



**NATIONAL UNION OF
HEALTHCARE WORKERS**

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INTEGRATED BEHAVIORAL HEALTH SERVICES

COLLECTIVE BARGAINING AGREEMENT



KAISER PERMANENTE®

**NORTHERN CALIFORNIA REGION
THE PERMANENTE MEDICAL GROUP, INC.**

OCTOBER 1, 2021 – SEPTEMBER 30, 2025

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AGREEMENT

1 This Agreement is made and entered on October 1, 2021, by and between The
2 Permanente Medical Group (hereinafter referred to as the “Employer”) and the
3 National Union of Health Care Workers (NUHW), Integrated Behavioral Health
4 Services Chapter (hereinafter referred to as the “Union”):

WITNESSETH

5 The parties mutually recognize the professional exempt status of Psychologists
6 (PhDs), Licensed Clinical Social Workers (LCSWs), Marriage and Family Therapists
7 (MFTs), Licensed Professional Clinical Counselors (LPCCs) and Psychological
8 Assistants, whereas the Chemical Dependency Counselors (CDCs), Psychiatric Social
9 Worker Assistants, Marriage and Family Therapist Assistants, Professional Clinical
10 Counselor Assistants and Unlicensed Case Managers are non-exempt. All employees
11 regularly scheduled to work fewer than forty (40) hours in a bi-weekly pay period,
12 irrespective of classification, are non-exempt.

ARTICLE I – PURPOSE OF AGREEMENT

13 It is the intent and purpose of the parties to set forth herein their agreement covering
14 rates of pay, hours of work and conditions of employment for employees covered by
15 this Agreement, to collaboratively work to provide high quality, affordable service and
16 care for patients and members, and to promote harmonious relations between the
17 Employer and the Union.

ARTICLE II – SCOPE OF AGREEMENT

Section 1 – Bargaining Unit Positions

18 The Employer recognizes the National Union of Healthcare Workers (NUHW) as the
19 exclusive bargaining agent for all non-supervisory staff Neuropsychologists,
20 Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists,
21 Licensed Professional Clinical Counselors and Chemical Dependency Counselors I &
22 II, Unlicensed Case Managers, Psychiatric Social Worker Assistants, Marriage and
23 Family Therapist Assistants, Psychological Assistants and Professional Clinical
24 Counselor Assistants who perform clinical work and provide patient care in the
25 Northern California Region. Excluded are Psychologists, Chemical Dependency
26 Counselors, Licensed Clinical Social Workers, Marriage and Family Therapists and
27 Licensed Professional Clinical Counselors who work in supervisory, administrative
28 and/or research capacities or function as Chiefs, Division Chiefs, Coordinators, Sub-
29 Regional Chiefs/Coordinators, students and volunteers.

9 **Section 2 – Supervisory Employees**

10 The Employer recognizes the fact that only bona fide supervisory employees have the authority to hire, promote, discipline, discharge, or otherwise effect changes in the status of employees or effectively recommend such actions, and it is not the Employer’s policy to establish jobs or job titles for the purpose of excluding such employees from the units as established in Article II, Section 1.

11 **ARTICLE III – COURTEOUS AND RESPONSIBLE RELATIONSHIPS**

12 The Union and the Employer, including all KP managers, supervisors, physicians, employees, and Union staff, agree:

- That ethical and fair treatment of one another is an integral part of providing high quality patient care;
- To treat one another, regardless of position or profession, with dignity, respect and trust, and recognize and appreciate the individual contribution each of us makes in our daily work;
- To exhibit a personal, caring attitude toward each person we interact with and do so in ways that ensure courtesy, compassion, kindness and honesty;
- To treat one another in the ways we want to be treated ourselves, including clear communications of expectations regarding performance, support of individual opportunities for growth, and provisions of opportunities for input into decisions when they impact people directly.

13 The Union and the Employer shall be responsible for improving communications among all levels of the organization and shall be accountable for modeling and implementing the commitments of this Section.

