

Policy and Procedure Manual

Post-Master's Fellowship Programs in Social Work, Marriage & Family Therapy and Professional Clinical Counseling 2025-2026

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TABLE OF CONTENTS

1. POST-MASTER'S FELLOWSHIP PROGRAM OVERVIEW	5
1.01 Mission Statement	5
2. PROGRAM CURRICULUM	6
2.01 Training Schedule Overview	6
2.02 Administrative Support and Office Resources	6
2.03 Diversity, Inclusion, and Culturally Competent Care	7
2.04 Psychotherapy Training	7
2.05 Seminars and Didactic Training <i>(revised Nov 2025)</i>	8
2.06 Community Partnership Project	8
3. SUPERVISION OF PROFESSIONAL HOURS	9
3.01 BBS Supervisor Training Requirements	9
3.02 BBS Supervisor Agreement	9
3.03 BBS Remote Supervision Agreement	9
3.04 BBS Supervisor Self-Assessment	9
3.05 Weekly Summary of Experience Hours Log	10
3.06 BBS Experience Verification Form	10
3.07 Methods of Supervision	10
3.08 Post-Master's Fellow Evaluation of Supervisors	11
4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION	11
4.01 Patient Rights and Safety	11
4.02 Provision of Services by Post-Master's Fellow & Patient Consent <i>(rev Nov 2025)</i>	11
4.03 Notification to Supervisor Regarding Treatment of a Minor	12
4.04 Signing Legal Documents as Witnesses for Patients	12
4.05 Responding to Legal Documents	12
4.06 Medical Record Confidentiality: CMIA and HIPAA	13
4.07 Electronic Charting & Patient Communication in KP HealthConnect <i>(rev May 2025)</i>	13
4.08 Signing and Closing of Chart Documentation by Supervisor <i>(revised May 2025)</i>	14
5. EVALUATION OF PROFESSIONAL COMPETENCIES	14
5.01 Baseline Assessment of Post-Master's Fellow Competencies	14
5.02 Post-Master's Fellow Individual Training Contract	15
5.03 Post-Master's Fellow Competencies Evaluation <i>(revised Nov 2025)</i>	15
5.04 Post-Master's Fellow Program Survey	16
6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURE	16
6.01 Rights of Post-Master's Fellows	16
6.02 Responsibilities of Post-Master's Fellows	17
6.03 Post-Master's Fellowship Program Responsibilities	17
6.04 Definition of Problematic Behavior	18

6.05	Informal Discussion <i>(revised Nov 2025)</i>	18
6.06	Focused Competency Guidance <i>(revised Nov 2025)</i>	18
6.07	Formal Notification and Hearing <i>(revised Nov 2025)</i>	20
6.08	Outcome of the Hearing <i>(revised Nov 2025)</i>	21
6.09	Probation <i>(revised Nov 2025)</i>	22
6.10	Suspension	23
6.11	Termination and Program Dismissal	25
6.12	Appeal Procedure	25
7.	<u>DISPUTE RESOLUTION POLICIES</u>	27
7.01	Post-Master’s Fellow Grievance Overview.....	27
7.02	Verbal Grievance Communication.....	27
7.03	Written Grievance Communication.....	27
7.04	Post-Master’s Fellow Grievance Appeal.....	28
7.05	Supervisor Dispute Resolution Overview	28
7.06	Supervisor Dispute Resolution Procedure – Step 1	29
7.07	Supervisor Dispute Resolution Procedure – Step 2	29
8.	<u>TRAINING FACULTY ROLES AND RESPONSIBILITIES</u>	29
8.01	Supervisor Qualifications and Responsibilities.....	29
8.02	Site Training Director Qualifications	30
8.03	Site Training Director Responsibilities.....	30
8.04	Administrative Hours for Training Faculty – KPNC MHTP Standards	31
8.05	Training Program Administrative Meetings.....	31
8.06	Maintenance of Post-Master’s Fellow Training Records	31
8.07	Establishment of New Training Sites and Training Director Appointments.....	32
9.	<u>POST-MASTER’S FELLOW HIRING PROCESS, COMPENSATION, AND BENEFITS</u> ...	32
9.01	Program Admission Requirements.....	32
9.02	Application and Interview Process	33
9.03	Employment Offer and Pre-Employment Requirements.....	33
9.04	KPNC Employment Statement.....	34
9.05	Salary and Benefits Package	34
9.06	Paid Time Off and Holiday Pay	34
9.07	Time Off for Professional Licensing Examinations	34
9.08	Professional Liability Insurance.....	34
10.	<u>KAISER PERMANENTE HUMAN RESOURCES POLICIES</u>	35
10.01	Finding Policies on MyHR and Contacting HRSC	35
10.02	Non-Discrimination and Harassment-Free Workplace Policies	35
10.03	Professional Appearance Policy.....	35
10.04	Social Media Policy	37
10.04	Tuition Reimbursement Policy.....	37
10.05	HR Job Codes and Titles for Mental Health Trainees	41

APPENDICES

Appendix A:	Baseline Assessment of Post-Master's Fellow Competencies	42
Appendix B:	Post-Master's Fellow Individual Training Contract	48
Appendix C:	Post-Master's Fellow Competencies Evaluation	50
Appendix D:	Focused Competency Guidance Plan	59
Appendix E:	Probation Plan.....	61
Appendix F:	Notice of Provision of Mental Health Services by a Post-Master's Fellow	65
Appendix G:	Remote Supervision Agreement	66
Appendix H:	Seminar Evaluation	67
Appendix I:	Post-Master's Fellow Evaluation of Supervisor	68
Appendix J:	Post-Master's Fellow Program Survey	70
Appendix K:	Generic Letter of Completion	74
Appendix L:	New Program Business Plan Application	75
Appendix M1:	Generic Welcome Letter for ASW	77
Appendix M2:	Generic Welcome Letter for AMFT	78
Appendix M3:	Generic Welcome Letter for APCC.....	79
Appendix N:	Values Statement.....	80
Appendix O:	Exit Interview Questions.....	82

**KAISER PERMANENTE
NORTHERN CALIFORNIA REGION**

**POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK,
MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING
POLICY AND PROCEDURE MANUAL**

1. POST-MASTER'S FELLOWSHIP PROGRAM OVERVIEW

The Post-Master's Fellowship Programs in Social Work, Marriage & Family Therapy, and Professional Clinical Counseling are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The programs are comprised of 18 training sites located within the Northern California region. All fellows work toward achieving the same set of core competencies through their training experiences. The fellowships are full-time positions (40 hours per week) designed to begin in early September and to be completed in one year.

This manual provides the policies and procedures that are applicable to fellows and training faculty. It is posted on the Kaiser Permanente Northern California Mental Health Training Programs website at <https://mentalhealthtraining-ncal.kaiserpermanente.org/>, the official "bulletin board" of the training programs. The KPNC Mental Health Training Programs' website contains information such as the history of our programs, descriptions of individual training sites and their respective training rotations, training faculty profiles, and didactic seminar schedules.

Each fellow must register with the California Board of Behavioral Sciences (BBS) as an Associate Clinical Social Worker (ACSW), an Associate Marriage & Family Therapist (AMFT), or an Associate Professional Clinical Counselor (APCC) prior to beginning training. Please see the websites below for relevant information:

<https://www.bbs.ca.gov/pdf/forms/lcs/aswapp.pdf> (for ACSW)

https://www.bbs.ca.gov/pdf/forms/lpc/pci_app.pdf (for APCC)

<https://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf> (for AMFT)

1.01 Mission Statement

Kaiser Permanente is an integrated managed care consortium, based in Oakland, California, founded in 1945 by industrialist Henry J. Kaiser and physician Sidney Garfield. Kaiser Permanente operates in eight states and the District of Columbia and is the largest managed care organization in the United States, serving over 12 million members nationally, including 4.5 million members in Northern California. Care for members and patients is focused on total health and is guided by personal physicians, specialists, and teams of caregivers.

Kaiser Permanente's stated mission is to provide efficient, affordable, high-quality, evidence-based healthcare while supporting continuous quality improvement. The organization is dedicated to care innovation, clinical research, health education, and improving community health.

The KPNC Post-Master's Fellowship Programs' mission statement declares a commitment "to training post-master's fellows within an integrated healthcare system in order to prepare them for dynamic roles as practicing mental health clinicians in the healthcare system of the future."

2. PROGRAM CURRICULUM

2.01 Training Schedule Overview

In creating a schedule for the fellow, the site training director works closely with the fellow and departmental staff. Major and minor rotations may include Outpatient Mental Health, the Intensive Outpatient Program, the Eating Disorders team, the Emergency Department, Addiction Medicine & Recovery Services (AMRS), Behavioral Medicine Services, and other medical specialty services (e.g., chronic pain management, bariatric services, women's health, etc.). Schedule requirements vary between departments and may include some evening and/or weekend work hours. For example, AMRS may require weekend work hours, but in no case shall the fellow be scheduled to work more than 40 hours a week. Fellows are expected to be present and available during all scheduled hours.

At least one-half of the fellow's time (20 hours per week) is spent providing direct services to patients. Direct patient services may include, but are not limited to, intake evaluations, individual and family psychotherapy, co-facilitation of psychoeducation and treatment groups, and behavioral health consultation services. The remaining scheduled time is spent in activities such as weekly individual and group supervision, departmental/team meetings, didactic seminars and grand rounds, clinical and professional enrichment, and a service project in the community. In addition to the direct patient services described above, each fellow also has blocks of Indirect Patient Care (IPC) in their schedule for patient charting and administrative duties as well as paid and unpaid breaks. The table below provides MHTP recommendations for hourly allotments per week for each schedule category:

# of Hours Scheduled Per Week	
Direct Patient Services ¹	20
IPC	6
Individual Supervision	2
Group Supervision	2
Didactics	2
Clinical & Professional Enrichment ²	2
Community Partnership Project	1
Meetings & Consultation	2.5
Paid Breaks	2.5
Unpaid Meal Breaks (lunch) ³	2.5

¹Direct Patient Services includes 60-min and 30-min appointments and group therapy or other clinical rotations

²Clinical & Professional Enrichment includes MHTP sponsored activities such as Equity, Inclusion, & Diversity forums and events, Wellness & Professional Development events, and Specialty Programming

³Unpaid Meal Breaks are required and are not part of the 40-hour paid work schedule

2.02 Administrative Support and Office Resources

Each of the medical centers has its own clerical and technical support staff to assist fellows during their tenure at the assigned clinic. Administrative support staff can be utilized to help schedule patient appointments, respond to phone messages, track patient paperwork, and provide assistance with other tasks as needed. The individual departments offer fellows the use of translation services, copy machines, telephones, computers, and technical support.

Every fellow will be provided with a KP desktop or laptop computer to enable them to work on-site/in the office or remotely as their schedule requires. Fellows can access the internet, electronic periodicals, KPNC's intranet, and a variety of online medical and psychological databases. These online databases include Medline, Micromedix (an internal medical database search engine), PsycInfo, and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence, and other treatment areas. KPNC's information technology support is accessible to all fellows through a telephone help line. Office software, such as word processing and slide-show presentation programs, are also available.

At all training sites, fellows are provided with offices to meet with patients, receive and answer phone messages, and schedule appointments within a confidential setting. Larger rooms are available to provide group or family therapy. Fellows working with children have access to playrooms and/or offices equipped with toys and games. Additional training resources (which vary by site) include one-way mirrors and audio and video recording equipment.

Each medical center campus is equipped with conference rooms, a cafeteria, and, in some locations, exercise rooms. Each medical center has its own medical library, with librarians available for research assistance. The Northern California regional library service includes access to KPNC's inter-library loan service, which is connected to all the major university and research institution libraries, both domestic and foreign.

2.03 Diversity, Inclusion, and Culturally Competent Care

Diversity issues are considered in every aspect of training as each medical center and clinic serves diverse and unique member populations that include differences in age, disability status, race, ethnicity, immigration experiences, gender, gender identity and expression, sexual orientation, religion and spirituality, socioeconomic status, and family life. Through targeted seminar topics, supervision, and clinical work, fellows are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The KPNC Mental Health Training Program's Equity, Inclusion, and Diversity (EID) Liaisons organize advanced trainings that promote cultural competency and cultural sensitivity. The trainings are designed to support all fellows and provide them with a safe space to reflect on their experiences without judgment. Prior to many Mental Health Training Program (MHTP) seminars, an optional diversity forum is held with expert speakers from the community and from within Kaiser Permanente on topics impacting fellows' clinical work and professional development. Forum topics have included immigration, micro-aggressions, unconscious bias, and gender-affirming care.

The EID Liaisons also coordinate a voluntary Mentorship Program in which interested fellows are matched with licensed clinicians. The licensed clinicians offer guidance and support separate from the supervision that is provided by the clinical supervisors. Mentorship combines the sharing of hands-on experience and thoughtful reflection with the underlying goal of promoting a training climate supportive of diversity. Mentors support mentees in their professional development by helping them prepare for entry-level career positions, define future goals, network, and hone work/life balance.

2.04 Psychotherapy Training

Fellows are taught evidence-based psychotherapy practices through didactic seminars and case supervision. In addition, they are trained in Feedback Informed Care (FIC), an innovative

approach to mental health treatment in which patients and therapists use patient reported information to track treatment progress, as well as the therapeutic alliance. This approach has been found to significantly improve outcomes.

At each visit, patients complete a mental health questionnaire from Lucet, an online behavioral health platform and feedback software tool. These questionnaires cover important clinical domains such as psychiatric symptoms, subjective wellbeing, functional disability, medication adherence, and treatment response. The information gathered allows therapists and patients to assess treatment progress and determine if adjustment to the treatment plan is indicated. In each clinic, fellows join staff colleagues and specially trained FIC case conference leaders in consultation groups to deepen their level of FIC expertise and to assist them in tailoring service delivery.

Fellows have the opportunity to co-lead therapy groups with permanent staff members. At the discretion of the site training director, program faculty, department managers, and team leaders, a fellow may facilitate a therapy group alone, provided that the following conditions are met:

- The fellow's level of competence, as determined by observation of their clinical skill and evidence of previous experience, deems them appropriate to work alone
- The group is comprised of members who are appropriately treated by a single facilitator
- Supervision of the group and the closing of notes is assumed by an appropriate supervisor
- The primary purpose of facilitating a group alone is for training and professional development
- The fellow never works alone in the clinic without a licensed staff member readily available for consultation or crisis assessment if necessary

2.05 Seminars and Didactic Training

Didactic trainings/seminars are organized by the KPNC Mental Health Training Programs (MHTP), take place weekly, and are a minimum of 2 hours in duration. MHTP coordinates weekly didactics, and the didactic schedule is divided into several series each organized around a central theme or topic. Fellow attendance should be 85% at minimum. Fellows are also expected to attend the MHTP Speaker Series seminars, which features expert clinicians providing advanced-level training on a specific topic. The MHTP Speaker Series, which occurs on a near monthly basis, takes the place of the regularly scheduled weekly didactic trainings. Current seminar schedules and a list of speakers and topics can be found on the KPNC Mental Health Training Programs website.

After the completion of each didactic series, or after each MHTP seminar, fellows evaluate the seminar on such criteria as whether the course was appropriately challenging and relevant and whether the presenter was sufficiently prepared and attentive to questions. This evaluation form (Appendix H) is patterned after the Mandatory Continuing Education Provider evaluation. Fellows' feedback guides the program in developing future didactic training and seminars.

2.06 Community Partnership Project

Reflecting Kaiser Permanente's core commitment to mental health and wellness in our communities, each fellow is required to spend at least 32 hours during their training year on a Community Partnership Project that focuses on improving mental health in the local community beyond our Kaiser Permanente patient members. The scope and focus of the projects are site

specific, reflecting the unique opportunities available in each community to develop meaningful partnerships.

Projects are developed in conjunction with the site training director and can take a wide range of forms. Many Community Partnership Projects entail psychoeducational programs at local high schools or community centers, with emphases in such areas as mindfulness, stress reduction, parenting education, anger management, or communication trainings. Other projects have involved staff consultation at county or non-profit agencies (e.g., homeless shelters, community mental health clinics, prisons, etc.).

3. SUPERVISION OF PROFESSIONAL HOURS

3.01 BBS Supervisor Training Requirements

KPNC Post-Masters Fellowship Programs comply with supervision guidelines stipulated by the California Board of Behavioral Sciences (BBS). All BBS-licensed mental health professionals supervising for the first time in California must complete a 15-hour course in supervision within 60 days after commencing supervision. Individuals who have not supervised for 2 years or more must take a 6-hour supervision course within 60 days of resuming supervision. All supervisors thereafter must complete 6 hours of continuing professional development in supervision during each license renewal cycle (every 2 years).

The BBS requires that supervisors of ASWs, AMFTs, and APCCs be licensed for 2 years out of the last 5 years and must have practiced psychotherapy for 2 years out of the last 5 years OR have provided direct supervision for 2 years out of the last 5 years prior to the commencement of supervision. ASWs must receive a minimum of 1,700 hours of supervision from an LCSW. For more information on BBS supervision requirements go to:

<https://www.bbs.ca.gov/licensees/supervisor.html>.

3.02 BBS Supervisor Agreement

The BBS Supervision Agreement must be completed, signed, and dated by the primary supervisor no later than the first day of the training year. A single form is used for all associate types with a space to indicate trainee type including AMFT, ASW, or APCC. The supervisor should give the original document to the fellow, who retains them for submission later when applying for licensure. To print a copy of the BBS Supervision Agreement, go to:

https://www.bbs.ca.gov/pdf/forms/supervision_agreement.pdf

3.03 Remote Supervision Agreement

The Remote Supervision Agreement should be completed, signed, and dated at the same time as the completion of the BBS Supervision Agreement. To complete the agreement, the primary supervisor must meet with the fellow to determine whether remote supervision is an appropriate format for the fellow. The Remote Supervision Agreement can be completed as a stand-alone document (Appendix G), or it can be copied and embedded into the Supervisory Plan section of the BBS Supervision Agreement.

