POSTDOCTORAL FELLOWSHIP PROGRAM HANDBOOK

Updated 7/31/2026

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HealthRIGHT 360 Postdoctoral Fellowship Program

AIM

To prepare postdoctoral fellows for independent practice as licensed psychologists through advanced clinical training in community-based settings, focused on complex clinical presentations and co-occurring mental health and substance use disorders among marginalized populations.

APPIC Membership and APA Accreditation Status

The HealthRIGHT 360 Postdoctoral Fellowship program is not an APPIC Member.

The HealthRIGHT 360 Postdoctoral Fellowship program is not accredited by the American Psychological Association.

**Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Licensure Requirements

The satisfactory completion of the fellowship program meets the postdoctoral supervised practice requirements for licensure in the state of California.

Program Mission and History

Mission

The mission of HealthRIGHT 360 is to transform lives through compassionate care, empowerment, and advocacy – inspiring hope and advancing health justice for all.

History

HealthRIGHT 360 was founded in 2011 with the merger of Haight Ashbury Medical Clinic and Walden House. The organizations merged on July 1, 2011 to best serve the most vulnerable members of our community. On July 1, 2012, Haight Ashbury Medical Clinics – Walden House adopted a new name: HealthRIGHT 360.

Between 2013 and 2017 HealthRIGHT360 (HR360) continued to grow, merging with organizations throughout California, whose mission and services aligned with HR360's. HR360 provides services throughout California, currently serving thousands of individuals annually in 10 counties (not including jails). The agency serves culturally diverse individuals of all ages, including youth, young adults, and adults. The following is a list of agencies which comprise HealthRIGHT 360 and serve our clients although fellows will only participate in training within select programs described below.

Haight Ashbury Medical Clinics (HAMC) - To address the thousands of adolescents and young adults that were streaming into San Francisco for the cultural revolution of the 1960's, Haight Ashbury Medical Clinics (HAMC) opened its doors in 1967 as the first free medical clinic in the country. During the first week of operation over 400 patients were seen. HAMC has been an innovator in delivering primary health care services to many of the people who can least afford them. "Health Care is a Right, Not a Privilege" has been the guiding principle as well as its famous tagline.

Walden House was founded in 1969 in the same Haight-Ashbury district of San Francisco to help homeless and runaway adolescents with substance use disorder (SUD) problems. Today, Walden House treats people with mental health and substance use disorders at various residential and outpatient centers throughout California, including in-prison treatment programs, and facilities in San Francisco and Los Angeles, providing SUD and mental health treatment, vocational and housing services for people transitioning back into their communities. Like HAFC, Walden House has always served people who are uninsured, homeless and socio-economically disenfranchised, including those with HIV/AIDS.

Haight Ashbury Medical Clinics and Walden House have both grown over the years, becoming national models for community healthcare, substance use disorder treatment and mental health services.

Integrated Care Center (ICC) houses HR360's Primary Care Clinic, Dental Clinic, MAT (Medication Assisted Treatment) services, psychiatry, adult and women SUD and mental health services, specialty mental health services, the San Francisco Intake Team, case managers, and a Food Pharmacy. The ICC connects clients to the full spectrum of care services in one location to provide compassionate, non-judgmental, integrated healthcare. The Primary Care Clinic's services are built on the experience and services of Haight Ashbury Free Clinic and the Tenderloin Health Services. ICC's programs serve San Franciscan adults who are low-income

and may be experiencing or at-risk of homelessness and/or involved in the criminal justice system.

Asian American Recovery Services (AARS) joined the family of HR360 programs in 2013. Founded in 1985, AARS is dedicated to reducing the impact and incidence of substance use in the San Francisco Bay Area. Today, AARS offers an array of culturally competent SUD and mental health services to the Asian and Pacific Islander and other ethnically diverse communities of the Bay Area. AARS's culturally and gender responsive approaches are delivered by multicultural and multilingual staff who are a part of the communities they serve. AARS programs serve youth, adults, and families, and are located in San Francisco, Santa Clara, San Mateo and Alameda counties.

In 2014, North County Serenity House of San Diego County and Women's Recovery Association (WRA) of San Mateo joined HR360, continuing its leadership as a provider of gender responsive services for women and women with children.

Prototypes joined in 2016 expanding behavioral health care for women and children and services to survivors of domestic violence in Los Angeles, Orange and Ventura Counties.

Rock Medicine has evolved into a full program of HR360 and has provided service at an ever-growing number of concerts, community marches, celebrations and fairs, circuses, and assorted other events. In recent years, its 800+ active volunteers have provided care at over 1200 events in a single year.