14 **ARTICLE IV – CONFIDENTIALITY OF RECORDS AND PROTECTED HEALTH INFORMATION**

15 In accordance with the Employer’s compliance policies, indiscriminate or unauthorized review, use or disclosure of protected health information regarding any patient or employee is expressly prohibited. Reviewing, discussing, photocopying or disclosing patient information, medical or otherwise, is expressly prohibited, except where required in the regular course of business and where proper authorization has been obtained.

16 **ARTICLE V – CONSCIENTIOUS OBJECTION**

17 The Employer and the Union recognize the rights of individuals to refuse to participate directly in therapeutic abortion procedures. Employees who wish to exercise those

rights shall submit their written request to the Employer. The Employer shall honor such requests by making reasonable accommodation, except in an emergency situation, where the immediate nature of the patient's needs and rights shall take precedence over exercise of the employee's rights.

18 **ARTICLE VI – RECOGNITION AND UNION SECURITY**

19 **Section 1 – Union Membership**

20 It shall be a condition of employment that all employees covered by this Agreement and those hired on or after its effective date shall, within thirty-one (31) days following the beginning of such employment become and remain members of the Union or tender to the Union a fee equal to the initiation fees and periodic dues that are the obligations of members.

21 Employees who are required hereunder to join the Union and maintain membership in the Union, or pay initiation fees and periodic dues uniformly required of members, and who fail to do so shall upon notice of such fact in writing from the Union to the Employer be discharged.

22 **Section 2 – Deduction and Remittance of Union Dues and Fees**

23 The Employer will honor written assignments of wages to the Union for the payment of Union dues and fees, uniformly required, when such assignments are authorized by a signed dues deduction form.

24 The Employer will promptly remit to the Union dues and fees deducted pursuant to such assignments together with a list on hard copy and a disk or electronically (on compatible format) supporting the amount of dues remitted including sufficient detail of employee information and individual payments.

25 **Section 3 – COPE Check Off**

26 The Employer will honor assignment of wages to the Union's Committee on Political Education (C.O.P.E.) fund, when such assignments are submitted in a form agreed to by the Employer and the Union, and will promptly remit such contributions to the Union. It is understood by all parties that such contribution will be on an individual and voluntary basis.

27 **Section 4 – Employer Indemnification**

28 The Union shall indemnify the Employer and hold it harmless against any and all suits, claims, demands and liabilities that shall arise out of or by reason of any action that shall be taken by the Employer for the purpose of complying with the foregoing provisions of this Article, or in reliance on any list or certificate which shall have been furnished to the Employer under any of such provisions.

29 **Section 5 – Volunteers/Students**

30 The volunteer’s role in the facilities is to provide services to patients that may not otherwise be offered.

31 The Employer agrees that programs such as volunteer programs and summer youth programs shall not be utilized to displace bargaining unit employees or to fill positions previously occupied by bargaining unit employees, nor shall they be used to reduce their hours of work.

32 The Employer shall notify the Union upon commencement of volunteer programs and summer youth programs of the number of participants, their classification, work location, hours of work per week, and the duration of the program.

33 **Section 6 – Notification**

34 The Employer shall furnish the Union, on a monthly basis, an electronic data export or list which includes the name, employee number, work location, job classification, mailing address and date of hire for new hires and a listing of terminated employees.

35 **ARTICLE VII – MANAGEMENT RIGHTS**

36 The Union recognizes that the Employer has the duty and the right to manage its facilities and to direct the working forces. This includes, for example, the right to hire, transfer, promote, demote, layoff, discipline and discharge employees, subject to the terms of this Agreement and the grievance procedure.

37 **ARTICLE VIII – NON-DISCRIMINATION**

38 The Employer and the Union agree there shall be no discrimination against any employee or applicant because of membership in the Union or lawful activities on behalf of the Union, or because of race, color, religion, creed, national origin, ancestry, gender, gender identity, sexual orientation, age, physical or mental disabilities, political affiliation, marital status, medical condition (as defined by applicable law), or veteran status.

39 There shall be no distinction between wages paid to men and the wages paid to women for the performance of comparable quality and quantity of work on the same or similar jobs.

