

Policy and Procedure Manual

Post-Master's Fellowship Programs In Social Work, Marriage & Family Therapy and Professional Clinical Counseling 2022-2023

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KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

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

1. 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 16 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) beginning in early September and are designed 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 Regional Mental Health Training programs' website at <https://mentalhealthtraining-ncal.kaiserpermanente.org/>, the official "bulletin board" of the training programs. This website contains information such as the history of our programs, descriptions of training sites and rotations, training faculty profiles and 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 health care while supporting continuous quality improvement. The organization is dedicated to care innovation, clinical research, health education and improving community health.

The Post-Master's Fellowship Programs' mission statement declares a commitment "to training fellows within an integrated health care system in order to prepare them for dynamic roles as practicing mental health clinicians in the health care 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 and other medical specialty services. 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.

At least one-half of the fellow's time (approximately 20 hours per week) is spent providing direct services to patients. Services may include but are not limited to intake evaluations, individual and family psychotherapy and co-facilitation of treatment groups. The remaining hours are spent in activities such as weekly individual and group supervision, departmental/team meetings, local and regional seminars and grand rounds, scholarly presentations to peers, and a service project in the community. Trainees are expected to be present and available during all scheduled hours.

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 assist 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. Conference rooms for training seminars are also available at the Kaiser Regional headquarters in Oakland. Each medical center has its own medical library, with librarians available for research assistance. The 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 therapeutic work, fellows are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The Regional Mental Health Training Equity, Inclusion and Diversity Committee organizes 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 each regional seminar, 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 Equity, Inclusion and Diversity Committee also coordinates 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 questionnaires from Tridium, an electronic behavioral health platform. 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 whether to continue a current

therapy or whether to modify treatment. 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

Regularly scheduled seminars/didactic trainings are held at the local or consortium level. Fellow attendance should be 90% at minimum. The fellow is also expected to attend regional training seminars held in Oakland. Current seminar schedules and a list of speakers and topics can be found on the Regional Mental Health Training Programs' website.

After the completion of each seminar/didactic training, 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 trainings.

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 schools or community centers, with emphasis 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

The Post-Masters Fellowship Programs comply with supervision guidelines stipulated by the California Board of Behavioral Sciences (BBS). All licensed masters-level mental health professionals supervising ASWs must complete a one-time fifteen-hour course in supervision prior to the commencement of supervision. All licensed masters-level mental health professionals supervising AMFTs and APCCs must complete a six-hour continuing education course in supervision within 60 days of the commencement of supervision and during each license renewal cycle (every 2 years).

The BBS requires that supervisors of ASWs, AMFTs and APCCs be licensed for two years out of the last five years and must have practiced psychotherapy for two years out of the last five years OR have provided direct supervision for two years out of the last five years prior to the commencement of supervision. ASWs must receive a minimum of 1,700 hours of supervision from an LCSW. LPCCs who supervise AMFTs must provide AMFTs with written confirmation from the BBS verifying that they are qualified to assess and treat couples and families. For more information on BBS supervision requirements go to: <https://www.bbs.ca.gov/licensees/supervisor.html>.

3.02 BBS Supervisor Responsibility Statement and Supervisory Plan

The BBS Supervisor Responsibility Statement and Supervisory Plan must be completed, signed, and dated by the primary supervisor no later than the first day of the training year. The supervisor should give the original documents to the fellow, who retains them for submission later when applying for licensure. To print a copy of the BBS Responsibility Statement and Supervisory Plan, go to:

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

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

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

<https://www.bbs.ca.gov/pdf/forms/lcs/supplan.pdf> (for ASW, AMFT, APCC)

3.03 Weekly Summary of Experience Hours Log

It is the responsibility of AMFTs and APCCs to keep "weekly summary of experience hours" logs and for ASWs to keep a "weekly tracking log" with hours verified by the 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 APCC)

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 of 750 of the pre-degree hours may be direct counseling hours.

3.04 BBS Experience Verification Form

The California BBS Experience Verification form (see websites below), along with the BBS

Responsibility Statement for Supervisors and Supervisory Plan 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)

3.05 Methods of Supervision

All Post-Master's Fellows receive regularly scheduled, face-to-face, individual supervision for two 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 LCSWs, LMFTs or LPCCs at the fellow's work site. Supervisors must provide two hours of individual supervision for every 20 hours of fellow service provision.

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 delegated (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 delegated (secondary) supervisor at all times, via phone or pager, in case of emergency.

Fellows spend two hours a week in group supervision facilitated by a licensed clinician, who may be the 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), or 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>

3.06 Post Master's Fellow Evaluation of Supervisors

Each fellow evaluates their supervisors on a semi-annual basis at minimum using the Supervisor Evaluation form (Appendix J). 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 Supervisor Evaluation 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, and especially at the time of the fellow's quarterly Competencies Evaluations.

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient Rights and safety

Patients' 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 Fellow and 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 then document in the patient's electronic chart that the patient received this information, and that the patient gave (or refused to give) their consent to be seen by the fellow. The "dot phrase" to be used to note this is *".traineeinformedconsent"*. This dot phrase signifies that *"The patient was informed that the undersigned (***) is a trainee working under the supervision of *** and other licensed staff members in the Dept. of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned."*

In addition to the above electronic charting, the fellow may complete a "Notice of Provision of Mental Health Treatment Services by an ASW/AMFT/APCC" (Appendix F) and provide it to the patient and/or guardian for their reference.

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.

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 training director.

4.06 Medical Record Confidentiality: CMIA and HIPPA

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, located under HR Policies in My HR.

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 the supervisor, training director and/or privacy officer immediately. Failure to comply with this expectation will result in remedial or corrective action up to and including termination.

4.07 Online Charting in KP HealthConnect

All medical centers use the same database for online charting called KP HealthConnect. Through HealthConnect, fellows can access hospital records and perform online charting, as well as respond to consultation requests electronically. Fellows are expected whenever possible to incorporate Tridium 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. Entries into the mental health record, for example, must include only approved abbreviations and symbols.

The patient's treatment progress is to be documented at each contact. The record should be sufficiently detailed and organized in accordance with departmental standards so that a staff member can provide appropriate and effective care to 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 record should enable another clinician to assume care of the patient at any time.

4.08 Signing and Closing of Chart Notes by Supervisor

All fellows should enter intake and progress notes into HealthConnect immediately after each patient contact session and forward the notes to their supervisor. The supervisor will review the fellow's notes and may make recommendations to the fellow. If necessary, the fellow will modify the notes. After approving the notes, the supervisor will enter the CPT code and co-sign and close the notes no later than two business days from the date of patient contact.

