

PROGRAMMING HANDBOOK

NOTE: THIS HANDBOOK IS REGULARLY UPDATED AND DESIGNED FOR ELECTRONIC USE. TO ENSURE ACCURACY, REPORT BROKEN HYPERLINKS AND INQUIRIES REGARDING HANDBOOK CONTENT [HERE](#).

DISCLAIMER: PARTICIPANTS AND AFFILIATES OF THE KP BEHAVIORAL HEALTH TRAINING INSTITUTE MUST COMPLY WITH KAISER PERMANENTE'S CODE OF ETHICAL CONDUCT (PREVIOUSLY KNOWN AS THE PRINCIPLES OF RESPONSIBILITY), KP POLICIES AND PROCEDURES, DEPARTMENTAL POLICIES AND PROCEDURES, APPLICABLE PROFESSIONAL LICENSING REGULATORY AGENCIES, AND STATE AND FEDERAL LAWS.

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KP Behavioral Health Training Institute Overview

The Kaiser Permanente (KP) Behavioral Health Institute (BHTI) is a Strategic Influence division of the KP Masterbrand. In partnership with the Kaiser Permanente Mental Health Scholars Academy (MHSA), the KP BHTI, provides clinical training opportunities to KP employees for career advancement in behavioral health. The KP BHTI prioritizes the learner experience while providing essential clinical support to our service areas and patients.

Scope

KP BHTI partners with service areas in the Southern California region to provide students and pre-licensed professionals with learner-centered clinical training opportunities in behavioral health. Placements in behavioral health include Addiction Medicine, Kaiser Mental Health Center, Psychiatry, and Social Medicine, for individuals seeking Licensure in Marriage and Family Therapy and Social Work.

Mission

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Kaiser Permanente Behavioral Health Training Institute drives innovative, collaborative, high-quality clinical training, and lifelong learning within an ever-evolving health system.

Vision

Kaiser Permanente Behavioral Health Training Institute seeks to become the premier training institution for behavioral health professionals to advance the community standard for improving access to high-quality behavioral health services.

Values

Integrity - KP BHTI values personal and professional integrity through professionalism, self-awareness, self-reflection, willingness to learn, and respectful open dialogue.

Beneficence - KP BHTI actively promotes wellness through respect, kindness, equity, inclusion, diversity, and behavioral health advocacy.

Innovation - KP BHTI advances behavioral health through innovation, implementation, and regular evaluation of evidence-based practices.

KP BHTI Participant Guideline Adherence Expectations

In addition to adherence to KP Behavioral Health Training Institute guidelines, participants and affiliates of the KP BHTI must comply with [Kaiser Permanente's Code of Ethical Conduct](#), [KP policies and procedures](#), departmental policies and procedures, applicable professional licensing regulatory agencies, and state and federal laws.

Program Overviews

KP BHTI currently offers Pre-Masters programming for MHSA-affiliated Master's level Marriage and Family Therapy (MFT), Professional Clinical Counseling (PCC), and Social Work (MSW) students.

Pre-Masters Programs

Pre-Masters programming currently consists of MFT Trainee practicum, PCC Trainee, and SW Trainee practicum for first and second year placements. Experiences are available in Addiction Medicine, the Kaiser Mental Health Center, Psychiatry, Regional Classes, and Social Medicine.

Practicums are typically a sixteen (16) hour per week commitment. Trainees are expected to provide evening and weekend availability. Practicum hours must be consistent from week to week to accommodate patient scheduling. Placement schedules should not regularly be two consecutive days of the week. KP BHTI structures and schedules the first two (2) weeks of practicum for orientation and onboarding. Except for orientation and onboarding, designated practicum hours are arranged between the Trainee, current KP manager, Regional Clinical Supervisor, and Service Area Coordinator or designee.

Direct care services may include, but are not limited to, initial assessment, individual, couple and family therapy, psychoeducational classes, care coordination, and co-facilitation of treatment groups. The remaining hours are spent in activities such as weekly individual and group supervision, departmental/team meetings, and training seminars.

Any Trainee may request to participate in Regional Class facilitation as part of their practicum experience. More information can be found [here](#).

MFT and PCC Practicum

MFT and PCC practicums in Addiction Medicine and Psychiatry is available to students currently enrolled in an MHSA-affiliated Master's in Marriage and Family Therapy and Professional Clinical Counseling programs. To qualify for practicum, the student must meet all academic requirements to participate in practicum as an MFT or PCC Trainee and be in good standing with MHSA. KP BHTI Participants who are not in good standing with MHSA will be disenrolled from placement at the end of the current term.

