

(was MCCMH Policy 10-04-010)

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Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **EVALUATION OF EMPLOYEES**

Prior Approval Date: N/A  
Current Approval Date: 9/6/02

Approved by: \_\_\_\_\_  
Executive Director Date

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**I. Abstract**

This policy establishes the Macomb County Community Mental Health Board (MCCMH) incorporation of the MCCMH Employee Evaluation System.

**II. Application**

This policy shall apply to all MCCMH administrative offices and directly-operated network providers of the MCCMH Board.

**III. Policy**

It is the policy of the MCCMH Board that the MCCMH Employee Evaluation System approved by the Macomb County Community Mental Health Board on May 22, 1986 be incorporated into the MCCMH MCO Manual and that all MCCMH administrative and directly-operated program staff receive employee evaluations pursuant to that system.

**IV. Definitions**

A. None.

**V. Standards**

A. See Exhibit A.

**VI. Procedures**

- A. See Exhibit A.

**VII. References / Legal Authority**

- A. Commission on Accreditation of Rehabilitation Facilities (CARF) 2001 Standards Manual, §2, C.12., "Human Resources," p 50

**VIII. Exhibits**

- A. Employee Evaluation System Manual
- B. Performance Evaluation Form
- C. Self Assessment Form

# **MACOMB COUNTY COMMUNITY MENTAL HEALTH**

## **Employee Evaluation System Manual**

### **INTRODUCTION**

In order to make an employee's performance review more meaningful for both the employee and the organization, the following instructions and accompanying form were designed by a committee of CommunityMentalHealth employees. Typically, employee evaluation programs have two primary objectives: 1) to provide an inventory of expertise and human resources talent in the organization, and 2) to motivate employees to achieve greater personal and organizational goals through a constructive appraisal process. Employees want to know how their present performance is regarded and how they can influence their future in the organization. With this in mind, the more traditional, unilateral, and authoritative rating scale has been replaced with an evaluation instrument with a format that encourages more dialogue, mutual goal setting, and participative performance appraisals.

Effective employee performance evaluations shall be performed annually, at a minimum, in order to ensure that channels of communication are maintained. Effective supervision, however, must be associated immediately and directly with the performance at issue. Therefore, all staff are urged to remember that performance feedback is a day-to-day activity.

To the extent that probationary status and County increment schedules coincide, employees may experience the performance appraisal process in conjunction with the County increment schedule. Once the probationary status ends, however, these two processes may not coincide.

This new employee evaluation system is designed to achieve the following: 1) a focus on standards and non-personality traits which can be objectively measured; 2) an open communication between employee and supervisor to encourage the sharing of ideas, beliefs, and observations; 3) reviews that are flexible, simple, and regularly scheduled so as to minimize possible misunderstandings; and 4) face-to-face reviews that are conducted in an appropriate, non-disruptive climate which will assist the parties in assessing performance, clarifying goals and expectations, and engendering commitment on the part of the employee and supervisor to strive for higher personal and organizational objectives.

## **EVALUATION PROCESS**

Evaluations are to be completed for all full-time County employees within the Macomb County Community Mental Health system.

All new and/or reclassified employees will participate in an evaluation at mid-point probationary and final probationary periods. After the probationary period, all employees will have an evaluation completed at least on an annual basis. More frequent evaluations may be scheduled at the discretion of the Supervisor.

The Supervisor from each agency is responsible for providing the appropriate Program Director with an annual evaluation schedule. The annual schedule is developed to allow the Supervisor to conveniently plan and ensure annual evaluations for all employees. The schedule will include all employees working under the direction of the agency supervisor. This schedule is due in the Program Director's office by January 1st of each year. Program Directors will be responsible for monitoring the submission of completed evaluations consistent with the Supervisors' annual schedules.

The Supervisor will notify the employee of the date and time of the scheduled evaluation, giving the employee sufficient time to complete the Self Assessment Form as described below. Completion of the Self Assessment Form is optional and if completed, may or may not be included with the employee's evaluation at the employee's discretion.

Following notification of an upcoming evaluation, the employee may complete the Self Assessment Form. During the evaluation interview, the employee is to initial the Face Sheet of the Employee Evaluation/Development Form to indicate whether or not the Self Assessment Form is attached.

Should an employee wish to provide written comments to the performance evaluation/ performance goals, the employee will have five (5) working days in which to do this.

Supervisors will be responsible for providing their Program Director with the completed evaluation within ten (10) working days of the performance evaluation meeting.

The completed form is then reviewed by the Program Director, signed and forwarded for placement in the employee's CMH personnel file.



## **DIRECTIONS FOR COMPLETING THE EMPLOYEE EVALUATION/DEVELOPMENT FORMS**

### **Self Assessment Form - Completed by Staff**

1. **EMPLOYEE EDUCATION/TRAINING**

Employee may wish to include any conference, in-service, educational classes or training received that is relevant to current position or mental health human services. Employee should include source of training and dates of participation.

2. **EMPLOYEE LICENSURES/CERTIFICATIONS/DEGREES**

Employees are requested to update information regarding changes from last report in educational degrees, licensures, and/or certifications (with copies attached for inclusion in personnel file).