In 2023, Acceptance Place joined HR360, adding to our residential treatment services to serve male individuals identifying as Gay, Bisexual, or Transgender (F/M).

Specialty Mental Health Program – We also provide specialty mental health services for Medi-Cal clients who meet the medical necessity criteria for more intensive, longer-term care. These clients have more serious mental health conditions that impact their functioning and require additional support. Services include individual, group, and family therapy, case management, crisis intervention, care coordination, and rehabilitation services.

Training Sites for Postdoctoral Fellows

Postdoctoral fellows complete their primary clinical training at one of HealthRIGHT 360's residential programs for the full training year or at two residential sites for 20 hours each, depending on program capacity and needs. Residential placements provide advanced clinical training opportunities with clients presenting with the highest levels of clinical acuity, complexity, and co-occurring mental health and substance use disorders.

Within these residential settings, fellows provide individual and group therapy, intakes, treatment planning, psychological assessment, milieu therapy, care coordination, case

management, and crisis intervention as needed. Fellows work closely with multidisciplinary treatment teams and gain experience delivering services within structured higher levels of care. Training experiences are designed to support fellows' continued development of advanced skills in working with marginalized populations and individuals with significant co-occurring disorders.

During orientation, fellows provide the program with their site preferences. Training assignments are determined based on program needs, fellow interests, and training capacity, with final placement decisions made by the Training Director. Fellows may also have the opportunity to work remotely one day per week and can submit a request to complete their administrative time at home or off-site. Requests are approved by the Training Director on a case-by-case basis.

Residential Programs

Dual Diagnosed Residential & Detox (815 Buena Vista Ave) is a 108-bed, co-ed, dual diagnosis residential facility. MAT is provided to this facility through the ICC. Services at this location include ASAM levels 3.1, 3.3, and 3.5, detox/withdrawal management (ASAM level 3.2), mental health services, MAT, harm reduction, care coordination, and peer support services. In 2023, Joe Healy Detox joined HR360 and moved into 815. Joe Healy specializes in providing detox/withdrawal management services to males who identify as gay, bisexual, or transgender.

815 Slots: 1, **Length:** 12 months
Primary Supervisor: Dr. Erika Torres
Fellow Duties: Individual and group therapy, intake/assessment, treatment planning, milieu therapy, crisis intervention, case management, care coordination, attending program case conferences and staff meetings

*For more information about ASAM, please refer to the following links.
https://www.asam.org/asam-criteria/about-the-asam-criteria
https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care

Men's Residential (890 Hayes Street) is a 115-bed male residential facility. Services at this location include ASAM levels 3.1, 3.3, and 3.5, mental health services, MAT, harm reduction, care coordination, and peer support services. This facility serves adult males, experiencing or at-risk of homelessness, intravenous drug users, and those involved in the criminal justice system. In 2023, Acceptance Place joined HR360 and moved into 890. Acceptance Place specializes in providing residential SUD services to males who identify as gay, bisexual, or transgender.
890 Rotation Slots: 1, **Rotation Length:** 12 months
Primary Supervisor: Dr. James Healy

Fellow Duties: Individual and group therapy, intake/assessment, treatment planning, milieu therapy, crisis intervention, case management, care coordination, attending program case conferences and staff meetings

Women's HOPE (2261 Bryant Street) is a 16-bed residential program (not including children's beds) for women with children, and perinatal women. Women's HOPE offers trauma-informed and gender responsive SUD treatment that includes parenting and family services in an effort to break the intergenerational cycle of substance use and mental health issues. The program is designed to address all co-factors that support addictive behaviors while also providing services for children, addressing issues such as substance use, trauma, mental health, homelessness, sober living skills, parenting education, and aftercare. The target population of this program is low-income, underserved African American and Latina women and their children. Pregnant women are the highest priority population.
Women's Hope Rotation Slots: 1, **Rotation Length:** 12 months
Primary Supervisor: Dr. Erika Torres
Fellow Duties: Individual and group therapy, intake/assessment, treatment planning, milieu therapy, crisis intervention, case management, care coordination, attending program case conferences and staff meetings

Clinical and Training Experiences

The postdoctoral fellowship provides advanced training in a range of psychological assessment and intervention activities conducted directly with individuals receiving psychological services. Fellows function with increasing autonomy while refining and integrating clinical skills across diverse and complex presentations. Fellows receive two hours of individual supervision each week from a licensed psychologist. Fellows receive two hours of weekly group supervision via Teams, except the last week of each month they receive two hours of didactic training. The training curriculum emphasizes the integration of evidence-based practices, trauma-informed care, harm reduction, motivational interviewing, and culturally responsive clinical practice.

