



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT:</b> <b>EMPLOYEE RECOGNITION PROGRAM</b>	<b>POLICY NO.</b>  <b>609.3</b>	<b>EFFECTIVE DATE</b> <b>05/15/03</b>	<b>PAGE</b>  <b>1 of 5</b>
<b>APPROVED BY:</b>    <div style="text-align: right;">Director</div>	<b>SUPERSEDES</b>	<b>ORIGINAL ISSUE DATE</b>	<b>DISTRIBUTION LEVEL(S)</b>  <b>1</b>

## PURPOSE

- 1.1 To establish policy and guidelines pertaining to the Employee Recognition Program (ERP) for the Los Angeles County Department of Mental Health (LACDMH).

## DEFINITION

- 2.1 ERP is a mechanism designed to enhance employee morale and reward day-to-day achievement of standards of excellence. The Program applies to all DMH employees and programs and fosters a more satisfying work climate in which employee participation, initiative and teamwork are encouraged and rewarded.

## POLICY

- 3.1 The ERP was established to give special recognition to individual employees and programs that have demonstrated a commitment to achievement, dedication, service and/or enhancement of the public mental health needs in the community.
  - 3.1.1 The ERP will be administered by an Employee Recognition Team (ERT) under the leadership of a manager appointed by the Department's Performance, Excellence and Quality Improvement Council (PEQIC).
  - 3.1.2 The ERT shall consist of employees who are permanent employees of DMH. There shall be at least five (5) but no more than eight (8) members in addition to the Manager. The membership shall include at least two program managers and a representative from the Human Resources Bureau, plus a Staff Advisory Committee member appointed by the Director. The remaining members shall represent line staff and may include former award recipients. Except for the Manager, all other ERT members shall have voting rights and serve a minimum of two (2) years. The Manager will have ongoing program responsibility as part of his/her permanent job description.
  - 3.2.3 The responsibilities of the ERT will include the Department-wide coordination and execution of the ERP, except for any recognition efforts initiated by local Service Areas and/or centralized bureaus. Each Service Area and centralized bureau may, but are not required to, develop and implement an ERT-like program at the local level and may



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nominate or recommend the local honorees as candidates for the Department-wide ERP.

- 3.2.4 The ERT will organize and conduct formal award and recognition activities at appropriate Los Angeles County venues. An annual recognition award event will follow a timeline that allows for the nomination of County Employee of the Month for May of each year.
- 3.2.5 All recognition and reward expenses will be budgeted and paid for with funds from the Partnership in Excellence line item budget.
- 3.2.6 PEQIC shall have overall oversight of the Employee Recognition Program. Performance indicators will be maintained and submitted annually to PEQIC by the ERT, to include:
  - number of employee awards presented
  - number of certificates presented
  - number of program awards

### **PROCEDURE**

- 4.1 The Manager, along with the ERT, will plan for, develop, implement and execute a program and provide opportunities to recognize and reward exceptional individual and team achievement for directly operated staff and programs. Recognition may be accomplished both formally and informally. A formal recognition event, Employees of the Year Awards, will be conducted annually.
  - 4.1.1 The Employee of the Year award categories include:
    - **Program Support** – for those employees who work in client service settings and provide support to those programs and service delivery staff.
    - **Headquarters Support** – for those employees who work within the Headquarters Bureaus to support the general operations of the entire Department.
    - **Service to Consumers** – for those employees who provide direct treatment/rehabilitative/consultative services to clients in an outpatient, hospital, jail, juvenile or field setting.
    - **Supervisor** – for those employees who work in any supervisory capacity to other employees including supervisors of program support staff, headquarters support staff and service to consumers staff.



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- **Management** – for those employees who work in middle or upper management positions.
- **Program Category** – for a Bureau, Unit or Program within a Bureau that has demonstrated program qualities of excellence.

4.1.2 In addition, a Service Innovations Festival will be conducted annually to recognize DMH and contract provider agencies to include programs for all special-age groups in the areas of :

- **Treatment Team Approach** – a team approach that integrates and client with family members, partner agencies, community services and resources.
- **Client/Family Focused Interventions** – a program that emphasizes a client and family friendly environment and/or provides early intervention efforts for families
- **Co-Occurring Disorders** – a program that integrates and provides seamless mental health and substance abuse services emphasizing a course of action, creative solutions and negotiation tactics resulting in a successful, collaborative treatment.
- **Anne Barone, M.D. Quality Improvement Award** – a Service Area Quality Improvement Team that has demonstrated quality improvement distinction by monitoring performance activities focusing on the system of care, program and client services throughout the Department.

