

STAR Awards 2025 Nomination Form

Success * Treatment * Advocacy * Recovery

1. Excellence in Mental Health Treatment

A mental health professional that you know, who has made a big impact on people's lives. You can nominate someone, and someone you know could nominate someone. Think about those people you would like to thank for helping and supporting people and their mental health. This could be therapists, BCM's, psych rehab, think big! This is a great way to say THANK YOU to someone this year!

2. Excellence in Substance Use Disorders Treatment

Same as the one above, but for substance use disorders and addiction! This could be therapists, counselors, inpatient techs, think big! Another opportunity to THANK SOMEONE!

3. Leadership in Recovery

An adult who is a good role model and example of healing and growth. This could be from mental health, substance use/addiction or both! Who is someone you're proud of and want to give them a big pat on the back?

4. Individual Achievement Award

Youth or adult who helps to break down barriers and stigma around mental health and substance use disorder. Maybe this person shares their story with people to make them feel better or has been showing up and trying to make a difference in their community. Give them a big "GOOD JOB! KEEP IT UP!" with this award!

5. Recovery Support Professional (CPS/CRS) of the Year

This is a Certified Peer Specialist or Certified Recovery Specialist who has been doing an excellent job using their story and skills to support others in their recovery. This person is empathetic, reliable, and a good listener! Give them a big THANKS by nominating them.

6. Excellence in Family Support

Know someone who shows up for their family (biological or chosen) and goes above and beyond caring for someone who is struggling? Let them know you both see and appreciate them!

7. Community Impact/Excellence in Advocacy

Who is someone that you think we wouldn't be as far along without? Who can show up and advocate for all of us, mental health and substance use disorders, on a larger level in meetings and in places that we don't go? Maybe a professional, but also maybe someone who tries to get more funding for resources, has meetings with folks who need a bit of help understanding the issues we face. This can be a thankless job. Who can you nominate?!

8. Rising Star Award

Who do you know who has made a lot of progress recently in their mental health or substance use recovery? Maybe they're new to recovery and you are already watching them grow into a healthier person. We are always so happy to see people feel better...let's help give them some encouragement for the things they've already accomplished!

9. Social Justice Perseverance Award

Who do you know that has come to mental health or substance use recovery through some time in jail, probation, parole, etc? A lot of folks with a criminal history are having struggles in these areas. Who do you know who has overcome their past and are growing toward a healthy future? Give them some encouragement by nominating them!

10. Excellence in Advocacy by an Elected Official

Let’s think about the people who we elect who stand up for us in mental health and substance use disorders. People who are Elected Officials: County Officer, Borough Officer, Township Officer, Judge, Commissioner, District Attorney, Sheriff, Treasurer, Clerk of Courts, Prothonotary, Register of Wills, Recorder of Deeds, Controller, Coroner, Magisterial District Judge, Mayor, City Council, Tax Collectors, Auditors, Township Supervisors, Constable, School Directors, Election Officials.

11. Youth Leadership Award

Who is someone under 26 that you have seen grow in their own mental health or substance use disorder journey? They are walking towards a better life for themselves and maybe impacting others with their own lives and story. We won’t know about their success unless you nominate them!

Please complete this nomination form by answering the following questions:

Nominee Name: _____

Your Name (“anonymous” if you do not want to list your name): _____

Your Phone #: _____ Your Email Address: _____

I nominate _____ for the
_____ Award

because *(list a few reasons why candidate meets the award criteria)*: _____

(Please attach additional pages if needed)

Signature: _____ Date: _____

These nominations will be accepted on a rolling basis. To be considered for 2025:

DUE NO LATER THAN FRIDAY, APRIL 18th, 2025

Please return this nomination form to: Natalie Moldofsky

moldofskyn@MagellanHealth.com or at:

Magellan Healthcare, 1003 Broad Street, Suite 301, Johnstown, PA 15906