5.0 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 Fellow Foundational and Functional 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 (i.e., confidentiality, professional boundaries, etc.)
- Psychopathology/Abnormal Psychology
- Theories and Practices of Psychotherapy
- Personality and 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, has reviewed section IV of the Individual Training Contract entitled "Responsibilities and Expectations of Fellow," and understands the basic requirements of program participation.

5.03 Post Master's Fellow Competencies Evaluation

In order to ensure that fellows meet all of the program's 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 training 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. For any behavioral anchor in which a fellow is rated less than a "3" ("Meets Expectations") the primary supervisor must provide a narrative explanation. In addition, ratings of "1" ("Inadequate") or "2" ("Needs Improvement") on any behavioral anchor on the CE will trigger remedial and possibly corrective action.

Since the program provides increasingly complex training over the course of the year, a fellow who is deemed to "meet expectations" at the beginning of the year would be functioning at a higher level than when deemed to "meet expectations" at the end of the year. A fellow performing at level "3" at the end of the year has met the competency requirements for entry level of independent practice in the profession.

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 Due Process procedure.

5.04 Certificate and Letter of Program Completion

To receive a Certificate of Completion at the end of the training year, the fellow must attain a minimum score of "3" ("Consistently Meets Expectations") or above for each behavioral anchor on the CE by the fourth quarter.

In addition to a Certificate of Completion, each eligible fellow also receives a Letter of Completion (Appendix M). This letter acknowledges the fellow's successful completion of their supervised hours and certifies that all program requirements have been met and that the fellow is in good standing in the program. The letter also describes general duties that the fellow performed and the team(s)/rotations on which the fellow trained.

Fellows who voluntarily separate from the training program before the end of the training year are considered to have resigned and will not receive a Certificate or Letter of Completion. Any fellow who does not complete the full training year is still eligible to have an Experience Verification form submitted to the BBS at the end of training. This form will reflect the hours that the fellow completed at or above a satisfactory level of performance according to the fellow's supervisor.

5.05 Post-Master's Fellow Program Survey

Each fellow evaluates the training program at mid-year and at the end of the training year. The Fellow Program Survey (Appendix K), 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 program procedures.

6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The 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 training program adheres to fair and unbiased evaluation and remediation procedures, and that the fellow is given an opportunity to appeal the 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 Post Master's 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. To be informed in a timely manner if they are not meeting program standards.
6. To engage in ongoing evaluation of the fellowship training program. The training 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 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 period and can be accessed through the KPNC web site, 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 training program, including their supervisory experiences, through meetings with training directors and semi-annual written evaluations.
6. To communicate 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, program standards, and interpersonal disputes. 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 time frames, 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 American with Disabilities Act.

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 enable them to successfully address the concern. The fellow should be given a time frame in which to correct the concern and may be provided with additional support over subsequent supervision meetings. 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 in their supervision notes. These notes will not become part of the fellow's official training file.

6.06 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 levels of achievement (i.e., is receiving ratings of less than 3 on any element of the Competencies Evaluation); 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 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 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 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 expected performance and conduct standards and no further action is needed.
 - b) The fellow has demonstrated performance 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.

c) The fellow has demonstrated minor competency deficits that have resulted in rating(s) of 2 - "Needs Improvement" - on one or more elements of the CE. To address these deficits, the fellow will be placed on a remediation plan called "Focused Competency Guidance." Focused Competency Guidance may also be implemented when a fellow is found to be below the minimum levels of achievement in their knowledge or skill because of a gap in graduate school training (for example, insufficient preparation in diagnostics).

d) The fellow has demonstrated major competency deficits that have resulted in rating(s) of 3 – "Inadequate – on one or more elements of the CE. A fellow with serious performance or conduct problems may be placed on Probation, which is also a form of remediation.

e) The fellow has demonstrated major competency deficits involving potential harm to a patient, gross misconduct, legal violations, or serious policy or ethical code violations. Any fellow demonstrating such behaviors 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 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 or 2) 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 unsatisfactory performance and date in which the concerns were first brought to the fellow's attention.
3. Identification of the targeted competency area(s) and competency element(s).
4. Decision of the Hearing Committee with regard to the competency concerns and whether a remediation plan was recommended.
5. When Focused Competency Guidance is recommended - an outline of measures to be undertaken to remediate performance, including but not limited to schedule modification, provision of opportunities for extra supervision and/or attendance at additional seminars and/or other training activities, and/or recommendations of training resources.
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 Remediation 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.

6.08 Focused Competency Guidance

Focused Competency Guidance is typically triggered when a fellow receives one or more ratings of "2" ("Needs Improvement") for any competency element on the Competencies Evaluation (CE) during quarters one and two. The "2" rating indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if a fellow receives a "2" for any Competency elements measured, the supervisor may initiate Probation depending on the element or number of elements needing improvement. . A focused competency guidance can also be initiated mid-quarter if competency issues have been identified by the training team

During the hearing outcome meeting, the primary supervisor and the site training director will present a Focused Competency Guidance plan (Appendix D) to the fellow which also includes a recording of the concern(s) in narrative form on a CE. The primary supervisor will review the competencies to be targeted and the remedial actions recommended by the Hearing Committee (for example, didactic trainings, closer mentoring, structured readings, simulated clinical practice etc.).

The Hearing Committee may also recommend 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 therapy; (d) reducing the fellow's clinical or other workload; and (e) requiring specific academic course work.

The guidance plan 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 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 guidance plan document.

The Focused Competency Guidance plan must be signed and dated by the primary supervisor and fellow during the initial and follow-up meetings. The primary supervisor and site director will provide the fellow a copy of the plan. A copy will also be placed in the fellow's training file.

6.09 Probation

Fellows who have serious competency-related 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 levels of achievement 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 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 time frame. Improvement must be evidenced by CE rating(s) of “3” (“Consistently Meets Expectations”) in the targeted areas.

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 unsatisfactory performance and date in which the concerns were first brought to the fellow’s attention.
3. Identification of the targeted competency area(s) and competency element(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, 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 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 a copy will be placed in the fellow's training file. Within the time frame 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 training 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 above.
2. After the probationary period, the fellow has not met expectations for improvement in the identified competency domain(s) (i.e., the fellow continues to receive CE ratings of 1, "inadequate").
3. The fellow has failed to comply with state or federal laws, KPNC and/or post master's training program 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 training 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 unsatisfactory performance and dates in which the concerns were

first brought to the fellow's attention.

3. Identification of violation(s), including corresponding competency area(s) and competency element(s). Additional factors to be documented include, but are not limited to, those listed in item four (4) of the Letter of Warning above.
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 and the consortium director will be provided with copies 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 6.08 and utilizing the Probation plan document found in 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 time frame, 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 6.08 above.