3.04 Supervisor Self-Assessment

Supervisors who began supervising one or more fellows after January 1, 2022, must submit a one-time BBS Supervisor Self-Assessment Report Form to the BBS within 60 days of commencing any supervision. Supervisors who were supervising one or more fellows prior to January 1, 2022, must submit a Supervisor Self-Assessment Report Form to the BBS by January

1, 2023. Access the Supervisor Self-Assessment Report Form here:
https://www.bbs.ca.gov/pdf/forms/supervisor_self_assessment.pdf

3.05 Weekly Summary of Experience Hours Log

It is the responsibility of AMFTs and APPCs to keep "weekly summary of experience hours" logs and for ASWs to keep a "weekly tracking log" with hours verified by their primary supervisor's signature. Log templates are available for download on the BBS website:

- <https://www.bbs.ca.gov/pdf/forms/lcs/aswlog.pdf> (for ASW)
- https://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-525_option1.pdf (for AMFT)
- https://www.bbs.ca.gov/pdf/forms/lpc/lpcc_wkylog_37a-638_option1.pdf (for APPC)

The BBS requires 3,000 hours of supervised post-degree professional experience, including 104 supervised weeks, to qualify for LCSW and LPCC licensure. Fellows seeking LMFT licensure may earn a maximum of 1,300 hours of experience pre-degree. Up to 750 of the pre-degree hours may be direct counseling hours.

3.06 BBS Experience Verification Form

The California BBS Experience Verification form (see websites below), along with the BBS Supervision Agreement, should be submitted to the BBS by the fellow at the end of the training year.

- <https://www.bbs.ca.gov/pdf/forms/lcs/lcs-exp.pdf> (for ASW)
- https://www.bbs.ca.gov/pdf/forms/mft/lmft_expver_37a-301_option1.pdf (for AMFT)
- https://www.bbs.ca.gov/pdf/forms/lpc/lpcc_expver_37a-675_option1.pdf (for APCC)

3.07 Methods of Supervision

All fellows receive regularly scheduled, face-to-face, individual supervision for 2 hours per week throughout their training year. Each fellow receives individual supervision from two training supervisors, a primary supervisor and a delegated (secondary) supervisor, who are licensed mental health clinicians at the fellow's work setting. Supervisors must provide 2 hours of individual supervision for every 20 hours that the fellow engages in provision of mental health services.

The functions of both primary and delegated (secondary) supervisors include monitoring patient welfare, enhancing the fellow's clinical skills, promoting their professional growth, evaluating progress, and providing feedback. The primary supervisor serves as both mentor and monitor/guide for the fellow's clinical work and professional development during their tenure at KPNC. The secondary supervisor also monitors the fellow's caseload and provides feedback and guidance. In accordance with California law, each fellow has access to their primary or secondary supervisor at all times, via phone or pager, in case of emergency.

Fellows spend 2 hours a week in group supervision facilitated by a licensed mental health clinician, who may be the site training director or primary, secondary, or specialty supervisor. Topics include case consultation, professional development, interdisciplinary communication and systems issues, and multicultural competence and diversity awareness. Group supervision for ASWs, AMFTs, and APPCs cannot include more than eight trainees in a group, per BBS guidelines.

Evaluation of fellow professional competencies should be based on direct observation at least once each quarter. Direct observation by the supervisor may be completed live and in-person (e.g.,

in-room co-therapy with patient, co-led group therapy, in-room observation of an intake evaluation, one-way mirror observation), by audio-video streaming, or through audio or video recording. If requested to audiotape, videotape, or otherwise record a patient session, fellows should download the Consent and Authorization form to be signed by fellow and patient, from the "Resources" section of the following web page:

<https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit>

3.08 Post-Master's Fellow Evaluation of Supervisors

Each fellow evaluates their supervisors quarterly or semi-annually based on rotations using the Post-Master's Fellow Evaluation of Supervisor form (Appendix I). Data from this form is reviewed by the site training director and is kept confidential, however ratings of "1" (Does Not Meet My Expectations) or "2" (Needs Improvement) will be brought to the supervisor's attention. Fellows and supervisors should review the Post-Master's Fellow Evaluation of Supervisor form at the beginning of the training year to ensure a common understanding of the supervisory standards of the program. They are then encouraged to use the criteria on this form as a guide for discussion throughout the training year to identify training needs, especially at the time of the fellow's Competencies Evaluation.

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient Rights and safety

A patient's rights and responsibilities, as outlined in the KPNC local facility policies and procedures manual, shall be observed at all times.

A patient's safety should be of utmost concern to all fellows and staff. For more information, go to: <http://kpnet.kp.org:81/california/qmrs/ps/>

4.02 Provision of Services by a Post-Master's Fellow & Patient Consent

The title of a post-master's fellow in Social Work is "Associate Clinical Social Worker." The title of a post-master's fellow in Marriage and Family Therapy is "Associate Marriage and Family Therapist." The title of a post-master's fellow in Professional Clinical Counseling is "Associate Professional Clinical Counselor." Each fellow will clearly identify their title at the first meeting with any patient or potential patient. The fellow must also inform the patient or patient's guardian of the fellow's last day of training and name of supervisor.

The fellow must document in the patient's electronic record that the patient received this information and that the patient gave (or refused to give) their consent to be seen by the fellow. The electronic medical record "dot phrase" used for documenting patient consent in clinical progress notes is ".traineeinformedconsent." This dot phrase signifies that:

- *"The patient was informed that the undersigned (***) is a (***) working under the supervision of *** and other licensed staff members in the Department of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned."*

Fellows are also required to document ongoing patient consent and must add the above dot phrase within all subsequent clinical progress notes.

In addition to the above electronic charting, the fellow may complete a "Notice of Provision of

Mental Health Treatment Services by a Post-Master's Fellow" (Appendix F) and provide it to the patient and/or guardian for their reference. A hard copy of this provision may be printed for office visits, or a digital copy may be sent electronically through the patient's medical record secure message system.

Patients may refuse therapy or request to be seen by a licensed staff member. In such cases, the fellow must document the patient's refusal in the electronic chart, noting that treatment was explained, alternative treatment options were offered, and that the consequences of declining treatment were discussed.

Any misrepresentation of professional identification (for example, as a licensed practitioner) is a violation of California state law, Kaiser Permanente policy, and the ethics code.

Provision of Mental Health Services in Languages Other than English

Fellows who are fluent in languages other than English and opt to provide mental health services in that language are required to establish competency in that language by taking the bilingual assessment through the NCAL Bilingual Employee Program at Kaiser Permanente. Fellows are not eligible to receive bilingual pay differential.

Department managers can obtain the Request for Bilingual Assessment form by emailing Elizabeth.F.Lavan@kp.org. Department managers will be able to indicate the trainee status for bilingual assessment on the Request for Bilingual Assessment Form. The Regional Mental Health Administration (RMHA) will assume the cost for bilingual assessment when it is requested for postdoctoral residents and post-master's fellows.

4.03 Notification to Supervisor Regarding Treatment of a Minor

Pursuant to California AB 1808, as an unlicensed provider, a fellow is required to notify their supervisor before or after any visit in which the fellow treats a minor, aged 12-17 years old, individually or in a group session, regardless of whether the minor is accompanied by a parent or guardian. This notification must occur within 24 hours, in writing, unless the fellow believes the minor to be a danger to self or others. If a danger is present, the fellow must notify their supervisor verbally during the session or immediately after the session. Management will determine an appropriate workflow to ensure that this requirement is met, and the fellow is expected to adhere to department guidelines.

4.04 Signing Legal Documents as Witnesses for Patients

Fellows may not sign wills, power of attorney forms or other legal documents as witnesses for patients or their family members. A request to act as a witness to a document should be courteously, but firmly, refused. In addition, fellows may not sign forms, such as state disability forms, which require the signature of a licensed psychologist or psychiatrist.

4.05 Responding to Legal Documents

Receipt of a subpoena, a summons from a court, a request to examine a patient's medical record or otherwise obtain information from it, or a letter from a lawyer concerning a patient, should be reported immediately to the site training director and the fellow's supervisor. Fellows are not to respond to any requests for documents without explicit instructions from the supervisor(s) and/or site training director.

4.06 Medical Record Confidentiality: CMIA and HIPAA

All fellows must abide by standards set forth by the California Confidentiality of Medical Information Act (CMIA) and by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See Obligations Regarding Confidentiality CA 1.09, which is located under HR Policies in MyHR.

Patient information is confidential and protected by law. Accessing the medical records of patients other than those treated by the fellow is strictly prohibited and grounds for termination. Medical record confidentiality laws also prohibit the fellow from accessing the chart(s) of their own family member(s). Patient or chart information cannot be released to anyone without the consent of the patient or as authorized by law. The fellow should not discuss patient care matters with investigators or attorneys without notice to, and in the presence of, attorneys representing Kaiser Permanente. The KP Medical-Legal Department is available for consultation. In the event of a privacy breach or potential breach, the fellow is expected to inform their primary supervisor and/or site training director. Failure to comply with this expectation will result in remedial or corrective action up to and including termination.

4.07 Electronic Charting & Patient Communication in KP HealthConnect

All Kaiser Permanente medical centers use the same electronic medical record database for charting called KP HealthConnect. Through HealthConnect, fellows can access hospital records and perform electronic charting as well as facilitate patient care coordination, such as consultation requests from other care providers. Fellows are expected, whenever possible, to incorporate Lucet behavioral health outcomes data gathered electronically at each patient visit into treatment planning. Fellows are responsible for receiving training in the use of these databases. In addition, mental health documentation must include only approved abbreviations and symbols.

The patient's treatment progress is to be documented at each contact. All patient care documentation should be sufficiently detailed and organized in accordance with departmental standards so that a staff member can provide appropriate and effective care for the patient. A well-maintained patient record allows a staff member, at a later date, to determine the patient's condition, as well as to review the diagnostic and therapeutic interventions that were implemented. Any changes in the condition of the patient and/or in the results of treatment must be documented. The medical record should enable another clinician to assume care of the patient at any time.

As treatment providers within a patient's care team, fellows may receive electronic communication directly from patients through HealthConnect's secure messaging system. Fellows must read and reply to all patient secure messages within 48 hours of the time during which they are scheduled to work. The fellow is expected to create automatic out-of-office message replies in HealthConnect to ensure that patients are appropriately alerted to the fellow's status for when the secure message will be read. If a patient secure message does not require a written reply and/or can be addressed via another form of patient contact (i.e., a telephone call), the fellow must "done" the secure message within the timeline above.

Charting Requirements for Group Therapy Documentation

For fellows who take part in psychotherapy group facilitation, at least one group note should be completed by the fellow to denote their co-facilitation role using the following dot phrase:

- *“*** [trainee name/title, degree], under the supervision of *** [licensed provider name], participated in the facilitation of this group/class.
Electronically signed by @SIGNNR@”*

4.08 Signing and Closing of Chart Documentation by Supervisor

All fellows must complete patient documentation and progress notes in HealthConnect and route the encounter documentation to their clinical supervisor the same day of the patient visit. The supervisor will review the fellow's documentation, enter the appropriate CPT code, and sign and close the encounter within 48 hours of the patient visit. During this process of documentation review, the supervisor must add the following documentation acknowledging their role as licensed supervisor for the fellow providing services:

- *"Note reviewed with *** [trainee name/title, degree]. I agree with the diagnosis, treatment goals, treatment plan and recommendations.
Electronically signed by @SIGNNR@"*

If a fellow's documentation requires edits prior to note closure, the fellow and supervisor should use the following workflow to ensure appropriate note closure timeliness:

- 1) The supervisor must communicate any documentation changes to the fellow within 48 hours of the encounter.
- 2) The fellow will complete edits and route the encounter back to the supervisor by the end of the next day that the fellow works.
- 3) Should additional edits be warranted, the supervisor should provide feedback to the fellow within 48 hours of receiving the revised documentation. The fellow must complete the additional edits by the end of the next business day after which they receive additional feedback.
- 4) This documentation revision cycle may be repeated up to 3 times following the stated timeframes of initial note closure above.
- 5) If further edits are needed after the 3rd revision cycle, the supervisor should do what is needed to close the encounter and escalate fellow documentation concerns to the training director to determine whether a focused competency plan is needed to support the fellow.

Attaching to HealthConnect In-Baskets

It is acceptable practice for training faculty to periodically attach themselves to a fellow's HealthConnect in-basket for monitoring the fellow's progress on patient documentation and patient care communications. Primary supervisors and training directors should attach themselves to fellows' in-baskets toward the end of the training year to ensure that all notes have been signed and closed prior to offboarding.

5. EVALUATION OF PROFESSIONAL COMPETENCIES

5.01 Baseline Assessment of Post-Master's Fellow Competencies

Within the first week of the training year, the fellow and primary supervisor will complete the Baseline Assessment of Post-Master's Fellow Competencies (Appendix A). This baseline assessment identifies the fellow's entry level of experience in all competency areas set forth in the Competencies Evaluation (CE). It also identifies competency areas on which the fellow will focus during the year and provides the basis for the fellow's Individual Training Contract.

In addition, the fellow, primary supervisor, and site training director will ensure that the following competencies are met before the fellow begins treating patients by completing the Fellow Prerequisite Checklist on the first page of the Baseline Assessment:

- Mental Status Evaluation
- Mandated Reporting (CPS, APS, etc.)
- Suicide/Homicide/Danger Assessment (Tarasoff, etc.)
- Ethics (confidentiality, professional boundaries, etc.)
- Psychopathology/Abnormal Psychology
- Theories & Practices of Psychotherapy
- Personality & Psychological Development
- Domestic Violence
- Chemical Dependency

5.02 Post Master's Fellow Individual Training Contract

Within the first week of the training year, each fellow collaborates with their primary supervisor in developing an Individual Training Contract (Appendix B). This contract builds upon information obtained from the Baseline Assessment and allows the fellow and supervisor to develop a training plan to address any competency areas identified by the Baseline Assessment as requiring additional training focus. This collaborative process is flexible, and goals can be revised at quarterly intervals. In addition, the fellow uses this form to list any competency areas in which they wish to obtain extra supervision during the year.

The training contract also identifies the fellow's primary and delegated (secondary) supervisors and lists fellow responsibilities and expectations for the training year. By signing this contract, the fellow acknowledges receipt of the Policy and Procedure manual, review of Section IV of the Individual Training Contract titled "Responsibilities and Expectations of Fellow," and understanding of the basic requirements of fellowship program participation.

5.03 Post-Master's Fellow Competencies Evaluation

To ensure that fellows meet all fellowship program goals and requirements, each fellow will be formally evaluated by their primary supervisor at least once per quarter (and more frequently, if a competency concern arises) using the Competencies Evaluation (Appendix C). The CE is the fellowship program's formal instrument for evaluating a fellow's progress.

The primary supervisor is instructed to rate the fellow on all behavioral anchors listed for each of the specific competencies on the CE. First year fellows, those who have not completed any post-degree hours prior to entering the Fellowship program, are expected to achieve a minimum rating of "2" (Beginning Competence) at the end of the first, second, and third quarters. Supervisors will provide a written narrative describing the justification for any ratings of "2" (Beginning Competence) at the end of the third and fourth quarters. Further, if a first year fellow is at risk of not achieving minimum ratings of "3" (Intermediate Competence) by the end of the fourth quarter, the primary supervisor may choose to initiate Focused Competency Guidance (see Section 6.06) or formal due process procedures with a Formal Notification and Hearing (see Section 6.07).

Fellows in the second year of training or beyond are expected to achieve a minimum rating of "3" (Intermediate Competence) at the end of the first, second, and third quarters and minimum rating of "4" (Proficient Competence) at the end of the fourth quarter. A rating of "2" (Beginning Competence) at the end of the first quarter for fellows in the second year of post graduate training prompts the supervisor to complete a narrative describing the justification behind the rating. The supervisor may also choose to initiate a Focused Competency Guidance Plan (see Section 6.06) or formal due process procedures with a Formal Notification and Hearing (see Section, 6.07).

Fellows in the first year of post-master's training are expected to achieve minimum ratings of "3" (Intermediate Competence) at the end of the fellowship program. Fellows in the second year—or beyond—of post-master's training are expected to achieve minimum ratings of "4" (Proficient Competence) at the end of the training year.

At any point in the training year, if a fellow in their **first or second year** of post-master's training receives a rating of "1" (Remedial Competence) on one or more behavioral anchors, the primary supervisor initiates formal due process procedures with a Formal Notification and Hearing (see Section 6.07).

At each quarterly interval, the primary supervisor will meet with the fellow to review the completed CE. The fellow may respond in writing to supervisor feedback on the CE. If the fellow wishes to challenge any ratings on their CE, they are directed to follow the Post-Master's Fellow Appeal Procedures (see Section 6.12).

5.04 Post-Master's Fellow Program Survey

Each fellow evaluates the fellowship program at mid-year and at the end of the training year. The Post-Master's Fellow Program Survey (Appendix J), which is accessed by a confidential link to the online SurveyMonkey service for anonymity, allows the fellow to assess their own experience of the program by the same parameters that are used in the CE. The data from this survey, along with CE ratings, provides valuable feedback to the training faculty and is used to make modifications to fellowship program procedures.

6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The Post-Master's Fellowship Program's due process policy provides a framework to address the situation in which a fellow is not meeting expected performance standards. It ensures that the fellowship program adheres to fair and unbiased evaluation and remediation procedures, and that the fellow is given an opportunity to appeal the fellowship program's decisions. For all remedial actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired, including any plans that were implemented, with time frames and outcomes.