### **NOMINATION PROCESS**

- 5.1 The Nomination Application for Employee of the Year form (Attachment I) shall be completed by the supervisor and submitted to the ERP Manager.
- 5.2 The Nomination Application for Program of the Year form (Attachment II) shall be completed by the Program or Bureau manager and submitted to the ERP Manager.
- 5.3 Nomination Applications for Employee of the Year and/or Program of the Year may be submitted by an employee with the endorsement of the Program Head/District Chief.
- 5.4 The Nomination Application for the Service Innovations Festival (Attachments VI and VII) shall be completed by the contract agency or DMH program and submitted to the ERP Manager.

### **SELECTION PROCESS**



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- 6.1 Nomination applications will be evaluated by the ERT on the basis of the documentation of the individual's accomplishments, dedication and service. Consideration will also be given to the employee's contributions to productivity improvements and superior individual job performance.
- 6.2 The selection of winners in the various Employee of the Year categories as well as the recipients of Service Innovations Festival awards will be determined by the ERT. Pre-determined scoring and rating tools will be used (Attachments III, IV, and V, VII, IX, X, XI). The Director will have final approval of the ERT selections.

### **OTHER AWARDS/RECOGNITION**

- 7.1 County Employee of the Month Nominee The nominee will be selected by the ERT from among the Employees of the Year (line personnel) eligible award recipients. The nomination will be forwarded to the County Department of Human Resources for consideration as the County Employee of the Month for May.
- 7.2 Other County, State and National award application shall be completed by the individual or program supervisor and submitted to the ERP Manager. The Director must endorse the entry prior to the submission of the application to the appropriate organization.
- 7.3 On-The-Spot Recognition of Excellence in County Service forms are available to recognize individuals "on-the-spot" to express appreciation for a job well done. The original certificate will be presented to the individual with a copy submitted to the ERP Manager. "On-The-Spot" narratives will be forwarded to the editor of the DMH newsletter, Minds and Matters, for incorporation in the Kudos column.

**AUTHORITY** Ord 92-0041 – 1 (part), 1992; Title 5, Chapter 5.62, Los Angeles County Code

### **ATTACHMENTS**

- Attachment I Nomination Application for Employee of the Year
- Attachment II Nomination Application for Program of the Year
- Attachment III Individual Nominee Rating Tool
- Attachment IV Program Nominee Rating Tool
- Attachment V Rating Tool Guidelines
- Attachment VI Service Innovations Festival Nomination Application
- Attachment VII Nomination Application and Rating Tool for the Anne Barone, MD Quality Improvement Award
- Attachment VIII Treatment Team Approach Rating Tool
- Attachment IX Client/Family Focused Services Rating Tool
- Attachment X Co-Occurring Disorders Rating Tool
- Attachment XI Service Innovations Rating Tool Guidelines.



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**REVIEW DATE**

This policy shall be reviewed on or before May 15, 2008.

## Nomination Application for Employees-of-the-Year - Page 1 of 2

**Nomination of:**

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

Payroll Title: \_\_\_\_\_

Program: \_\_\_\_\_

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

**Nominated by:**

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

Payroll Title: \_\_\_\_\_

Program: \_\_\_\_\_

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

**Category of Nomination - Check Only One!**

<b>Program Support</b> <input type="checkbox"/>	<b>Headquarters Support</b> <input type="checkbox"/>	<b>Service to Consumer</b> <input type="checkbox"/>	<b>Supervisor</b> <input type="checkbox"/>	<b>Management</b> <input type="checkbox"/>
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(Attach additional page if needed)

**Describe the nominee's basic work duties/assignment:**

**What qualities does the nominee have exemplifying professionalism in their work setting:**

**Nomination Application for Employees-of-the-Year - Page 2 of 2**

**Provide two specific examples exemplifying the nominee's quality of service efforts:**

1.

2.

