

**COMMUNITY MENTAL HEALTH CENTER  
OF EAST CENTRAL GEORGIA  
POLICY**

**SUBJECT:**                               **COMPETENCY ASSESSMENT**  
**POLICY NUMBER:**               **HR-26**  
**EFFECTIVE DATE:**               **April 2001**  
**RESCISSION DATE:**

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<b>SUPERSEDES:</b>	<b>REVIEWED DATE:</b>	<b>February 2001</b>
<b>Policy #N/A</b>	<b>LAST REVISION DATE:</b>	<b>March 2001</b>

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**POLICY:**

It is Policy of the CMHC/ECG to assure that its staff and contractors are informed and capable regarding the knowledge, skills and abilities necessary to fulfill their respective job descriptions, employment criterion, specifications, and clinical privileges. Competency is dynamic and moves along a continuum of education and experience. It varies by job description and designated responsibilities. In addition, however, certain knowledge and skills must be demonstrated by all staff and contractors. This common body of knowledge, together with the uniform administration of competency assessment, is outlined in these procedures.

**PROCEDURE:**

I.       Competency Requirements

- A. By the end of the “new employee orientation period”, the new staff members must demonstrate:
  - 1. familiarity with the CSB’s mission, vision and value statement;
  - 2. knowledge and competency defined in his/her job description and presumed as the basis for hiring; and
  - 3. familiarity and compliance with the CSB’s standards of employee conduct and professionalism.
  
- B. On an annual basis, according to schedules developed by The Staff Education Office and the Personnel Office, staff member must:
  - 1. attend mandatory training classes for the appropriate staff category;
  - 2. obtain a satisfactory rating on all competency checklists in field files,
  - 3. obtain a satisfactory rating on his/her performance evaluation.

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- C. On a continuing basis, the staff member must maintain competence by means of one or more of the following:
  - 1. participation in departmental staff meetings;
  - 2. participation in departmental or cross-departmental projects (e.g., performance improvement);
  - 3. attendance at outside seminars related to specialty information or position-specific knowledge topics;
  - 4. completion of educational credits related to licensure or certification;
  - 5. departmental training; and
  - 6. self-study.

**II. Competency Process**

- A. Applicants are assessed initially during the interview process and continued through general and unit/department orientation. Competent staffing is ensured by the Performance Management Plans as described in CMHC Policy #HR-10 Policy. The Plans are evaluated periodically in conjunction with the performance review process and improved through ongoing education based on needs assessments and review of aggregate data findings.
- B. Department managers will provide each new employee with a Performance Management Plan (PMP) that is detailed on a Performance Management Form (PMF) within forty-five (45) days of employment, re-assignment or promotion.
- C. The PMF details individual job responsibilities and expectations for the position assignment. Each employee's performance is monitored on an on-going basis. Managers maintain a field file on each employee and establish dates for periodic reviews. These files are made accessible to the employee for their review.
- D. Information documented in the field file should be used by the evaluating manager in completing interim and annual reviews, using the Management Review Form (MRF). The MRF must be completed for each employee each mid year of the evaluation period and at the end of six (6) months for each employee during the working period.
- E. Managers document assessment of skills, equipment use, and credential requirements on Competency Assessment Forms during unit/department orientation, annually, or on an as needed basis. The required competencies and the methods used to assess those competencies will be verified on the Competency Assessment Form and

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- maintained in the field file. Age Specific Competencies are identified on the PMF and used for Performance Evaluations to determine Competency in this area.
- F. Managers must submit a completed Performance Management Form, or Management Review Form to the Personnel Section at the designated time. The signature of the department head on the Employee Competency Checklist verifies the completion of all components of the Employee Performance Management Plan.
- G. Any employee who receives a “did not meet” for any Responsibilities /Expectations during the annual evaluation process, will be provided with an Employee Development Plan that includes, goals for areas of improvement. These actions will be monitored by the manager during a specific time frame for completion. At the end of the plan period, a decision will be made concerning the employees continued employment. Tools that may be used include in-service training, coaching or on the job instructions.
- III. Analysis of Staff Competence includes the following:
- A. Collection of Aggregate Data
1. Staff Education maintains a tracking system that supports continuing competency and provides managers with authenticity of required training.
  2. Aggregate data will be statistically analyzed and trended by department and job class.
- B. Use of Competency Assessment Data
1. Data will be utilized to assess staff learning needs.
  2. Data will be utilized to plan in-service education, training, and/or other teaching methods to address learning needs.
  3. Data analysis results will be submitted to the Leadership Team for performance improvement activities and strategic planning.
  4. Competence assessment results will be submitted at least annually to the Leadership Team.

**REFERENCE:**

- I. Joint Commission Accreditation Manual for Mental Health, Chemical Dependence, MR/Development Disabilities
- II. CMHC Policy #HR-24 Licensure/Certification
- III. CMHC Policy #HR-25 Clinical Supervision of Non-Privileged Staff

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IV. CMHC Policy #HR-30 Staff Education

**ATTACHMENTS:**

- I. Competency Assessment Checklist (Available in the Human Resources Department.)  
Reviewed and approved by the CMHC leadership Council

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Executive Director

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Date

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CSB Chair

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Date

**:DPO**