Psychological Assessment
Fellows conduct comprehensive psychological assessment batteries using a range of standardized instruments (e.g., WASI, WRAT, PAI, RBANS). Referrals originate primarily within the fellows' residential program site, with additional referrals as appropriate from other programs within the agency. Fellows are expected to complete a minimum of four reports over the training year, with an emphasis on advanced integration of test data, clinical interviews, collateral information, and cultural considerations. Reports include interpretation of assessment findings, diagnostic impressions, and clinically relevant treatment recommendations. Assessment findings are integrated into interdisciplinary treatment planning and shared with the treatment team as appropriate.

Fellows receive individual and group supervision focused on assessment case conceptualization, differential diagnosis, the application of assessment findings to treatment planning, and report development.

Interventions

Fellows provide individual psychotherapy and maintain a caseload of approximately 13-14 clients. Fellows also facilitate or co-facilitate 2–3 therapy groups each week within a residential treatment setting. Clinical work emphasizes increasing autonomy, advanced case conceptualization, and the integration of evidence-based interventions with complex and co-occurring presentations.

Didactic trainings emphasize the advanced application and integration of evidence-based approaches relevant to the treatment of co-occurring disorders, with attention to clinical judgment, case conceptualization, and treatment planning. These approaches include Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). Additional trainings address the application of trauma-informed care, harm reduction principles, substance use disorder treatment, and crisis intervention within a residential treatment setting. Fellows also receive training in culturally responsive clinical practice, LGBTQ+-affirming approaches, and treatment considerations for diverse populations.

Supervision

Fellows gain experience in the provision of clinical supervision under the guidance of licensed psychologists. Fellows provide individual supervision and consultation to interns and co-facilitate group supervision with interns or practicum-level students. Through these experiences, fellows further develop supervisory skills, including providing constructive feedback, facilitating case conceptualization, and engaging in reflective supervisory practice, while strengthening clinical insight and professional leadership skills. Fellows' supervisory skills are evaluated through ongoing supervision, feedback, and consultation with licensed psychologists.

Care Coordination

Fellows also participate in interdisciplinary care coordination meetings as part of the client's treatment team, which may include their substance use disorder (SUD) counselor, psychiatrist, case manager, and other relevant providers. These meetings focus on reviewing client progress, collaboratively updating treatment plans, and ensuring integrated care across disciplines. Fellows actively contribute clinical observations, integrate information from individual and group therapy, and collaborate with team members to support the client's overall recovery plan.

Case Conferences and Staff Meetings

Fellows attend weekly program staff meetings and case conferences (1–2 hours) where challenging and complex clinical cases are reviewed. Case conferences provide fellows with

opportunities to actively engage in clinical discussion and problem-solving, integrate diverse clinical perspectives, and apply clinical judgment to case conceptualization and treatment planning. Fellows may also present cases and contribute psychological formulation and treatment recommendations as appropriate. Program staff meetings support interdisciplinary communication and collaboration, allowing team members to share updates on client care, remain informed about agency policies and administrative procedures, and coordinate efforts to ensure effective program operations.

Supervisor Bios

Erika Torres, Ph.D.

Dr. Erika Torres is a bilingual Spanish-speaking psychologist of Mexican American descent. She has been supervising and training clinicians in both languages since 2012. She was an adjunct faculty for over 4 years at Notre Dame de Namur University where she taught undergraduate and master level courses. She currently trains and supervises master and doctoral level trainees at HealthRight 360. In addition, Dr. Torres has a psychotherapy, coaching, and consulting practice where she offers program/product development consulting. She practices Acceptance and Commitment Therapy (ACT) across her coaching, therapy, and supervision practice. She was trained and worked in hospital and community settings including managing an IOP Program at Kaiser Permanente and leading the behavioral health clinical training program at LifeMoves, the largest shelter network in the Bay Area.

Dr. Torres earned a Master's and Ph.D. in Clinical Psychology with an emphasis in Program Evaluation Research from Alliant International University and a BA in Psychology with a focus in Criminal Justice from San Francisco State University. In her spare time, she enjoys dancing Cuban salsa, practicing mixed martial arts, spending time outdoors, connecting meaningfully with others and reading fiction.

Joanne Chao, Psy.D.

Dr. Joanne Chao has been with HealthRIGHT 360/Asian American Recovery Services (AARS) since 2003, serving in a variety of roles. Since July 2022, she has been the Director of Mental Health Internships. Previously, Dr. Chao served as the Director of Mental Health Programs, where she managed the specialty mental health outpatient program and spearheaded the launch and clinical operations of the Street Crisis Response Team, which included up to 12 clinicians and 4 clinical supervisors. Before that, she was the Director of AARS San Francisco Programs, overseeing a range of services including prevention/outreach, residential, and outpatient substance use and mental health services for adults, women, TAY, and youth.