40 **ARTICLE IX – SENIORITY**

41 **Section 1 – Definition**

42 Seniority shall be defined as the most recent date of hire in a bargaining unit position. In the event two (2) or more employees are hired on the same day, the employee with

the lower employee number will be considered the more senior.

43 **Section 2 – Return from Separation**

44 When an employee leaves employment covered under this bargaining agreement, his/her/their accrued seniority shall be frozen. If the employee returns into a classification covered under this agreement within two (2) years, he/she shall resume seniority from the amount of time accrued at the time of the previous separation.

45 **ARTICLE X – POSTING AND FILLING POSITIONS**

46 **Section 1 – Job Postings**

47 To expedite the administration of this Article covered position vacancies shall be posted within the site in which they occur for five (5) days, and if not filled, within the facility for five (5) days. If the position is not filled during that time, the vacancy shall be posted for five days in the region and the Employer may simultaneously commence an external search. See Appendix A for definition of site and facility. Implementation of this provision will take place sixty (60) days following December 5, 2015.

48 Qualifications for vacant positions posted on a regional basis shall appear on position postings and shall be based on the job requirements. A copy of all postings shall be provided to the Union.

49 The parties agree that job postings will be done electronically on the Employer's recruiting website. It is understood that postings on the website are immediately visible both within the organization and externally, however applicants will be considered and candidates interviewed pursuant to the posting timeframes and order of interviews outlined in this Article X – Posting and Filling Positions.

50 The parties further agree that the Employer will make its best efforts to send a courtesy notice by email to employees in the Facility alerting them to new job postings on the website. Disputes concerning such notices will not be subject to the grievance and arbitration provisions of the Agreement.

51 **Section 2 – Filling Vacancies**

52 In filling any vacancy the Employer will select the best qualified internal or external candidate. Candidates shall be considered based on the following criteria: education, experience, work record, disciplinary record, Kaiser Permanente experience, specialty, special skills, references, diversity, licensure, seniority, and case presentation. Probationary employees shall be ineligible for transfer except as mutually agreed between the employer and the employee.

53 It is in the interest of both parties to fill posted positions in an expeditious and collaborative manner. It is also the intent of the parties that no provisions in the

process below shall unduly delay the hiring of the best qualified internal or external applicant. In filling vacancies, the Employer will use the following process:

- 54 1. An interview committee will be established by the Employer who will determine the appropriate size and membership. It will include at least one (1) bargaining unit staff member selected by the Union from the site and clinical service with the opening (e.g., a child mental health clinician to interview for a child mental health opening) and at least one (1) management representative selected by the Employer. In cases where there are not other mental health clinicians in the clinical service (e.g., in a Pain Management clinic) the Union may select one bargaining unit staff member from the site. If the Union declines to provide a bargaining unit staff member for the committee, this shall not delay the hiring process.
- 55 2. Candidates will be interviewed in the following order:
- A. Internal applicant(s) from the Site and, if the Union and the Employer cannot reach a decision on a selection, it shall interview
 - B. Internal applicant(s) from the Facility and, if the Union and the Employer cannot reach a decision on a selection, it shall interview
 - C. Internal applicant(s) from the Region and, if the Union and the Employer cannot reach a decision on a selection, it shall interview
 - D. External applicant(s)
- 56 3. The final candidate selection will be reviewed with the Chief prior to the position being offered. If the Chief objects to the selected candidate, or If the Union and the Employer cannot reach a decision after going through the interview order above, the Chief will resolve the impasse by either choosing among the top candidates as put forward by the mutual agreement of the two (2) parties, or requesting that additional candidates be interviewed.
- 57 4. An employee who is granted a position during the transfer process which will result in a promotion, will be placed on the wage structure at a step rate which provides for at least a 7.5% increase.

58 **Section 3 – Release of Successful Bidders**

59 The Employer will in good faith and subject to efficient operations use its best efforts to release successful bidders to their new jobs within sixty (60) calendar days.