6.01 Rights of Post-Master's Fellows

1. To be informed of the expectations, goals, and objectives of the fellowship program
2. To be trained by professionals who behave in accordance with the ethical guidelines of their respective professional organizations: the National Association of Social Workers (NASW), the American Association of Marriage and Family Therapists (AAMFT), the California Association of Marriage and Family Therapists (CAMFT), and the American Counseling Association (ACA)
3. To be treated with professional respect in keeping with their advanced level of training
4. To have individual training needs identified and documented in the training contract
5. To receive ongoing evaluation that is specific, respectful, and pertinent; and to be informed in a timely manner if they are not meeting program standards
6. To engage in ongoing evaluation of the fellowship program (the fellowship program will conduct formal surveys twice a year)
7. To utilize due process procedures for concerns related to performance standards so that the fellow's viewpoint is taken into account, and so that the fellow has an opportunity to

remediate problems in order to successfully complete the fellowship program

8. To utilize grievance procedures to resolve non-evaluation-related problems and disputes that may arise during the training year
9. To be granted privacy and respect for one's personal life including respect for one's uniqueness and differences

6.02 Responsibilities of Post-Master's Fellows

1. To function within the bounds of all state and federal laws and regulations, as well as NASW, AAMFT, CAMFT or ACA ethical and professional practice standards
2. To adhere to the policies and procedures of KPNC, including KP's Principles of Responsibility (this information is presented during the orientation and onboarding period and can be accessed through the KPNC website, MyHR, located as a link at <http://insidekp.kp.org/ncal/portal/>, and/or by contacting a KPNC Human Resources consultant)
3. To adhere to the policies and procedures of the KPNC Post-Master's Fellowship Programs as outlined in this manual; and to adhere to the policies and procedures of the fellow's assigned work department or clinic
4. To attend and participate in didactic trainings and seminars, staff meetings, case conferences, and individual and group supervision meetings
5. To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback

6.03 Post-Master's Fellowship Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of counseling/clinical social work and to provide forums to discuss the implementation of such standards
2. To ensure that faculty and staff engage with fellows and each other in a respectful, professional, and ethical manner
3. To promote diversity and inclusion in the workplace
4. To provide high quality clinical experiences, supervision, and didactic trainings and seminars
5. To provide opportunities for fellows to offer input into the fellowship program, including within their supervisory experiences, through meetings with training directors, and in semi-annual written evaluations
6. To communicate fellowship program expectations, and standards for evaluation, including how fellows will be evaluated and by whom
7. To provide fellows with written and verbal feedback in weekly supervision meetings and in quarterly written evaluations so that they may improve their skills and address competency problems in a timely manner
8. To implement due process and grievance procedures for problems related to fellow competencies and professional functioning, fellowship program standards, and interpersonal disputes; and to allow fellows sufficient time to appeal decisions with which they disagree
9. To make decisions about fellow remediation, probation, suspension, and termination utilizing multiple sources of information; to develop remediation plans for performance deficiencies with timeframes; and to clearly communicate to fellows the consequences of not correcting the deficiencies
10. To make accommodations for special training needs for fellows who qualify under the

6.04 Definition of Problematic Behavior

A Problematic Behavior interferes with fellow professional competence and is defined by:

- a) An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- b) An inability to and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence; and/or
- c) An inability and/or unwillingness to control personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning

Training faculty should use their professional judgement in determining when a fellow's behaviors, attitudes, or characteristics have become problematic. Problematic Behaviors may include the following features:

- a) The fellow does not acknowledge, understand, or address the problem when it is identified.
- b) The problem is not merely a reflection of a skill deficit, which can be rectified by clinical or didactic training.
- c) The quality of services delivered by the fellow is sufficiently negatively affected.
- d) The problem is not restricted to one area of professional functioning.
- e) A disproportionate amount of attention and time by training faculty is required to address the problem.
- f) The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.
- g) The behavior has potential legal or ethical ramifications if not addressed.
- h) The behavior potentially causes harm to patients.
- i) The behavior negatively impacts the public view of Kaiser Permanente.
- j) The behavior negatively impacts the training cohort or clinic staff.

6.05 Informal Discussion

The first step in the due process procedure is Informal Discussion which is used to address performance or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The fellow's supervisors are responsible for providing the fellow with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisors should inform, advise, and/or coach the fellow to support them to successfully address the concern. The supervisors may also choose to supplement the Informal Discussion with a Focused Competency Guidance Plan (see Section 6.06) to help organize the actions and behaviors that the fellow needs to address for the identified concern(s). The fellow should be given a timeframe in which to correct the concern and may be provided with additional support over subsequent supervision meetings as part of the informal remediation plan. Any staff member who observes the fellow to be out of compliance with a policy or procedure should inform the fellow's supervisors or the site training director. The fellow's supervisors and/or site training director will document their discussion(s) with the fellow and any informal remediation plans in their supervision notes. These notes will not become part of the fellow's official training file.

6.06 Focused Competency Guidance

A Focused Competency Guidance Plan (Appendix D) is a structured support mechanism designed to assist the fellow in gaining skills associated with specific areas of competency deficit.

Focused Competency Guidance is typically initiated in the following situations:

- 1) As part of informal remediation, supplementing an Informal Discussion that takes place during supervision at any time during the training year (see Section 6.05);
- 2) As part of remediation of unmet competency expectations due to a rating(s) falling below minimum expectations on the Competencies Evaluation (see Section 5.03); or
- 3) As an outcome of formal due process procedures following a Formal Notification and Hearing (see Section 6.07).

Focused Competency Guidance Plans contain an outline of measures to be undertaken to remediate unmet competency expectations which includes, but is not limited to, additional didactic training, closer mentoring, structured readings, and simulated clinical practice. Focused Competency Guidance Plans may also implement schedule modification, which includes several possible and concurrent courses of action such as: (a) increasing the amount of supervision, either with the same or different supervisor(s); (b) changing the format, emphasis, and/or focus of supervision; (c) recommending personal psychotherapy; (d) reducing the fellow's clinical or other workload; and/or (e) requiring specific academic course work.

In the context of quarterly Competencies Evaluations (CE) for a fellow in their first year of post-master's training, Focused Competency Guidance is typically triggered as part of formal due process procedures (see Section 6.07) when a fellow receives one or more ratings of "1" (Remedial Competence) for any behavioral anchor on the CE at the at any point in the training year. There may be instances in which Focused Competency Guidance or formal due process procedures are triggered when a fellow receives ratings of "2" (Beginning Competence) on one or more behavioral anchors at the end of the third quarter (see Section 5.03). Focused Competency Guidance may also be initiated informally at any point in the quarter if competency concerns have been identified by the primary supervisor or other training faculty and it is determined that structured support should be implemented prior to the quarterly evaluation timepoint (see Section 6.05).

In the context of quarterly Competencies Evaluations (CE) for a fellow in their second year of post-master's training, Focused Competency Guidance is typically triggered when a fellow receives one or more ratings of "2" (Beginning Competence) for any behavioral anchor on the CE at the at any point in the training year. However, depending on the behavioral anchor or number of anchors needing improvement, rating(s) of "2" (Beginning Competence) may result in initiation of formal due process procedures with a Formal Notification and Hearing (see Section 6.07). There may be instances in which Focused Competency Guidance or formal due process procedures are triggered when a fellow receives ratings of "3" (Intermediate Competence) on one or more behavioral anchors at the end of the third quarter (see Section 5.03). Focused Competency Guidance may also be initiated informally at any point in the quarter if competency concerns have been identified by the primary supervisor or other training faculty and it is determined that structured support should be implemented prior to the quarterly evaluation timepoint (see Section 6.05).

Focused Competency Guidance Plans should include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. In the next sequential quarterly CE, further improvements should be noted. When all unmet competency and performance standards have been rectified, the primary supervisor, in consultation with the secondary supervisor and site

training director, will remove the fellow from Focused Competency Guidance and indicate the date of successful completion on the remediation plan document (Appendix D).

The Focused Competency Guidance Plan must be signed and dated by the primary supervisor and fellow during the initial and follow-up meetings. When Focused Competency Guidance Plans are part of an Informal Discussion, the primary supervisor will provide the fellow with a copy of the plan, and it will not become part of the fellow's training file. When Focused Competency Guidance Plans are triggered by ratings below minimum expectations on the CE or as part of formal due process procedures initiated with a Formal Notification and Hearing, the primary supervisor and site training director will provide the fellow with a copy of the plan, and a copy of the plan will also be placed in the fellow's training file.

6.07 Formal Notification and Hearing

If a fellow's professional conduct, professional development, or performance issues persist even after an Informal Discussion; or if the fellow is not meeting minimum competency expectations or at risk of not meeting minimum competency expectations and requires formally structured remediation (see Section 5.03); or if the fellow demonstrates a Problematic Behavior at any point in the training year, then formal due process procedures will be initiated as follows:

- 1) The fellow's supervisor or other concerned staff member(s) will first consult with the site training director to discuss the issue. The site training director may interview others with relevant information and/or may seek the guidance of HR administrators or the department manager. The site training director will notify the fellow in writing that a performance or behavioral concern has been raised to the level of formal review and that a Hearing will be held.
- 2) As soon as possible, but no later than ten (10) business days after the fellow receives a Notice of Hearing, the site training director (or their designee) will appoint a Hearing Committee and schedule a Hearing. Every effort will be made to expedite the committee formation and hearing process. The committee will be composed of no fewer than two members, typically the site training director and the primary supervisor. Depending on the scope and seriousness of the issue, the Hearing Committee may also include other members of the training faculty, departmental staff, and/or an HR consultant. The fellow may also invite any appropriate licensed KP staff member to attend.
- 3) At the Hearing, committee members will discuss the competency issue(s) fully, openly, and candidly with the fellow. The fellow has a right to dispute or explain the concern(s) presented and may provide a written statement or supporting materials of their own. Within five (5) business days from the completion of the Hearing, the committee will determine an Outcome and the site training director and primary supervisor will present the Outcome to the fellow. Possible hearing outcomes are as follows:
 - a) The fellow was found to be meeting competency expectations and/or expected performance and conduct standards, and no further action is needed.
 - b) The fellow has demonstrated competency, performance, and/or conduct concerns, but they were not significant enough to warrant formal remediation. The concerns will be monitored according to the Informal Discussion process described above (see Section 6.05).
 - c) The fellow in their first year of post-master's training has demonstrated minor competency concerns that have resulted in rating(s) of "1" (Remedial Competence) on one or more behavioral anchors of the CE. The fellow in their second year of

post-master's training has demonstrated minor competency concerns that have resulted in ratings of "2" (Beginning Competence) on one or more behavioral anchors of the CE. To address these deficits in either of these cases, the fellow will be placed on a remediation plan called "Focused Competency Guidance."

- d) The fellow in their first year of post-master's training has demonstrated major competency concerns that have resulted in rating(s) of "1" (Remedial Competence) on one or more behavioral anchors of the CE; major competency concerns may also originate from ratings of "2" (Beginning Competence) at the end of the third quarter if the fellow is at risk of not meeting minimum expectations by the end of the fourth quarter. The fellow in their second year of post-master's training has demonstrated major competency concerns that have resulted in rating(s) of "1" (Remedial Competence) or rating(s) of "2" (Beginning Competence) on one or more behavioral anchors of the CE; major competency concerns may also originate from ratings of "3" (Intermediate Competence) at the end of the third quarter if the fellow is at risk of not meeting minimum expectations by the end of the fourth quarter. In all cases outlined, a fellow with serious competency, performance, and/or conduct problems may be placed on Probation, which is also a form of remediation.
- e) The fellow has exhibited Problematic Behavior(s), and associated major competency concerns, involving potential harm to a patient, gross misconduct, legal violations, or serious policy or ethical code violations. Any fellow demonstrating such behavior may be suspended from the training program. The site training director and training faculty will follow KPNC HR policies in this situation.

6.07 Outcome of the Hearing

The site training director and primary supervisor will communicate the Outcome of the Hearing to the fellow both verbally and in writing. The fellow will be presented with an "Acknowledgement of Hearing Notice" for outcomes resulting in 1) no further action/return to routine supervision, 2) ongoing monitoring as part of an Informal Discussion, or 3) Focused Competency Guidance.

The essential components of an Acknowledgement of Hearing Notice are:

1. Date of the Hearing and names of the participants
2. Description of the fellow's competency deficits and/or performance issues and date on which the concerns were first brought to the fellow's attention
3. Identification of the targeted competency area(s) and behavioral anchor(s).
4. Decision of the Hearing Committee with regard to the competency concerns and whether Focused Competency Guidance was recommended
5. When Focused Competency Guidance is recommended, an outline of measures to be undertaken to remediate unmet competency expectations and performance concerns include, but are not limited to, schedule modification, provision of opportunities for extra supervision, attendance at additional seminars and/or other training activities, and/or recommendations of training resources (see Section 6.06)
6. Criteria and procedures for determining whether the problem has been adequately addressed
7. Consequences for unsuccessful outcome (which may include the initiation of Probation)
8. Timeline for Focused Competency Guidance Plan completion

For an outcome resulting in Probation, the fellow will be presented with a "Letter of Warning" (see Section 6.09). For an outcome resulting in Suspension, the fellow will be presented with a

“Suspension Letter” (see Section 6.10).

The fellow, site training director, and department manager (if appropriate) will be required to sign the letter or notice. A copy of the document will be provided to the fellow and will be placed in the fellow’s training file. If a fellow is dissatisfied with the Hearing Committee’s decision, the fellow may appeal the decision by following the Appeal Procedure found in Section 6.12.

6.09 Probation

Fellows who exhibit major competency deficits or other serious performance or conduct concerns, or who have not corrected identified concerns after a Focused Competency Guidance Plan may be placed on Probation. The decision to place a fellow on Probation is made by the Hearing Committee; or, in the case of a fellow who is still not meeting minimum competency expectations at the time of a Focused Competency Guidance Plan review, by the site training director and primary supervisor in consultation with the department manager, other training faculty, and HR administration. Probation will include more closely scrutinized supervision for a specified length of time.

To initiate Probation, the site training director and primary supervisor, with input from other the training faculty, the department manager, and an HR consultant, will compose a “Letter of Warning” to the fellow outlining the program’s concerns. This letter will also describe the consequence(s) of the fellow’s failure to show immediate and substantial improvement in the identified competency areas within the planned timeframe. For a fellow in their first year of post-master’s training, improvement in targeted areas must be evidenced by CE rating(s) of “2” (Beginning Competence), or CE rating(s) of “3” (Intermediate Competence) if Probation occurs in the final quarter of the training year. For a fellow in their second year of training, improvement in targeted areas must be evidenced by CE rating(s) of “3” (Intermediate Competence), or CE rating(s) of “4” (Proficient Competence) if Probation occurs in the final quarter of the training year.

The essential components of a **Letter of Warning** are:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the fellow’s competency deficits and/or performance issues and date on which the concerns were first brought to the fellow’s attention
3. Identification of the targeted competency area(s) and behavioral anchor(s)
4. Additional reasons for probation, if applicable (see KP National HR Policy on Corrective/ Disciplinary Action, NATL.HR.014):
 - a. Severity of the violation
 - b. Number of violations and the dates that the violations occurred
 - c. Whether the violation was part of a pattern or practice of improper behavior or non-compliance
 - d. The fellow’s past history of non-compliance
 - e. Whether the fellow should have known the applicable policies, rules, or regulations
 - f. Whether the violation was intentional or negligent
 - g. Whether the action appeared to be committed for personal gain
5. Notification that this probationary action may impact whether the fellow’s supervised hours will be found to be satisfactory
6. An outline of measures to be undertaken to remediate performance including any required Schedule Modification
7. Criteria and procedures for determining whether the problem has been adequately

addressed

8. Consequences of an unsuccessful outcome (may include denial of certificate and letter of completion, extension of the probationary period, Suspension, and/or Termination/Program Dismissal)
9. Timeline for Probation Plan completion

The site training director and primary supervisor will meet with the fellow to review the Letter of Warning to ensure that the fellow fully understands the terms of the Probation. The fellow may invite any appropriate licensed KP staff member to attend the meeting. The fellow will be given an opportunity to respond to the letter and to the group's concerns. The site training director will inform the department manager and the HR consultant of the meeting. The fellow will be provided with a copy of the letter, and a copy will be placed in the fellow's training file. If a fellow is dissatisfied with the Probation decision, the fellow may appeal it by following the Appeal Procedure found in Section 6.12.

During the Letter of Warning meeting, the site training director and the primary supervisor will also present a Probation Plan (Appendix E) to the fellow that includes a recording of the competency concern(s) and remedial actions recommended by the site training director and training faculty. The plan must be signed and dated by the fellow, the primary supervisor, and the site training director. A copy will be provided to the fellow, and a copy will be placed in the fellow's training file. Within the timeframe outlined in the plan, the fellow's primary and secondary supervisors will evaluate the fellow's progress, and the primary supervisor will document their findings on the outcomes section of the plan.

When all unmet performance standards have been rectified, the site training director and primary supervisor, in consultation with other training faculty, the department manager, and the HR consultant, will remove the fellow from Probation, and the site training director and primary supervisor will indicate the date of successful completion on the plan document. If the group determines that insufficient progress has been made by the end of the probationary period, the site training director will submit a written explanation of the group's concerns to the fellow. In addition, the site training director and department manager, with input from the fellow's supervisors and the HR consultant, may recommend an extension of the Probation or may initiate Suspension. A copy of the written explanation letter will be provided to the fellow, and a copy will be placed in the fellow's training file.

6.10 Suspension

Suspension of a fellow is a decision made by either the Hearing Committee; or, in the case of a fellow who is not meeting minimum levels of achievement at the time of the Probation Plan review, by the site training director and department manager with input from the training faculty, other departmental staff as appropriate, and HR administration. The fellow may be suspended from all or part of their usual and regular assignments in the fellowship program.

Suspension of a fellow may be initiated as a result of the following:

1. The competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, gross misconduct, and/or criminal behavior. Factors to be considered include, but are not limited to, those listed in the Letter of Warning (see Section 6.09).
2. After the probationary period, the fellow has not met expectations for improvement in the identified competency domain(s) (see Section 6.09 for definitions of improvement).

3. The fellow has failed to comply with state or federal laws, KPNC and/or Post-Master's Fellowship Programs policies and procedures, and/or professional association guidelines.
4. The removal of the fellow from the clinical service is in the best interests of the fellow, patients, staff, and/or the fellowship program.

To initiate Suspension, the site training director and department manager, with input from the training faculty, other departmental staff, and HR administration, will compose a **Suspension Letter** to the fellow which addresses the following:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the fellow's competency deficits and/or performance issues and dates on which the concerns were first brought to the fellow's attention
3. Identification of violation(s), including corresponding competency area(s), and behavioral anchor(s); additional factors to be documented include, but are not limited to, those listed in item four (4) of the Letter of Warning (see Section 6.09)
4. Notice of Suspension and expected duration
5. Notice of whether the suspension is paid or unpaid

The site training director, department manager, and primary supervisor will meet with the fellow to review the Suspension Letter to ensure that the fellow fully understands the terms of the Suspension. The fellow may invite any appropriate licensed KP staff member to attend the meeting. The site training director and department manager may either remove the fellow temporarily from direct service activities due to concerns for the welfare of patients or may place the fellow on an administrative leave of absence. The fellow will be given an opportunity to respond to the concerns presented and to the Suspension decision.

The site training director and/or the department manager will inform HR administration of the proceedings of the meeting. The fellow will be provided with a copy of the Suspension Letter, and a copy will be placed in the fellow's training file. If a fellow is dissatisfied with the Suspension decision, the fellow may appeal it by following the Appeal Procedure found in Section 6.12.