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 training program or to terminate the fellow from the training 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 training program 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 training 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 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 Kaiser Permanente Northern California Post Master's Fellowship Program. The decision to dismiss a fellow is not made lightly and is made by the site director, department manager, and HR consultant with notice given to the consortium director.

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 unsatisfactory performance.
2. Identification of violation(s), including corresponding competency area(s) and competency element (may include details listed in the Suspension Letter).
3. Notice of Termination of Employment.
4. Notice that the fellow is also dismissed from the post master's training program and will not receive a certification or letter of completion.
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 training 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 training program regarding a fellow's Competencies Evaluation and Remediation plans, as well as a fellow's status in the 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 training program decision, the fellow must notify the site 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 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, to the site training director, and to the consortium director.

If a fellow is dissatisfied with the Hearing Committee's decision, they may appeal the decision to the regional training director (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 regional training director (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 designee) will review the decision along with the fellow's appeal and either accept or reject the committee's recommendations.

If the regional training director accepts the Hearing Committee's recommendations, they will inform the site training director who, in turn, will inform the fellow, the primary supervisor and the consortium director of the decision. If the regional training director 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 regional training director will inform the site training director of any rescission. The site training director will in turn inform the fellow, the consortium director, and the fellow's supervisors/training faculty. The fellow may appeal the regional training director'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 Post-Master's 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 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 consortium training director and/or department manager(s).

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 consortium training director 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 consortium training director 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 consortium director 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 consortium director will review their findings with the regional training director and/or assistant regional training director, 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 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 training supervisor may discuss concerns about the issue directly with a Human Resources consultant. If the issue pertains to the department but not to the training program, they are 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 supervisor, they should address the issue fully with the site director. The site 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 director will then gather any information needed and respond to the training 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 training supervisor may contact the department manager and the consortium director detailing their concerns. The department manager and consortium director should follow the procedure outlined above in Step 1, including meeting with the training supervisor, establishing a time frame for response, conducting any necessary investigation, and responding to the training 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 an LCSW, LMFT or LPCC
- Minimum of one (1) year of employment at the training site preferred
- Member of a professional association (i.e., NASW, CAMFT, AAMFT, ACA)
- 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 training director when questions or concerns arise regarding fellows' program requirements
- Attends all program-related meetings and keeps abreast of any changes in the 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
- Supervisor must be in good standing within their department and must be approved by both the Training Director and departmental management

8.02 Consortium and Site Training Director Qualifications

- Must work a minimum of 32 hours per week and be on site at least 4 days per week
- Minimum 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
- For Consortium Director only: minimum one (1) year experience as a site training director
- Member of a professional association (i.e., NASW, CAMFT, AAMFT, ACA)
- 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 consortium and site training director appointments; however, the Regional Mental Health Training Director conducts the interviews and makes the final selection.

8.03 Site Training Director Responsibilities

- Reports to their local Consortium Training Director
- Attends all training program-related meetings, including in-person regional meetings in Oakland as well as teleconferenced regional meetings
- Coordinates and directs the training supervisors
- Ensures that program policies and procedures are followed
- Ensures that support and resources for fellows and supervisors are provided
- Ensures that Board of Behavioral Sciences 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 program and supervisors utilizing the Post-Master's Fellow Program Survey and Post-Master's Fellow Evaluation of Supervisor
- Implements modifications to program per feedback from program surveys and CEs
- Participates with department managers in decision-making on issues concerning

fellows' schedules, placements on teams and the candidate interview process

- Implements modifications to program per feedback from program surveys and CEs
- Ensure 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 region, 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 on-boarding process of incoming trainees, and at other crucial periods of the training year.

8.04 Consortium Training Director Responsibilities

- Reports to the Northern California Regional Training Director
- Provides leadership for the consortium's site training directors and offers feedback on their performance, as necessary
- Attends all training program meetings, including in-person regional meetings in Oakland, as well as teleconferenced regional meetings
- Meets with site training directors on a monthly basis to review consortium functioning
- Works with supervisory teams to ensure that program policies and procedures are followed and that a high standard of training is maintained
- Verifies that all CEs and program surveys are completed in a timely manner
- Oversees consortium didactic trainings to ensure that curriculum is informed by science and includes a focus on diversity issues
- Implements modifications to program per feedback from program surveys

8.05 Administrative Hours for Training Faculty – Regional Standards

- All primary supervisors are allocated a minimum of one hour per week for each fellow they supervise for chart review and note closing. This administrative time is in addition to the one hour face-to-face individual supervision time for each fellow (coded as RES).
- All secondary supervisors (if one exists) are allocated a minimum of one-half hour per week of administrative time for each fellow they supervise for chart review and note closing. This time is in addition to the one hour of face-to-face individual supervision time for each fellow.
- All site training directors are allocated three ½ hours per week including office hours of administrative time, funded by the clinic, to manage their programs.
- All consortium directors are allocated five administrative hours per week, funded by the Region, in addition to the three hours allotted by the clinic, to manage their programs.
- Each consortium or training site receives administrative staff support, funded by the Region.

At certain points in the year, including for interviews and on-boarding, training directors may need additional administrative time to effectively manage their programs. Department managers are asked to grant training directors schedule flexibility and to allow the necessary accommodations. 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.

8.06 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 Supervisor meetings (minutes are recorded) among site training directors and supervisors to discuss the progress of the fellows, the curriculum and to develop plans and make decisions related to the administration of the program.

Formal consortium meetings (minutes are recorded) among site training directors and consortium directors to make decisions about curriculum and seminars, program planning, upcoming candidate interviews, and other program matters. Supervisors may be invited to attend. Fellows may also attend on occasion and participate as full contributing members.

- Semi-Annually
Regional meetings of all site training directors across northern California with the Regional Mental Health Training Director to discuss new program developments, curriculum changes and other program administrative matters.

8.07 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 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 file should include the following documents:

1. Letter of Intent
2. Resume
3. Letters of Recommendation
4. Welcome Letter signed by fellow
5. Values Statement signed by fellow
6. California BBS Responsibility Statement for Supervisors and Supervisory Plan
7. Baseline Assessment of Competencies
8. Individual Training Contract
9. Competencies Evaluation (CE) showing ratings for all four quarters
10. California BBS Experience Verification form
11. Copies of all completed/signed weekly summary of experience logs
12. Copy of completed Letter of Completion
13. Copy of completed Certificate of Completion

14. 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 or deletion 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.

8.08 Establishment of New Training Sites and Director Appointments

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

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

9. 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

Our 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, our 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.

The fellowship programs encourage applications from individuals who 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, training directors work closely with department managers. Interviews 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 four years following the interviews. Application materials from non-interviewed applicants need not be retained for any period of time.

9.03 Welcome Letter and Values Statement

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.

A "Welcome Letter" (Appendix 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.

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.