60 **Section 4 – Employee Requested Change in Hours**

61 Should an employee request or volunteer to increase or decrease his/her/their scheduled hours and the Employer agrees (the final decision involving a status change

of any employee rests with the Chief or his/her/their designee) then the following must occur prior to awarding the change:

1. A notice of the request shall be given to all employees in the department by email;
2. After five (5) days notice, if no other employee requests the change then the original employee shall be awarded the change. However, if any other employees make the same request during this time, the most senior person meeting the posted qualifications shall receive the change request.

62 **Section 4 – Recruitment/Retention**

63 The parties agree that they will utilize various recruitment incentives to assist in attracting new staff. Current programs include:

- Sign on Bonuses and/or Relocation Assistance for New Hires
- Employee Referral and Award Programs

64 During the term of the Agreement as other programs are introduced they will be discussed and agreed to by the parties.

65 **ARTICLE XI – REDUCTION IN FORCE**

66 In the event of a reduction in force or hours, the Employer agrees to negotiate the effects on staff. The Employer further agrees that prior to the implementation of a reduction in force or hours it will meet with the Union at the local level to review the program, staff needed or impacted and the operational needs. Should a layoff or reduction in hours become necessary, seniority, by facility and by classification, shall be the deciding factor, except in those cases where a specific skill or characteristic is necessary for the operation and such skill or characteristic cannot be acquired in a reasonable amount of time by the more senior clinician.

67 The Employer agrees to give the Union sixty (60) days' notice of a reduction in force that will affect staff. Full and part time employees will receive a minimum of two (2) weeks' notice if they are to be laid off and/or have hours involuntarily reduced. Any employee that does not receive a two (2) week notice shall be entitled to two (2) weeks' pay or pay for the number of days which would constitute a full two weeks' notice.

68 For a period of one (1) year, full time and regular part time staff who are placed on layoff status shall be offered, in seniority order, the first available vacancy in the classification at the facility from which the employee was laid off provided the employee meets the posted qualifications for the position. Laid off employees shall be notified by mail of openings at their last known address. Employees will be contacted under recall and will have forty-eight (48) hours to respond. If the Employer does not hear from the employee within two (2) weeks, he/she will be removed from the recall list and terminated. Employees who have a specific reason for failing to respond in a timely

manner may continue on recall. This will require mutual agreement between management and the union.

69 **ARTICLE XII – PROBATIONARY EMPLOYEES**

70 **Section 1 – New Hires**

71 The probationary period for all employees shall be six (6) months.

72 During the probationary period, employees may be discharged without recourse to the grievance procedure.

73 The probationary period may be extended up to a maximum of two months only by mutual agreement between the Employer, the employee, and the Union. Before an employee's probationary period is extended, the Employer will provide the employee and the Union with clear and specific objectives for area(s) of improvement.

74 If an employee is on leave at any time during the probationary period, time spent on leave will not count towards fulfilling the probationary period.

75 Probationary employees shall be provided with appropriate training and orientation tools and verbal assessments on an on-going basis and written assessments that shall take place at two (2) months and four (4) months during their probationary period. In no case shall an employee be required to serve more than one probationary period unless there is a break in service from the bargaining unit of three (3) years or more.

76 **Section 2 – New Employee Orientation**

77 The Union and the Employer shall coordinate times for Union Representatives/Stewards to meet with new bargaining unit members for sixty (60) minutes during the New Employee Orientation period. The Employer will provide the Union Representative with New Employee Orientation schedules and updates as they occur. Such time will be scheduled within the new employee orientation agenda. It is further understood that, should the Union designate a Union Steward to meet with the employees, the Steward's time will be paid on a no-loss basis and the Steward will be released from work for the time needed to meet with employees.

78 **ARTICLE XIII – TRANSFERS/PROMOTIONS AND MULTIPLE SITES**

79 **Section 1 – Evaluation Period for Transfers/Promotions and Right of Return**

80 The evaluation period for employees transferring or promoting shall be thirty (30) calendar days.

81 The evaluation period may be extended up to an additional thirty (30) days only by mutual agreement between the Employer, the employee and the Union.