**Describe how the nominee contributes to the well-being of their immediate job setting or Department as a whole in terms of team building, morale boosting, making special effort to help fellow employees in or across work settings, etc.**

**What special quality stands out most to you about this nominee?**

**Nomination Application for Program-of-the-Year - Page 1 of 1**

**Program Exemplifying Excellence**

**Program Nomination:**

**Bureau Name:** \_\_\_\_\_

**Unit or Program** (if other than the Bureau itself):  
\_\_\_\_\_

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

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

**Nominated by:**

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

**Payroll Title:** \_\_\_\_\_

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

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

.....  
(Attach additional page if needed.)

**Describe the qualities of the program that exemplify qualities of excellence.**

**Describe 2 or 3 aspects about the program, e.g. specific services, team work, special support work for DMH, that demonstrate excellence**

## Partnerships in Excellence Program

### Individual Nominee Rating Tool

Name of nominee: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Award Category (select one):

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Program Support      | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Headquarters Support | <input type="checkbox"/> Management |
| <input type="checkbox"/> Service to Consumer  |                                     |

Based only on the information submitted for the above nominee, assign a value (1-5) for each of the qualities listed below using the following scale: 5 - Excellent; 4 - Very Good; 3 - Good; 2 - Average; 1 - No mention.

1. Professionalism .....\_\_\_\_\_
2. Quality of Service Efforts .....\_\_\_\_\_
3. Teambuilding, Morale - boosting, etc. ....\_\_\_\_\_
4. Special Qualities .....\_\_\_\_\_

Based upon submitted information only, assign a value (1-5) for the item below with 5 being the highest and 1 the lowest.

Number of nominators who either separately or jointly submitted a nomination for the above named nominee in the above marked award category.....\_\_\_\_\_

**TOTAL.....\_\_\_\_\_**

## Partnerships in Excellence Program

### Program Category

Name of nominated program: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Award Category: Program of the Year

Based only on the information submitted for the above nominee, assign a value (1-5) for each of the qualities listed below using the following scale: 5 - Excellent; 4 - Very Good; 3 – Good; 2 – Average; 1 - No mention.

1. Qualities of Program Excellence ..... \_\_\_\_\_
2. Specific Services ..... \_\_\_\_\_
3. Teamwork ..... \_\_\_\_\_
4. Special Support Work for DMH ..... \_\_\_\_\_

**TOTAL..... \_\_\_\_\_**

### **Rating Tool Guidelines**

#### **Individual Nominee**

1. **Professionalism** – exhibits professional behavior in the workplace, integrity, accountability, commitment
2. **Quality of Service Efforts** – responsiveness, communication skills, innovation, motivation, extra duties, subject matter expert
3. **Teamwork** – team player, leadership skills, can do attitude, provides recognition, motivates others, respect for diversity
4. **Special Qualities** – knowledgeable, resourceful, problem-solver, adaptable, respected, dedicated, good role model, compassionate

#### **Program Nominee**

1. **Qualities of Program Excellence** – ability to share info, contributes to DMH goals and objectives, provides measurable results
2. **Specific Services** – responsive to customer needs, provides innovative services either clinical or administrative
3. **Teamwork** – works well with other units both internal and external
4. **Special Support Work for DMH** – develops and shares reports, provides training on benchmark programs/processes, provides value added services to DMH operations

## Service Innovations Festival 2002

### Nominee Information

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Name of Provider

---

Name of Program

---

Address

City, State, Zip Code

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Contact Person

Telephone Number

### Type Of Service

Treatment Team Approach  Client/Family Focused  Co-Occurring Disorders

### Description Of Program

### Program's Uniqueness

**Nomination Application For the Anne Barone M.D. Quality Improvement Committee Award**

**Name/Service Area QIC**

\_\_\_\_\_

**Chair/Person Submitting application** \_\_\_\_\_

**Point of Contact's Phone** \_\_\_\_\_

**Point of Contact's E-mail** \_\_\_\_\_

***Describe your organization's approach to help improve organizational performance practices, capabilities and results:***

***Indicate objectives, scope and planned activities that were selected by your team:***

\_\_\_\_\_ **Monitor service delivery capacity and organization**

\_\_\_\_\_ **Monitor accessibility of services**

\_\_\_\_\_ **Monitor beneficiary satisfaction**

\_\_\_\_\_ **Monitor service delivery system and meaningful clinical issues affecting beneficiaries**

