



Exemplary Service Awards

Thank you for your interest in nominating a professional or volunteer for the 2017 exemplary service awards. We know that you are busy, and tried to keep the application short, while collecting important information about the nominees. Nominations are due by close of business September 11, 2017 and awardees will be notified via email by Monday, September 18, 2017.

Goals

The goals of the Washington State Exemplary Service Awards are to:

- Identify exemplary Chemical Dependency and Co-occurring Disorder Treatment programs.
- Recognize outstanding professionals, consumers, and volunteers.
- Recognize media, businesses, and others within local communities who support treatment efforts.
- Focus statewide attention on exemplary treatment work.

Eligibility Criteria

Programs/Agencies:

To be considered for the award, nominated programs must be:

- Providing treatment services to adolescents, adults, or special populations.
- Able to describe how the program incorporates evidence-based best practices.
- Demonstrate innovative practice or programming.
- Demonstrate collaboration over and above the standard expectations in support of service delivery and continuing care.
- Able to document and demonstrate success by providing outcome research obtained through verifiable sources.
- In operation for a minimum of one year.

Individuals/Group:

To be considered for the award, nominated individuals or groups must be strong treatment advocates, demonstrating good peer leadership and effective service delivery. Candidates may be professionals or volunteers.

Selection Process

The DBHR Co-Occurring Disorders and Treatment Conference Planning Committee will conduct a review process. Reviewers will evaluate all applications based on the stated criteria and information provided by the person submitting the application. Every attempt will be made to ensure that awardees represent a range of demographic, ethnic, cultural, and geographic areas.

Benefits of the Exemplary Awards

Awardees will be honored at the 2017 COD and Treatment Conference October 17, 2017, in Yakima. The Exemplary Awards will recognize the efforts of dedicated individuals, programs, and supportive groups/organizations by celebrating their successes, and share their strategies with others in the field.



2017 Award Categories

- Lifetime Achievement
- Outstanding Collaborator
- Outstanding Service, Individual
- Promising Individual, New to the Field
- Innovative Program
- Consumer Advocate

Application Procedures

Applications must include the attached **Application Cover Sheet** and as many additional pages necessary to provide the requested information. Keep in mind that the information you provide will be all that the review committee has to assess the nominee's suitability for an Exemplary Award. Applications with missing or otherwise incomplete information will not be successful. Supporting documentation may be included (such as photographs, support letters, news articles, brochures or audio or videotapes). Please note: Applications and supporting documentation will not be returned.

Applications must be postmarked, emailed, faxed, or hand-delivered by 5:00 pm on September 11, 2017.

Please submit the original application to:

Ruth Leonard

DSHS/DBHR

Mailing Address : Post Office Box 45330; Olympia, WA 98504-5330

Physical Address: 4500 10th Ave, Lacey, WA 98503

Email: ruth.leonard@dshs.wa.gov

Fax: 360-725-2280

2017 Timeline

- September 11, 2017: Deadline for application submission by 5:00 p.m.
- September 18, 2017: Notify Awardees
- October 17, 2017: Awards Ceremony, Co-Occurring Disorders and Treatment Conference, Yakima, Washington

Exemplary Service Awards

Name of Nominee: _____

Agency or Organization (If applicable): _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Program Name (if applicable): _____

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Lifetime Achievement | <input type="checkbox"/> Promising Individual,
New to the Field | <input type="checkbox"/> OTHER PROFESSIONAL
(e.g., law enforcement) |
| <input type="checkbox"/> Outstanding Collaborator | <input type="checkbox"/> Innovative Program | |
| <input type="checkbox"/> Outstanding Service,
Individual | <input type="checkbox"/> Consumer Advocate | |

Please Use the following pages to detail the Following: (Remember that the information you provide will be all that the review committee has to assess the nominee's suitability for an Exemplary Award. Attach additional sheets as needed.)

Describe the program or the nominee's work efforts, including goals and target audience.



Why are you nominating this person, group, or program? What sets their work apart from their peers or other programs? Are the nominee's activities a part of their normal job duties? If so, describe exemplary achievements above and beyond the call of duty.

Does collaboration contribute to the nominee's success? If so, please provide details or examples. For programs, are extensive volunteer hours or in-kind contributions a unique element of its success? If so, please attach a program budget or other documentation to illustrate.



How long has the nominee been contributing to chemical dependency treatment or, if applicable, how long has the program been in existence?

Has the nominee faced any special challenges or limitations? If so, how have they overcome those challenges?

Has the nominee made special efforts to better serve traditionally under-served populations? Please describe.



7. Please list two references that can substantiate the information you have provided.

Be sure to include their Name, Email Address and Telephone Number.

a. Name: _____ Email: _____ Phone: _____

b. Name: _____ Email: _____ Phone: _____

You may submit support materials; these might include a budget page, photographs, support letters, news articles, brochures, or audio or videotapes. **PLEASE NOTE: Support materials will not be returned.**

Please provide a 200 word or less summary of the nomination for use at the awards ceremony.

Person submitting this form: (Please print.)

Name: _____ Address: _____

Fax: _____ Email: _____ Phone: _____