82 Employees who fail to qualify for the new position within the Evaluation period shall be returned to their former or comparable position without loss of seniority or wage rate. For the purposes of this Article, comparable position is defined as same wage rate, same shift (if applicable), same classification, and same worksite. An alternative worksite can be selected with mutual agreement between the Employer, the employee, and the Union.

83 Within the first thirty (30) calendar days of the Evaluation period, an employee may elect to return to his/her/their former position without loss of seniority or wage rate.

84 If an employee is on leave at any time during the evaluation period, time spent on leave will not count towards fulfilling the evaluation period.

85 Employees shall be provided with appropriate training and orientation tools and written progress report prior to the completion of the Evaluation period.

86 **Section 2 – Assignment at Multiple Sites**

87 If a staffing need arises that would require an employee to work at an additional or different worksite of the Facility, a volunteer will be solicited. If there are no volunteers, the Employer will require the least senior employee at the worksite with the requisite skills to work at the additional or different worksite of the Facility.

88 Volunteers who accept temporary assignments will be returned to their former position at the conclusion of the temporary assignment.

89 In the event of involuntary assignment, for up to eighteen (18) months the following provisions will apply:

1. The employee will be offered a “like” position at his/her/their former worksite, if such position subsequently becomes available. “Like” position is defined as the same qualifications, duties, specialty, licensure, scheduled hours and shift.
2. The employee may apply for other positions that may become available at his/her/their former worksite and will be considered as an internal applicant to that Site for purposes of bidding and interview order.

90 See Appendix A for the list of Facilities and Worksites applicable to this Section.

91 **ARTICLE XIV – ASSISTANTS**

92 Psychological Assistants, Psychiatric Social Worker Assistants, Marriage and Family Therapist Assistants and Professional Clinical Counselor Assistants shall be covered under this Section. The classification of Assistant is intended as a career track position. After state licensure, Assistants will be placed on the appropriate licensed salary structure within three (3) months after notification of licensure by the employee.

Managers may use the Advance Step Placement Process in the placement of the employee.

93 Once hired as an Assistant, an employee will be offered and must work a schedule that would accumulate at least half the required supervisory hours annually. Once the Assistant obtains the required supervised hours, the employee has two and one-half (2.5) years from that date to complete state licensure. If hired as a licensed eligible employee they shall have two and one-half (2.5) years from their date of hire to complete state licensure.

94 **ARTICLE XV – PROFESSIONAL HOURS**

95 **Section 1 – Professional Hours**

96 The parties recognize the professional nature of the work performed by the employees covered by this Agreement. While each full-time employee will be scheduled to work eighty (80) hours on a bi-weekly pay period, the actual daily and weekly work schedule may vary due to time requirements of specific assignments and seasonal variations in clinic workload. All staff are entitled to build into their schedule an unpaid meal period. Employees will be scheduled to have at least two (2) consecutive days off during the eighty (80) hour bi-weekly pay period. The scheduling of hours during the week shall be established by the Chief of Service. When consistent with the operations of the clinic, the employer will make every effort to grant flexible schedules requested by staff, to be authorized by the Chief or his/her/their designee.

97 An employee shall be informed at her/his time of hire as to her/his work schedule. It is understood that such schedule is subject to change in the interest of efficient operations. Due to the professional nature of the work, it is recognized that schedules may vary from the normal workweek, however, employees are expected to work the number of hours regularly scheduled in a bi-weekly pay period.

98 If, in the interest of efficient operations, it becomes necessary to change or establish schedules departing from the normal department/clinic operating schedules, and if such change is intended to last longer than three (3) months, the Employer shall notify the Union of said change. If so requested, the Employer shall meet and confer with the Union to arrange mutually satisfactory schedules. In such instances, and where possible, the Employer will consider the preferences of the concerned employees, however, it is understood that the right to establish such schedules rests with the Chief or his/her/their designee.

99 When an employee's regular schedule or starting time is changed, the employee shall be advised as far in advance as possible. In such instances, and where feasible, seniority and employee preferences will be considered.

100 **Section 2 – Guaranteed Salary Generally**

101 Under existing law exempt employees must be paid on a salary basis. The parties

desire to have employees in classifications and statuses identified as exempt in the Witnesseth paragraph of this Agreement be paid on a salary basis, and those identified as non-exempt in the Witnesseth paragraph be paid on an hourly basis.