In the case of a suspension from direct service activities only, the site training director and training faculty will develop a remediation plan following the procedures described in Section 6.09 utilizing the Probation Plan document (Appendix E). The fellow may continue to participate in non-direct service activities such as individual and group supervision, case conferences, staff meetings, and didactic trainings and seminars as long as the fellow's participation is productive for the fellow and for the training cohort. The plan must be signed by the site training director, primary supervisor, and fellow. A copy will be provided to the fellow, and a copy will be placed in the fellow's training file.

If all identified concerns are rectified within the agreed upon timeframe, the site training director and department manager, with input from other training faculty, departmental staff, and HR administration, will determine when the fellow can resume direct service activities under probationary monitoring until minimum levels of achievement are met. A new Probation Plan should be developed following the procedures described in Section 6.09.

In the case of a very serious violation, the site training director and department manager, in conjunction with HR administration, may choose, with or without warning, to notify the fellow that they have been placed on administrative leave from the fellowship program or to terminate the

fellow from the fellowship program.

6.11 Termination and Program Dismissal

Termination of a fellow will be initiated if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, gross misconduct, and/or criminal behavior on the part of the fellow. Termination may also be invoked for any other egregious offense on the part of the fellow, including, but not limited to:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which imminent harm to a patient either physically or psychologically is a major factor
2. Serious violation of KPNC policies, including Post-Master's Fellowship Programs policies and procedures or professional association guidelines
3. Serious violation of the NASW, AAMFT, CAMFT, or ACA ethical principles and codes of conduct
4. Unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the fellowship program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The fellow is unable to complete the fellowship program due to serious physical, mental, or emotional illness
7. Serious or repeated act(s) or omission(s) compromising acceptable standards of patient care

Termination involves the permanent withdrawal of all privileges associated with the KPNC Post-Master's Fellowship Program. The decision to dismiss a fellow is not made lightly and is made by the site training director, department manager, and HR consultant.

In addition, a fellow, as an employee of KPNC, may have their employment terminated at any time, with or without cause, by the site training director in conjunction with departmental management and HR administration.

The fellow will be informed of the decision in a **Termination Letter** that addresses the following:

1. Description of the fellow's competency deficits and/or performance issues
2. Identification of violation(s), including corresponding competency area(s) and behavioral anchor(s) (may include details listed in the Suspension Letter)
3. Notice of Termination of Employment
4. Notice that the fellow is also dismissed from the fellowship program
5. Expectation that the fellow will complete all patient documentation prior to leaving the training site

If the fellow does not wish to appeal the termination decision, the fellow may choose to resign from the fellowship program and from Kaiser Permanente.

6.12 Appeal Procedure

The purpose of the Appeal Procedure is to provide a mechanism by which all decisions made by the fellowship program regarding a fellow's Competencies Evaluation and Remediation plans, as well as a fellow's status in the fellowship program, can be promptly and fairly reviewed. Fellows will not be subject to reprisal in any form as a result of participating in the Appeal Procedure.

Note: This policy does not apply to, nor can it be utilized by, a fellow who is terminated as the result of an HR decision. In those instances, the fellow would follow KPNC HR policy.

In order to challenge a fellowship program decision, the fellow must notify the site training director in writing as soon as possible after receipt of the decision. This written notification shall include the following information:

1. Name of fellow
2. Current date
3. Date and description of decision under dispute
4. Explanation of fellow's disagreement with decision, including supporting information
5. Description of fellow's objective/goal for resolving the dispute

As soon as possible, but no later than fifteen (15) business days after receipt of the fellow's written notification, the site training director (or their designee) will appoint a Hearing Committee. Every effort will be made to expedite the committee formation and hearing process. The Hearing Committee:

1. Will be composed of no fewer than three members
2. Will include individuals from the training faculty, departmental management, and HR administration
3. May include any appropriate licensed KP staff members requested by the fellow
4. In no case shall any training faculty who has participated in the decision in question up to this point be a member of the committee

Once the Hearing Committee members have been appointed, a hearing shall be conducted within fifteen (15) business days. The fellow has the right to hear all facts related to the concerns, as well as to present supporting materials of their own. The fellow also has the right to dispute or explain the concerns presented.

Within ten (10) business days from completion of the hearing, the Hearing Committee will make a final decision. Decisions will be made by majority vote of the committee members and be submitted to the fellow and to the site training director.

If a fellow is dissatisfied with the Hearing Committee's decision, they may appeal the decision to the KPNC Director of Mental Health Training (or their designee), who will consult with management personnel including those who were not part of the committee.

The fellow must submit their written appeal, along with a copy of the original written challenge, to the KPNC Director of Mental Health Training (or their designee) within ten (10) business days from the date of the Hearing Committee's decision. This written appeal shall include the following information:

1. Name of fellow
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Explanation of fellow's disagreement and basis for appeal
5. Resolution sought

Within ten (10) business days after receipt of the appeal, the regional training director (or their designee) will review the decision along with the fellow's appeal and either accept or reject the committee's recommendations.

If the KPNC Director of Mental Health Training (or their designee) accepts the Hearing Committee's recommendations, they will inform the site training director who, in turn, will inform the fellow and the primary supervisor of the decision. If the KPNC Director of Mental Health Training (or designee) rejects the Hearing Committee's recommendations, they may either refer the matter back to the Hearing Committee for further consideration (such as to gather more information) or make a final decision at that time.

The KPNC Director of Mental Health Training (or their designee) will inform the site training director of any rescission. The site training director will in turn inform the fellow and the fellow's supervisors/training faculty. The fellow may appeal the KPNC Director of Mental Health Training's final decision by contacting an HR consultant and the department manager.

7. DISPUTE RESOLUTION POLICIES

7.01 Post Master's Fellow Grievance Overview

It is the goal of the Post-Masters Fellowship Programs to provide a learning environment that fosters congenial professional interactions among training faculty and fellows based on mutual respect. However, it is possible that situations will arise that will cause fellows to file grievances. This policy is intended to facilitate the prompt resolution of a problem identified by a fellow as requiring attention. Fellows will not be subject to reprisal in any form as a result of utilizing this grievance procedure.

This grievance and appeal procedures are not intended to be used by a fellow to challenge the results of a Competencies Evaluation or any remedial or corrective action. To appeal any of these program decisions, the fellow is directed to follow the Fellow Due Process procedure.

7.02 Verbal Grievance Communication

If a fellow has any disagreement with a supervisor, another staff member, a fellow, or a matter of program policy they will be encouraged to communicate openly with the person involved, if possible, or with their own supervisor first about the issue. At any time before or during the procedure, the fellow may discuss their concerns directly with the site training director, a department manager, and/or a Human Resources consultant.

The fellow is responsible for communicating openly, specifically describing how they intend to gain satisfactory resolution of the problem. If the fellow has chosen to address the issue with their supervisor, the supervisor is responsible for exploring the issue fully with the fellow and offering ideas for resolving it. If the fellow is dissatisfied with the outcome of the verbal discussion, the fellow is directed to follow the procedure for Written Grievance Communication, as outlined below.

7.03 Written Grievance Communication

If the Verbal Grievance Communication has been utilized and the issue has not been resolved to the fellow's satisfaction, the fellow may submit a written document to the site training director and/or department manager (or designee) describing the grievance in detail. However, in no case shall any staff member who has participated in the Verbal Grievance Communication process also participate in the review of the Written Grievance Communication.

As soon as possible, but no later than ten (10) business days from receipt of the written grievance, the site training director and/or department manager(s) should meet with the fellow (and supervisor, if appropriate) to discuss the issue. After this discussion, the site training director and/or department manager(s) (or designee) will, if necessary, conduct an investigation and respond to the fellow's grievance in writing within ten (10) business days. If the fellow is dissatisfied with the outcome of the review of the Written Grievance Communication, they are directed to follow the procedure for Grievance Appeal, as outlined below.

7.04 Post-Master's Fellow Grievance Appeal

If the Verbal and Written Grievance Communication procedures have been utilized and the issue has not been resolved to the fellow's satisfaction, the fellow may file a written Grievance Appeal with the KPNC Director of Mental Health Training and/or department manager(s). The KPNC Director of Mental Health Training may choose to appoint/designate the Assistant KPNC Director of Mental Health Training or a senior service area training director to review the appeal and render a decision.

This appeal shall include the following information:

1. Name of fellow and training location
2. Current date
3. Copy of the original written grievance
4. Explanation of fellow's disagreement with the decision and basis for appeal
5. Resolution sought

As soon as possible, but no later than ten (10) business days from receipt of the grievance appeal, the KPNC Director of Mental Health Training (or their designee) and/or department manager(s) should meet with the fellow to discuss the issue. In no case shall any staff member who has participated in the grievance process up to this point also participate in the review of the appeal. After the discussion, the KPNC Director of Mental Health Training (or their designee) and/or departmental manager(s) will, if necessary, conduct an investigation and respond to the fellow's appeal in writing within ten (10) business days.

Before responding to the fellow, the KPNC Director of Mental Health Training (or their designee) and/or department manager will meet with the site training director and supervisor to review the dispute and discuss the issues involved. Additionally, before responding, the KPNC Director of Mental Health Training (or their designee) will review their findings with the Assistant KPNC Director of Mental Health Training, a Human Resources consultant, and/or KP legal counsel, as appropriate.

7.05 Training Supervisor Dispute Resolution Overview

KPNC provides processes to secure the impartial and prompt resolution of disputes among staff members. If a training supervisor has any disagreement with another supervisor, another training faculty member, or a fellow or wishes to dispute a matter of fellowship program policy, they should utilize the process outlined below. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

At any time, the supervisor may discuss concerns about the issue directly with a Human Resources consultant. If the issue pertains to the department but not to the fellowship program, the supervisor is directed to follow KPNC policy and contract their local HR consultant for

guidance.

7.06 Supervisor Dispute Resolution Procedure – Step 1

The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The supervisor is responsible for specifically describing how they intend to gain satisfactory resolution in the area identified. If the initial discussion proves unsatisfactory to the training supervisor, they should address the issue fully with the site training director. The site training director is responsible for offering ideas for resolving the issue and for providing the supervisor with a time frame in which to expect a response if one cannot be provided immediately. The site training director will then gather any information needed and respond to the supervisor verbally or in writing. The response will be given in a timely manner, usually within ten (10) business days after the discussion.

7.07 Supervisor Dispute Resolution Procedure – Step 2

If Step 1 has been completed and the issue has not been resolved to the training supervisor's satisfaction, the supervisor may contact the department manager and the KPNC Director of Mental Health Training (or their designee) detailing their concerns. The department manager and KPNC Director of Mental Health Training (or their designee) should follow the procedure outlined above in Step 1, including meeting with the supervisor, establishing a time frame for response, conducting any necessary investigation, and responding to the supervisor. The response should be given within twenty (20) business days after the discussion.

8. TRAINING FACULTY ROLES AND RESPONSIBILITIES

8.01 Supervisor Qualifications and Responsibilities

- Minimum of two (2) years of experience as a licensed psychologist, LCSW, LMFT, or LPCC
- Minimum of one (1) year of employment at the training site preferred
- Relates to fellows, clinic colleagues, and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among fellows, including cultural or individual diversity issues
- Models ethical, professional behavior including recognition of and respect for differences among patients and colleagues
- Models commitment to the mission of Kaiser Permanente
- Models commitment to the mission and training model of the Post-Master's Fellowship Programs
- Maintains agreed upon times for supervision and consultation
- Clearly communicates expectations of fellows and gives appropriate and timely feedback regarding their progress
- Consults regularly with other professional staff who may have contact with the fellows and provide knowledge about their competencies and general performance
- Contacts the site training director when questions or concerns arise regarding fellows' program requirements
- Attends all program-related meetings and keeps abreast of any changes in the fellowship program that may impact the fellows and communicates these in a direct and timely fashion to reduce any inconvenience to the fellows
- Follows all outlined grievance policies and due processes if problems arise concerning fellows

- Supervisors must be in good standing within their department and must be approved by both the site training director and departmental management

8.02 Site Training Director Qualifications

- Must work a minimum of 32 hours per week
- Minimum of five (5) years of experience as an LCSW, LMFT, or LPPC preferred
- Minimum of two (2) years of experience as a primary supervisor preferred
- Minimum of one (1) year of employment at the training site preferred
- Member of a professional association (i.e., NASW, CAMFT, AAMFT, ACA) recommended
- Evidence of effective, collaborative working relationships with fellows, training faculty, clinic management teams, and KPNC local and regional administration
- Demonstrated abilities in leadership
- Commitment to ongoing learning and innovation in mental health treatment
- Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, trainee seminars, etc.)
- Department managers may advise on site training director appointments; however, the KPNC Director of Mental Health Training conducts the interviews and makes the final selection

8.03 Site Training Director Responsibilities

- Reports to the KPNC Director of Mental Health Training
- Attends all region-wide, fellowship program-related meetings
- Coordinates and directs the training supervisors
- Ensures that KPNC Post-Master's Fellowship Programs policies and procedures are followed and a high standard of training is maintained
- Ensures that support and resources for fellows and supervisors are provided
- Ensures that BBS regulations and guidelines are followed
- Organizes the interview and selection process for new candidates
- Ensures timely evaluations of fellows utilizing the Competencies Evaluation
- Ensures timely evaluations of fellowship program and supervisors utilizing the Post-Master's Fellow Program Survey and Post-Master's Fellow Evaluation of Supervisor
- Provides opportunities for fellows to work with the KPNC Director of Mental Health Training to secure quality assurance in training
- Implements modifications to the fellowship program per feedback from fellowship program surveys and Competencies Evaluations
- Verifies that all Competencies Evaluations and other fellowship program surveys are completed in a timely manner
- Participates with department managers in decision-making on issues concerning fellows' schedules, placements on teams, and the candidate interview process
- Ensures that all termination and exit procedures are conducted at the conclusion of the training year, including returning all KP assets, completion of required exit survey sent by KPNC Mental Health Training Programs, and conducting exit interview (optional -- sample exit interview questions can be found in Appendix Q)
- Ensures availability and coverage during the interviewing of prospective candidates, during the onboarding process of incoming fellows and at other crucial periods of the training year

8.04 Administrative Hours for Training Faculty – KPNC Mental Health Training Standards

- All primary supervisors are allocated a minimum of 1 hour per week for each fellow they supervise for chart review and note closing. This administrative time is in addition to the 1 hour face-to-face individual supervision time for each fellow.
- All secondary supervisors (if one exists) are allocated a minimum of one ½ hour per week of administrative time for each fellow they supervise for chart review and note closing. This time is in addition to the 1 hour of face-to-face individual supervision time for each fellow.
- All site training directors are allocated 3½ hours per week including office hours of administrative time, funded by the clinic, to manage their fellowship programs.
- Each training site receives administrative staff support, funded by the KPNC Mental Health Training Programs.

At certain points in the year, including for interviews and onboarding, site training directors may need additional administrative time to effectively manage their fellowship programs. Department managers are asked to grant training directors schedule flexibility and to allow the necessary accommodations. Site training directors, in turn, are asked to work closely with their department managers to ensure minimal impact on patient care and are expected to engage in their usual clinic duties as much as possible during these times of the year.

8.05 Program Administrative Meetings

The following training staff meetings occur regularly throughout the training year:

Weekly

Informal meetings among site training directors and supervisors

Monthly

Formal training faculty meetings (minutes are recorded) among site training director(s) and supervisors to discuss fellows' performances and issues related to the overall program as well as develop plans and make decisions related to the administration of the fellowship program (includes review of due process and grievance procedures at the beginning of each training year)

Semi-Annually

Meetings of all site training directors across Northern California region with the KPNC Director of Mental Health Training to discuss new fellowship program developments, curriculum changes, and other fellowship program administrative matters

8.06 Maintenance of Post-Master's Fellow Training Records

The site training director should establish a file for each fellow and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely, and stored securely for future reference and credentialing purposes. Files are maintained in either hard copy or in e-file format. If/when the site training director runs out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive. At the end of the training year, a copy of each fellow's 4th Quarter Competency Evaluation, now identified by the fellow's employee number, is faxed to the HRSC for inclusion in their KPNC personnel file.

A fellow's training file should include the following documents:

1. Resume
2. Welcome Letter signed by fellow

3. Values Statement signed by fellow
4. California BBS Responsibility Statement for Supervisors and Supervisory Plan
5. Baseline Assessment of Competencies
6. Individual Training Contract
7. Competencies Evaluation (CE) showing ratings for all four quarters
8. California BBS Experience Verification form
9. Copies of all completed/signed weekly summary of experience logs
10. Copy of completed Letter of Completion
11. Copy of completed Certificate of Completion
12. Documentation of any grievances, remediation, corrective actions, due processes, or relevant correspondence pertaining to the fellow

Upon advance request, fellows may inspect their local training file in the presence of the site training director or a designated representative. The fellow may also request a correction of a record by submitting a request to the site training director who, in consultation with HR will notify the fellow whether the request has been granted or denied. The site training director will work with their HR consultant and follow the consultant's recommendations if the fellow expresses any dissatisfaction with their record.

8.07 Establishment of New Training Sites and Director Appointments

If a new site/department would like to develop a fellowship program, or an existing site would like to expand their fellowship program, a New Program Business Plan application (Appendix N) must be completed and submitted to the KPNC Director of Mental Health Training.

Department managers may advise on site training director appointments; however, the KPNC Director of Mental Health Training conducts the interviews for these positions and makes the final selection.

9. POST-MASTER'S FELLOW HIRING PROCESS, COMPENSATION AND BENEFITS

9.01 Program Admissions Requirements

Academic Degree

All fellows must have earned a master's degree in Social Work, Marriage and Family Therapy, or Counseling. Prospective social work fellows must have graduated from a school accredited by the Council on Social Work Education (CSWE).

Prior Clinical Training

All fellows must have prior experience delivering outpatient psychotherapy services in their pre-degree practicum placements and/or post-degree mental health agency traineeships. By the program start date, a first-time KPNC post-master's fellow may have completed no more than 2,000 hours of clinical training towards licensure at another training site.

Candidate Qualifications

KPNC Post-Master's Fellowship Programs seek candidates who have demonstrated competencies in individual and group psychotherapy, models of brief therapy, and evidence-based treatments. Candidates should also have experience working with diverse patient populations. In addition, the fellowship programs seek candidates who have demonstrated scholarship and leadership abilities in achieving their academic program goals.

9.02 Application and Interview Processes

Interested candidates must apply to the Post-Masters Fellowship Programs through the KPNC jobs website. Applicants must be authorized to work in the United States without an employer-sponsored visa or student visa. Applicants must disclose all work history in their KPNC applications, including any previous employment at Kaiser Permanente. If an applicant was previously employed at Kaiser Permanente and is ineligible for rehire, they would also be ineligible to apply for KPNC Post-Master's Fellowship Programs.