\_\_\_\_\_ **Monitor continuity and coordination of care with physical health care providers and other human services agencies**

\_\_\_\_\_ **Monitor provider appeals**

**COMMENTS:**

***Identify which Quality Improvement activities were used to monitor performance:***

- \_\_\_\_\_ **Collect and analyze data to measure against the goals, or prioritized areas of improvement**
  
- \_\_\_\_\_ **Identify opportunities for improvement and decide which opportunities to pursue**
  
- \_\_\_\_\_ **Design and implement interventions to improve performance**
  
- \_\_\_\_\_ **Develop and measure innovative and collaborative interventions for populations with special needs**

**COMMENTS:**

***Summarize key activities and performance results that have improved organizational practices and capabilities:***

**Partnerships in Excellence Program**

**Treatment Team Approach Rating Tool**

Name of provider: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Based only on the information submitted for the above program, assign a value (1-5) for each of the elements listed below using the following scale:

5 - Excellent; 4 - Very Good; 3 – Good; 2 – Average; 1 - No mention.

**Team Approach**

- 1. Builds team for consumer and family from point of entry continuing as long as services are needed.....**\_\_\_\_\_
- 2. Partners with others who care about the consumer – family, conservators, friends, and community resources.....**\_\_\_\_\_
- 3. Coordinates all needed community services.....**\_\_\_\_\_
- 4. Facilitates seamless transitions for consumers as their needs change.....**\_\_\_\_\_
- 5. Provides culturally relevant services.....**\_\_\_\_\_

**Service Uniqueness/Innovation.....**\_\_\_\_\_

**TOTAL**\_\_\_\_\_

**Partnerships in Excellence Program**  
**Client/Family Focused Services Rating Tool**

Name of provider: \_\_\_\_\_

Name of Program \_\_\_\_\_

Based only on the information submitted for the above program, assign a value (1-5) for each of the elements listed below using the following scale:

5 – Excellent; 4- Very Good; 3- Good; 2- Average; 1- No mention

**Client/Family Focused Service**

- 1. Emphasizes consumer and family friendly environment.....\_\_\_\_\_**
- 2. Provides early intervention efforts for families and communities.....\_\_\_\_\_**
- 3. Assures quick and easy access to services/appointments .....\_\_\_\_\_**
- 4. Increases services approaches to include all relevant providers in client service plan.....\_\_\_\_\_**
- 5. Provides on-going assessments which address the consumer’s and family’s changing needs.....\_\_\_\_\_**
- 6. Enhances supportive services for family members, including respite care.....\_\_\_\_\_**

**Service Uniqueness/Innovation.....\_\_\_\_\_**

**TOTAL\_\_\_\_\_**

**Partnerships in Excellence Program  
Co-Occurring Disorders**

Name of Provider: \_\_\_\_\_

Name of Program \_\_\_\_\_

Based only on the information submitted for the above program, assign a value (1-5) for each of the elements listed below using the following scale:

5 – Excellent; 4- Very Good; 3- Good; 2- Average; 1 – No mention

**Co-Occurring Disorders**

- 1. Access (access into treatment system) and Engagement (on-going process)**

.....

- 2. Comprehensive Treatment Approach (new treatment modalities, behavioral therapy and counseling, etc.)**

.....

- 3. Supportive Services (recovery, support groups, education, vocational, employment services, etc.)**

.....

**Service Uniqueness/Innovation**.....

**TOTAL** .....

**Rating Tool Guidelines**

**Program Nominee – Treatment Team Approach (to include programs for all special-age groups)**

Describes a team approach that integrates the consumer with family members, partner agencies, community services and resources

**Client/Family Focused Services (to include programs for all special –age groups)**

Describes how the program emphasizes a consumer and family friendly environment, provides early intervention efforts for families assuring quick and easy access to appointments; integrates a wraparound approach; provides on-going assessment to meet the changing needs of the client and family and enhances supportive services for family members including respite.

**Co-Occurring Disorders (to include programs for all special-age groups)**

Describes how the program integrates and provides seamless mental health and substance abuse services. Emphasize course of action, creative solutions, and negotiation tactics used resulting in a successful, collaborative treatment.