

REINTEGRATION AWARDS
NATIONAL COUNCIL AWARDS OF EXCELLENCE

2012



**2012 National Council Awards of Excellence
and Reintegration Awards
Call for Entries**

Excellence in Behavioral Healthcare Management

Supported by MHRRG/Negley Associates



Excellence in Health Information Technology

Supported by Qualifacts, Inc.



Excellence in Service Innovation

Supported by Mental Health Weekly



Reintegration Awards

Supported by Eli Lilly and Company



National Council for Community Behavioral Healthcare
1701 K Street NW, Suite 400
Washington, DC 20006

5 REASONS TO ENTER

1. Let the behavioral healthcare community know who you are!

The National Council's Awards of Excellence program will profile and highlight winners throughout the year to the behavioral healthcare industry's highest levels of leadership as well as to the larger healthcare community. Additionally, the National Council will work with winners to profile your achievements closer to home within your own communities.

2. Receive recognition internally and externally for Excellence and Achievement.

An award at any level can help you and your organization showcase your abilities and skills. Being chosen as a National Council Awards of Excellence or Reintegration Award winner will allow you and your organization to stand out in your community, profiling the great work that you do and the people you serve.

3. Market yourself to your peers, prospective funders and supporters.

As a leader in the behavioral healthcare industry, recognition by the National Council Awards of Excellence and Reintegration Awards will not only put you in front of more than 2,000 member organizations nationwide, but will bring you, your program, and organization to the attention of the highest levels of leaders in the healthcare community.

4. Prove it to yourself and your colleagues.

Prove that your work is exceptional and take the time to celebrate your success. It's time to step up and stand out!

5. Grant awards.

(\$5,000 - \$10,000) to be provided to your organization or the non-profit of your choice, plus the opportunity to be recognized at the Awards of Excellence dinner during the 2012 National Council Annual conference.

The National Council has done our best to answer every question to make submitting your Reintegration Award simple and easy. If you have additional questions or concerns, please contact 202-684-7457; 866-362-0505 or reintegration@thenationalcouncil.org.

For more information about the National Council Awards of Excellence Member Awards, please email awards@thenationalcouncil.org or visit our website: www.thenationalcouncil.org/cs/awards.

PART 1: THE BIG QUESTIONS

Reintegration Awards

WHO CAN ENTER?

Since 1997, the Reintegration Awards, supported by Eli Lilly and Company, have celebrated the achievements of those in the community who dedicate themselves to improving the lives of individuals with serious mental illnesses, and the achievements of

those living with schizophrenia or bipolar disorder who battle tremendous odds to improve their own lives and the lives of their peers.

The Reintegration Awards honor the following efforts in nine different categories (See Part 2):

- Treatment teams, programs and services that support people living with severe mental illness
- Local and national efforts to improve services and decrease the stigma of mental illness
- The achievements of people living with severe mental illness who give hope to others facing similar challenges

WHAT DO I WIN?

Winners of the 2012 Reintegration Awards will receive:

- A grant in the amount of \$10,000 to be donated to the organization of the recipient's choice.
- A trophy, inscribed with the awardee's name and category
- Airfare and hotel expenses for the awardee and one guest, plus two complementary tickets to the National Council's Awards of Excellence Celebration to be held during the National Council's annual conference, April 16, 2012 in Chicago, IL

- Recognition in the Awards Celebration Program and other conference materials, in addition to recognition in an edition of the National Council's magazine post-conference and other publications and promotional pieces.

Second place choices may be chosen in each category and will receive a grant in the amount of \$5,000, airfare, hotel expenses, and two complementary tickets for the awardee and a guest to attend the Awards Celebration, plus recognition during the Awards Celebration and in the dinner program.

CAN I SUBMIT MULTIPLE ENTRIES?

Each team/program/service or individual may only be nominated for ONE category. The Reintegration Awards Judging Panel reserves the right to re-assign the category for which an entry is submitted.