9.04 KPNC Employment Statement

The term of the post-masters' fellowship is one year, and it is expected that the fellow will remain in the program for the duration of the term. There is no expectation that after the one-year 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

Post-Master's Fellows are employed by KFH and are paid every two weeks. Paychecks are

deposited directly into bank accounts by arrangement with KPNC. The current wage scale for fellows is posted on the Regional Mental Health Training Programs website.

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 Regional 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.

Detailed information on fellow benefits, including medical and dental insurance coverage, can be found on the MyHR homepage under the Benefits & Wellness tab.

9.06 Paid Time Off and Holiday Pay

Each fellow receives 80 hours of paid time off (coded as PTO) which can be used as sick or vacation time during the training year. The full 80 hours is front-loaded into fellows' TIME accounts at the beginning of the training year; 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 eight (8) hours of pay for KPNC-recognized holidays that fall within the training year, based on a five-day/40-hour work week.

9.07 Time Off for Professional Licensing Examinations

Each fellow is eligible to receive time off (coded as RES or equivalent) 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, post-master's 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 the 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, 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

The 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, 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 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 you affix your 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 tee 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 or 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, 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.

10.04 Social Media Policy

Members of the training program (both trainees 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. Trainees 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 trainees 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 training 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 trainee 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 training 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. 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-TRA2@kpntra.org

A. 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, MH trainees 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 trainee'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 trainee seeks reimbursement must begin on or after the trainee's "eligibility date" and must end before the trainee's last day of training. This means that if an event for which a trainee seeks reimbursement begins or ends after the trainee's last day at KP, the event is not reimbursable.
3. Any MH trainee (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 MH trainee 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 trainee 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 trainee can make an informed decision as to whether or not to purchase the course(s). A trainee 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 MH trainee should talk with their 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 trainees cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their 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 MH trainee can monitor the status of their application online at <http://www.kpcareerplanning.org/>. Click 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 manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the trainee to receive reimbursement, which occurs after the event and after the trainee has submitted all of their supporting documentation, including invoice/statement of charges, grades, and receipts.

Instead of faxing the required supporting materials/documents, the trainee 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 trainee will have up to 90 days after the end of the course to submit supporting documentation. If the trainee 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.

B. 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.

10.06.3.2 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.”

10.06.3.2 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.

10.06.3.2 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.***

C. 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 |

D. AATBS is the only non-academic provider of exam prep courses/workshops/materials that meet's the NTRA criteria for reimbursement. AATBS will give 20% 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

10. 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.

10) The automated certificate for the **EPPP 4-Day workshop** is issued the following week after completion of the event. For all other workshops, please contact Kevin Norton after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.

b) The certificate of completion for the **online self-paced workshop** is issued 30 days* after it is purchased. Contact Kevin Norton and request a certificate for the workshop (*no sooner than 30 days: no later than the end of the training year).

10. 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.

10) Workshop Certificates: obtain following the instruction outlined above.

b) **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.*

3. For **Packages with Exam Study Materials Only** (i.e., no workshop included):
- a) 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.

b) 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 Extern	DU	Psychologist 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 Masters MH Fellow [Associate Clinical Social Worker (ASW)]	CI	Psychiatric Social Worker Trainee
025472	Associate Post Masters MH Fellow [Associate Marriage & Family Therapist (AMFT)]	DG	Marriage & Family Therapist Trainee
025472	Associate Post Masters MH Fellow [Professional Clinical Counselor] (APCC)]	DG	Professional Clinical Counselor Trainee
----	Pre-Master's Intern	DU	Student

Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

BASELINE ASSESSMENT OF FOUNDATIONAL AND FUNCTIONAL COMPETENCIES ACSW/AMFT/APCC FELLOW

Training Year: _____ Date: _____

Training Site: _____ Team: _____

Fellow Name: _____

Primary Supervisor Name: _____

PART I: PREREQUISITES CHECKLIST

Before any fellow can see patients individually, he/she must have prior training in the areas listed in the Prerequisites Checklist, below. The fellow and his/her training director will ensure that these competencies are met before the fellow begins seeing patients. To document this, the fellow and 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 Evaluation		
2. Mandated Reporting (CPS, APS, etc.)		
3. Suicide/Homicide/Danger Assessment (Tarasoff, etc.)		
4. Ethics (i.e., confidentiality, HIPAA, professional boundaries,		
5. Psychopathology, Abnormal Psychology		
6. Theories and Practices of Psychotherapy		
7. Personality and Psychological Development		
8. Domestic Violence		
9. Chemical Dependency		

PART II: FELLOW'S COMPETENCY BASELINES

- 1 = No Experience:** Fellow has no experience in this competency area: needs focused training in this competency area to meet expectations of an entry-level ASW/AMFT/APCC fellow
- 2 = Minimal Experience:** Fellow has minimal experience in this competency area: needs focused training in this competency area to meet expectations of an entry-level ASW/AMFT/APCC fellow
- 3 = Meets Expectations:** Fellow's experience meets expectations of an entry-level ASW/AMFT/APCC fellow

GOAL 1: PROFESSIONALISM			
A) Professional identity			
Essential Component:			
■ Understands professional values; honesty, personal responsibility			
■ Understands self as professional, “thinking like a mental health professional”			
Behavioral Anchors:			Baseline Ratings
● Demonstrates honesty and takes responsibility for own actions			1 2 3
● Demonstrates knowledge of practicing within one’s competence			1 2 3
● Understands the need to take personal responsibility for ongoing learning and training opportunities			1 2 3
B) Deportment			
Essential Component:			
■ Understands how to conduct oneself in a professional manner			
Behavioral Anchors:			
● Demonstrates appropriate personal hygiene and attire			1 2 3
● Distinguishes between appropriate and inappropriate language and demeanor in professional contexts			1 2 3
C) Accountability			
Essential Component:			
■ Acceptance of personal responsibility across settings and contexts			
Behavioral Anchors:			
● Completes documentation on time			1 2 3
● Plans and organizes own workload			1 2 3

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:			
Displays:			
● Critical thinking/organized reasoning/problem-solving skills			1 2 3
● Intellectual curiosity and flexibility			1 2 3
● Demonstrates openness to considering own transference and counter-transference issues			1 2 3
B) Self-assessment			
Essential Component:			
■ Knowledge of core competencies; emerging self-assessment regarding competencies			
Behavioral Anchor:			
● Recognizes own clinical strengths and the areas needing further development			1 2 3
C) Self-care: Attention to personal health and well-being to assure effective professional functioning			
Essential Component:			
■ Understands the importance of self-care in effective practice; knowledge of self-care methods; attention to self-care			
Behavioral Anchor:			
● Demonstrates basic awareness and attention to self-care			1 2 3