102 **Section 3 – Exempt Employees**

103 1. Workweek and Workday Defined

104 The workweek is from Sunday 12:01 a.m. to Sunday 12:00 a.m. A work day is from
12:01 a.m. to 12:00 a.m.

105 2. Scheduled Work Hours

106 Salaries for full-time employees generally are based on a schedule of eighty (80)
hours per payroll period. Part-time employees will be regularly scheduled for some
lesser number of hours per payroll period, and will be subject to the same rules and
deductions set forth in this Agreement as a percentage of their guaranteed bi-
weekly salary.

107 3. Guaranteed Weekly Salary Generally

108 An employee will receive her/his full salary for any workweek in which she/he
performs any work, regardless of the number of days or hours worked, subject to
the deductions that are permitted by state and federal law for salaried employees.

109 4. Guaranteed Daily Salary Generally

110 An employee will receive an amount equal to the daily salary if she/he works any
portion of a scheduled work day, regardless of the number of hours worked, subject
to the deductions permitted by law that are set forth in this Agreement.

111 5. Deductions for Full-Day Absences Generally

112 As permitted by law, an employee's bi-weekly salary may be reduced by an amount
equal to the daily salary (e.g., 1/10th of the guaranteed bi-weekly salary or 1/5th of
the guaranteed weekly salary) for full day absences on a usual scheduled workday
under the following circumstances:

- Absence from work for one or more full days for personal reasons, other than sickness or disability;
- Absence from work for one or more full days due to sickness or disability;
- Proportionate rate of full salary for time actually worked in the first and last weeks of employment; and,
- Unpaid leave taken pursuant to the Family and Medical Leave Act (FMLA)

113 6. Deductions for Partial-Day Absences

114 In the event an employee works some portion, but not all, of her/his scheduled hours in a work day, the employee will receive her/his guaranteed salary for that day. If, however, an employee has been approved for intermittent family/medical leave (FMLA), the Employer may make deductions for partial day absences if no paid leave time is available.

115 7. Paid Leave Bank as Salary Replacement

116 An employee is considered as receiving her/his guaranteed compensation without deduction if management substitutes or reduces accrued PTO/ESL/ATO (individually and/or collectively referred to herein as the “paid leave bank”) for the time the employee is absent from work, as long as the employee receives payment of an amount equal to her/his guaranteed salary.

117 8. Work Not Available

118 No deductions from weekly salary will be made for absences occasioned by the Employer or by the operating requirements of its business. If the exempt employee is ready, willing and able to work, deductions will not be made for time when work is not available if any work was performed in that work week.

119 **Section 4 – Absences for Exempt Employees With Paid Leave Bank**

120 1. Full Week Absences

121 In the event that an employee is absent from work for a full week in which she/he was or would have been scheduled to work, the Employer will reduce the employee’s paid leave bank in an amount equal to the number of hours that the employee was scheduled or regularly would have been scheduled to work during the missed week. For example,

- An employee is scheduled to work forty-eight (48) hours during the first week of a payroll period and 32 hours during the second week of a payroll period. The employee is approved to take a full week of PTO during the first week of the payroll period, so the employee does not perform any work during that week. The employee works his/her/their regular schedule during the second week of the payroll period. The employee will receive his/her/their full bi-weekly salary for the payroll period and Employer will deduct forty-eight (48) hours from the employee’s paid leave bank for the full week absence during the first week of the payroll period.

122 2. Full Day Absences

123 In the event that an employee misses a full day of work, the Employer will reduce

her/his paid leave bank by the number of hours that the employee was or regularly would have been scheduled to work. For example,

- An employee is scheduled to work 10 hours, but calls off before the shift due to illness. Employer will deduct 10 hours from the employee's paid leave bank.
- An employee is scheduled to work 8 hours, but then asks to take a paid personal day off. The Employer will deduct 8 hours from the employee's paid leave bank.

