integrates variety of services (mental health, substance abuse, homelessness, and, or other needs)
- \* Promotes wellness, recovery, and, or resiliency among people we serve
- \* Demonstrates cultural competency, humility, compassion, and, or respect while embracing complex issues and the diversity of the people we serve

**Section A - PLEASE ANSWER**

1. Does the nominee satisfy one or more areas of our mission?      Yes (If Yes, Skip to Question 4)      No or not sure
2. If "No or not sure" would you approve of us forwarding the nomination to Health Services for a Service Excellence GEM Award Recognition?      Yes      No
3. If Yes to question 2, answer all of Section B, and ONLY question 2 in Section C. The statement will be used to highlight the staff in Dr. Walker's Health Services newsletter.

**Section B - PLEASE TYPE**

Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_ Nominee(s) Supervisor Name: \_\_\_\_\_

If team, names of each team member: \_\_\_\_\_

**Section C - PLEASE RESPOND**

Your response and nomination should distinctly indicate or list actions of the individual who exceeds the normal expectations of their job and whose ideas, work, process, or support merits award recognition.

1. What actions, work, ideas, activities did this staff and, or team do that promotes one or more areas of the Behavioral Health mission (see above for key areas)?

2. Newsletter Highlight - In 2 sentences or less (brevity preferred) please write your reason for the award. Your statement will be used to highlight the staff member in the Behavioral Health Connection newsletter.