Time commitment

Between ten (10) and twelve (12) hours of practicum are spent providing direct services to patients over one (1) year. Approximately four (4) of the twelve weekly direct care hours are spent providing relational (ex. conjoint, couple, family) services weekly.

Caseload requirements

MHSA MFT and PCC Trainees will be templated for ten (10) to twelve (12) direct care appointments weekly after the completion of the two (2) week orientation period. Caseloads will consist of approximately ten (10) actively

engaged patients. MFT and PCC Trainees are expected to maintain a Caseload Tracking Form and to review its accuracy regularly with their Regional Clinical Supervisor and Site Clinical Mentor.

MFT Trainees are responsible for tracking weekly hours using the California Board of Behavioral Sciences (BBS) Weekly Log or equivalent digital platform (ex. Track Your Hours, etc.) in accordance with BBS guidelines. MFT Trainees must review weekly accrued hours with their Regional Clinical Supervisor for signature and verification.

MSW Practicum

MSW practicums are available to students currently enrolled in an MHSA-affiliated Master of Social Work program. To qualify for a practicum, the student must meet all academic requirements to participate in practicum and be in good standing with MHSA. KP BHTI Participants who are not in good standing with MHSA will be disenrolled from placement at the end of the current term.

First Year MSW Foundational Practicum

The first year MSW practicum is available in Addiction Medicine and Psychiatry and focuses on developing the foundation of appropriate social work practice skills and knowledge, which includes developing relationships, acquiring interviewing skills, mastering initial assessments, making diagnostic assessments, and developing intervention skills.

Time commitment

Approximately ten (10) hours of practicum is spent providing direct services to patients weekly.

Caseload requirements

MHSA Social Work (SW) Trainees will be templated for ten (10) to twelve (12) direct care appointments weekly after the completion of the two (2) week orientation period and successful completion of clinical skill evaluation. Caseloads will consist of approximately ten (10) actively engaged patients. SW Trainees are expected to maintain a Caseload Tracking Form and review its accuracy regularly with their Regional Clinical Supervisor and Site Clinical Mentor.

Second Year MSW Advanced Practicum

The second year practicum is available in Addiction Medicine, the Kaiser Mental Health Center, Medi-Cal Care Coordination, Psychiatry, and Social Medicine. For MSW second year students repeating placements in Addiction Medicine or Psychiatry, emphasis will be placed on a specific area of focus while building upon foundational skills. Areas of focus may include, but are not limited to, early recovery, children and adolescents, case management, postpartum, and eating disorders. KP's Mental Health Center will include opportunities providing direct patient care both in the Inpatient and Partial Hospitalization Programs. Opportunities in Social Medicine may include outpatient and/or inpatient hospital specialty units (i.e. NICU, Pediatric Oncology, Emergency Department, Intensive Care Unit, Urgent Care, OBGYN, Maternal Child Health, etc.) providing direct patient care via care coordination, brief interventions, and triage. Medi-Cal care coordination practicum will provide patient linkage, triage, and care coordination between Kaiser Permanente and the County.

Time commitment

Approximately ten (10) hours of practicum is spent providing direct services to patients weekly.

Caseload requirements

MHSA Social Work (SW) Trainees placed in the department of Addiction Medicine or Psychiatry will be templated for ten (10) direct care appointments weekly after the completion of either a two (2) week orientation period, or a one (1) week clinical technique application training for returning KP BHTI Trainees, and successful completion of clinical skill evaluation. Caseloads will consist of approximately ten (10) actively engaged patients. SW Trainees are

expected to maintain a Caseload Tracking Form and review its accuracy regularly with their Regional Clinical Supervisor and Site Clinical Mentor.

Pre-Masters Placement Procedures

MFT, PCC and SW Trainees must be matriculated at an accredited academic institution with active school agreements and be in good standing with MHSA prior to providing direct care. KP BHTI Participants who are not in good standing with MHSA will be disenrolled from placement at the end of the current term.

KP BHTI, in partnership with MHSA, works with the graduate schools' practicum coordinators, referred to as University Coordinators, to recruit appropriate candidates. MHSA ensures that all applicants who meet general criteria for the program are included in the selection pool. Qualified MHSA-affiliated students are prioritized for placement.

Applications are reviewed by Service Area Coordinators who identify and invite qualified candidates to interview. Interviews take place three (3) months before the practicum term begins.

MFT, PCC and SW Trainees commit to five (5) months to one (1) year at their assigned site as directed by their academic institution.

MFT, PCC and SW Trainees requiring a placement extension to meet graduation requirements must first request an extension with their academic institution and MHSA. Once the extension is confirmed with both the academic institution and MHSA, MFT, PCC and SW Trainees must email BehavioralHealthTrainingInstitute-SCAL@kp.org to request a placement extension at least three (3) months in advance of the original expected placement completion date.