124 3. Partial Day Absences

125 In the event an employee works some portion, but not all, of her/his scheduled hours in a work day, the employee will receive her/his guaranteed salary for that day, and no deduction will be made from the employee's banked hours. If, however, an employee has been approved for intermittent family/medical leave (FMLA), the Employer may substitute PTO in increments of less than a day for work hours missed for the approved FMLA leave.

126 4. Exhaustion of Paid Leave Bank

127 An employee must exhaust her/his/their paid leave bank before opting to take unpaid leave.

128 **Section 5 – Absences for Exempt Employees With No Paid Leave Bank**

129 1. Full Week Absences

130 If an employee does not perform any work during a workweek and he/she does not have any paid leave available, he/she will not be entitled to any salary for the workweek.

131 2. Full Day Absences

132 In the event that an employee misses a full scheduled day of work and the employee does not have any paid leave available, the Employer will deduct an amount equal to percentage of time off in full-day increments taken by the employee. For example, if a full time employee who is scheduled to work five days in the workweek is out one day, the Employer may deduct 1/10th of the employee's bi-weekly salary (1/5th of the weekly salary).

133 3. Partial Day Absences

134 An employee who does not have any paid leave available will receive an amount equal to the daily salary (1/10 of the employee's bi-weekly salary) if she/he works any portion of a scheduled work day, regardless of the number of hours worked. The only exception to this rule is that Employer may deduct from the guaranteed

daily salary of an employee with no paid leave bank who takes approved FMLA. Such a deduction shall be a pro-rata share of the employee's regularly scheduled bi-weekly hours (typically 80 hours for full time employees). For example:

- An employee works the first 2 hours of a 12-hour shift and then has to leave work due to a personal emergency. The employee will be paid her/his entire salary for that day.
- A full-time employee is scheduled to work 80 hours in a payroll period. The employee works a 10-hour shift on one day that week but has to take 2 hours off for a medical appointment, which time has been approved as intermittent family leave. Employer may deduct 2/80 (1/40) of the employee's guaranteed bi-weekly salary, which is a pro-rata portion of the weekly scheduled hours that the employee missed due to intermittent family leave.

135 **Section 6 – Non-Exempt Employees**

136 Employees in classifications identified as non-exempt in the “Witnesseth” paragraph of this Agreement and all employees regularly scheduled to work fewer than forty (40) hours in a bi-weekly pay period, irrespective of classification, will be considered non-exempt and paid on an hourly basis.

137 A. Definition of Terms

138 1. Payroll Week

139 “Payroll Week” as used in this Section shall mean and consist of the seven (7) day period beginning at 12:01 a.m. Sunday.

140 2. Payroll Day

141 “Payroll Day” as used in this Section shall mean and consist of a twenty-four (24) hour period beginning when the employee clocks in at the beginning of his/her/their shift each day.

142 3. Holiday Pay

143 Non-exempt employees required to work on a recognized holiday will be paid a premium rate of time and one-half (1½).

144 B. Overtime Rates

145 1. Hours in Excess of Eight (8) and Hours in Excess of Forty (40)

146 Non-exempt employees shall be paid at the rate of time and one-half (1½) the straight-time hourly rate, including shift differential, for all hours of work

performed in excess of eight (8) hours in any one work day and/or for all hours worked in excess of forty (40) hours within the work week.

147 2. Hours in Excess of Twelve

148 Non-exempt employees shall be paid at the rate of double (2x) the straight-time hourly rate including shift differential for all hours worked in excess of twelve (12) consecutive hours in any one (1) workday.

149 C. Paid Leave Used in the Calculation of Overtime

150 1. Extended Sick Leave (ESL)

151 ESL shall count as time worked for purposes of computing overtime for hours worked later in the same work week.

152 2. Paid Time Off (PTO)

153 In instances where there is a combination of PTO and work on a prescheduled basis, PTO hours shall count as hours worked in determining eligibility for weekly overtime.

154 3. Jury Duty

155 Pay for work which was not performed shall be included in the hours worked for the purposes of calculating weekly overtime.

