

Provider Recognition Program Monthly Direct Support Professional (DSP) Award

Community Mental Health for Central Michigan believes that it is important to provide recognition of its service providers and to acknowledge the many contributions of direct support staff.

The Direct Support Professionals (DSP) Recognition Program is an award program to recognize DSPs who "go the extra mile" in their support of individuals with a mental illness or developmental disability, and who serve by example, encouraging other DSPs to strive for excellence. A DSP Awards Panel comprised of individuals with disabilities will determine the winner using the award criteria. Each month a winner will be selected from the nominations received in the month. Each winner will receive a \$100.00 gift card and a letter of recognition.

Award Criteria

Awards are solely based upon the information provided in the nomination. Please keep the nine core values from the **DSP Code of Ethics** in mind as you prepare your nomination. Do not simply restate the values; offer specific examples of how your nominee demonstrates or puts the values into practice. You will be notified of the decision of the Awards Panel. If you have questions or need assistance in completing a nomination, please call 1-800-317-0708 or 989-772-5938 and ask to speak to Customer Service.

This award recognizes an individual who:

- Provides <u>direct</u> support to a person/people with disabilities
- Practices the nine core values from the DSP Code of Ethics when providing direct support
- Has exceptional relationship(s) with person(s) supported
- Supports the person(s) in achieving their goals and dreams
- Has a good relationship with co-workers
- Has a genuine commitment to people with disabilities
- Takes extra training to improve skills



DSP Code of Ethics

Advocacy: As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

<u>Person-Centered Supports</u>: As a DSP, my first allegiance is to the person I support: all other activities and functions I perform flow from this allegiance.

<u>Promoting Physical and Emotional Well-Being</u>: As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

<u>Integrity and Responsibility</u>: As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Confidentiality: As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

<u>Justice</u>, <u>Fairness</u>, <u>and Equity</u>: As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights, and responsibilities of the people I support.

Respect: As a DSP, I will respect the human dignity and uniqueness of the people I support, I will recognize each person I support as valuable and help others understand their value.

Relationships: As a DSP, I will assist the people I support to develop and maintain relationships.

Self-Determination: As a DSP, I will assist the people I support to direct the course of their own lives.

Nomination Process:

- Complete nomination form and be as thorough as possible in your description. You may nominate as many DSP staff as you like.
- Describe what makes your DSP nominee a stand out in the field and deserving of recognition.
- Include a minimum of two stories as examples. Do not use individual consumer names.
- Remember to consider the DSP Code of Ethics when completing the nomination.

Submit nominations to Customer Services by Fax, Email, or Mail to:

Community Mental Health for Central Michigan Attention: Customer Services 301 South Crapo Street, Suite 100 Mt. Pleasant, MI 48858

Fax: (989) 773-1968 Email: eshaffer@cmhcm.org

Questions: Please call (989) 772-5938 or (800) 317-0708 and ask for Customer Services.



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NOMINATION FORM

Name of Direct Support Professional (DSP)		
	Agency/Employer Name	
DSP's Address	Agency/Employer Address	
DSP's City, State, Zip Code	Agency/Employer City, State, Zip Code	
DSP's Email	Employer Phone Number	
DSP's Phone Number	Name of DSP's Supervisor	
Number of years DSP has worked in the field	Phone Number or Email of Supervisor	
DSP's Job Title / Position*	* Job titles vary from agency to agency. Be sure your nominee provides direct support to a person/people with disabilities.	
YOUR Name	YOUR Address	
YOUR Relationship to Nominee	YOUR City, State, Zip Code	
YOUR Phone Number	YOUR Email	
What makes your DSP nominee a stand out in the field and deser		
Ethics when writing your narrative.	rse for more details. Remember to consider the DSP Code of	

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