KPNC Post-Master's Fellowship Programs encourage applications from individuals who indicate that they come from diverse, underserved, or disadvantaged backgrounds. Site training directors ensure that all applicants who meet the general criteria for the program are included in the selection pool.

Applications are reviewed by training faculty after being vetted by HR, and qualified candidates are identified and notified that they have been selected for interview. In scheduling the interviews, site training directors work closely with department managers. Interviews typically take place in early spring for the term beginning in September.

All notes made by interviewers during the selection process must not be kept in the selected candidate's training file. These notes must be retained in a separate file. KPNC Human Resources stipulates that all selected and non-selected interviewee's application materials and corresponding interview panel members interview notes be retained for a period of 4 years following the interviews. Application materials from non-interviewed applicants need not be retained for any period of time.

9.03 Employment Offer and Pre-Employment Requirements

KPNC Human Resources (HR) Recruitment sends a "Contingent Offer Letter" to the fellow upon their acceptance of the job offer. This letter contains employment contingencies, pay rate, and benefits enrollment information.

Welcome Letter

A "Welcome Letter" (Appendices M-O) is sent out to the fellow by the site training director, usually within a few days after offer acceptance. Each fellow must sign and date the Welcome Letter, indicating their acceptance of the parameters of the training program, and return the letter to the site training director.

Values Statement

A "Values Statement" (Appendix P) is sent out at the same time as the Welcome Letter. The fellow must sign, date, and return the Values Statement, indicating that they are willing to work with any patient who presents for treatment, except in cases where the fellow's physical safety is actively threatened or where the clinical competence of both the fellow and the supervisor would compromise patient care.

Pre-Employment Requirements

Prior to starting the fellowship program, the fellow must comply with additional KPNC Human Resources (HR) requirements for employment. Included among these requirements are drug screening and a background check. More information about pre-employment requirements can be found at: <https://mentalhealthtraining-ncal.kaiserpermanente.org/how-to-apply/>

9.04 KPNC Employment Statement

The term of the Post-Masters' Fellowship is 1 year, and it is expected that the fellow will remain in the fellowship program for the duration of the term. There is no expectation that after the post-master's fellowship is completed KPNC will accept a former fellow into a staff clinical social worker, marriage and family therapist, or professional clinical counselor position. Fellows will be expected to apply and compete for open positions like any other qualified candidate.

Both the fellow and KPNC enter into the employment relationship voluntarily. Either party may, at any time, conclude the employment relationship. Termination of a fellow's employment by KPNC may be based on, but not limited to, ethics violations, significant and consistent competency concerns, and/or failure to meet labor standards. Fellows who choose to resign before the end of the training year are expected to give a thirty (30) calendar day written notice to the site training director prior to the effective date of resignation.

9.05 Salary and Benefits Package

Fellows are employed by KFH and are paid every 2 weeks. Paychecks are deposited directly into bank accounts by arrangement with KPNC. The current wage scale for fellows is posted on the KPNC Mental Health Training Programs website. Detailed information on fellow benefits, including medical and dental insurance coverage, can be found on the MyHR homepage under the Benefits & Wellness tab.

As non-exempt (hourly) employees, fellows who work more than eight (8) hours in a day must legally be paid an overtime wage equal to time and one-half of their base hourly pay for the additional time worked. However, the KPNC Mental Health Training Programs' annual budget does not allow for overtime pay. Therefore, fellows and training faculty are requested to be diligent in constructing and monitoring fellows' work schedules so that they do not accrue overtime hours.

9.06 Paid Time Off and Holiday Pay

Each fellow receives 120 hours of paid time off (coded as PTO) for the training year, which can be used for sick or vacation time. The full 120 hours of PTO is front-loaded into fellows' TIME accounts at the beginning of the training year (i.e., it is not accrued throughout the year). Any PTO hours remaining in the fellow's account at the end of the training year is either paid out to the fellow or is rolled over into their new account, depending on the employment disposition of the fellow.

A fellow will be paid 8 hours of pay for KPNC-recognized holidays that fall within the training year, based on a 5-day/40-hour work week.

9.07 Time Off for Professional Licensing Examinations

Each fellow is eligible to receive time off for the entire day when they sit for their licensing exam(s). This benefit applies to any of the following exams: LCSW-SWLE and LCSW-SWCE exams for ASWs; MFT-LE and MFT-CE exams for AMFTs; and the California LPCC-LE and the NCMHCE exams for APCCs. For information on tuition reimbursement for professional licensing exam study packages and BBS pre-licensure coursework, see section 10.05 below.

9.08 Professional Liability Insurance

All KPNC employees are covered for professional liability as long as they act within the course and scope of their training and license. As unlicensed KPNC employees who are supervised by licensed providers in an officially designated training program, fellows are covered for professional

liability as long as they act within the course and scope of their supervision and training.

10. KAISER PERMANENTE HUMAN RESOURCES POLICIES

10.01 Finding Policies on MyHR and Contacting HRSC

The following are a sampling of KPNC's HR policies that pertain to fellows. Many of these policies are covered during KPNC's New Employee Orientation (NEO), which fellows attend at the beginning of the training year.

- Bereavement Leave
- Jury Service
- Maternity/Paternity Leave
- Pregnancy Disability Leave
- Family Medical Leave (FMLA)
- Kin Care Leave (CESLA)
- Employee Assistance Program (EAP)
- Harassment-Free Work Environment
- Equal Employment Opportunity (EEO)
- Accommodation for Disabilities (ADA)
- Drug-Free Workplace
- Social Media Policy

A link to HR policies can be found at <https://vine.kp.org/wps/portal/kpvineportal/workspace>. To speak to a representative directly about any KPNC policy, fellows may contact the Human Resources Services Center (HRSC) at 1-877-457-4772.

In addition, fellows are expected to comply with all health and safety employment requirements such as an annual TB test, annual flu vaccination (or declination of vaccination), compliance training, and safety training. Failure to observe these regulatory standards may result in administrative leave without pay until the standards are met.

10.02 Non-Discrimination and Harassment-Free Workplace Policies

KPNC Post-Master's Fellowship Programs are based on merit, qualification, and competence. Training practices are not unlawfully influenced or affected by a person's ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran's status, medical condition, marital status, age, gender, or sexual identity. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge, and all other terms and conditions of the fellowship. Additionally, it is the policy of KPNC to provide a work environment free of sexual and other forms of unlawful harassment. This policy applies to employees, applicants for employment, or independent contractors, and includes managers, supervisors, physicians, co-workers, and non-employees.

10.03 Professional Appearance Policy

All mental health postdoctoral residents, doctoral interns, post-master's fellows, practicum externs, and pre-master's interns (herein after referred to as "trainees" or "trainee") who work in clinical and non-clinical areas are expected to follow the Professional Appearance policy and project a well-groomed, professional image in order to:

- Allow for identification by patients, visitors, and other staff at your medical centers
- Provide safe patient care
- Protect staff from personal injury
- Demonstrate respect for Kaiser Permanente members and colleagues
- Represent Kaiser Permanente in a professional and business-like manner while recognizing we are a diverse community
- Enhance security within the medical centers and clinics

**Exceptions to dress standards must be approved by senior leadership at each medical center and/or clinic.*

Name Badges:

- Name Badges must be always worn and displayed above the waist and must be easily visible to patients, staff, and other visitors to the medical centers and clinics.
- Name Badges must not be altered or covered and kept current and in good repair. No attachments or pins are allowed, unless they are KP or healthcare related.
- If a trainee affixes their badge to a necklace lanyard, the lanyard must be consistent with Kaiser Permanente's brand (i.e., Thrive, KP HealthConnect, etc.). No other branding is allowed (i.e., professional sports teams, political messages, schools, etc.).

Workplace Professional Attire and Professional Appearance

- The general dress code for all services is "Workplace Professional." Informal clothing such as t-shirts, tank tops, shorts, sweatshirts, sweatpants, jogging clothes, and hats are not permitted. Dress should be conservative and should not have the intentional or unintentional effect of distracting the patient from the task of therapy and assessment.
- Earrings and jewelry that pose a possible risk of injury and excessive piercing (including facial piercings) are not permitted.
- Jeans (denim) of any kind or color are not permitted.
- Hospital-provided scrubs are acceptable only for direct patient care roles where required by job description.
- Strong fragrances are prohibited.
- Shoes which are inappropriate to the extent that they put an individual at risk for needle sticks, heavy objects falling on their feet or expose them to blood and body fluids, shall not be worn. Any individual involved in direct patient care may not wear shoes that expose their toes and/or heels.
- All staff must keep their hair clean and neat. Rainbow-colored hair (i.e., blue, green, purple or any combination of color) is not permitted. Facial hair is to be clean, neat, and well-groomed.
- If a laboratory coat is issued to a trainee, the trainee should wear the coat when in the hospital, Emergency Department, or other inpatient setting. Lab coats are to be returned at the end of the training year.
- If a pager is issued to a trainee, the trainee is expected to always carry it when on site or traveling between sites. Pagers are to be returned at the end of the training year.
- Local policies at each medical center or clinic may include demands on dress that exceed the above. Trainees are expected to follow the professional appearance code requirements in their respective medical center or clinic.

**Please Note: the above expectations remain in place even when working virtually throughout*

the training year.

Workplace Attire in Specialty Clinics

While working in certain departments (such as Behavioral Medicine), trainees who are placed in these departments are to be provided with the same attire as other mental health clinicians who work in these departments. For example, in departments where mental health staff typically wear white coats, trainees are asked to be provided with the same attire and apparel as their supervisory staff.

A trainee who does not meet the standards of Professional Appearance will be counseled and may be instructed to change clothing. If a trainee is counseled more than once about professional appearance, then the supervisor will inform the site training director who will begin remediation. Failure to follow the remediation plan may result in dismissal. Exceptions to this standard will be made for bona fide religious activities on a case-by-case basis.

10.04 Social Media Policy

Members of the training program (both fellows and faculty) who use social media (e.g., Instagram, Snapchat, Facebook, Twitter, etc.) and other forms of electronic communication should be mindful of how these communications may be perceived by patients, colleagues, training faculty, and others. Fellows and faculty should make every effort to minimize material that may be deemed inappropriate for a mental health professional in a training program, including derogatory comments about the employer, inappropriate language, etc. In these mediums, all fellows and faculty are expected to abide by professional guidelines (e.g., APA, NASW, etc.) related to ethics and conduct.

To this end, it is recommended that all members of the fellowship program set their security settings to “private” and consider limiting the amount of personal information posted on these sites. Patients should never be included as part of one’s social network, and any information that might lead to the identification of a patient or compromise patient confidentiality in any way is prohibited. If a fellow is reported doing or is depicted on a social media site or in an email as doing something unethical or illegal, that information may be used by the fellowship program to determine corrective action, up to and including, termination. Greetings on voicemail services and answering machines used for professional purposes should be thoughtfully constructed as directed by supervisors.

10.05 Tuition Reimbursement Policy

KP’s National Tuition Reimbursement Administration (NTRA) approves courses that (a) help the employee in their current position or (b) are part of an established career path within Kaiser Permanente 99% of all applications are approved, as long as the employee meets eligibility requirements. Employees should follow NTRA guidelines closely for submission of applications for reimbursement.

NTRA phones are answered Monday through Friday, from 7:00 am to 4:00 pm, Pacific Time. Be sure to identify yourself as a Northern California Mental Health trainee when calling.

Phone: 1-866-480-4480
Fax: 1-877-201-0081
E-mail: National-TRA@kp.org

I. GENERAL INFORMATION

The information below is intended to highlight and augment but not to replace the information located on MyHR, and in Kaiser Permanente (KP) Tuition Reimbursement (TR) policy, NCAL.HR.6.03. For complete information about tuition reimbursement policy and process, go to the National Tuition Reimbursement Administration (NTRA) and the KP Career Planning web site at <http://www.kpcareerplanning.org/>.

1. To obtain the TR benefit, fellows must be actively employed by KPNC for at least 90* contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if a fellow's start date is September 4th, their "eligibility date" for obtaining TR benefits will be on or after December 4th of the same year.
**An exception will be made for license-prep courses, workshops, or materials; in which case the trainee's eligibility date is 30 days after their start date.*
2. Any educational event for which the fellow seeks reimbursement must begin on or after the fellow's "eligibility date" and must end before the fellow's last day of training. This means that if an event for which a fellow seeks reimbursement begins or ends after the fellow's last day at KP, the event is **not** reimbursable.
3. Any fellow (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of \$3000 in tuition reimbursement, per calendar year. Up to \$750 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied below).
4. A fellow must submit their TR application and obtain approval for reimbursement WELL BEFORE the course starts and before they plan to pay for it. It is recommended that the fellow submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline. By knowing in advance if they will be reimbursed for the course(s), the fellow can make an informed decision as to whether or not to purchase the course(s). A fellow can also submit their application before their eligibility date, as long as the event they wish to be reimbursed for occurs after their eligibility date.
5. The fellow should talk with their department manager about which approved courses/tools they are interested in taking/purchasing. Courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology, and social work, that award credits, units or hours are reimbursable. Although fellows cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their department manager will need to approve any TR application before it is submitted to the NTRA.
6. The TR application is accessed and completed online at <http://www.kpcareerplanning.org/>
7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).
8. The fellow can monitor the status of their application online at <http://www.kpcareerplanning.org/> by clicking on the green bar: "View Reimbursement Request Status" after signing onto the Tuition Reimbursement section. Application status

will be one of the following, as described below:

- “Submitted” = No one has approved yet
 - “Manager accepted” = Manager approval received; NTRA still needs to approve
 - “Approved” = Manager & NTRA have approved
 - “Denied” = NTRA denied
 - “Pending receipts” = NTRA needs receipts
 - “Pending grades” = NTRA needs proof of completion
 - “Documents missing” = Both the receipt and the proof of completion are missing
9. Once the application is approved by both the department manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the fellow to receive reimbursement, which occurs after the event and after the fellow has submitted all their supporting documentation, including invoice/statement of charges, grades, and receipts. Instead of faxing the required supporting materials/documents, the fellow is advised to upload these documents (such as invoices and receipts of completion) and only in a non-editable e-file format, e.g., PDF (as opposed to MSWord).
10. The fellow will have up to 90 days after the end of the course to submit supporting documentation. If the fellow is no longer employed by KP at the time that they receive their documentation pertaining to an approved reimbursement, they should contact the NTRA office to arrange to send their documents and obtain reimbursement.

II. All KP Employees: What is Reimbursable?

1. The following policy sections have been excerpted from KPNC TR Policy **NCAL.HR.6.03**, and pertain to all KP employees, including paid trainees. The complete policy is available on My HR.

5.1.2.1 Eligible courses are those offered through an educational institution which has been accredited by the Western Association of Schools and Colleges (WASC) or a regional/local equivalent. Courses offered through the KP School of Allied Health Sciences are also considered eligible courses. Course(s) are to be taken for academic credit (units). A course must be completed with a grade of “C” or better, or “Pass” in cases of “Pass-Fail” or for “Credit” in cases of “Credit/No Credit.”

5.1.2.3 Also eligible for reimbursement are courses, certificate programs, workshops, seminars, professional conferences, educational meetings, and special events taken/attended for continuing education (i.e., CEU, PDU, CME, Contact Hours) in order to advance skills and obtain or maintain position-required licensure, degrees, or certification, provided they are taken at an accredited institution, professional society, or governmental agency or authorized by these organizations to deliver credentials on their behalf.

5.3.3.2 Travel, room/lodging expenses up to \$750 per calendar year, which is limited to expenses for courses identified in section 5.1.2.3. [NOTE: The \$750 is included in the \$3,000 reimbursement maximum and is not available for college undergraduate or graduate degree programs. Only certain travel expenses are reimbursable. See additional information on MyHR, under Education Assistance, including how to submit

a travel application and supporting documents.]

Please note that, in order for the MH trainee to apply for travel reimbursement, they must first access the Continuing Education (CE) section of the online TR application.

2. Covered expenses are limited to:

- Tuition
- Books
- Laboratory fees
- Course registration fees
- Eligible travel (see 5.3.3.2, shown above)

3. ***Licensing examination fees are specifically excluded from reimbursement coverage.***

III. Mental Health Trainees: What is reimbursable?

1. School Tuition: Psychology Doctoral Interns, who are currently enrolled in academic programs, can apply to have their tuition reimbursed.

2. Pre-Licensure Coursework: ACSWs, AMFTs, APCCs and Postdoctoral Residents are required by the California Board of Behavioral Sciences or Board of Psychology to complete certain pre-licensure coursework. These courses are reimbursable through TR, provided that the courses award credits, units, or hours. Please consult the relevant licensing board websites for a list of requisite coursework.

3. Exam Prep: The information listed below pertains to prep resources for the following exams:

- | | |
|------------------|---------------------------------|
| ACSWs: | - LCSW-SWLE (Law & Ethics Exam) |
| | - LCSW-SWCE (Clinical Exam) |
| AMFTs: | - MFT-LE (Law & Ethics Exam) |
| | - MFT-CE (Clinical Exam) |
| APCCs: | - LPCC Law & Ethics Exam |
| | - NCMHCE (Clinical Exam) |
| Psych Residents: | - EPPP |
| | - CPLEE |

AATBS is the only non-academic provider of exam prep courses/workshops/materials that meet the NTRA criteria for reimbursement. AATBS will give 25% off NTRA qualified materials. To take advantage of this offer, trainees are directed to complete the following **steps**: 1) Send email to Kevin Norton at knorton@aatbs.com to set up an appointment to **ask** questions, review packages or complete your order via credit card. (**no checks accepted**.); 2) **Call Kevin Norton at 805-665-5105 to place your order.** Leave a message and your call will be returned within 24 hours (M-F). NOTE: Orders placed via AATBS website will delay the delivery of your certification of completion for reimbursement purposes.