GOAL 3: CULTURALLY SENSITIVE PRACTICE			
Objectives: Self-awareness, awareness of others, and 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:			
<ul style="list-style-type: none"> ■ Knowledge, awareness, and understanding of: <ul style="list-style-type: none"> ● 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:			
● Demonstrates openness to self-identify, multiple, individual, and cultural identities	1	2	3
● 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	1	2	3
● Demonstrates cultural sensitivity in practice	1	2	3
● Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals	1	2	3
● 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	1	2	3
● Demonstrates knowledge of methods and techniques for assessing the impact of other peoples' values, culture and life experiences on the client's presenting problem	1	2	3
● Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments, and organizations/agencies	1	2	3
● Adapts and modifies one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient	1	2	3

GOAL 4: ETHICAL/ LEGAL STANDARDS AND POLICY			
Knowledge of ethical, legal, and professional standards and guidelines			
Essential Component:			
<ul style="list-style-type: none"> ■ 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:			
● Identifies ethical and legal issues; seeks consultation as appropriate when presented with ethical and legal decision-making and/or when resolving ethical dilemmas	1	2	3
● 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	1	2	3
● Demonstrates knowledge of typical legal issues in connected time frames (e.g., child , dependent adult, elder abuse reporting, HIPAA, Confidentiality, Informed Consent)	1	2	3

GOAL 5: INTERDISCIPLINARY SYSTEMS			
Functioning in multidisciplinary and interdisciplinary contexts			
Essential Component:			
■ Cooperation, teamwork, and collaboration			
Behavioral Anchors:			
● Demonstrates ability to cooperate with others in task completion	1	2	3
● Develops collaborative relationships with and respect for other professionals	1	2	3

GOAL 6: INTERPERSONAL RELATIONSHIPS				
Interpersonal relationships and affective skills				
Essential Component:				
■ Awareness of own and tolerance of other's affect				
Behavioral Anchors:				
● Demonstrates affect tolerance	1	2	3	
● Tolerates and understands interpersonal conflict, ambiguity, and uncertainty	1	2	3	
● Listens to and acknowledges feedback from others, including supervisors	1	2	3	

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:				
● Demonstrates competence in performing mental status examinations	1	2	3	
● Demonstrates competence in substance abuse assessment	1	2	3	
● Demonstrates competence in assessing client's readiness for change	1	2	3	
● Maintains the therapeutic alliance	1	2	3	
● Demonstrates competence in assessing client's coping strategies to reinforce and improve adaptation to life situations, circumstances, and events	1	2	3	
● Selects and modifies appropriate intervention strategies based on continuous clinical assessment; terminates treatment effectively.	1	2	3	
● Articulates awareness of theoretical bases of interventions	1	2	3	
● Demonstrates skill in initial assessment, case conceptualization and diagnostic formulation	1	2	3	
● Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving	1	2	3	
● Demonstrates competence in group therapy co-facilitation, psychoeducation, and interventions	1	2	3	
● Uses Evidence-Based Practices in clinical assessment and intervention with clients	1	2	3	
B) Risk assessment				
Essential Component:				
■ Demonstrates foundational background in assessing for risk				
Behavioral Anchors:				
● Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others	1	2	3	
● Demonstrates competence in assessing for grave disability	1	2	3	
● Demonstrates competence in assessing for child, dependent adult, and elder abuse	1	2	3	
● Demonstrates competence in assessing for domestic violence	1	2	3	
● Demonstrates knowledge of Tarasoff guidelines	1	2	3	
C) Progress evaluation				
Essential Component:				
■ Demonstrates basic knowledge of the evaluation of progress and intervention outcome				
Behavioral Anchors:				
● Demonstrates basic knowledge of methods to examine intervention outcomes	1	2	3	

GOAL 8: COMMUNITY PARTNERSHIPS**Essential Component:**

- Provides education and training based on empirical practice to promote healthy behaviors in underserved populations

Behavioral Anchors:

● Provides outreach to underserved communities via service projects to promote healthy behaviors to members of those communities	1	2	3
● Collects, analyzes, and presents relevant demographic information and outcome data to partnership stakeholders	1	2	3
● Develops alliances with relevant individuals and/or systems to improve the lives of those served	1	2	3

Signature of Fellow: _____

Date: _____

Signature of 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. [REV 26AUG2020]

Appendix B

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

ASW/AMFT/APCC FELLOW INDIVIDUAL TRAINING CONTRACT (rev. 7/2020)

Training Year: _____ Date: _____

Consortium: _____ Site: _____

Fellow: _____ Team: _____

Primary Supervisor Name: _____

I. TRAINING PLANS FOR MINIMAL EXPERIENCE COMPETENCY AREAS

List plan(s) for addressing all competency area(s) which fellow and supervisor have rated as "1" (Minimal Experience) on the Baseline Assessment of Competencies form, and which will be areas of focused training for fellow:

[illegible]

II. COMPETENCY AREAS WHICH FELLOW HAS IDENTIFIED FOR ADDED FOCUS

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

[illegible]

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 regional training seminars, unless supervisor authorizes my absence
- Attend local didactics (at minimum 90% 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 reporting laws, confidentiality, and respect for boundaries, as outlined by KP; the BBS; NASW, AAMFT, AMFT or 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 or 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 "3" (Consistently Meets Expectations) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation.

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

The Fellow Individual Training Contract has been agreed to on this _____ 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 APPIC Website.

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS [Rev. 26AUG2020] COMPETENCIES EVALUATION FOR ASW/AMFT/APCC FELLOW

Training Year: _____ Date: _____
 Training Site: _____ Team: _____
 Fellow Name: _____
 Primary Supervisor Name: _____

Rating	Measurement	Description
1 = Inadequate	At this point in the training program, Fellow's performance <u>never meets</u> expectations for an ASW/AMFT/APCC fellow	A rating of "1" (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation Process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.
2 = Needs Improvement	At this point in the training program, Fellow's performance <u>sometimes meets</u> expectations for an ASW/AMFT/APCC fellow.	A rating of "2" (Needs Improvement) prompts the supervisor to: 1) Initiate the Focused Competency Guidance process (see Appendix F of the Policy and Procedure Manual), and 2) Complete a narrative describing the justification behind this rating.
3 = Meets Expectations	At this point in the training program, Fellow's performance <u>consistently meets</u> expectations for an ASW/AMFT/APCC fellow.	A rating of "3" (Meets Expectations) indicates that Fellow's performance meets the competency requirements for fellows at that stage of training.

If, by the end of the fourth quarter evaluation period, the fellow has not achieved ratings of 3 for all behavioral anchors, he/she/they will not receive a Letter and Certificate of Completion.