### **Page One:**

### **Face Sheet - Completed by Supervisor**

- |  |  |
|--|--|
| 1. CENTER  | Name of Agency   |
| 2. NAME  | Name of Employee,  |
| 3. CLASSIFICATION  | Classification Title   |
| 4. DATE OF HIRE/RECLASSIFICATION                                     | Date Employee hired/transferred/<br>promoted to current classification                                       |
| 5. DATE EVALUATION DUE   | Date Performance Evaluation<br>Summary<br>is due for Performance Goals<br>established during this evaluation |
| 6. TYPE OF REPORT  | Check type of report   |
| 7. SUPERVISORS, EMPLOYEE, AND<br>PROGRAM DIRECTOR SIGNATURE<br>LINES | To be signed following completion<br>of evaluation process   |
| 8. EMPLOYEE SELF ASSESSMENT FORM<br>INDICATION                       | Completed by Staff   |

Inclusion of-the Employee Self Assessment Form is optional. Employees indicate preference with regard to having the Self Assessment Form placed in the employee personnel file.

## Page Two: Performance Goals

### 9. REFERENCE PERIOD Completed by Supervisor

The reference period relates to that period of time for which the employee will be evaluated with regard to the specific goals and objectives listed below.

### 10. IDENTIFIED PERFORMANCE / GROWTH AREAS Completed by Supervisor

- A) Performance goals should be related to any or all of the three specified areas:  
1) a review of current responsibilities of job description; 2) compliance to agency and required policies and procedures; 3) areas of new growth.
- B) Performance goals should be mutually developed by the employee and supervisor.
- C) Final authority for establishing goals rests with the supervisor.
- D) Specific goals and objectives should be kept 'to a minimum so that they can be reasonably met within the stated reference period.

### 11. DEFINITION OF

- A) GOALS are broad, general statements of what is trying to be accomplished.
- B) OBJECTIVES are specific, measurable statements of what is to be accomplished by a given point in time. A well-formulated objective meets the following criteria:
  - 1) It usually starts with the word "to" followed by an action verb;
  - 2) It specifies a single key result to be accomplished;
  - 3) It specifies a target date for its completion;
  - 4) It is as specific and quantitative (and hence measurable), as possible.
  - 5) It specifies only the "what" and "when"; it avoids venturing into the "why" and "how";
  - 6) It is realistic, attainable, and should represent a challenge.



- C) EVALUATION CRITERIA should be objective as possible; it is not intended to be an exercise in mathematical elegance. Unless a evaluation provides an observer with a logical, consistent and verifiable explanation of the events, the persons or activities under observations, it is pointless. The evaluation criteria should answer the question, "How will I know when I have reached my objective?"

**Page Three: Performance Evaluation Summary**

- 12. PERFORMANCE EVALUATION SUMMARY                      Completed by Supervisor

Reference period needs to respond to time period indicated on performance goals. The goals and objectives need not be restated. Refer to goals numbers only.

**Page Four: Employee Response**

- 13. EMPLOYEE RESPONSE - Optional                                      Completed by Employee

Employees may complete a written response to the evaluation. The response should be completed within five working days and returned to the Supervisor.

- 14. NEW PERFORMANCE GOALS    Completed by Supervisor

Having completed the evaluation process, the supervisor and staff person then re-examine the major areas of responsibility to determine what changes, if any, need to be made before they develop the performance goals for the following period. Using a new packet, future goals and objectives are then established.

- 15. COMPLETED EVALUATION PACKET (including a copy of the new performance goals)

- A) The original is forwarded to the Program Director for review and signature, then placed in the CMH personnel file.
- B) A copy is forwarded to the Employee.
- C) The new packet with new Performance Goals remains in the agency's files until the next evaluation date.



**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
EMPLOYEE EVALUATION/DEVELOPMENT FORMS**

**Face Sheet**

CENTER \_\_\_\_\_

NAME \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

DATE OF HIRE/RECLASSIFICATION \_\_\_\_\_

DATE EVALUATION DUE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

PROGRAM DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

TYPE OF REPORT \_\_\_\_\_ Annual

\_\_\_\_\_ Mid-Point  
\_\_\_\_\_ Probationary

\_\_\_\_\_ Final  
\_\_\_\_\_ Probationary

Other

EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

Employee SELF-ASSESSMENT Attached Yes  
(Employee Please Initial)

\_\_\_\_\_ No









**Performance Evaluation Form, page 4, MCCMH MCO Policy 10-006, Exhibit B**

# SELF-ASSESSMENT FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

As the initial step in the evaluation process, you are being asked to complete the information on this form. Section I provides an opportunity for you to update your supervisor and CMH personnel file regarding additional education, training, licensure, or certification you have received.

The questions in Section II are intended to help you think objectively about your work prior to your evaluation conference. Your supervisor is also giving thought to your performance and future progress. A sincere constructive discussion between you and your supervisor will then produce a plan of action for the goals mutually set during the conference.

The completion and/or inclusion of this form in your personnel files is at your discretion. You may also choose to complete only a portion of the form.

## SECTION I.

Employee Education/Training  
(Changes from last report)

Employee Licenses/Certification/Degrees  
(Changes from last report)  
(Attach copies)

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## SECTION II.

1. Are there ways in which your average daily work differs from the current job description?

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2. What part of your job interests you the most?

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3. What part of your job interests you the least?

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4. What are the aspects of the job in which you have the greatest strengths?



5. Are there any aspects of your job in which you feel you need more experience and training?

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6. Do you feel you have abilities which are not being fully utilized on your present job? Can you suggest how they can be more fully utilized?

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7. Are there any changes you would like to see made in your job which would help you to increase your performance?

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8. What are your career aspirations?

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9. Additional comments:

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