CA Social Work Prep: <https://behavioral-science.aatbs.com/kp-sw/>

CA MFT Prep: <https://behavioral-science.aatbs.com/kp-mft/>

- a) **Workshops** that prepare participants for licensing examinations must award credits, units, or hours to be reimbursable. The trainee must upload their certificate of completion showing credits earned for the workshop to NTRA as part of their supporting materials.
- b) **Packages that Include Workshop and Study Materials:** In order to be reimbursed for a package that includes a workshop and study materials, you must upload documentation for each package item into your existing TR application as part of your supporting materials. Documentation must attest to the completion of credits, units, or hours for each item.
 - i. **Workshop Certificates:** obtain following the instruction outlined above.
 - ii. **Study Material Certificates:** The certificate of completion for the study materials is issued 30 days* after they are purchased (*no sooner than 30 days; no later than the end of the training year). *The trainee is responsible for contacting Kevin Norton and requesting certificates for all study materials included in the package.*
- c) For **Packages with Exam Study Materials Only** (i.e., no workshop included):
 - i. The trainee must complete and pass the exam before the end of their training year, then contact Kevin Norton, provide the passing score, and request certificate(s) for the study materials to be issued.
 - ii. After the trainee has received the certificate awarded by AATBS showing credits earned for each item purchased, the trainee should upload the certificate(s) into their existing TR application as supporting documentation.

10.06 HR Job Codes and Titles for Mental Health Trainees

The following chart shows the correct coding for Primary HR Types for KPNC Mental Health Trainees. It is important that trainees are coded correctly, as the codes determine whether KP patients are charged co-pays for their treatment.

MHTP Trainee Job Code	MHTP Trainee Job Title	Primary HR Type Code	Primary HR Type "Job Title"
----	Psychology Practicum Extern	DU-Student	Psychologist Trainee
----	Pre-Master's Mental Health Intern	DU-Student	Mental Health Trainee
025420	Psychology Doctoral Intern	BP	Psychologist Trainee
025430	Psychology Postdoctoral Resident	BP	Psychologist Trainee
025471	Neuropsychology Postdoctoral Resident	BP	Psychologist Trainee
025472	Associate Post-Master's MH Fellow [Associate Clinical Social Worker (ASW)]	CI	Psychiatric Social Worker Trainee
025472	Associate Post-Master's MH Fellow [Associate Marriage & Family Therapist (AMFT)]	DG	Marriage & Family Therapist Trainee
025472	Associate Post-Master's MH Fellow [Associate Professional Clinical Counselor (APCC)]	GC	Assoc Prof Clinical Counselor

Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING BASELINE ASSESSMENT OF POST-MASTER'S FELLOW COMPETENCIES

[Rev NOV 2025]

Fellow Name:	Date:
Training Year:	Training Site:
Primary Supervisor:	Team(s):

PART I: PREREQUISITES CHECKLIST

Before any fellow can see patients individually, they must have prior training in the areas listed in the Prerequisites Checklist below. The fellow and their site training director will ensure that these competencies are met before the fellow begins seeing patients. To document this, the fellow and site training director will complete the list located below and keep the original form on file.

Training Area	Date(s) of Training	Location of Training
1. Mental Status Examination		
2. Mandated Reporting (CPS, APS, etc.)		
3. Suicide/Homicide/Danger Assessment (Tarasoff, etc.)		
4. Ethics (confidentiality, HIPAA, professional boundaries, etc.)		
5. Psychopathology & Abnormal Psychology		
6. Theories & Practices of Psychotherapy		
7. Personality & Psychological Development		
8. Domestic Violence		
9. Chemical Dependency		

PART II: FELLOW COMPETENCY BASELINES

DIRECTIONS:

The Kaiser Permanente Post-Master's Fellowship Programs have specific training goals and competencies, which are listed on this form. Working collaboratively at the beginning of the training year, the fellow and supervisor rate the fellow on all competencies listed below. Together, they identify areas of focused training and supervision for the year to ensure that the fellow meets minimum levels for all professional competencies upon completion of the post-master's fellowship program. The baseline ratings are then used as a communication tool for the fellow and supervisor to aid them in developing the Individual Training Contract, tailoring the year's training emphases to the specific needs of the fellow.

Using the following scale, the fellow and supervisor rate the fellow's experiences in all competency areas. Fellows are encouraged to utilize the full range of the rating scale in order to maximize training opportunities and to clarify training focus.

Baseline Assessment Rating Scale:

1 = No Experience:	Fellow has <u>no experience</u> in this competency area: <u>needs focused training</u> in this competency area to meet the expectations of an entry-level ASW/AMFT/APCC fellow
2 = Minimal Experience:	Fellow has <u>minimal experience</u> in this competency area: <u>needs focused training</u> in this competency area to meet expectations of an entry-level ASW/AMFT/APCC fellow
3 = Meets Expectations:	Fellow's experience <u>meets expectations</u> of an entry-level ASW/AMFT/APCC
4 = Exceeds Expectations:	Fellow's experience <u>exceeds expectations</u> of an entry-level ASW/AMFT/APCC
N/A = Not Measured:	Fellow's competency cannot be measured at this point in the training year

GOAL 1: PROFESSIONALISM

A) Professional Identity

Essential Components:

- Understands professional values; honesty, personal responsibility
- Understands self as professional, "thinking like a mental health professional"

Behavioral Anchors:	Baseline
• Demonstrates honesty and takes responsibility for own actions	
• Demonstrates knowledge of practicing within one's competence	
• Understands the need to take personal responsibility for ongoing learning and training opportunities	

B) Deportment

Essential Component:

- Understands how to conduct oneself in a professional manner

Behavioral Anchors:	Baseline
• Demonstrates appropriate personal hygiene and attire	
• Distinguishes between appropriate and inappropriate language and demeanor in professional contexts	

C) Accountability

Essential Component:

- Acceptance of personal responsibility across settings and contexts

Behavioral Anchors:	Baseline
• Completes documentation on time	

• Plans and organizes own workload	
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GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT

A) Reflective Practice	
Essential Component: ■ Basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action)	
Behavioral Anchors:	Baseline
• Displays critical thinking/organized reasoning/problem-solving skills	
• Displays intellectual curiosity and flexibility	
• Demonstrates openness to considering own transference and counter-transference issues	
B) Self-Assessment	
Essential Component: ■ Knowledge of core competencies; emerging self-assessment regarding competencies	
Behavioral Anchors:	Baseline
• Recognizes own clinical strengths and the areas needing further development	
C) Self-Care (<i>attention to personal health and well-being to assure effective professional functioning</i>)	
Essential Component: ■ Understands the importance of self-care in effective practice; knowledge of self-care methods; attention to self-care	
Behavioral Anchors:	Baseline
• Demonstrates basic awareness and attention to self-care	

GOAL 3: CULTURALLY SENSITIVE PRACTICE

A) Self-Awareness, Awareness of Others, & Awareness of the Interaction of Self and Others (<i>as shaped by individual and cultural diversity, taking into consideration any cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, national origin, religion, sexual identity, disability, language and socioeconomic status, and context</i>)	
Essential Components: ■ Knowledge, awareness, and understanding of: • One's own dimensions of diversity and attitudes towards others' diversity • Other individuals as cultural beings • The interaction between self and others as shaped by individual and cultural diversity and reflecting a confluence of diverse cultural beings/entities ■ Knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity ■ Knowledge of methods and techniques for assessing patients' experience and values	
Behavioral Anchors:	Baseline
• Demonstrates openness to self-identify, multiple, individual, and cultural identities	
• Demonstrates this self-knowledge, awareness, and understanding: For example: articulates how ethnic group values influence who one is and how one relates to other people	
• Demonstrates cultural sensitivity in practice	

• Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals	
• Demonstrates knowledge of methods and techniques for assessing the client's values, personal preferences, and cultural identity, as well as their experience of social and cultural biases and discrimination and the impact of these factors on the presenting problem	
• Demonstrates knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem	
• Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments, and organizations/agencies	
• Adapts and modifies one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient	

GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY

A) Knowledge of Ethical, Legal, and Professional Standards & Guidelines

Essential Component:

- Knowledge of the principles of the NASW, AAMFT, CAMFT or ACA Code of Ethics; beginning knowledge of legal and regulatory issues, including California and national laws, in the practice of counseling in a training setting; knowledge of KPNC policies and regulations

Behavioral Anchors:

Baseline

- Identifies ethical and legal issues; seeks consultation as appropriate when presented with ethical and legal decision-making and/or when resolving ethical dilemmas
- Demonstrates knowledge of NASW, AAMFT, CAMFT or ACA ethical standards and conducts self-according to all aspects of the Ethic's Code, especially regarding the key values of confidentiality, self-determination, non-judgmental attitude, and maintenance of appropriate boundaries
- Demonstrates knowledge of typical legal issues in connected time frames (e.g., child, dependent adult, elder abuse reporting, HIPAA, Confidentiality, Informed Consent)

GOAL 5: INTERDISCIPLINARY SYSTEMS

A) Functioning in Multidisciplinary & Interdisciplinary Contexts

Essential Component:

- Cooperation, teamwork, and collaboration

Behavioral Anchors:

Baseline

- Demonstrates ability to cooperate with others in task completion
- Develops collaborative relationships with and respect for other professionals

GOAL 6: INTERPERSONAL RELATIONSHIPS

A) Interpersonal Relationships & Affective Skills

Essential Component:

- Awareness of own and tolerance of other's affect

Behavioral Anchors:

Baseline

- Demonstrates affect tolerance
- Tolerates and understands interpersonal conflict, ambiguity, and uncertainty

• Listens to and acknowledges feedback from others, including supervisors	
---	--

GOAL 7: INTERVENTION

A) Counseling Skills & Treatment Planning
--

Essential Components: ■ Basic knowledge of counseling skills and interventions ■ Knowledge of methods and techniques for assessing patients' experience and values ■ Awareness of the therapeutic process
--

Behavioral Anchors:	Baseline
• Demonstrates competence in performing mental status examinations	
• Demonstrates competence in substance abuse assessment	
• Demonstrates competence in assessing client's readiness for change	
• Maintains the therapeutic alliance	
• Demonstrates competence in assessing client's coping strategies to reinforce and improve adaptation to life situations, circumstances, and events	
• Selects and modifies appropriate intervention strategies based on continuous clinical assessment; terminates treatment effectively	
• Articulates awareness of theoretical bases of interventions	
• Demonstrates skill in initial assessment, case conceptualization and diagnostic formulation	
• Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving	
• Demonstrates competence in group therapy co-facilitation, psychoeducation, and interventions	
• Uses Evidence-Based Practices in clinical assessment and intervention with clients	

B) Risk Assessment

Essential Component: ■ Demonstrates foundational background in assessing for risk
--

Behavioral Anchors:	Baseline
• Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others	
• Demonstrates competence in assessing for grave disability	
• Demonstrates competence in assessing for child, dependent adult, and elder abuse	
• Demonstrates competence in assessing for domestic violence	
• Demonstrates knowledge of Tarasoff guidelines	

C) Progress Evaluation	
Essential Component: ■ Demonstrates basic knowledge of the evaluation of progress and intervention outcome	
Behavioral Anchors:	Baseline
● Demonstrates basic knowledge of methods to examine intervention outcomes	

GOAL 8: COMMUNITY PARTNERSHIPS

Essential Component: ■ Provides education and training based on empirical practice to promote healthy behaviors in underserved populations	
Behavioral Anchors:	Baseline
● Provides outreach to underserved communities via service projects to promote healthy behaviors to members of those communities	
● Collects, analyzes, and presents relevant demographic information and outcome data to partnership stakeholders	
● Develops alliances with relevant individuals and/or systems to improve the lives of those served	

SIGNATURES

Fellow:	Date:
Primary Supervisor:	Date:

Revised 2015 by Kaiser Permanente Northern California Fellowship Training Directors, from original adaptation 2010 by Kaiser Permanente Northern California Mental Health Training Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology* 2009, Vol. 3, No. 4(Suppl.), S5-S26.

Appendix B

**KAISER PERMANENTE NORTHERN CALIFORNIA
POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK,
MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING**

POST-MASTER'S FELLOW INDIVIDUAL TRAINING CONTRACT

[Rev NOV 2025]

Fellow Name:	Date:
Consortium:	Training Year:
Primary Supervisor:	Training Site:
Team(s):	

I. TRAINING PLANS FOR “NO EXPERIENCE” & “MINIMAL EXPERIENCE” COMPETENCY AREAS

List plan(s) for addressing all competency area(s) that fellow and supervisor have rated as “1” (No Experience) or “2” (Minimal Experience) on the Baseline Assessment of Fellow Competencies form:

II. COMPETENCY AREAS WHICH FELLOW HAS IDENTIFIED FOR ADDED FOCUS

List all competency areas on which fellow wishes to focus during the training year:

III. TRAINING AGREEMENTS

A. Primary Supervisor: I agree with the plan for _____ to be my primary supervisor for my fellowship year. My primary supervisor's role is to oversee my professional development and clinical work.

B. Secondary Supervisor: I agree with the plan for _____ to be my secondary supervisor for my fellowship year.

IV. RESPONSIBILITIES AND EXPECTATIONS OF FELLOW

I understand the basic requirements and expected competencies of this fellowship program, and I have the Policy and Procedure Manual that details other expectations and responsibilities of the program. My progress with these responsibilities and expectations will be evaluated at quarterly intervals. This information will remain confidential except to be reported by my primary supervisor to the supervisory team.

My responsibilities and expectations are to:

- Spend approximately 20 hours per week providing direct services to patients through individual, group, or family therapy
- Spend a minimum of 32 hours over the course of the training year engaged in a community partnership project
- Attend all MHTP Speaker Series seminars, unless supervisor authorizes my absence
- Attend weekly didactics (at minimum 85% attendance)
- Complete assigned readings
- Review the Evaluation of Supervisor form to understand the supervisory standards of the program and use it as a guide for discussion with my supervisors to identify my supervision and training needs
- Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback
- Demonstrate preparedness/receptivity for supervision
- Present challenging cases as appropriate
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner so that they may be closed within the required two-day window
- Maintain a log of supervisory hours (individual and group) and treatment team documentation
- Consistently make progress on all behavioral anchors throughout the training year
- Demonstrate timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- Maintain professional and ethical standards, including, but not limited to, adherence to child, dependent adult, and elder abuse reporting laws, confidentiality, and respect for boundaries, as outlined by KP, the BBS, NASW, AAMFT, AMFT, ACA, and the State of California
- Review the CA DCA pamphlet, "Therapy Never Includes Sexual Behavior" within the first week of training
- Advise my patients of my trainee status and my supervisor's information, obtain consent for treatment from patients, and document that consent in HealthConnect

I also understand and agree that:

- Supervisors bear liability in supervision regarding the standard of patient care/client welfare and need to have complete information from me regarding patients and files.
- Immediately upon my patient reporting any child, dependent adult, or elder abuse, or danger to self, danger to others, or grave disability to me, I will inform my supervisor(s).
- In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
- In the event that my own personal process(es) does disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
- My primary supervisor will present me with formal written feedback on my performance using the Competencies Evaluation, at least once per quarter and more frequently, if necessary, if a concern arises in any competency area.
- If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies, including implementing a formal remediation or corrective action plan if necessary.
- In order to complete the training program, I must achieve a minimum rating of "4" (Proficient Competence) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation.

Fellow acknowledges that, by signing this form, he/she/they understands and agrees to the above Training Agreements and Responsibilities and Expectations.

The Fellow Individual Training Contract has been agreed to on this _____ day of _____ 20__.

Required Signatures:

Fellow:	Date:
Primary Supervisor:	Date:
Site Training Director:	Date:

Revised 2016 for Kaiser Permanente Northern California ACSW/AMFT programs by K. Crew, M. Lim Yankowitz, and K. Wetzler, from original contract created by L. Kittredge, KPNC Postdoctoral Residency Programs in Clinical Psychology and adapted from Falender & Shafranske, Clinical Supervision: A Competency-Based Approach. American Psychological Association, Washington, D.C., 2004, and various models posted on the APIC Website.

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

POST-MASTER'S FELLOW COMPETENCIES EVALUATION

[Rev NOV 2025]

Training Year:	
Fellow Name:	
Site:	
Primary Supervisor:	
Q1 Rotation:	Dates Observed Q1:
Q2 Rotation:	Dates Observed Q2:
Q3 Rotation:	Dates Observed Q3:
Q4 Rotation:	Dates Observed Q4:

Rating	Rating Description	Supervision Structure	Rating Guideline
(N/A) <u>Not Measured</u>	The fellow's performance for this behavioral anchor cannot be measured at this point in the training program. This may occur, for example, when a particular training activity takes place later in the training year.		A rating of "N/A" (Not Measured) indicates that the fellow's level of competency cannot be measured at this time. The supervisor <u>must</u> provide a comment if "N/A" is given. This rating can only be used in the 1 st quarter or if no numerical rating has been assigned in the previous quarter.
(1) <u>Remedial Competence</u> <i>(Significant Development Needed)</i>	The fellow demonstrates significant deficiencies and is performing below the expected competency for an entry-level fellow (e.g., at early premaster's level). Significant improvement in developmental functioning and skills acquisition is needed to meet competency expectations. <u>Remediation is required.</u>	Augmented supervision, schedule modification, and/or supplemental training activities are required to support the fellow.	A rating of "1" (Remedial Competence) at any point in the training program prompts the supervisor to (1) initiate formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy & Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating.

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Rating	Rating Description	Supervision Structure	Rating Guideline
(2) <u>Beginning</u> Competence <i>(Some Development Needed)</i>	The fellow has a basic foundation of knowledge and clinical skills and is not fully aware of opportunities to broaden their experience and increase their range of clinical practice.	During the first half of the training year, close, structured supervision is required. During the second half of the training year, augmented supervision, schedule modification, and/or supplemental training activities may be indicated to support the fellow.	<u>At the end of the 1st, 2nd, & 3rd quarters for fellows in the FIRST year of training</u>, a rating of “2” (Beginning Competence) is the minimum expectation and serves as an ongoing training goal in supervision. <u>If at the end of the 3rd quarter for fellows in the FIRST year of training</u>, the fellow’s rate of progress suggests that they are at risk of not meeting the minimum expectation of a rating of “3” (Intermediate Competence) by the end of the 4th quarter, the supervisor may initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy & Procedure Manual</i>) or formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy & Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating. <u>At the end of the 1st quarter for fellows in the SECOND year of training</u>, a rating of “2” (Beginning Competence) at any point in the training program prompts the supervisor to (1) initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy & Procedure Manual</i>) or formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy & Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating.
(3) <u>Intermediate</u> Competence	The fellow can perform routine activities with minimal structure and assistance and is developing the ability to generalize skills across a variety of clinical activities and settings.	Routine supervision supports the fellow’s ongoing adjustment to more diverse and complex clinical demands. May require some focused supervision for novel or complex situations.	<u>At the end of the 4th quarter for fellows in the FIRST year of post-master’s training</u>, a rating of “3” (Intermediate Competence) is required for successful completion of the fellowship program. <u>At the end of the 1st, 2nd, & 3rd quarters for fellows in the SECOND year of training</u>, a rating of “3” (Intermediate Competence) is the minimum expectation and serves as an ongoing training goal in supervision. <u>If at the end of the 3rd quarter for fellows in the SECOND year of training</u>, the fellow’s rate of progress suggests that they are at risk of not meeting the minimum expectation of a rating of “4” (Proficient Competence) by the end of the 4th quarter, the supervisor may initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy & Procedure Manual</i>) or formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy & Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating.
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Rating	Rating Description	Supervision Structure	Rating Guideline
(4) Proficient Competence	The fellow is exhibiting readiness for entry-level practice as defined by the ability to independently function in a broad range of clinical and professional activities, to generalize skills and knowledge to new situations, to self-assess when to seek additional training, supervision, or consultation.	Supervision for this competency area during the training year is focused on continued refinement, integration, and consistency.	At the end of the 4th quarter for fellows in the SECOND year of post-master's training, a rating of "4" (Proficient Competence) is required for successful completion of the fellowship program by exhibiting readiness for entry-level, independent practice.