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	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates knowledge of practicing within one's competence	1 2 3	1 2 3	1 2 3	1 2 3
● Understands the need to take personal responsibility for ongoing learning and training opportunities	1 2 3	1 2 3	1 2 3	1 2 3

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	1 2 3	1 2 3	1 2 3	1 2 3
● Distinguishes between appropriate and inappropriate language and demeanor in professional contexts	1 2 3	1 2 3	1 2 3	1 2 3

C) Accountability				
Essential Component:				
■ Acceptance of personal responsibility across settings and contexts				
Behavioral Anchors:				
● Completes documentation on time	1 2 3	1 2 3	1 2 3	1 2 3
● Plans and organizes own workload	1 2 3	1 2 3	1 2 3	1 2 3
Goal 1 Supervisor Comments				

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:				
Displays:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
● Critical thinking/organized reasoning/problem-solving skills	1 2 3	1 2 3	1 2 3	1 2 3
● Intellectual curiosity and flexibility	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates openness to considering own transference and counter-transference issues	1 2 3	1 2 3	1 2 3	1 2 3
B) Self-assessment				
Essential Component:				
■ Knowledge of core competencies; emerging self-assessment regarding competencies				
Behavioral Anchor:				
● Recognizes own clinical strengths and the areas needing further development	1 2 3	1 2 3	1 2 3	1 2 3
C) Self-care: Attention to personal health and well-being to assure effective professional functioning				
Essential Component:				
■ Understands the importance of self-care in effective practice, knowledge of self-care methods. attention to self-care				
Behavioral Anchor:				
● Demonstrates basic awareness and attention to self-care	1 2 3	1 2 3	1 2 3	1 2 3
Goal 2 Supervisor Comments				

GOAL 3: CULTURALLY SENSITIVE PRACTICE

Objectives: Self-awareness, awareness of others, and 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	1 2 3	1 2 3	1 2 3	1 2 3
● 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	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates cultural sensitivity in practice	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals	1 2 3	1 2 3	1 2 3	1 2 3
● 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	1 2 3	1 2 3	1 2 3	1 2 3

● Demonstrates knowledge of methods and techniques for assessing the impact of other peoples' values, culture and life experiences on the client's presenting problem	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments, and organizations/agencies	1 2 3	1 2 3	1 2 3	1 2 3
● Adapts and modifies one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient	1 2 3	1 2 3	1 2 3	1 2 3

Goal 3 Supervisor Comments

GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY

Knowledge of ethical, legal, and professional standards and guidelines				
Essential Component:				
<ul style="list-style-type: none"> ■ 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:				
<ul style="list-style-type: none"> ● Identifies ethical and legal issues; seeks consultation as appropriate when presented with ethical and legal decision-making and/or when resolving ethical dilemmas 	1 2 3	1 2 3	1 2 3	1 2 3
<ul style="list-style-type: none"> ● 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 	1 2 3	1 2 3	1 2 3	1 2 3
<ul style="list-style-type: none"> ● Demonstrates knowledge of typical legal issues in connected time frames (e.g., child and elder abuse reporting, HIPAA, Confidentiality, Informed Consent) 	1 2 3	1 2 3	1 2 3	1 2 3

Goal 4 Supervisor Comments

GOAL 5: INTERDISCIPLINARY SYSTEMS
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Functioning in multidisciplinary and interdisciplinary contexts				
Essential Component:				
<ul style="list-style-type: none"> ■ Cooperation, teamwork, and collaboration 				
Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> ● Demonstrates ability to cooperate with others in task 	1 2 3	1 2 3	1 2 3	1 2 3

completion				
• Develops collaborative relationships with and respect for other professionals	1 2 3	1 2 3	1 2 3	1 2 3
Goal 5 Supervisor Comments				

GOAL 6: INTERPERSONAL RELATIONSHIPS				
Interpersonal Relationships and Affective skills				
Essential Component:				
■ Awareness of own and tolerance of other's affect				
Behavioral Anchors:				
• Demonstrates affect tolerance	1 2 3	1 2 3	1 2 3	1 2 3
• Tolerates and understands interpersonal conflict, ambiguity and uncertainty	1 2 3	1 2 3	1 2 3	1 2 3
• Listens to and acknowledges feedback from others, including supervisors	1 2 3	1 2 3	1 2 3	1 2 3
Goal 6 Supervisor Comments				

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:				
● Demonstrates competence in performing mental status examinations	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in substance abuse assessment	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in assessing client's readiness for change	1 2 3	1 2 3	1 2 3	1 2 3
● Maintains the therapeutic alliance	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in assessing client's coping strategies to reinforce and improve adaptation to life situations, circumstances, and events	1 2 3	1 2 3	1 2 3	1 2 3
● Selects and modifies appropriate intervention strategies based on continuous clinical assessment; terminates treatment effectively	1 2 3	1 2 3	1 2 3	1 2 3
● Articulates awareness of theoretical bases of interventions	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates skill in initial assessment, case conceptualization and diagnostic formulation	1 2 3	1 2 3	1 2 3	1 2 3
● Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in group therapy co-facilitation, psychoeducation, and interventions	1 2 3	1 2 3	1 2 3	1 2 3
● Uses Evidence-Based practices in clinical assessment and intervention with clients	1 2 3	1 2 3	1 2 3	1 2 3
B) Risk assessment				
Essential Component:				
■ Demonstrates foundational background in assessing for risk				
Behavioral Anchors:				
● Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in assessing for grave disability	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in assessing for child, dependent adult and elder abuse	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates competence in assessing for domestic violence	1 2 3	1 2 3	1 2 3	1 2 3
● Demonstrates knowledge of Tarasoff guidelines	1 2 3	1 2 3	1 2 3	1 2 3
C) Progress evaluation				
Essential Component:				
■ Demonstrates basic knowledge of the evaluation of progress and intervention outcome				
Behavioral Anchor:				

- Demonstrates basic knowledge of methods to examine intervention outcomes

[illegible]

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:

- 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

[illegible]

EVALUATION:

1ST Qtr.2nd Qtr.3rd Qtr.4th Qtr.

FELLOW'S INITIALS:

SUPERVISOR'S INITIALS:

DATES:

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

POST-MASTER'S FELLOW REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN (rev. 7/2022)

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

Policy Statement:

Focused Competency Guidance is *typically* triggered when a fellow receives one or more ratings of "2" ("Needs Improvement") for any behavioral anchor(s) on the Competency Evaluation (CE). A rating of "2" typically indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if a fellow receives a "2" for any behavioral anchor, the supervisor may choose to initiate Probation.