PART 2: THE CATEGORIES

Reintegration Awards

Review the categories carefully before making your selection. Selecting the right category is a key to success.

CATEGORIES FOR MENTAL HEALTH TREATMENT TEAMS/PROGRAMS/SERVICES

Please note, each team/program/service or individual may only be nominated for ONE category. The Reintegration Awards Judging Panel reserves the right to re-assign the category for which an entry is submitted.

Advocacy

Honors those who advocate within the community for people living with schizophrenia or bipolar disorder

Clinical Medicine

Honors those who combine effective and innovative treatment approaches to promote recovery for individuals with schizophrenia and bipolar disorder

Employment

Recognizes those who help individuals diagnosed with a mental illness develop the skills necessary to secure and maintain employment

Education

Pays tribute to those who help people living with a mental illness achieve their educational goals

Housing

Celebrates the accomplishments of those helping people living with a mental illness find and secure safe, affordable housing

Social Support

Recognizes those assisting individuals to develop social/coping skills required for successful community living

CATEGORIES FOR INDIVIDUALS LIVING WITH SCHIZOPHRENIA OR BIPOLAR DISORDER

Please note, each team/program/service or individual may only be nominated for ONE category. The Reintegration Awards Judging Panel reserves the right to re-assign the category for which an entry is submitted.

Achievement

Honors those whose impressive personal achievements – while living with mental illness – have provided hope and inspiration to others

Artistic Contribution

Honors artistic expression (e.g. painting, music, etc.) that contributes to the individual's reintegration process and that of others, and leads to greater sensitivity to and understanding of people struggling with mental illness

Mentorship

Recognizes individuals who are successfully managing their mental illness and inspiring others by sharing their knowledge

PART 3: PREPARING YOUR SUBMISSION

Reintegration Awards

Submit your entry for the Reintegration Awards online at www.thenationalcouncil.org/awards. If necessary, you may also download and complete a paper copy of your Reintegration Awards submission and return it by mail to:

Reintegration Awards
National Council for Community Behavioral Healthcare
1701 K Street NW, Suite 400
Washington, DC 20006

Entry Deadline: January 2012

All submissions must be completed online or mailed (in one envelope) to the address provided. We suggest you build your submission in a document prior to submitting online in order to avoid any issues that may result with technology. We do not want you to lose your work! You will be able to cut and paste into the online application. We also suggest you keep a copy of all submitted materials for your personal reference. Upon completion and submission of your online application, you will receive email confirmation that your submission has been received. If you submit via paper copy, you will receive an email or phone call upon receipt from the National Council.

Neither applications nor collateral materials submitted for review will be returned.

When deciding which category you plan to complete a submission, please refer to the below valuable information and resources.

- Have a plan — don't type your entry directly into the online submission form. You may lose your work or not be able to think through your entry. Have one or two other people review it.

Match your submission to the category you're submitting for. Read the description and judging criteria and write your submission to match. Be specific, quantify the outcomes of your submission/program and the impact on your organization/business/practice/community/target population.

SUBMISSION GUIDELINES

All entries - for any category – must include the following elements:

1. Brief description of qualification/personal statement and 100-word summary
2. Completed application form

3. Completed questionnaire (only complete/submit the section that applies to your category).
4. Signed consent form

*Please note, Artistic Contribution applicants must also include a sample of creative work (photo, DVD, tape, etc.). Please DO NOT include original works, as these cannot be returned.

Entrant Registration: Prior to being able to complete your submission for the Reintegration Awards, you must register so you can review and return to your application before final submission.

Section 1: Nominee

Enter the individual, group or program you are nominating to receive a Reintegration Award, select a category and subcategory. Then complete the requested contact information for the Nominee. (Your own contact information has already been collected when you registered as an entrant.)

Section 2: Organization

Enter information about the Nominee's Organization (if applicable), including mission statement, and contact information for the organization's CEO (Use "title" to reflect other than CEO, Executive Director, President, etc.)

Section 3: Nominated by

If the applicant is nominating themselves/their program, check the "self-nominated" box. If the applicant is being nominated by someone other than you (the entrant), please provide contact information.

Section 4: Qualification

Applicants in the Mental health treatment team/program/service category must provide a brief description of qualification explaining why the nominated individual/group/program/service is deserving of a Reintegration Award and must include the following four headings: Planning, Excellence of Execution, Outcomes/Evaluation and Importance of Award. The brief description may be no longer than 2 typed, single-spaced pages in 12 point font or no more than 300 words per section (1,200 words total). *Applicants in the Individuals Living with Schizophrenia or Bipolar Disorder category do not need to complete this section.*

Section 5: Personal Statement

Applicants in the Individuals Living with Schizophrenia or Bipolar Disorder category must submit a two-section personal statement: Section A – describing his/her accomplishments and including the following two headings: The Achievement/s, Why this Achievement/s is Deserving of a Reintegration Award (Section A may

be no longer than 2 typed, single spaced pages in 12-point font or no more than 500 words per section (1,000 words total);

Section B – including a statement from a clinician, social worker, employer, family member or case manager of the person being nominated describing the applicant’s successful recovery and accomplishments (Section B may be no longer than 1 typed, single-spaced page in 12-point font or no more than 500 words per section). *Applicants in the Mental health treatment team/program/service category do not need to complete this section.*

Section 6: Accomplishment/s

Please provide a 100-word summary describing the accomplishment/s or achievement/s of the team/program/service/individual and the impact it has made on those served/peers and/or the community.

Section 7: Questionnaire

Please fill out and submit the questionnaire section appropriate to your nomination category. Each section’s questionnaire differs slightly.

Section 8: Consent

All submissions must read, “sign,” and “date” the included consent and release form.

JUDGING

The Reintegration Award recipients are determined by an independent panel of mental health professionals. Awardees will be selected based on a demonstration of the individual’s or program’s success through quantifiable measures and evidence that individuals diagnosed with mental illness have directly benefited from the program or service.

FREQUENTLY ASKED QUESTIONS

What will disqualify entries?

- Incomplete or inaccurate entries
- Submissions exceeding allowed word count
- Attachments larger than five pages
- Unsigned consent form

Can I resubmit an entry? Yes, as long as the completed submission is received before January 15, 2012.

Can I submit if my organization has already received a National Council Award of Excellence or Reintegration Award? Yes, as long as the person/program being submitted has not received an award in the category being entered in the last three years.

Do entrants receive feedback? If entrants would like feedback on their submission for future submissions, they are welcome to contact the National council after winners have been notified.

When will I be notified if I win? Winners will be notified within 45 days of the application deadline.

Will I receive confirmation my application has been received? Yes, you will receive a confirmation email or phone call once your application has been received.



Supported by Eli Lilly and Company 

2012 Reintegration Awards National Council Awards of Excellence

Applications for the Reintegration Awards may be submitted online at www.thenationalcouncil.org/awards or may be completed in paper-copy and emailed/faxed or mailed to the National Council offices. The application copy below is for preparation purposes. If additional space is needed for any individual section, please attach pages. For Sections 4-6, attachments may be included instead of filling out the copy in the application. Call 866-362-0505 or email reintegration@thenationalcouncil.org with any questions.

SECTION 1: Nominee

| | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Nominee (individual, group, or program) | |
| *Award Category (check one) | <input type="checkbox"/> Categories for Mental Health Treatment Teams/Programs/Services <input checked="" type="checkbox"/> Categories for Individuals Living with Schizophrenia or Bipolar Disorder |
| Sub Category (check one) | Categories for Mental Health Treatment Teams/Programs/Services <ul style="list-style-type: none"> <input type="checkbox"/> Advocacy <input type="checkbox"/> Clinical Medicine <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Social Support Categories for Individuals Living with Schizophrenia or Bipolar Disorder <ul style="list-style-type: none"> <input type="checkbox"/> Achievement <input checked="" type="checkbox"/> Artistic Contribution <input type="checkbox"/> Mentorship |

Nominee Contact Information:

| | |
|------------------------------------------|--|
| Prefix (Mr., Mrs., Ms.) | |
| First Name | |
| Middle Name | |
| Last Name | |
| Suffix | |
| Title | |
| Organization Name (if applicable) | |
| Address 1 | |
| Address 2 | |
| City | |
| State | |
| Country | |
| Zip Code | |
| Work Phone | |
| Fax | |
| Email | |

SECTION 2: Organization

| | |
|-----------------------------------------|--|
| Mission Statement | |
| CEO First Name | |
| CEO Last Name | |
| CEO Degrees (MD, PhD, MSW, etc.) | |
| CEO Title | |
| CEO Phone | |
| CEO Email | |

SECTION 3: Nominated by

If self-nominated or if nominating party is the same as the Nominee Contact previously listed, check here and skip the remainder of this section.

| | |
|-----------------------|--------------------------|
| Self-Nominated | <input type="checkbox"/> |
|-----------------------|--------------------------|

Nominated by:

| | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Check one | <input type="checkbox"/> Treatment team or staff member <input type="checkbox"/> Recipient of services <input type="checkbox"/> Other |
| If other, please explain | |
| First Name | |
| Middle Name | |
| Last Name | |
| Title | |
| Organization Name | |
| Address 1 | |
| Address 2 | |
| City | |
| State | |
| Zip Code | |
| Phone | |
| Fax | |
| Email | |

SECTION 4: Qualification

Qualification Section to be completed by Treatment Team/Program/Service Award Applicants only.

This section does not need to be completed for Individual Award Category Applicants

SECTION 5: Personal Statement

Personal Section to be completed by Individual Award Applicants only.

Those applying in the Individual Award Categories for individuals living with schizophrenia or bipolar disorder must submit a two-section Personal Statement.

SECTION A

Describe the nominee's accomplishments including the following two headings: Achievement/s, and Why this Achievement/s is Deserving of a Reintegration Award.

Section A may be no longer than 2 typed, single-spaced pages in 12-point font.

Applicant may complete this section below (no more than 500 words each) or by attaching a word .doc or .pdf.

| | |
|------------------------------------------------------------------------|--|
| Accomplishment/s | |
| Why this Accomplishment/s is Deserving of a Reintegration Award | |

Upload Personal Statement – SECTION A (optional)

SECTION B

Include a statement from a clinician, social worker, employer, family member or case manager of the person being nominated describing the applicant's successful recovery and accomplishments.

Section B may be no longer than 1 typed, single-spaced pages in 12-point font.

Applicant may complete this section below (no more than 500 words) or by attaching a word .doc or .pdf.

| | |
|-----------------------------|--|
| Statement of Support | |
|-----------------------------|--|

Upload Personal Statement – SECTION B (optional)

Statement of support submitted by:

| | |
|--------------------------------------------|--|
| Name (First, Last, Degrees) | |
| Title (if applicable) | |
| Organization (if applicable) | |
| City, State (ex: Washington, DC) | |
| Email | |
| Phone | |
| Relationship to Nominee | |

SECTION 6: Accomplishment/s

Individual Award Applicants

Please provide a 100-word summary describing the accomplishment/s or achievement/s of the Individual Nominee and the impact it has made on those the community or peers.

| | |
|------------------------------------------|--|
| Accomplishment/s or Achievement/s | |
|------------------------------------------|--|

SECTION 7: Questionnaire

INDIVIDUAL AWARD APPLICANTS

Artistic Contribution

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Describe the individual's artistic contribution. | |
| Attach example of artistic contribution (Optional) | |
| How has the artistic contribution benefited the individual's reintegration into society? | |
| How has the artistic contribution benefited the reintegration of others battling mental illness? | |
| How has the artistic contribution impacted the general public's perception of mental illness? | |
| Has this individual previously received a Reintegration Award or National Council Award of Excellence? If yes, list year/category/reason for receiving the Award. | |

SECTION 8: Consent & Release Statement

By checking the box below, I confirm the following:

1. I participated voluntarily in the Reintegration Awards.
2. I permit the National Council for Community Behavioral Healthcare and/or another vendor as identified by Lilly, to contact me regarding my status as an applicant of the above referenced program and with regard to any subsequent issues/questions that may arise related to my status of said program.
3. If I am chosen as a recipient of a Reintegration Award, I am open to working with the National Council and/or Lilly in planning my attendance/participating at the Awards event, April 16, 2011 in Chicago IL.
4. If I am chosen as a recipient of a Reintegration Award, I understand media materials highlighting why I and/or my program received a Reintegration Award may be distributed to the general public; specifically to television stations, radio stations and daily/monthly/weekly newspapers across the country.
5. Further, by signing this form, I agree that the National Council and/or Lilly may contact me for purposes of providing me basic training on interacting with various types of media, or to ask my permission for other uses of my personal images or for my participation in other types of projects.
6. I understand that if I am a recipient of the Achievement, Artistic Contribution, or Mentorship Award in 2012 or any prior year, the materials noted in the above bullet may state that I am a mental health consumer and may be nationally distributed to the general public.
7. If I am chosen as a recipient of a Reintegration Award, I am permitting the National Council and/or Lilly to interview, photograph, film, or videotape me, and/or have my voice recorded.
8. If I am chosen as a recipient of a Reintegration Award, I give my permission to the National Council and/or Lilly to utilize my name, likeness, voice and biographical material in any lawful manner that it may make of the copy/images of me (photos/website), or in any work that is derived from the copy/images (public relations or sales/training initiatives), in whole or in part, in any manner and media, with no limitation on time, placement or location.
9. I give permission to the National Council and/or Lilly to crop or edit copy/images, or use them in any other lawful uses in any way that it may determine in its sole discretion.
10. I release both the National Council and Lilly, its agents, employees, licensees and assigns, from and against any and all claims which I have, or may have, for invasion of privacy, defamation, or any other cause of action arising out of any contract related to the programs or arising out of general public understanding that the programs are open to those battling mental illness, as well as to those who provide treatment and services to those battling mental illness.
11. I waive all rights I may have to claims for payment or royalties in connection with any exhibition, televising, internet posting, or other publication of my personal images, irrespective of whether a fee for its use is charged by any third party.

12. In the event that I change my mind about future contact with the program, the National Council and/or Lilly, I will advise in writing and submit, as noted, to: Reintegration Awards, National Council for Community Behavioral Healthcare, 1701 K Street NW, Suite 400, Washington DC 20006; 866-362-0505. Within ten (10) days of receipt of such notice, the National Council and/or Lilly agree that we will take reasonable steps to stop any further contact with you.
13. I understand that taking the above noted step will immediately disqualify me as a potential recipient of any monies/winning status granted by the programs.
14. I understand that signing this form does NOT ensure that I will receive funding or be chosen as a recipient of the programs, simply that I am open to be contacted regarding my status.
15. [For applicants in the Artistic Contribution category:] The artwork I am submitting is original (not copied from or based upon or derived from any other artwork or materials) and I am the sole owner of the artwork. If the entry is photography, DVD, or other likeness of any person, I assert that all persons included in my submission have given permission for this creative work to be entered.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <p>Self-By checking this Consent & Release Form, it signifies that I have reviewed and approved it and confirm that it is true and correct in all respects.</p> | <p><input type="checkbox"/> Yes, I consent.</p> |
| <p>I affirm and attest that I am of the age of 18 years and understand that in order to accept this offer I must be 18 years or older.</p> | <p><input type="checkbox"/> Yes, I am 18 or older.</p> |
| <p>Please "Sign" Your Full Name</p> | |
| <p>Date Your "Signature" (mm/dd/yyyy)</p> | |