GOAL 1: PROFESSIONALISM

A) Professional Identity

Essential Components:

- Understands professional values; honesty, personal responsibility
- Understands self as professional, "thinking like a mental health professional"

Behavioral Anchors:

	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates honesty and takes responsibility for own actions				
• Demonstrates knowledge of practicing within one's competence				
• Understands the need to take personal responsibility for ongoing learning and training opportunities				

B) Deportment

Essential Component:

- Understands how to conduct oneself in a professional manner

Behavioral Anchors:

	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates appropriate personal hygiene and attire				
• Distinguishes between appropriate and inappropriate language and demeanor in professional contexts				

C) Accountability

Essential Component:

- Acceptance of personal responsibility across settings and contexts

Behavioral Anchors:

	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Completes documentation on time				
• Plans and organizes own workload				

Supervisor Comments for Professionalism:

Q1:

Q2:
Q3:
Q4:

GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT

A) Reflective Practice

Essential Component:

- Basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action)

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Displays critical thinking/organized reasoning/problem-solving skills				
• Displays intellectual curiosity and flexibility				
• Demonstrates openness to considering own transference and counter-transference issues				

B) Self-Assessment

Essential Component:

- Knowledge of core competencies; emerging self-assessment regarding competencies

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates appropriate personal hygiene and attire				
• Distinguishes between appropriate and inappropriate language and demeanor in professional contexts				

C) Self-care (*attention to personal health & well-being to assure effective professional functioning*)

Essential Component:

- Understands the importance of self-care in effective practice, knowledge of self-care methods, and attention to self-care

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates basic awareness and attention to self-care				

Supervisor Comments for Reflective Practice/Self-Assessment:

Q1:
Q2:
Q3:

Q4:

GOAL 3: CULTURALLY SENSITIVE PRACTICE

A) Self-Awareness, Awareness of Others, & Awareness of the Interaction of Self and Others *(as shaped by individual and cultural diversity, taking into consideration any cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, national origin, religion, sexual identity, disability, language and socioeconomic status, and context)*

Essential Components:

- Knowledge, awareness, and understanding of:
 - One's own dimensions of diversity and attitudes towards others' diversity
 - Other individuals as cultural beings
 - The interaction between self and others as shaped by individual and cultural diversity and reflecting a confluence of diverse cultural beings/entities
- Knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity
- Knowledge of methods and techniques for assessing patients' experience and values

Behavioral Anchors:

	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
● Demonstrates openness to self-identify multiple individual and cultural identities				
● Demonstrates this self-knowledge, awareness, and understanding; for example, articulates how ethnic group values influence who one is and how one relates to other people				
● Demonstrates cultural sensitivity in practice				
● Demonstrates knowledge, awareness, and understanding of the way culture and context shape the behavior of other individuals				
● Demonstrates knowledge of methods and techniques for assessing the client's values, personal preferences, and cultural identity, as well as their experience of social and cultural biases and discrimination and the impact of these factors on the presenting problem				
● Demonstrates knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem				
● Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments, and organizations/agencies				
● Adapts and modifies one's professional behavior in a culturally sensitive manner as appropriate to the needs of the patient				

Supervisor Comments for Culturally Sensitive Practice:

Q1:

Q2:

Q3:

Q4:

GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY

A) Knowledge of Ethical, Legal, & Professional Standards and Guidelines

Essential Component:

- Knowledge of the principles of the NASW, AAMFT, CAMFT, or ACA Code of Ethics; beginning knowledge of legal and regulatory issues, including California and national laws, in the practice of counseling in a training setting; knowledge of KPNC policies and regulations

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Identifies ethical and legal issues; seeks consultation as appropriate when presented with ethical and legal decision-making and/or when resolving ethical dilemmas				
• Demonstrates knowledge of NASW, AAMFT, CAMFT or ACA ethical standards and conducts self according to all aspects of the Ethic's Code, especially regarding the key values of confidentiality, self-determination, non-judgmental attitude, and maintenance of appropriate boundaries				
• Demonstrates knowledge of typical legal issues in connected time frames (e.g., child and elder abuse reporting, HIPAA, confidentiality, informed consent)				

Supervisor Comments for Ethical/Legal Standards and Policy:

Q1:

Q2:

Q3:

Q4:

GOAL 5: INTERDISCIPLINARY SYSTEMS

A) Functioning in Multidisciplinary & Interdisciplinary Contexts

Essential Component:

- Cooperation, teamwork, and collaboration

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates ability to cooperate with others in task completion				
• Develops collaborative relationships with and respect for other professionals				

Supervisor Comments for Interdisciplinary Systems:

Q1:

Q2:

Q3:
Q4:

GOAL 6: INTERPERSONAL RELATIONSHIPS				
A) Interpersonal Relationships & Affective Skills				
Essential Component: ■ Awareness of own and tolerance of other's affect				
Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates affect tolerance				
• Tolerates and understands interpersonal conflict, ambiguity, and uncertainty				
• Listens to and acknowledges feedback from others, including supervisors				
Supervisor Comments for Interpersonal Relationships:				
Q1:				
Q2:				
Q3:				
Q4:				

GOAL 7: INTERVENTION				
A) Counseling Skills & Treatment Planning				
Essential Components: ■ Basic knowledge of counseling skills and interventions ■ Knowledge of methods and techniques for assessing patients' experience and values ■ Awareness of the therapeutic process				
Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates competence in performing mental status examinations				
• Demonstrates competence in substance abuse assessment				
• Demonstrates competence in assessing client's readiness for change				

• Maintains the therapeutic alliance				
• Demonstrates competence in assessing client's coping strategies to reinforce and improve adaptation to life situations, circumstances, and events				
• Selects and modifies appropriate intervention strategies based on continuous clinical assessment; terminates treatment effectively				
• Articulates awareness of theoretical bases of interventions				
• Demonstrates skill in initial assessment, case conceptualization, and diagnostic formulation				
• Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving				
• Demonstrates competence in group therapy co-facilitation, psychoeducation, and interventions				
• Uses evidence-based practices in clinical assessment and intervention with clients				
B) Risk Assessment				
Essential Component:				
■ Demonstrates foundational background in assessing for risk				
Behavioral Anchors:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others				
• Demonstrates competence in assessing for grave disability				
• Demonstrates competence in assessing for child, dependent adult, and elder abuse				
• Demonstrates competence in assessing for domestic violence				
• Demonstrates knowledge of Tarasoff guidelines				
C) Progress Evaluation				
Essential Component:				
■ Demonstrates basic knowledge of the evaluation of progress and intervention outcome				
Behavioral Anchors:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Demonstrates basic knowledge of methods to examine intervention outcomes				
Supervisor Comments for Intervention:				
Q1:				
Q2:				
Q3:				

Q4:

GOAL 8: COMMUNITY PARTNERSHIPS

Essential Component:

- Fellow to provide education and training based on empirical practices to promote healthy behaviors in underserved populations

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Provides outreach to underserved communities via service projects to promote healthy behaviors to members of those communities				
• Collects, analyzes, and presents relevant demographic information and outcome data to partnership stakeholders				
• Develops alliances with relevant individuals and/or systems to improve the lives of those served				

Supervisor Comments for Community Partnerships:

Q1:
Q2:
Q3:
Q4:

SIGNATURES

Signatures are obtained at each quarterly evaluation using the format below:

☐ This evaluation has been completed in part using direct observation.

Fellow Signature:	Date:
Supervisor Signature:	Date:

Revised 2015 by Kaiser Permanente Northern California Fellowship Training Directors, from original adaptation 2010 by Kaiser Permanente Northern California Mental Health Training Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology* 2009, Vol. 3, No. 4(Suppl.), S5-S26.

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

POST-MASTERS FELLOW REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN

[Rev NOV 2025]

To be signed by the PRIMARY SUPERVISOR and the POST-MASTER'S FELLOW

Policy Statement:

Focused Competency Guidance is *typically* initiated in the following ways: (1) as part of informal remediation, supplementing an Informal Discussion that takes place during supervision at any time during the training year; (2) as part of remediation of unmet competency expectations due to a rating(s) falling below minimum expectations on the Competencies Evaluation; or (3) as an outcome of formal due process procedures following a Formal Notification and Hearing.

When initiation of Focused Competency Guidance is part of remediation of unmet competency expectations due to a rating(s) falling below minimum expectations on the CE or is an outcome of a Hearing in formal due process procedures, the site training director and the primary supervisor will meet with the fellow. During this meeting, the site training director and primary supervisor will present the Focused Competency Guidance Plan below, identifying the competencies to be targeted and the recommended remedial actions. The remediation plan will include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. This remediation plan must be signed and dated by both the primary supervisor and fellow during the initial and follow-up meetings with a copy provided to the fellow. A copy will also be placed in the fellow's training file.

The fellow acknowledges that by signing this Focused Competency Guidance plan at the initial meeting, they understand that if Focused Competency Guidance is not successfully completed, some or all of the fellow's supervised hours may not be counted (i.e., will be found to be unsatisfactory) from the date of the commencement of this plan.

**Competency Evaluation Quarter and
Training Year and/or Plan Initiation Date:**

Post-Master's Fellow Name (print):

Primary Supervisor Name (print):

Statement of Plan Completion:

On _____ (date), _____ (fellow name) successfully completed the Focused Competency Guidance Plan and is now meeting post-master's fellowship minimum levels of achievement.

Primary Supervisor Name (signature)

Date

A. Competency issues discussed during Informal Discussions or recorded on the CE	B. Recommended actions	C. Reassessment status of actions/competency

Timeline/ Date of Next Assessment	Post-Master's Fellow Signature & Date	Primary Supervisor Signature & Date
Initial Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:

Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

POST-MASTER'S FELLOW REMEDIATION: PROBATION PLAN

[Rev NOV 2025]

To be signed by the SITE TRAINING DIRECTOR, PRIMARY SUPERVISOR, and POST-MASTER'S FELLOW

Policy Statement:

Probation is typically triggered as an Outcome of a Hearing in formal due process procedures whenever a fellow is not meeting minimum competency expectations for one or more behavioral anchors on the Competencies Evaluation and the Hearing Committee has determined that serious competency, performance, and/or conduct concerns require formal remediation. In some instances, Probation is triggered as an Outcome of a Hearing after determining that the fellow is at risk of not meeting minimum competency expectations by the end of the 4th quarter due to major competency deficits identified at the end of the 3rd quarter. Probation may also be implemented when a fellow fails to achieve timely and/or sustained improvement after initiation of a formal Focused Competency Guidance Plan.

To initiate Probation, the site training director and primary supervisor, with input from other training faculty, the department manager, and an HR consultant, present the fellow with a **Letter of Warning**. The site training director and the primary supervisor will also present the fellow with the Probation Plan below, which includes a recording of competency concerns(s) and the recommended remedial actions. After the remediation plan is signed by all parties, copies will be provided to the fellow, and a copy will be placed in the fellow's training file.

Within the timeframe outlined in the Probation Plan, the fellow's supervisors will re-evaluate the fellow's progress and document their findings in the outcome sections of this form. If insufficient progress has been made by the end of the probationary period, the site training director and department manager, in consultation with the fellow's supervisors and HR administration, may extend the Probation or may Suspend the fellow.

The fellow acknowledges that by signing this Probation Plan at the initial meeting, they understand that if the Probation plan is not successfully completed, some or all of the fellow's supervised hours may not be counted (i.e., will be found to be unsatisfactory) from the date of the commencement of this plan.

**Competency Evaluation Quarter and
Training Year and/or Plan Initiation Date:**

Post-Master's Fellow Name (print):

Primary Supervisor Name (print):

Site Training Director Name (print):

Statement of Plan Completion:

On _____ (date), _____ (fellow name) successfully completed the Probation Plan and is now meeting post-master's fellowship minimum levels of achievement.

Training Director Name (signature)

Date

Supervisor Name (signature)

Date

Component of Probation Plan	Outcome
1. Description of post-master's fellow's competency deficit(s), performance issue(s), and/or conduct concern(s):	
2. Identification of targeted competency area(s)/behavioral anchors(s):	

Component of Probation Plan (cont'd)	Outcome
3. Outline of measures to be undertaken to remediate fellow's unmet competency expectation(s), performance issue(s), and/or conduct concern(s), including, but not limited to: schedule modification; provision of opportunities for the fellow to receive additional supervision, and/or to attend additional seminars, and/or other training activities; and/or recommendation of training resources.	
4. Expectations for successful outcome:	

Component of Probation Plan (cont'd)	Outcome
5. Consequences for unsuccessful outcome (which may include initiation of Suspension):	
6. Timeline for completion:	

Appendix F



The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A POST-MASTER'S FELLOW

[Rev JUL2020]

This is to inform you that the mental health treatment services you are receiving are provided by an unlicensed Post-Master's Fellow who is an:

- ☐ Associate Clinical Social Worker (ASW)
- ☐ Associate Marriage & Family Therapist (AMFT)
- ☐ Associate Professional Clinical Counselor (APCC)

Fellow Name: _____

Fellow Registration #: _____

Fellow Contact #: _____

Fellowship Completion Date: _____

This fellow is working under the supervision of:

Supervisor Name: _____

Supervisor License #: _____

Supervisor Contact #: _____

in addition to other licensed staff members in the Department of Mental Health,
Kaiser Permanente Medical Group, Inc.

Appendix G



Mental Health Training Program
Northern California

POST-MASTER'S FELLOWSHIP AND PRE-MASTER'S INTERNSHIP REMOTE SUPERVISION AGREEMENT

In signing this supervision agreement, both the named supervisor and supervisee attest that a meeting has been conducted on _____ within 60 days of the start of supervision on _____ to assess the appropriateness of allowing the named supervisee to receive supervision via two-way, real-time videoconferencing.

The assessment of the appropriateness of supervision via two-way, real-time videoconferencing included the consideration of (1) the current abilities of the named supervisee; (2) the preferences of both the supervisee and supervisor; and (3) the ability of both parties to attend supervision from locations that ensure the necessary level of privacy.

- ☐ I, the named supervisor, attest that supervision via two-way, real-time videoconferencing has been determined to be APPROPRIATE based on my assessment.
- ☐ I, the named supervisor, attest that supervision via two-way, real-time videoconferencing has been determined to be INAPPROPRIATE based on my assessment. All supervision required as part of this supervision agreement will be provided in person.

Supervisee Name:	Date:
Supervisee Signature:	
Supervisor Name:	Date:
Supervisor Signature:	

Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

Seminar Evaluation

Title of Seminar:	
Date:	Instructor(s):

Please use the following key to answer questions 1-10:

Absolutely – 5 Somewhat – 4 Uncertain – 3 Probably Not – 2 Absolutely Not – 1

1. Was seminar consistent with its objective and title?	
2. Was seminar appropriately challenging?	
3. Did seminar expand your knowledge in this topic?	
4. Was the seminar taught at the promised level?	
5. Were cultural and diversity issues integrated into the presentation?	
6. Was material relevant to Mental Health professional activities?	
7. Was/were instructor(s) well-informed on the subject matter?	
8. Was/were instructor(s) well prepared?	
9. Was/were instructor(s) attentive to questions?	
10. Would you attend another seminar given by this/these instructor(s)?	

1. How would you rate the overall value of the program (select one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor	
2. Please list two insights you have gained from this seminar:	
3. Do you have any suggestions for future seminar topics?	
4. Additional comments are welcome:	

Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

POST-MASTER'S FELLOW EVALUATION OF SUPERVISOR

[Rev NOV 2025]

Consortium:				Date Completed:			
Fellow Name:				Training Year:			
Evaluation Period:	☐ 1 st Qtr	☐ 2 nd Qtr	☐ 3 rd Qtr	☐ 4 th Qtr	☐ Mid-Year	☐ End-of-Year	
Supervisor Name:				Supervisor's Status:	☐ Primary ☐ Delegated ☐ Group		
If Group Supervisor, please indicate group:	☐ Case Conference ☐ Other: _____ ☐ Other: _____						

Please evaluate your supervisors using the criteria and rating scale below. The purpose of this evaluation is to inform the training program of the supervisors' strengths and weaknesses, and to help the supervisors improve in the practice of supervision. This evaluation process is optimally an ongoing part of the supervisory relationship, and the criteria below can be used to guide discussion throughout the training year. Both supervisors and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improving.

Please indicate the degree to which the following behaviors are characteristic of your supervisor using the following rating scale:

Numerical Rating	Level of Satisfaction
1	Does Not Meet My Expectations
2	Needs Improvement
3	Meets My Expectations
4	Exceeds My Expectations

Supervisor Provides Atmosphere for Professional Growth

Demonstrates a sense of support and acceptance
Establishes clear and reasonable expectations for my performance
Establishes clear boundaries (i.e., not parental, peer, or therapeutic)
Makes an effort to understand me and my perspective
Encourages me to formulate strategies and goals without imposing his/her/their own agenda
Recognizes my strengths
Conveys active interest in helping me to grow professionally
Is sensitive to the stresses and demands of the fellowship
Helps me to feel comfortable to discuss problems
I feel comfortable talking to my supervisor about my reactions to him/her/them and the content of our meetings

Supervisor's Style of Supervision

Makes supervision a collaborative process

Balances instruction with exploration; sensitive to my style and needs
Encourages me to question, challenge, or doubt my supervisor's opinion
Admits errors or limitations without undue defensiveness
Openly discusses and is respectful of differences in culture, ethnicity, or other individual diversity
Enables the relationship to evolve over the year from advisory to consultative to collegial

Supervisor Models Professional Behavior

Keeps the supervision appointment and is on time
Is available whenever I need to consult
Makes decisions and takes responsibility when appropriate
Makes concrete and specific suggestions when needed
Assists me in integrating different techniques
Addresses transference/countertransference/emotional reactions between me and patient
Raises cultural and individual diversity issues in supervisory conversation

Impact of Supervisor

Provides feedback that generalizes or transcends individual cases to strengthen my general skill level
Shows concern for my personal development as well as my performance
Facilitates my confidence to accept new challenges

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

Adapted 2008 by L. Kittredge & K. Lenhardt & modified 2014 by R. Gelbard, Kaiser Permanente Northern California Postdoctoral Residency Program, from Supervisor Feedback Form by S. Hall-Marley (2001), in Falender & Shafranske. *Clinical Supervision: A Competency-Based Approach*. APA, 2004, pp 273-275.