Placement Term Starts	Applications Open	Applications Due	Interviews	Placements Confirmed Within 3-4 Weeks
January	September	September	November	See SharePoint
May	January	February	March	See SharePoint
August	April	May	June	See SharePoint

KP BHTI Supervision Agreement

Pre-Licensed Provider Agreement

Clinical Supervision is meant to develop a collaborative, mutually trusting relationship between the clinical Supervisor and Supervisee. A mutually trusting relationship means fostering a necessary space where the Supervisee will be encouraged and supported to share information pertinent to the clinical work with their Regional Clinical Supervisor. A necessary space may not always be comfortable. The Supervisee will be challenged as they grow, develop, and learn new things to work with diverse populations in a variety of settings. Transference, countertransference, personal issues, and ruptures are expected. Personal self-reflection is a necessary component of clinical case conceptualization and ethical professional practice.

This document is intended to establish Supervision parameters, assist in Supervisee professional development, and provide clarity in Supervisor and Supervisee responsibilities including responsibilities to ensure high quality patient care.

Competency Expectations

- A. Regional Behavioral Health operates from Competency-Based and Feedback-Informed Supervision models.
- B. Supervisees will complete a competency evaluation self-assessment at least quarterly.
- C. Supervisors will complete a competency evaluation for each Supervisee based on direct observation, documentation review, Supervision, and patient outcomes.
- D. Supervisors will dedicate time to review the competency evaluations to identify strengths and areas of growth identified in the Supervisee's competency self-assessment and the Supervisors competency evaluation of the Supervisee.

Context of Supervision

- A. Weekly one (1) hour individual and/or triadic Supervision in accordance with BBS guidelines.
 - o [Board of Behavioral Sciences \(BBS\) \(ca.gov\)](https://www.bbs.ca.gov/)
- B. Weekly two (2) hour group Supervision with no more than eight (8) Supervisees as indicated by BBS guidelines.
- C. Training and education.
- D. KP BHTI utilizes an integrative model of Feedback-Informed and Competency-Based Supervision. Feedback-Informed Supervision focuses on client feedback on the therapeutic process rather than Supervision-Based feedback on a specific therapeutic orientation. The goal of Feedback-Informed Supervision is to improve patient outcomes.
- E. Competency-Based Supervision is an approach that provides systematic attention to the component parts of the Supervision process. This approach enhances accountability and is reflective of Evidence-Based practice.

Remediation, Corrective Action, and Due Process

I attest to reviewing the remediation, corrective action, and due processes in of the KP BHTI Handbook.

Roles and Responsibilities of Supervisor

I attest to reviewing the Regional clinical Supervisor roles and responsibilities in the KP BHTI Handbook.

Roles and Responsibilities of the Supervisee

I attest to reviewing the KP BHTI Participant roles and responsibilities in the KP BHTI Handbook.

Procedural Aspects

- A. The supervision relationship is private, not confidential. Regional Clinical Supervisors will collaborate in consultation as part of the parallel process. They will also collaborate with local management around issues of competency and patient care.
- B. There are limits of confidentiality for Trainee disclosures. These include ethical and legal violations, indication of harm to self and others (and others as specific to the setting). Please note that effective clinical supervision involves professional consultations.
- C. Scheduling and time off must be coordinated well in advance to accommodate patient scheduling. KP BHTI Participants regularly update a time off calendar located on the KP BHTI SharePoint. KP BHTI requests at least one month notice of time off to ensure continuity of care for our patients. Schedule changes within one month must be communicated with the Regional Clinical Supervisor and the Site Clinical Program Manager who will direct the KP BHTI Participant on the local process for schedule change request.
- D. Site Clinical Mentors are responsible for providing KP BHTI Participants with personal emergency contact procedures and local emergency contacts including local security, panic button procedures, and KP Alert. Regional Clinical Supervisors are responsible for providing KP BHTI Participants with personal emergency contact information.

Cultural Humility

All KP BHTI Participants will receive a four (4) hour curriculum on Cultural Humility as part of their foundational program training. Cultural Humility transformed cross-cultural education into a model derived from these principles:

- Critical self-reflection and lifelong learning
- Mitigation of inherent power imbalances in the patient-provider dynamic
- Seeking and honoring the expertise residing in the communities we serve
- Advocating and maintaining institutional accountability through personal action

Supervisor's Scope of Competence

The agreement will be formally reviewed at least quarterly during competency evaluations. The Regional Clinical Supervisor and KP BHTI Participant agree to follow the expectations in this Supervision agreement and to conduct ourselves in keeping with our ethical principles and code of conduct, laws, and regulations.