Prior to the merger with HealthRIGHT 360, Dr. Chao worked for AARS as a clinical supervisor for over 10 years. Across her various leadership roles at HR360/AARS, she has provided clinical supervision to both interns and staff. In addition to her work at HR360/AARS, Dr. Chao has maintained a small private practice since 2002.

Dr. Chao earned her Psy.D. in Clinical Psychology from the California School of Professional Psychology and a B.A. in Economics and Psychology from Brandeis University. Before transitioning into psychology, she had a successful career in the Information Technology industry. Originally from the East Coast, she now lives with her daughter and a menagerie of pets, including two dogs and her daughter's various reptiles. In her free time, she enjoys meditation, hiking, and traveling.

James R. Healy, Ph.D.

Dr. James R. Healy is a clinical psychologist who has been working in non-profit behavioral health settings for over 30 years, and has supervised programs, therapists, and interns since 2006. His experience includes working in inpatient psychiatric and residential centers, substance use treatment programs, and community behavioral health clinics, as well as experience in providing DBT, MI, substance use, and violence prevention training to both small and large groups. Dr. Healy has expertise working with and supervising treatment for those diagnosed with serious mental health issues, substance use disorders, and symptoms of chronic childhood trauma in adults. He also is experienced treating adolescents and their families, providing batterer's intervention, and working within those identifying as LGBTQIA+.

Dr. Healy earned a BA in Psychology from Loyola University Chicago and his PhD. from Alliant International University in Los Angeles with an emphasis on working with families. He loves trail running, cooking, and reading way past his bedtime.

HealthRIGHT 360 Stipend, Benefits, and Resources Policy

The annual stipend for all fellows participating in HealtRIGHT360's Postdoctoral Fellowship Program (HR360) is $77,000 subject to taxes and withholdings for employee contributions to benefits. Fellows are hired as employees, classified under HealthRIGHT 360 Human Resources as exempt, and are herein referred to as fellow. They will receive the option to enroll in health benefits. Additionally, all fellows will receive 120 hours of Paid Time Off, to be used for either vacation or sick time, as needed. In the event the fellow does not use the entirety of the 120 hours, that time will be paid out at the time of off boarding. All Paid Time Off hours will be frontloaded, and available for use immediately. Fellows will accrue no other time off.

Fellows must submit requests for time off to their primary supervisor at least two weeks in advance of any anticipated time off in HR360's HRIS (Dayforce). Fellows are responsible for communicating anticipated absences to all supervisors for whom work will be missed. If out due to illness, fellows must inform their primary supervisor as soon as they are physically able to do so. If the fellow requires extended leave, they should discuss with their supervisor or the Human Resources Leaves Administrator whether their extended leave qualifies for the requested time off or leave of absence. For approved extended leave, fellows will be granted an

extension and must complete the fellowship within 15 months of starting the program. Supervisors are available for any questions related to time off or release time.

Fellows have access to numerous resources. All fellows are provided with workspace, a desk, computer/laptop, office phone, voicemail, printers, ID badges, and basic office supplies.

Resources may include intervention manuals, assessment materials, other training materials, and access to the DSM 5 and ICD-10. Additional materials that may be needed may be purchased using fellowship funding with the Training Director's approval. Attendance at professional conferences is encouraged and funded by HR360 when opportunities are available. Each fellow additionally has access to administrative and IT support.

Fellow Selection and Academic Preparation Requirements Policy

Applicants must have completed all requirements for their doctoral degree before beginning their postdoctoral training, and that they must have received the doctoral degree from an APA/CPA-accredited program or from a regionally accredited institution of higher education, including an APA/CPA-accredited internship or an internship meeting APPIC standards.

Applicants should submit an online application through the APPIC website (www.appic.org) using the APPIC Psychology Postdoctoral Application (AAPA CAS). Invited applicants will also be sent a link to complete HR360's job application.

A complete application consists of the following materials:

1. A completed online AAPA CAS
2. Cover letter (as part of AAPA CAS)
3. A current Curriculum Vitae (as part of AAPA CAS)
4. Three Standard Reference Forms, two of which must be from people who have directly supervised your clinical work (as part of AAPA CAS). Please submit no more than three SRFs.

Application Screening and Interview Processes

HR360 will base its selection process on the entire application noted above; however, applicants who have met the following qualifications prior to beginning fellowship will be considered preferred:

1. Some experience or special interest in working with diverse populations;
2. Some experience or special interest in working with co-occurring disorders (mental health and substance use disorders)

All applications are reviewed by HR360's Training Committee using a standard Application Rating Scale and evaluated for potential goodness of fit with the fellowship program. The Training Committee meets to determine which applicants to invite for interviews based upon the results of this review process.

