

The Nick Filonow Award of Excellence

NOMINATION FORM

I. As Quality Improvement Director of Newaygo County Mental Health for ten years, Nick Filonow exemplified what we all strive for in regard to providing quality services to community mental health consumers. His dedication to providing quality mental health services and his compassion for mankind was evident to all who came to know him on both a professional and personal level. Nick was taken from us in an auto accident in August of 2002. The Nick Filonow Award of Excellence recognizes a CMHSP, a CMH Group or individual staff who has made a contribution to the overall efficiency and effectiveness of an organization's services through a process of improvement. Improvement is the measured increase in performance resulting from directed change in the organization through the process of continued quality improvement.

II. Nominations may be submitted by any of the following member groups:

- A CMH Board
- An Affiliate Member
- An Association Standing Committee
- The MACMHB Executive Board
- An Association Region

III. NAME OF NOMINEE _____

Nominated by _____

Nominees's Organization _____

Nominee's Address _____

Phone Number _____

IV. ATTACHED PLEASE FIND THE AWARD APPLICATION TO BE COMPLETED BY THE NOMINEE OR THE NOMINATED ORGANIZATION.

V. **To be considered, all nominations must be submitted on this form, or a copy of same, to: Michigan Association of CMH Boards, 426 South Walnut, Lansing, MI 48933 or Fax: 517-374-1053. THE DEADLINE FOR NOMINATIONS IS MARCH 1, AT 5:00pm.** All nominations will be submitted to the Member Services Committee in care of the Association office. Award recommendations will be based on the quality of this description, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the Association's Improving Outcomes June Conference, and the winner will be recognized at the Association's Annual Fall Conference in October.

VI. For more information, please contact Georjean Knapp at 517-374-6848 or e-mail gknapp@macmhb.org.

4. **Results:** Demonstrate the change in your CMH as a consequence of executing your improvement plan. Provide numerical and other supporting evidence where applicable. Be sure to address how you achieved your goals and objectives described under section three, including any consumer benefit.

5. **Responsibility:** Indicate a commitment by the CMH to assure the attendance of appropriate staff at the conference in the event that the nominee(s) is selected as one of the finalists.

Applicant Information

Name of CMH:

Chief Executive Officer:

Street Address:

Phone:

Contact (if different from above)

Phone:

Name of Nominee(s):

Type of Nominee: ____CMH ____CMH Group ____Individual