After determining the need to initiate Focused Competency Guidance and recording concerns in narrative form on the fellow's CE, 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 actions. The guidance 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 plan must be signed and dated by the primary supervisor and the fellow during the initial and follow-up meetings. A copy of the plan will be provided to the fellow and a copy will 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 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) and Date

A. Competency Issues discussed at meeting, rated as "2" on CE:	B. Recommended Actions	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		

Focused Competency Guidance Plan		Page 3 of 3
A. Competency Issues discussed at meeting, rated as "2" on CE:	B. Recommended Actions (cont'd)	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		

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

Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

POST-MASTER'S FELLOW REMEDIATION: PROBATION PLAN (rev. 6/2022)

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

Policy Statement:

Probation is *typically* triggered when a fellow fails to achieve timely and/or sustained improvement after completing a Focused Competency Guidance Plan and/or receives one or more rating(s) of "1" for any behavioral anchor(s) on the Competencies Evaluation. A rating of "1" ("Inadequate") indicates major competency deficit(s).

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 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 time frame outlined in the Letter, the fellows' supervisors will re-evaluate the fellow's progress and document their findings in the outcomes 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 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) and Date

Supervisor Name (Signature) and Date

Probation Plan		Page 2 of 4
Component of the Probation Plan		Outcome
1. Description of post-master's fellow's unsatisfactory performance		
2. Identification of targeted competency area(s)/behavioral anchors		

Component of the Probation Plan (cont'd)	Outcome
<p>3. Outline of measures to be undertaken to remediate fellow performance, 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</p>	

Probation Plan		Page 4 of 4
Component of the Probation Plan (cont'd)	Outcome	
4. Expectations for successful outcome		
5. Consequences for unsuccessful outcome (which may include initiation of Probation)		
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. 7/2020)

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

_____ Associate Clinical Social Worker (ASW)

_____ Associate Marriage and Family Therapist (AMFT)

_____ Associate Professional Clinical Counselor (APCC)

Fellow Name: _____

Fellow Registration #: _____

Fellow Contact #: _____

Fellowship Completion Date: _____

The above-identified fellow is working under the supervision of:

Supervisor Name: _____

Supervisor License #: _____

Supervisor Contact #: _____,

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

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Appendix H

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

_____ Seminar Evaluation (rev. 7/2020)

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 objectives 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 subject matter? | _____ |
| 8. Was/were the instructor(s) well prepared? | _____ |
| 9. Was/were instructor(s) attentive to questions? | _____ |
| 10. Would you attend another seminar given by this instructor? | _____ |
| 11. How would you rate the overall value of the program? (circle one): | _____ |

Excellent

Good

Fair

Poor

12. Suggestions for future seminar topics? _____

13. Please list two insights that you have gained from this seminar.

14. Additional comments are welcomed. Use reverse side of this sheet if needed.

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Appendix J

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

FELLOW EVALUATION OF SUPERVISOR (rev. 7/2020)

Consortium: _____ Date: _____

Evaluation Period: Year: _____ 2nd Quarter (Sept-Feb) _____
4th Quarter (Mar-Aug) _____

Supervisor's Name: _____

Supervisor's Status: _____ Primary individual supervisor
_____ Delegated (secondary) individual supervisor
_____ Group supervisor - indicate which group:
_____ Case Conference
_____ Other _____
_____ Other _____

Supervisee's/Fellow's Name: _____

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 relationships 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

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 supervisor imposing his/her/their own agenda.
_____ Recognizes my strengths
_____ Conveys an 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 therapists' style and needs
- ☐ Encourages therapist to question, challenge, or doubt 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 from advisory to consultative to collegial

Supervisor Models Professional Behavior

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

Impact of Supervisor

- ☐ Provides feedback that generalizes or transcends individual cases to strengthen therapist's general skill level
- ☐ Shows concern for therapist's personal development as well as program performance
- ☐ Facilitates therapist's 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 K

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

ASW/AMFT/APCC FELLOW PROGRAM SURVEY (rev. 8/2020)

Training Year: _____

Check One: Mid-Year _____

Training Site: _____

Date: _____

EVALUATION INSTRUCTIONS

This form is designed to allow the fellow to evaluate the program over a range of professional domains, using the Likert scale, below.

- | | |
|--|--|
| 1 Inadequate
2 Needs Improvement
3 Meets Expectations | Program never meets my expectations*
Program sometimes meets my expectations*
Program consistently meets my expectations |
|--|--|

SEMINARS AND SUPERVISORS

Ratings

- | | |
|--|-------|
| 1. How would you rate the quality of the weekly seminars at your site? | 1 2 3 |
| 2. How would you rate the quality of the regional seminars? | 1 2 3 |
| 3. How would you rate the quality of your individual primary supervision? | 1 2 3 |
| 4. How would you rate the quality of your secondary supervision? | 1 2 3 |
| 5. How would you rate the quality of your group supervision? | 1 2 3 |
| 6. How would you rate the overall training received during your fellowship year? | 1 2 3 |
| 7. How would you rate the quality of resources available to you, such as the web-based Clinical Library and the Best Practices models, and the availability of senior staff members? | 1 2 3 |
| 8. Was your training graduated in complexity during the year? | 1 2 3 |
| 9. Did you feel welcomed and treated with respect by the professional staff at your site? | 1 2 3 |

FOUNDATIONAL COMPETENCIES

Goals	Sub Areas/Objectives	Behavioral Anchors	Ratings
1: PROFESSIONALISM	Professional Identity	I have been encouraged to take responsibility for my own actions and to practice within my competence	1 2 3
		I have been encouraged to take responsibility for ongoing learning and training opportunities	1 2 3
	Department	I have been encouraged to take responsibility for professional behavior in the work environment	1 2 3
	Accountability	I have been given sufficient training in completing documentation and organizing my own workload	1 2 3

2: REFLECTIVE PRACTICE/SELF-ASSESSMENT	Reflective Practice	I have been supported in developing problem-solving skills, critical thinking, and organized reasoning skills	1 2 3
		I have been encouraged to consider my own transference and counter-transference issues	1 2 3
	Self-Assessment	I have been encouraged to explore my own strengths and those areas which need further development	1 2 3
	Self-Care	I have been given support to practice ongoing self-assessment and good self-care	1 2 3

3: CULTURALLY SENSITIVE PRACTICE	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	I have been encouraged to independently apply knowledge, skills, and attitudes regarding dimensions of diversity to my professional work	1 2 3
	Applications based on individual and cultural context	I have been encouraged to independently monitor and apply knowledge of diversity to patient treatment	1 2 3

4: ETHICS	Knowledge of ethical, legal, and professional standards and guidelines	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	1 2 3
------------------	--	---	-----------

5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS	Functioning in multidisciplinary and interdisciplinary contexts	I have been encouraged to develop and maintain effective relationships with a wide range of patients, colleagues, organizations, and communities	1 2 3
		The program offers opportunities for me to communicate effectively with other professionals	1 2 3
		I have been encouraged to contribute as a fully participating team member	1 2 3