Applicants are notified whether they have received an interview by email on or before December 22. Interviews are scheduled in January and February on a first-come, first-served basis. Interviews take place via videoconference with the entire Training Committee. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate. The program adheres to APPIC's common hold date.

All fellows who are hired must provide proof of citizenship or legal residency and must successfully pass a fingerprint-based background check before beginning employment. Fellows also must complete First Aid & CPR certification, health screening, and provide results from a tuberculosis (TB) screening test from the previous 12-months. Instructions for providing this information or completing the background check, health, and TB screening will be sent out at least several weeks prior to the start date.

Questions regarding any part of the selection process or HR360's academic preparation requirements may be directed to the HR360 Training Director.

HealthRIGHT 360 Diversity and Non-Discrimination Policy

HealthRIGHT 360 is committed to developing a workforce that reflects the diversity in the community it serves which includes effective recruitment of fellows, hiring, and personnel development practices.

The HealthRIGHT 360 Fellowship Program (HR360) highly values diversity and is dedicated to cultivating a learning environment that is equitable, welcoming, safe, and inclusive for all fellows. HR360 strives to foster an environment where all staff and fellows feel respected, valued, and empowered to succeed.

HR360 welcomes applicants from a variety of backgrounds, recognizing that diversity enriches the training experience and enhances the program's quality. HR360 provides equal opportunity to all prospective fellows regardless of race, color, sex, gender, sex stereotyping (including assumptions about a person's appearance or behavior, gender roles, gender expression, or gender identity), religious creed (including religious dress and grooming practices), marital status, domestic partner status, natural hairstyle, age, national origin or ancestry, citizenship status, ethnic group identification, political affiliation, physical or mental disability (including HIV and AIDS), medical condition (including pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy), transgender status, genetic information and characteristics, sexual orientation, reproductive health decision-making, certain arrest and court records, child

support orders, military or veteran status, or any other basis protected under federal, state, or local laws, and prohibits any discrimination on the basis of any of the aforementioned. This includes the perception that anyone has any of the characteristics listed above or is associated with a person who has or is perceived as having any of the characteristics. Each applicant is evaluated on the strength of their previous training, practicum experience, and overall fit with the fellowship program. For accommodation requests, applicants or fellows should contact the fellowship training director and Leaves and Accommodations team to begin the process.

The HR360's Cultural Competency, Diversity, and Inclusion Plan guides how HR360 responds to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross-culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. HR360 incorporates practices in its employment, access to services, service provision and community services that are sensitive to the needs of a diverse community, including cultural competency practices that reflect the National CLAS standards and other evidence-based practices.HR360 strives to reduce disparities and provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. This CLAS Principal is integrated into organizational policies and procedures and evidenced by inclusivity in recruitment, hiring and retention practices; program services; treatment environment; client materials; and ongoing training and development. HR360 incorporates diversity and inclusion into all aspects of policymaking, administration, and practice.

The Cultural Competency, Diversity and Inclusion Plan is also connected to the HR360 Inclusion, Diversity, Anti-Racism, and Equity (iDARE) Steering Committee. The iDARE steering committee was established in August 2020 as an internal group of staff members and leaders charged with guiding the development of an organization-wide equity and anti-racism plan. iDARE is dedicated to providing leadership, taking action, and holding the organization accountable to building an environment that is: anti-racist, diverse, inclusive, safe, and equitable in culture, in practice, and in all aspects of the work of HR360. The vision is to eliminate discrimination and intentionally create a culture at HR360 where diversity, equity and inclusion are respected and valued. We will accomplish this by implementing thoughtful, practical, and innovative strategies that will serve as a model to continuously shape the culture of our organization.

The goal of the HR360 Fellowship's diversity training is to equip fellows with the knowledge, skills, and cultural awareness needed to deliver effective psychological services to all members of the community. In support of this goal, the HR360 Fellowship training program emphasizes competency in individual and cultural diversity, developed in accordance with APA's statement on Preparing Professional Psychologists to Serve a Diverse Public. To ensure fellows feel supported and well-prepared, diversity experiences and training are embedded throughout the program.

HR360 actively seeks input from various stakeholders (applicants, fellows, faculty, alumni, etc.) throughout the program to assess the training's effectiveness on individual and cultural diversity.

