



**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL**  
**JOE MORTZ MEMORIAL SPOTLIGHT ON EXCELLENCE**  
**NOMINATION FORM**

Thank you for taking the time to point out the positive - good news deserves to be shared! Please answer the questions below the best you can about the program you are nominating. You may nominate your own program if you'd like and you may also nominate more than one program (but use a separate form for each nomination).

**Program Name:** \_\_\_\_\_

Address: \_\_\_\_\_

**Program leader's contact information:**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Organization affiliation (*if applicable*): \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Please describe the Program's purpose and why it is so successful:

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How are consumers and family members involved in policy programming and leadership/management services?

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In what way(s) is it culturally sensitive or competent? \_\_\_\_\_

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How does it create and maintain a Recovery/Wellness/Resilience focus? \_\_\_\_\_

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How does it connect the participants to the community? \_\_\_\_\_

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Please describe how it empowers participants to maintain an independent lifestyle: \_\_\_\_\_

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**Your name and contact information** Name: \_\_\_\_\_ email: \_\_\_\_\_ Ph: \_\_\_\_\_