FUNCTIONAL COMPETENCIES			
Goals	Sub Areas/Objectives	Behavioral Anchors	Ratings
6: THERAPEUTIC RELATIONSHIPS	Interpersonal Relationships and Affective Skills	I have learned to tolerate and understand interpersonal conflict, ambiguity, and uncertainty	1 2 3
		I have been encouraged to develop awareness of my own affect	1 2 3
		I have learned to accept feedback	1 2 3

7: INTERVENTION	Counseling Skills and Treatment Planning	I have developed competence in performing mental status examinations	1 2 3
		I have developed competence in performing substance abuse assessment	1 2 3
		I have been trained to enhance my diagnostic skills	1 2 3
		I have been given the opportunity to demonstrate clinical skills with a wide variety of patients	1 2 3
		I have been trained how to set realistic treatment goals with patients that incorporate empirical models	1 2 3
	Risk Assessment	I have been trained to enhance my abilities to evaluate and respond to risk, child/elder abuse, and domestic violence	1 2 3
		I have developed competence in performing assessments for child/elder abuse and domestic violence	1 2 3
		I have been instructed on Tarasoff guidelines	1 2 3
	Progress Evaluation	I have developed competence in understanding methods that examine intervention outcomes	1 2 3

PLEASE WRITE **COMMENTS** BELOW–THANK YOU!

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Appendix M

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

GENERIC LETTER OF COMPLETION

[To be printed on Letterhead of KP department/medical center that includes address]

[Date]

Dear [Full name of trainee]:

Congratulations on your successful completion of [XXXX] hours of supervised training at Kaiser Permanente [Program Name] at [Location, CA]. 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 [XXXXXX] Team, which included general clinic duties pertaining to that team.

OR

In addition to completing [e.g., "general clinic duties"] on the [XXXXXX] 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 XX 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 N



KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

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

To be completed by the Requestor and emailed to Kathryn.Wetzler@kp.org

REQUESTOR INFORMATION	
Requestor Name:	
Requestor Email Address:	
Requestor Office Phone:	
Department and Location of new/existing training program:	
Address of Location:	

PROGRAM RECRUITMENT AND RETENTION OF FELLOWS		
Please provide a description of your recruitment strategy for hiring and retention of Fellows:		
Please identify the School(s) from which your Fellows will be recruited:		
TIMELINE FOR RECRUITMENT		
Posting of Positions	Interview Period	Last Date for Hiring
Mid-December	January-March	July 15th

INDIVIDUAL AND GROUP SUPERVISION OF POST-MASTER'S FELLOWS		
INDIVIDUAL SUPERVISION: Each Fellow must have one primary and one secondary supervisor assigned to them, for a total of two 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 secondary supervisor is not at the clinic.		
GROUP SUPERVISION: Each Fellow must have two hours of group supervision each week.		
Please provide an outline of the structure and content of Group Supervision:		

PROGRAM CURRICULUM
Didactics (2 hours per week): Please attach a list of the didactics schedule for the training year.
Community Partnership Projects (32 hours per year): Please attach an outline of Community Partnership projects, in which each Fellow will be participating for 32 hours over the course of the training year.

BUSINESS PLAN APPLICATION, POST-MASTER'S FELLOWSHIPS, PAGE 3

PROGRAM ADMINISTRATION

Please provide a description of how your management plans to support the 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 web site:	
Acknowledgment that program will submit a list, to the Regional Director, of candidates to be interviewed for Training Director position, when appropriate:	(signature of Requestor)
Acknowledgment that Training Director commits to attending two regional meetings per training year, held in Oakland:	(signature of Requestor)

ADDITIONAL INFORMATION PROVIDED BY REQUESTOR (OPTIONAL)

Appendix O1

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

Generic Welcome Letter: ASW

Date _____

Dear _____

We are pleased to welcome you to the ASW Fellowship Program in the Department of Psychiatry at Kaiser Permanente, _____ (*name of medical center training site*). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ (*full street address*), and reporting to _____ (*staff member's name*).

Fellowship Term: September X, 20XX - September X, 20XX

Total Hours: You will be scheduled to work _____ 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: <https://www.bbs.ca.gov/pdf/forms/lcs/aswapp.pdf> [Rev. July 2020]

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> [Rev. Jan. 2020]

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> [Rev. Jan. 2019]

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 accompanying Values Statement to your training director by fax at _____ (fax number) or email at _____ (email address).

Fellow's Signature: _____

Date: _____

Training Director's Signature: _____

Date: _____

Appendix O2

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

Generic Welcome Letter: AMFT

Date _____

Dear _____

We are pleased to welcome you to the AMFT Fellowship Program in the Department of Psychiatry at Kaiser Permanente, _____ (*name of medical center training site*). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ (*full street address*), and reporting to _____ (*staff member's name*).

Fellowship Term: September X, 20XX - September X, 20XX

Total Hours: You will be scheduled to work _____ 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 a Marriage and Family Therapist Fellow (AMFT). Information regarding registration can be found here <https://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf> [Rev. July 2020]

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> [Rev. Jan. 2020]

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 [Rev. Jan. 2019]

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 accompanying Values Statement to your training director by fax at _____ (fax number) or email at _____ (email address).

Fellow's Signature: _____

Date: _____

Training Director's Signature: _____

Date: _____

Appendix O3

KAISER PERMANENTE NORTHERN CALIFORNIA POST-MASTER'S FELLOWSHIP PROGRAMS

Generic Welcome Letter: APCC

Date _____

Dear _____

We are pleased to welcome you to the APCC Fellowship Program in the Department of Psychiatry at Kaiser Permanente, _____ (*name of medical center training site*). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ (*full street address*), and reporting to _____ (*staff member's name*).

Fellowship Term: September X, 20XX - September X, 20XX

Total Hours: You will be scheduled to work _____ 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 here https://www.bbs.ca.gov/pdf/forms/lpc/pci_app.pdf [Rev. July 2020]

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 [Rev. Jan. 2020]

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 [Rev. Jan. 2019]

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 accompanying Values Statement to your training director by fax at _____ (*fax number*) or email at _____ (*email address*).

Fellow's Signature: _____

Date: _____

Appendix P

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 Q



Mental Health Training Program Exit Interview Questions (optional)

1. Please tell us any areas you see for improvement in the training program	
2. What were your favorite parts of the training experience?	
3. What were some of the biggest challenges you faced during your training year?	
4. What are you most looking forward to in your new role/where you're going next?	
5. Did you feel adequately supported, respected, and recognized in your role as part of the team this year?	
6. 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?	
7. Was your training experience consistent with your expectations from when you interviewed and accepted the offer? If not, what changed?	
8. Would you recommend training at our program to a peer? Why or why not?	