HealthRIGHT 360 Records Maintenance Policy

Key Responsibilities

The Training Director is responsible for maintaining fellow records. Fellow evaluations, certificates of completion, and each fellow's individual training plan are maintained indefinitely by the Training Director in a secure digital file. Records related to Due Process procedures are also maintained in fellow files, as described in the HR360 Due Process Procedures. Records related to grievances or complaints are kept in a separate secure digital file, as described in the HR360 Grievance Procedures.

HealthRIGHT 360 Fellow Evaluation and Supervision Policy

The HealthRIGHT 360 Doctoral Fellowship Program (HR360) requires that fellows demonstrate minimum levels of achievement across all competencies and training elements. Fellows receive ongoing feedback from their supervisors and are formally evaluated by their primary supervisor twice annually, at the midpoint and end of the fellowship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the fellows' performance and progress. The evaluation form includes information about the fellows' performance regarding all of HR360's expected training competencies and the related training elements. Each evaluation is based in part on direct observation by the individual supervisor. Supervisors review these evaluations with the fellows and provide an opportunity for discussion at each time point.

Fellows are evaluated at the midpoint and 12-month points of the fellowship. The minimum level of achievement at the mid-year evaluation is a 3 on all learning elements and at the end of the year evaluation, the minimum level of achievement is a 4 on all learning elements. The rating scale for each evaluation is a 5-point scale, with the following rating values: 1 = Significant Development Needed, 2 = Developing Skill, 3 = Intermediate Skill Level, 4 = Advanced Skill Level, 5 = Seasoned Professional Skill Level. If a fellow receives a score less than 3 on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the fellow's performance or progress, the program's Due Process procedures will be initiated. The Due Process guidelines can be found in the HR360 Postdoctoral Fellowship Handbook.

Fellows must receive a rating of 4, which indicates readiness for autonomous practice, on all training elements to successfully complete the program. Additionally, all HR360 fellows are

expected to complete 2000 hours of training during their fellowship. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the fellow has progressed satisfactorily through and completed the fellowship program.

In addition to the evaluations described above, fellows complete an evaluation of their supervisor and a program evaluation at the mid-point and end of the training year. Feedback from these evaluations is reviewed by the HR360 Training Committee and used to inform changes or improvements made to the training program. All evaluation forms are available in the HR360 Fellowship Handbook and via the HR360 intranet.

All fellows at the HealthRIGHT 360 Doctoral Fellowship Program (HR360) receive at least three hours of supervision each week throughout the year. Fellows receive a minimum of two hours of individual face-to-face supervision each week from a doctoral-level licensed psychologist. Individual supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Fellows receive two hours of group supervision each week via Teams, except the last week of each month they receive two hours of didactic training. All individuals receive supervision from at least 2 doctoral-level licensed psychologists over the course of the year. Fellows have access to consultation and supervision at all times during which they provide clinical services. Contact information for all supervisors is provided to fellows at the beginning of the year and is available via the HR360 fellowship shared drive. All supervisors are appropriately credentialed for their role in the program.

HealthRIGHT 360 Due Process & Fellow Grievance Procedures

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or other faculty/staff member raises a concern about the performance of a doctoral fellow. HealthRIGHT 360's (HR360) Doctoral Fellowship Program (HR360) Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. HR360 may initiate contact with a fellow's home doctoral program at any point in the Due Process procedures in order to best support the fellow.

<u>Rights and Responsibilities</u>
These procedures protect the rights of both the fellow and the doctoral fellowship training program, and also outline responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the fellow to receive support and assistance in order to remediate any concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal

decisions they disagree with, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the organization in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

HealthRIGHT 360 Doctoral Fellowship Program: HR360 has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this policy, a problem is defined broadly as an interference in professional functioning or performance which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning; and/or 4) inability to follow agency policies or processes.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. the fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. the quality of services delivered by the fellow is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the trainee's behavior does not change as a function of feedback and/or time;
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the fellow's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a client; and/or,
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

Informal Review

When a supervisor or other faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence or not able to adhere to company policies, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. Supervisors should clearly indicate that the fellow has entered the Informal Review phase of the Due Process Procedures. The supervisor or faculty/staff member who raises the concern should monitor the outcome. All these instances must be documented and saved in the fellow's personnel file.

Formal Review

If a fellow's problematic behavior persists following an attempt to resolve the issue informally, or if a fellow receives a rating below a "3" on any learning element on a supervisory evaluation, the following process is initiated:

A. **Notice**: The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

B. **Hearing**: The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and fellow within 14 calendar days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty/staff member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present their perspective at the Hearing and/or provide a written statement in response to the problem.

C. **Outcome and Next Steps**: The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 7 calendar days of the Hearing:

1) Issue an "Acknowledgement Notice" which formally acknowledges:
   a) that the faculty/staff is aware of and concerned with the problem;
   b) that the problem has been brought to the attention of the fellow;
   c) that the faculty/staff will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
   d) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the fellow on a "Remediation Plan" which defines a relationship where the faculty/staff member, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the

fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Remediation Plan will be shared with the fellow and the fellow's home doctoral program and will include:

a) the actual behaviors or skills associated with the problem;
b) the specific actions to be taken to rectify the problem;
c) the time frame during which the problem is expected to be ameliorated; and,
d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the Training Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the fellow's permanent file and will be shared with the fellow's home doctoral program. If the problem has not been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the fellow on suspension, which would include removing the fellow from all clinical services for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Suspension Plan will be shared with the fellow and the fellow's home doctoral program and will include:

a) the specific behaviors or skills associated with the problem;
b) the specific actions to be taken to rectify the problem;
c) the time frame during which the problem is expected to be ameliorated; and,
d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide to the fellow and the fellow's home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate an

fellow's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the fellow within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 14 calendar days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted. The fellowship program will notify APPIC and the fellow's home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

Appeal Process

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, the fellow may request an Appeals Hearing before the Training Committee. This request must be made in writing to the Training Director within 7 calendar days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Director and consisting of the Training Director (or another supervisor, if appropriate) and at least two other members of the training faculty/staff who work directly with the fellow. The fellow may request a specific member of the training faculty/staff to serve on the review panel. The Appeals Hearing will be held within 14 calendar days of the fellow's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the fellow and the fellow's home doctoral program.

If the fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Human Resources Director. This appeal must be submitted in writing within 7 calendar days of the decision being appealed. The Human Resources Director has final discretion regarding the outcome. Decisions made during these appeal processes will be shared with the fellow and the fellow's home doctoral program.

Grievance Procedures

Grievance Procedures are implemented in situations in which a doctoral fellow raises a concern about a supervisor or other faculty/staff member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program:

Informal Review

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally. If the fellow

does not feel comfortable raising concerns with any of these listed personnel, they can reach out to the Human Resources department.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Human Resources Department. The individual being grieved will be asked to submit a response in writing. The TD (or Human Resources representative, if appropriate) will meet with the fellow and the individual being grieved within 14 calendar days. In some cases, the TD or Human Resources Director may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and Human Resources representative will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

a) the behavior/issue associated with the grievance;
b) the specific steps to rectify the problem; and,
c) procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Human Resources representative will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the TD or other Human Resources representative in writing within 14 calendar days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or Human Resources representative will convene a review panel consisting of the TD and at least two other members of the training faculty/staff within 14 calendar days. The fellow may request a specific member of the training faculty/staff to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.
If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to Human Resources in order to initiate the agency's due process procedures.

HealthRIGHT 360 Telesupervision Policy

The HealthRIGHT 360 Doctoral Psychology Fellowship Program (HR360) uses Teams to provide weekly group supervision to all fellows. This format promotes interaction and socialization among fellows who are often located at different training sites. Fellows and a faculty facilitator meet in a virtual conference room, interacting via high-quality, real-time video and audio. Group supervision is required for all current HR360 fellows for two (2) hours each week at a

regularly scheduled time (except during the last week of the month, when fellows participate in two (2) hours of didactic training). HR360 places high value on cohesion and socialization of fellow cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. Additionally, telesupervision may be utilized in place of in-person individual supervision when fellows or supervisors are working remotely. For example, if a fellow is working from home or off-site on a day when supervision is scheduled, supervision is conducted via telesupervision. Fellows may have the opportunity to work from home one day per week with prior approval.

The use of videoconference technology for supervisory experiences is consistent with HR360's training aim as HR360 places a strong training emphasis on access to behavioral healthcare in underserved areas, which often includes the use of telehealth services. All fellows participate in an introduction to telesupervision during the fellowship orientation and are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Additionally, all supervisors receive training in best practices for telesupervision.

HR360 recognizes the importance of supervisory relationships. Group supervision is led by members of the HR360 Training Committee, on a rotating basis, in order to provide fellows with the opportunity to experience a breadth of supervisory relationships and supervision modalities. It is expected that the foundation for these supervisory relationships is cultivated initially during HR360's orientation, such that fellows have formed relationships with the entire Training Committee prior to engaging in videoconference group supervision. Fellows are asked to give feedback on their experiences with telesupervision in the program and supervisor evaluations they complete at mid-year and end of year.

For all clinical cases discussed during group supervision, full professional responsibility remains with the fellow's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Fellows are provided contact information for all HR360 supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary.

All HR360 videoconferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. It is important all fellows have access to telesupervision, and the training committee is committed to ensuring this is possible without burden to the fellow. Fellows who may not have access to the technology required to participate in telesupervision should meet with the Training Director or their primary supervisor to implement any supports necessary to access telesupervision. Technical difficulties that arise during telesupervision and cannot be resolved on site are directed to the HR360 Help Desk.

Fellow Evaluation

Postdoctoral Fellow Evaluation: To be completed by supervisor

Fellow: _____ Supervisor: _____

Date of Evaluation: _____ Time of Evaluation (Select one): _____ Mid-Year _____ Year-End

Methods used in evaluating competency:

_____ Direct Observation _____Review of Audio/Video _____Case Presentation

_____ Documentation Review _____ Supervision _____ Comments from other staff/faculty

Scoring Criteria:

1 -- Significant Development Needed Significant improvement in functioning is needed to meet expectations; remediation required
2 -- Developing Skill Level Expected level of competency pre-fellowship; close supervision required on most cases
3 -- Intermediate Skill Level Expected level of competency for fellow by mid-point of training program; routine or minimal supervision required on most cases
4 -- Advanced Skill Level* Expected level of competency for fellow at completion of training program; fellow able to practice autonomously
5 -- Seasoned Professional Skill Level Rare rating for fellowship; functions autonomously with a level of skill representative of experience
***Advanced Competence is defined (IR C-9 P) as:** 1. ability to generalize skills and knowledge to novel and/or complex situations 2. demonstrate expertise in a broad range of clinical and professional activities 3. demonstrate the ability to serve as an expert resource to other professionals

LEVEL 1 COMPETENCIES

Competency 1 - Integration of Science and Practice	
Demonstrates the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s) or representative of the program's recognized specialty practice area.	
Integrates knowledge of foundational and current research consistent with the program's focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service, and other professional activities).	

Demonstrates knowledge of common research methodologies used in the study of the program's focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.	
Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 2 - Ethical and Legal Standards	
Demonstrates knowledge of and acts in accordance with each of the following:	
The current version of the APA Ethical Principles and Code of Conduct;	
Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels;	
Relevant professional standards and guidelines;	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area.	
Conducts self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 3 - Individual and Cultural Diversity	
Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service.	
Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).	

Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	
Independently applies their knowledge and demonstrates effectiveness in working with the range of diverse individuals and groups encountered during fellowship, tailored to the learning needs and opportunities consistent with the program's aim(s)	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	

LEVEL 2 COMPETENCIES

Competency 4 - Professional Values and Attitudes	
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Engages in activities to maintain and improve performance, well-being, and professional effectiveness	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	
Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	

Competency 5- Communication and Interpersonal Skills	
Develops and maintains effective relationships with a wide range of individuals	
Demonstrates a thorough grasp of professional language and concepts	
Produces, comprehends, and engages in communications (oral, nonverbal, and written) that are informative and well-integrated	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well	
Demonstrates the ability to understand, establish, and maintain appropriate boundaries with clients through clear and effective communication	

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 6 - Assessment	
Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrates understanding of human behavior within its context	
Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	
Selects and applies assessment methods that draw from the best available empirical literature	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	
Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases	
Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 7 - Intervention	
Establishes and maintains effective relationships with clients	
Develops evidence-based intervention plans specific to the service delivery goals	
Implements interventions informed by the current scientific literature, assessment findings, client's diversity characteristics, and contextual variables	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively	

Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation	
Demonstrates ability to perform effectively in crisis situations	
Manages and makes use of personal reactions to clinical work (countertransference)	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 8 - Supervision	
Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals	
Applies the supervisory skill of observing in direct or simulated practice	
Applies the supervisory skill of evaluating in direct or simulated practice	
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 9 - Consultation and Interprofessional/Interdisciplinary Skills	
Demonstrates knowledge and respect for the roles and perspectives of other professions	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
OVERALL RATING (average of broad competence area scores)	**#DIV/0!**

Comments on Fellow's overall performance:

I acknowledge that my supervisor has reviewed this evaluation with me.

Fellow Signature Date

Supervisor's Signature Date

Agreement of Policies, Rules and Handbook

This page should be signed, dated, and returned to your supervisor or the Training Director.

I, _____, have received and reviewed the HealthRIGHT 360 Fellowship Handbook in its entirety. I understand and will adhere to the rules and policies laid out in this handbook. This handbook is accessible on the HR360 intranet and website.

Fellows will also review and sign the Employee Handbook; however, not all employee policies and procedures will apply to fellows. Fellowship policies will take precedence over those in the Employee Handbook. The Employee Handbook is accessible on the HR360 intranet.

Fellow Printed Name: _____

Signature: _____ Date: _____

Supervisor Printed Name: _____

Signature: _____ Date: _____