Appendix J

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

POST-MASTER'S FELLOW PROGRAM SURVEY

[Rev NOV 2025]

Fellowship Year:	Check One:	☐ Mid-Year
Training Site:		☐ End-of-Year
Consortium:	Date:	

EVALUATION INSTRUCTIONS:

This form is designed to allow the intern to evaluate the program over a range of professional domains using the rating scale below.

1*	Inadequate	Program never meets my expectations*
2*	Needs Improvement	Program sometimes meets my expectations*
3	Meets Expectations	Program consistently meets my expectations
4	Exceeds Expectations	Program consistently exceeds my expectations
N/A	Not Applicable	This anchor is not able to be rated at this point in the training year

**Please provide explanation for these ratings*

SEMINARS AND SUPERVISION		Ratings
1.	How would you rate the quality of the weekly didactics?	
2.	How would you rate the quality of the MHTP Speaker Series seminars? (do not include your ratings of the Diversity Forums in your response; they are rated after each Forum presentation)	
3.	How would you rate the quality of your individual primary supervision?	
4.	How would you rate the quality of your delegated (secondary) supervision?	
5.	How would you rate the quality of your group supervision (case conference only)?	
6.	How would you rate the quality of the overall training you have received during your residency year?	
7.	How would you rate the quality of the resources available to you, such as the web-based Clinical Library, Best Practices models, and availability of senior staff members?	
8.	Was your training graduated in complexity during the training year?	
9.	Did you feel welcomed and treated with respect by the professional staff at your training site during the training year?	

GOAL 1: PROFESSIONALISM

Sub Areas/Objectives: Professional Identity

Behavioral Anchors	Ratings
I have been encouraged to take responsibility for my own actions and to practice within my competence	

I have been encouraged to take responsibility for ongoing learning and training opportunities	
Sub Areas/Objectives: Deportment	
Behavioral Anchors	Ratings
I have been encouraged to take responsibility for professional behavior in the work environment	
Sub Areas/Objectives: Accountability	
Behavioral Anchors	Ratings
I have been given sufficient training in completing documentation and organizing my own workload	

GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT

Sub Areas/Objectives: Reflective Practice	
Behavioral Anchors	Ratings
I have been supported in developing problem-solving skills, critical thinking, and organized reasoning skills	
I have been encouraged to consider my own transference and counter-transference issues	
Sub Areas/Objectives: Self-Assessment	
Behavioral Anchors	Ratings
I have been encouraged to explore my own strengths and those areas which need further development	
Sub Areas/Objectives: Self-Care	
Behavioral Anchors	Ratings
I have been given support to practice ongoing self-assessment and good self-care	

GOAL 3: CULTURALLY SENSITIVE PRACTICE

Sub Areas/Objectives: Awareness of one's own bias: self, others, and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual, and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context	
Behavioral Anchors	Ratings
I have been encouraged to independently apply knowledge, skills, and attitudes regarding dimensions of diversity to my professional work	
Sub Areas/Objectives: Applications based on individual and cultural context	
Behavioral Anchors	Ratings
I have been encouraged to independently monitor and apply knowledge of diversity to patient treatment	

GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY

Sub Areas/Objectives: Knowledge of Ethical, Legal, & Professional Standards and Guidelines	
Behavioral Anchors	Ratings
The program emphasizes the application of knowledge of ethical, legal, and professional standards, and NASW, ACA, & AAMFT ethical standards as well as state and federal laws	

GOAL 5: INTERDISCIPLINARY SYSTEMS**Sub Areas/Objectives: Functioning in Multidisciplinary & Interdisciplinary Contexts**

Behavioral Anchors	Ratings
I have been encouraged to develop and maintain effective relationships with a wide range of patients, colleagues, organizations, and communities	
The program offers opportunities for me to communicate effectively with other professionals	
I have been encouraged to contribute as a fully participating team member	

GOAL 6: INTERPERSONAL RELATIONSHIPS**Sub Areas/Objectives: Interpersonal Relationships & Affective Skills**

Behavioral Anchors	Ratings
I have learned to tolerate and understand interpersonal conflict, ambiguity, and uncertainty	
I have been encouraged to develop awareness of my own affect	
I have learned to accept feedback	

GOAL 7: INTERVENTION**Sub Areas/Objectives: Counseling Skills and Treatment Planning**

Behavioral Anchors	Ratings
I have developed competence in performing mental status examinations	
I have developed competence in performing substance abuse assessment	
I have been trained to enhance my diagnostic skills	
I have been given the opportunity to demonstrate clinical skills with a wide variety of patients	
I have been trained how to set realistic treatment goals with patients that incorporate empirical models	

Sub Areas/Objectives: Risk Assessment

Behavioral Anchors	Ratings
I have been trained to enhance my abilities to evaluate and respond to risk, child/elder abuse, and domestic violence	
I have developed competence in performing assessments for child/elder abuse and domestic violence	
I have been instructed on Tarasoff guidelines	

Sub Areas/Objectives: Progress Evaluation

Behavioral Anchors	Ratings
I have developed competence in understanding methods that examine intervention outcomes	

PLEASE INCLUDE ANY ADDITIONAL **COMMENTS** BELOW – THANK YOU

Appendix K

**KAISER PERMANENTE NORTHERN CALIFORNIA
POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK,
MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING
GENERIC LETTER OF COMPLETION**

{to be printed on Letterhead of KP department/medical center that includes address}

_____ [date]

Dear _____ [full name of fellow]:

Congratulations on your successful completion of _____ hours of supervised training at Kaiser Permanente _____ [program name] at _____, California [location].

This letter is to certify that you have completed all of the requirements of the training program and that you are considered to be in good standing in the program.

{Choose and modify one of the following two sentences, which you can then place as the last sentence of the above paragraph}

You effectively completed your training on the _____ Team, which included general clinic duties pertaining to that team. For your community partnership project, you completed _____ hours engaged in _____ [project description, including name and location of agency(cies) they worked with].

{OR}

In addition to completing general clinic duties on the _____ Team, you also completed (a) rotation(s) in _____ [Intensive Outpatient Program; Emergency Department; Behavioral Medicine; Addiction Medicine & Recovery Services; Eating Disorders; etc.]. For your community partnership project, you completed _____ hours engaged in _____ [project description, including name and location of agency(cies) they worked with].

It has been a sincere pleasure having you in our program. We wish you all the best in your future endeavors.

Sincerely,

_____ [Signature of Training Director]

_____ [Name of Training Director]

_____ [Title of Training Director (e.g., Director of Training)]

_____ [Name and Location of Training Program]

Appendix L



Mental Health Training Program
Northern California

POST-MASTER'S FELLOWSHIPS

BUSINESS PLAN APPLICATION FOR CREATING A NEW OR EXPANDING AN EXISTING MENTAL HEALTH TRAINING PROGRAM: POST-MASTER'S FELLOWSHIP

[Rev MAY2024]

Email completed application to: Kathryn.Wetzler@kp.org

Requestor Information	
Requestor Name:	
Requestor Email Address:	
Requestor Phone:	
Department and Location of new/existing Training Program:	
Address of Training Location:	

Program Recruitment and Retention of Fellows	
Please provide a description of your recruitment strategy for hiring and retention of diverse residents:	
Please identify the school(s) from which your fellows will be recruited:	

Timeline for Recruitment			
Posting of Positions	Application Deadline	Interview Period	First Date for Hiring
March	Rolling deadline	Interviews conducted throughout the year	Rolling start dates

Individual and Group Supervision of Fellows		
Individual Supervision: each fellow must have one primary and one delegated supervisor assigned to them, for a total of 2 hours per week		
Supervisor Name and Credentials	Supervisor Skills, Knowledge, and Attitudes	How Supervisor Plans to Remain Current with Changes in the Field
Back-Up Supervision Policy: Please provide an outline of your backup supervision policy, to be initiated when a primary and/or delegated supervisor is not available		
Group Supervision: each fellow must have 2 hours of group supervision each week		
Please provide an outline of the structure and content of group supervision		

Program Curriculum
Community Partnership Projects (32 hours per year): Please attach an outline of proposed community partnership projects that each intern will be participating in for a mandatory 32 hours over the course of the training year.

Program Administration	
Please provide a description of how your management plans to support the training program:	
Please provide a description of how you will ensure that all training faculty have read and are aware of the Policy and Procedure Manual and are familiar with the Mental Health Training Program web site:	
Acknowledgement that program will submit a list to the KPNC Director of Mental Health Training of candidates to be interviewed for the Training Director position:	(Signature of Requestor)
Acknowledgment that Training Director (for existing programs that are expanding) will commit to attending regional meetings:	(Signature of Requestor)

Additional Information Provided by Requestor (Optional)

APPENDIX M1

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

GENERIC WELCOME LETTER: ASW

[Rev MAY2024]

Dear _____,

We are pleased to welcome you to the ASW Fellowship Program in the Department of Mental Health at Kaiser Permanente, _____. We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ and reporting to _____
(Training Director) and _____ (Department Manager).

Fellowship Term: _____

Total Hours: You will be scheduled to work 40 hours per week. Your schedule will include some evening and weekend hours. It is expected that you will work all of your hours.

Contingent Offer Letter: You will be receiving a Contingent Offer Letter from our Human Resources Recruitment Department which will outline employment contingencies and pay.

California Board of Behavioral Sciences (BBS) Requirements: Before your fellowship begins, you must apply for registration with the BBS as an Associate Clinical Social Worker (ACSW). Information regarding registration can be found at: <http://www.bbs.ca.gov/pdf/forms/lcs/aswapp.pdf>

Along with your supervisor, you will also need to complete the Responsibility Statement for Supervisors. This form can be found on the BBS website at: <https://www.bbs.ca.gov/pdf/forms/lcs/lcrespon.pdf>

Additionally, you must keep a record of your supervised hours. A form to use to log these hours weekly can be found on the BBS website at: <https://www.bbs.ca.gov/pdf/forms/lcs/aswlog.pdf>

You will be contacted by your training director prior to the beginning of the training year to develop your training schedule. You should anticipate a very intense and fast-paced year of training.

Please sign and return this Welcome Letter and the accompanying Values Statement to your training director by fax at _____ or email at _____.

Fellow's Signature:	Date:
Training Director's Signature:	Date:

APPENDIX M2

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

GENERIC WELCOME LETTER: AMFT

[Rev MAY2024]

Dear _____,

We are pleased to welcome you to the AMFT Fellowship Program in the Department of Mental Health at Kaiser Permanente, _____. We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ and reporting to _____
(Training Director) and _____ (Department Manager).

Fellowship Term: _____

Total Hours: You will be scheduled to work 40 hours per week. Your schedule will include some evening and weekend hours. It is expected that you will work all of your hours.

Contingent Offer Letter: You will be receiving a Contingent Offer Letter from our Human Resources Recruitment Department which will outline employment contingencies and pay.

California Board of Behavioral Sciences (BBS) Requirements: Before your fellowship begins, you must apply for registration with the BBS as an Associate Marriage and Family Therapist (AMFT). Information regarding registration can be found at: <http://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf>

Along with your supervisor, you will also need to complete the Responsibility Statement for Supervisors of Marriage and Family Therapist Trainee or Fellow. This form can be found on the BBS website at: <https://www.bbs.ca.gov/pdf/forms/mft/mfrespon.pdf>

Additionally, you must keep a record of your supervised hours. One option for a form to use to log these hours can be found on the BBS website at: https://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-525_option1.pdf

You will be contacted by your training director prior to the beginning of the training year to develop your training schedule. You should anticipate a very intense and fast-paced year of training.

Please sign and return this Welcome Letter and the accompanying Values Statement to your training director by fax at _____ or email at _____.

Fellow's Signature:	Date:
Training Director's Signature:	Date:

APPENDIX M3

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS IN SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND PROFESSIONAL CLINICAL COUNSELING

GENERIC WELCOME LETTER: APCC

[Rev MAY2024]

Dear _____,

We are pleased to welcome you to the APCC Fellowship Program in the Department of Mental Health at Kaiser Permanente, _____. We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ and reporting to _____
(Training Director) and _____ (Department Manager).

Fellowship Term: _____

Total Hours: You will be scheduled to work 40 hours per week. Your schedule will include some evening and weekend hours. It is expected that you will work all of your hours.

Contingent Offer Letter: You will be receiving a Contingent Offer Letter from our Human Resources Recruitment Department which will outline employment contingencies and pay.

California Board of Behavioral Sciences (BBS) Requirements: Before your fellowship begins, you must apply for registration with the BBS as an Associate Professional Clinical Counselor (APCC). Information regarding registration can be found at: https://www.bbs.ca.gov/pdf/forms/lpc/pci_app.pdf

Along with your supervisor, you will also need to complete the Responsibility Statement for Supervisors of Associate Professional Clinical Counselors. This form can be found on the BBS website at: https://www.bbs.ca.gov/pdf/forms/lpc/lpc_suprespon.pdf

Additionally, you must keep a record of your supervised hours. One option for a form to use to log these hours can be found on the BBS website at: https://www.bbs.ca.gov/pdf/forms/lpc/lpcc_wkylog_37a-638_option1.pdf

You will be contacted by your training director prior to the beginning of the training year to develop your training schedule. You should anticipate a very intense and fast-paced year of training.

Please sign and return this Welcome Letter and the accompanying Values Statement to your training director by fax at _____ or email at _____.

Fellow's Signature:	Date:
Training Director's Signature:	Date:

Appendix N

Kaiser Permanente Mental Health Training Program Values Statement

Respect for diversity and values different from one's own is a core tenet of the Mental Health Training Program at Kaiser Permanente (KP). This value is also consistent with the guidelines set forth by the American Psychological Association's Ethical Principles and Code of Conduct (2002) and reflected in the Standards of Accreditation set forth by the APA (APA, 2016). Mental Health trainees within Kaiser Permanente provide services to a diverse patient population, often consisting of members of social groups different from their own. As such, we strive to ethically and effectively treat a wide range of patients from varying social backgrounds.

The Kaiser Permanente Mental Health Training Program (which includes postdoctoral residencies, doctoral internships, post-master's fellowships, and practicums) exists within multicultural communities that contain people of diverse ethnic, racial, and socioeconomic backgrounds; national origins; religious, spiritual, and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, physical appearance and more. At KP, we believe that training programs are enriched by our collective openness to learning about others who are different from ourselves, as well as striving for acceptance of others. Mental health training faculty as well as trainees agree to work together to create training environments characterized by respect, trust, and safety. Additionally, training faculty and trainees are expected to be supportive and respectful of all individuals, including patients, staff, and peers, regardless of differences in background or worldviews.

The Kaiser Permanente Mental Health Training Program recognizes that no individual is free from all forms of prejudice or bias. Along these lines, we anticipate that each training environment will evidence a wide range of beliefs, behaviors, and attitudes. All members of the training programs (staff and trainees alike) are expected to be committed to the values of respect, equity, and inclusion. Furthermore, they are asked to demonstrate critical thinking and self-examination so that biases may be evaluated in light of scientific data and standards of the profession. Therefore, faculty and trainees alike are expected to exhibit a genuine desire to examine their own assumptions, attitudes, values, and behaviors and to work effectively with "cultural, individual and role differences including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status" (APA Ethics Code, 2002, Principal E, p. 1063). In short, all members of the training program are expected to be willing to examine their own values and to gain knowledge and skills regardless of their beliefs, attitudes, and values.

Over the course of the training year, training faculty will engage in and model self-disclosure and introspection with their trainees as appropriate. This can include discussions around personal experiences, attitudes, beliefs, feelings, opinions, or personal histories. All members of the training program are committed to lifelong learning relative to multicultural competence. When deemed appropriate, self-disclosure is done in the service of optimizing patient care and improving professional knowledge, skills, and attitudes.

In summary, all members of the Kaiser Permanente Mental Health Training Program are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes, and values. Members agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes, and values on one's work with all clients. Such training processes are consistent with Kaiser Permanente's core values, respect for diversity and for values similar and different from one's own. As an incoming mental health trainee at Kaiser Permanente, it is the expectation that you:

- Show willingness to work with a wide range of patient populations and presentations often different from yourself
- Demonstrate respect for differing worldviews and value systems, even when they are in conflict with your own
- Work effectively and with respect with colleagues whose views may be different and/or in conflict with your own
- Within reason, you are expected to be willing to work with any patient who presents for treatment, except in cases where your personal physical safety is actively threatened or where *the clinical competence of both the trainee and the supervisor* would compromise patient care.
- Seek out supervision, consultation, and training when issues around competency emerge pertaining to a particular population and/or presenting problem

I have read and agree to abide by Kaiser Permanente's Mental Health Training Program Values Statement.

Name: _____

Signature: _____

Date: _____

(Adapted from the Counseling Psychology Model Training Values Statement Addressing Diversity, Council of Counseling Psychology Training Programs)



Appendix O



Mental Health Training Program
Northern California

Mental Health Training Program Exit Interview Questions (optional)

Trainee Name: _____ Site/Affiliated Medical Center: _____

Please take a few moments to provide your valuable feedback to any or all the questions listed below:

What were your favorite parts of the training experience?

What were some of the biggest challenges you faced during your training year?

What are you most looking forward to in your new role/where you're going next?

Did you feel adequately supported, respected, and recognized in your role as part of the team this year?

Did you feel like you had the tools, resources, and working conditions necessary to be successful in your job? If not, what could be improved?

Was your training experience consistent with your expectations from when you interviewed and accepted the offer? If not, what changed?

Would you recommend training at our program to a peer? Why or why not?

Please tell us any areas you see for improvement in the training program: