2015 Inspiring Hope Awards

Call for Entries Preparation Materials
Submission Deadline: November 19, 2014

DOC OF THE YEAR

Apply Now

National Council for Behavioral Health
1701 K Street NW, Suite 400
Washington, DC 20006
202-684-7457
866-362-0505

Inspiring Hope Awards
Supported by Eli Lilly and Company
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The National Council has done our best to answer every question to make submitting your application for the National Council Awards of Excellence as easy as possible. Please don’t hesitate to contact us with any additional questions or concerns at 202-684-7457; 866-362-0505 or inspiringhope@thenationalcouncil.org.

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 their achievements closer to home within their 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 winner will allow you and your organization to stand out in your community, profiling the great work that you do and the people that 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 will not only put you in front of more than 2,200 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.
If you are selected as one of the National Council Awards of Excellence Honorees (Impact Awards, Inspiring Hope Awards, Advocacy Leadership Awards), not only do you receive recognition at the Celebration of Excellence and a donation to be provided to the non-profit organization of your choice, this recognition will assist you in applying for future grants or awards.

SUMMARY OF THE NATIONAL COUNCIL AWARDS OF EXCELLENCE

Submit your application online at www.thenationalcouncil.org/awards.
Need help? Please contact Awards support, inspiringhope@thenationalcouncil.org, 202-684-7457 or 866-362-0505.
Each year, the National Council for Behavioral Health honors those who inspire us to fight against mental illness and addiction. Through its Awards of Excellence, the National Council spotlights the innovative and inspirational efforts of those individuals and organizations -- staff, board leadership, volunteers, consumers, families, and community partners - - who are changing the lives of children, adults, and families living with mental illnesses and addiction disorders.

The Awards of Excellence are made up of the Impact Awards, Inspiring Hope Awards, and the Advocacy Leadership Awards.

IMPACT AWARDS
The National Council for Behavioral Health’s prestigious Impact Awards recognize behavioral health organizations for excellence in delivering treatment and supports in the community to persons with mental illnesses and addiction disorders and honor passionate, committed, and outstanding behavioral health leaders.

Behavioral Healthcare Management
Health Information Technology
Addictions Treatment Innovation
Mental Health First Aid Community Impact
Visionary Leadership

INSPIRING HOPE AWARDS
The National Council for Behavioral Health is proud to continue our partnership with Eli Lilly and Company to include the Inspiring Hope Awards as part of our 2015 National Council Awards of Excellence program. Building on the legacy of the Reintegration Awards and Welcome Back Awards, the Inspiring Hope Awards recognize the achievements of those who have succeeded at living well with a serious mental illness, as well as the exceptional advocates and clinicians who change lives and positively impact those whom they interact with every day, supporting recovery, inspiring home, and building healthy communities.

Artistic Expressions
Doc of the Year
Employment
Mental Health Professional of the Year
Peer Specialist of the Year
Public Education
Reintegration Lifetime Achievement
Rising Star
Integration & Wellness

ADVOCACY LEADERSHIP AWARDS
The Advocacy Leadership Awards, supported by Sunovion Pharmaceuticals, recognize individuals and organizations that have led advocacy and public policy efforts to expand access to services and supports for persons with mental illnesses and addictions.

Individual Achievement in Advocacy
Organizational Achievement in Advocacy
Elected Official Service in Advocacy

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Need help? Please contact Awards support, inspiringhope@thenationalcouncil.org, 202-684-7457 or 866-362-0505.
SUBMISSION: ONLINE APPLICATION

You are strongly encouraged to submit your application online at www.thenationalcouncil.org/awards. The online application process is very user friendly and technical assistance is available to all applicants. If you are unable to complete the online application, please contact the National Council for a paper copy.

Online Application Technical Assistance is available at:
866-362-0505
202-684-7457
inspiringhope@thenationalcouncil.org

INSTRUCTIONS FOR COMPLETING YOUR SUBMISSION

There are five sections to your Inspiring Hope Award application. All sections must be completed before you are able to complete your submission. If you have any questions about your application, please do not hesitate to contact the National Council for assistance.

Please note, neither application nor collateral materials submitted for review will be returned to the applicant.

Judges do reserve the right to re-assign the category in which an application is submitted.

Once you have completed your online submission, you will receive a confirmation email. If you do not receive a confirmation email, there may be an issue with your final submission, so please do not hesitate to contact the National Council to confirm receipt.

LOGIN

You must register with the awards submission website in order to be able to complete your submission. Once registered, you will also be able to return to the site to add to and/or edit your submission prior to completion. You will need to create an account by entering your email address. Make sure you can recall your password or write it down so you can login later. Your login is specific to you, the person completing the application, not necessarily the person, program manager, or other individual who may be mentioned as the honoree within your application.

DOC OF THE YEAR

Recognizes a psychiatrist or physician who has gone above and beyond the call of duty, empowering their patients to define their own goals, providing the encouragement and support to help them achieve their dreams.

As psychiatrists or physicians, nominees will need to be able to define their role in providing effective care and supporting recovery for individuals living with depression. Nominees will also need to include what makes their treatment unique, how they measure success, and what they feel are the elements beyond medical care that are essential in supporting the recovery of and promotion of those that they serve. In addition, nominees will be required to describe the one accomplishment that they are most proud of through their work, and demonstrate how their accomplishments and hard work have positively influenced others in their community.
SECTION 1: Demographics

The information to be provided in this section is related to the awards nominee – yourself or another person.

SECTION 2: Short Answer

There are a few questions specific to each awards category. Answers should be no more than 100 words max.

1. How is your approach to treatment unique?
2. How is success measured for clients?
3. How do you define your role in providing effective care and supporting recovery?
4. What are the elements beyond medical care that are essential to support recovery and promote the wellbeing of the whole person?

SECTION 3: Essay

This is the largest part of your submission, and your opportunity to tell your story. Tell us why you think you would be an exceptional choice for an Inspiring Hope Award. Questions are generally asked in a “first person” voice. If you are nominating another person, please complete the responses with your nominee as the subject.

BACKGROUND (500 words max)

Who are you? What is your story? How did you get to where you are today?

ACCOMPLISHMENTS (500 words max)

What challenges have you faced to get where you are today? How did you overcome those challenges? Did you have a specific turning point? (If so, please describe). Who or what helped you to achieve success? What are your goals for the future?

INFLUENCE (500 words max)

How have your accomplishments and activities influenced others and/or impacted your community?

SECTION 4: Statement of Support

Include a statement of support (250 words max) from a clinician, social worker, employer, family member, case manager, or other individual describing why the nominee’s accomplishments are deserving of an Inspiring Hope Award.

Additional statements of support or supporting documentation may be uploaded (up to 3 pages – .doc or .pdf), but we strongly encourage you to complete this section of the application. (Do not leave this section empty.)

Also, provide contact information for the individual providing your Statement of Support.

SECTION 5: Consent/Submit

Please provide information on any prior recommendations received by any of the Awards of Excellence programs (Impact Awards, Inspiring Hope Awards, Reintegration Awards, and Welcome Back Awards).

Submit your application online at www.thenationalcouncil.org/awards. Need help? Please contact Awards support, inspiringhope@thenationalcouncil.org, 202-684-7457 or 866-362-0505.
A consent and release statement must be “signed” in order to complete your entry. This statement recognizes your participation in the Awards of Excellence program, acknowledges your responsibilities if you are selected as an honoree, and allows the National Council to utilize these materials and any other collected if you are chosen as an honoree in program and promotional materials.

HONOREES WILL BE NOTIFIED by the end of January 2015. Winners of the 2015 Inspiring Hope 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 21, 2015.
- Honorees will receive 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.

RECOMMENDATIONS

1. Review the categories carefully before making your selection. Selecting the right category is a key to success. Remember, you can submit your program/organization for consideration in more than one category among the National Council Awards of Excellence (Impact Awards, Inspiring Hope Awards, and Advocacy Leadership Awards).
2. View summaries of previous award winners: [http://www.thenationalcouncil.org/about/awards/](http://www.thenationalcouncil.org/about/awards/)
3. Build your application as a word document prior to completing your submission online, in order to avoid any issues or interruptions that may result with the online submission process. We do not want you to lose your work! You will be able to cut and paste into the online application.
4. The online application DOES allow you to save your work and return to complete your application later, so take your time. Submit your BEST application.
5. 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.
6. Be brief, less is more.
7. Tell a story. Include short vignettes or quotes but only if it adds to the overall summary/content.
8. Whatever the focus of your application, don’t just tell us about all the good work you’ve done. Show us. Use data, metrics, numbers to show the impact you, your program, or organization have had. Show that something improved, increased, or decreased, make sure you have numbers to back it up. Also, it is impossible to replicate something if you have no data to show why/how it was effective.
9. Grammar. Make sure you spend time editing your submission – verb tense, punctuation, spelling, etc. It matters. If you are uncertain of your own grammatical capabilities, have someone else look over your application prior to completing your submission.
10. We strongly encourage you to keep a copy of all submitted materials.

Have questions? Check out the Frequently Asked Questions page.
Application Preview: Doc of the Year

You are encouraged to complete your application online at www.thenationalcouncil.org/awards. If you are unable to do so please contact the National Council and we will provide you with paper copy.

DOC OF THE YEAR
Recognizes a psychiatrist or physician who has gone above and beyond the call of duty, empowering their patients to define their own goals, providing the encouragement and support to help them achieve their dreams.

As psychiatrists or physicians, nominees will need to be able to define their role in providing effective care and supporting recovery for individuals living with depression. Nominees will also need to include what makes their treatment unique, how they measure success, and what they feel are the elements beyond medical care that are essential in supporting the of recovery and promotion of those that they serve. In addition, nominees will be required to describe the one accomplishment that they are most proud of through their work, and demonstrate how their accomplishments and hard work have positively influenced others in their community.

DEMOGRAPHICS

Who are you nominating?

Organization – Who are you? (Completing the Application)
Organizational Leadership – CEO or Executive Director
Secondary Contact for Awards Application – optional
Other than yourself and/or the CEO/Executive Director

SHORT ANSWER: (100 words max. each)

Provide short answers to the questions below. More detailed information may be provided in the essay section of your application. Questions are generally asked in a “first person” voice. If you are nominating another person, please complete the responses with your nominee as the subject.

1. As a doctor, how is your approach to treatment unique?
2. How do you measure success for your clients?
3. How do you define your role in providing effective care and supporting recovery?
4. What are the elements beyond medical care that are essential to support recovery, and promote the wellbeing of the whole person?

ESSAY: (500 words max. each)

This is the largest part of your submission, and your opportunity to tell your story. Tell us why you think you would be an exceptional choice for an Inspiring Hope Award. Questions are generally asked in a “first person” voice. If you are nominating another person, please complete the responses with your nominee as the subject.

BACKGROUND: Who are you? What is your story? How did you get to where you are today?
ACCOMPLISHMENTS: What challenges have you faced to get where you are today? How did you overcome those challenges? Did you have a specific turning point? (If so, please describe). Who or what helped you to achieve success? What are your goals for the future?

INFLUENCE: How have your accomplishments and activities influenced others and/or impacted your community?

STATEMENT OF SUPPORT: (250 words max.)

Please include a statement from a clinician, social worker, employer, family member, case manager, or other individual, describing why the nominee’s accomplishments are deserving of an Inspiring Hope Award.

Additional statements of support or supporting documentation may be uploaded (up to 3 pages – .doc or .pdf). If you complete this section, additional attachments are not meant to replace this section of the application (i.e., you are strongly encouraged NOT to only submit attachments - enter something in this section of the application too).

If uploading a statement of support, please include appropriate contact information.

CONSENT & SUBMIT

Prior Recognition

In the past 5 years, have you and/or your organization (if applicable) been the recipient of a National Council Award of Excellence (Impact Awards, Inspiring Hope Awards, Reintegration Awards, Welcome Back Awards)?

Consent & Release Statement

By checking the box below, I confirm the following:

1. I participated voluntarily in the Awards of Excellence programs (Impact Awards, Inspiring Hope Awards, and Advocacy Leadership Awards).
2. I permit the National Council for Behavioral Health and/or another vendor, 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 an Award of Excellence (Impact Award, Inspiring Hope Award, and Advocacy Leadership Award), I am open to working with the National Council and/or Lilly in planning my attendance/participation at the Awards event, April 21, 2015.
4. If I am chosen as a recipient of a National Council Award of Excellence, I understand materials may be created highlighting my program/organization/activities, etc. that may be distributed to the media and/or general public.
5. Further, by signing this form, I agree that the National Council and/or Lilly or Sunovion, 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. By signing this form, I agree that the National Council may use my photograph and application materials in promotion of the Awards of Excellence program and promotions. The National Council may also video and record my voice as part of my participation.
7. I understand that if I am a recipient of the 2015 Awards of Excellence (Impact Awards, Inspiring Hope Awards, or Advocacy leadership Awards) or any prior year, the materials noted in the above bullet may state that I am a mental health consumer (if applicable) and may be nationally distributed to the general public.

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8. If I am chosen as a recipient of an Award of Excellence, I am permitting the National Council and/or Lilly or Sunovion to interview, photograph, film, or videotape me, and/or have my voice recorded.

9. I give permission to the National Council and/or Lilly or Sunovion 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 or Sunovion, 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 or Sunovion, I will advise in writing and submit, as noted, to: Awards of Excellence, National Council for Behavioral Health, 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 Expression category only]: 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.

Please note: If you are completing this application on behalf of someone else, you will be required to “sign” the document, if your winner is selected as the awardee, the National Council will have further paperwork to confirm.