156 Non-Duplication of Overtime

157 Payment of overtime rates shall not be duplicated for the same hours worked under any of the terms of this Agreement, and to the extent that hours are compensated at overtime rates under one provision, they shall not be counted as hours worked in determining overtime under the same or any other provisions.

158 **Section 7 – Notice of Intended Absence**

159 Employees who are required to be absent from work for any reason will provide their immediate supervisor or designated representative with reasonable notice of such intended absences, and the reasons therefore.

160 Employees may request personal time off without pay if they have exhausted their Paid Time Off account. In determining whether such request shall be granted, the Employer shall consider the reason(s) for the request and the potential impact upon the operation of the facility.

161 **ARTICLE XVI – REGULAR PART-TIME, SHORT-HOUR, TEMPORARY AND PER**
162 **DIEM EMPLOYEES**

163 **Section 1 – Status Definitions**

164 A. Regular Full-Time

165 A regular full-time employee is one who is regularly scheduled to work eighty (80) hours in a biweekly pay period.

166 B. Regular Part-Time Employees

167 A regular part-time employee is one who is regularly scheduled to work forty (40) hours or more, but less than eighty (80) hours in a bi-weekly pay period.

168 In the event it becomes necessary, for efficiency of operations, for the Employer to increase hours of part-time employee(s), the least senior employee(s), who is qualified to perform the additional work, will be assigned the additional hours should more senior qualified employees decline the additional hours.

169 Benefit levels will be based on the scheduled hours of the position to which the employee bid on or was hired into and will not fluctuate in level if the employee works additional or fewer hours on an intermittent basis.

170 C. Short-Hour Employees

171 A short-hour employee is one who is regularly scheduled to work a predetermined schedule of less than forty (40) hours in a bi-weekly pay period.

172 D. Temporary Employees

173 A temporary employee is one who is hired as a replacement or for work designated at the time of hire for a limited period of time not to exceed three (3) months. However, in those instances where the need exceeds three (3) months or where a temporary employee is hired to replace an employee who is on medical leave which goes beyond three (3) months, the Employer shall request approval from the Union to retain the employee on temporary status and the Union will not unreasonably deny the request. Temporary employees will be paid on the base wage rate structure for the classification.

174 E. Per Diem Employees

175 A Per Diem employee is one who works as a replacement or on an intermittent basis.

175 F. Benefited Employees

176 A benefited employee shall be defined as a Regular Full-time Employee or a Regular Part-Time Employee who works a minimum of forty (40) hours in a bi-weekly pay period.

177 Benefited levels will be based on the regular scheduled hours of the position to which the employee bid on or was hired into and will not fluctuate in level if the employee works additional hours or fewer hours on an intermittent basis.

178 G. Non-Benefited Employees

179 Non-benefited employees shall be defined as all Short-Hour Employees, Temporary Employees, and Per-Diem Employees. Non-Benefited Employees will receive a ten percent (10%) differential in lieu of all fringe benefits and time off provisions.

180 **Section 2 – Changing Status**

181 Full-time and part time employees who transfer to a Short Hour, Temporary or Per Diem status are subject to the following benefit accrual adjustments:

- Employees will be paid off in full their previously accumulated Paid Time Off at their base rate of pay in effect immediately prior to transfer to a Short Hour, Temporary or Per Diem status.
- Employees will retain previously accumulated service credit for purposes of Paid Time Off accrual, but will not accrue further Paid Time Off while in a Short Hour, Temporary or Per Diem status.
- Employees' previously accumulated Extended Sick Leave hours will be frozen. It will not be available for use until such time as they return to a full-time or regular part-time status.

182 **ARTICLE XVII – WAGES**

183 **Section 1 – Payday and Paychecks**

184 Payday shall be every other Friday. When a payday falls on a holiday, employees shall be paid on the day immediately preceding the holiday.

185 Employees upon written request may direct automatic deposit of their paycheck to a bank or saving institution of their choice provided such bank or institution participates in the National Automatic Clearing House Association. Employees electing automatic deposit shall receive a check stub or equivalent information each pay period indicating all payments made.

186 Paycheck shortages shall be paid by no later than the end of the next business day
upon request of the employee; otherwise, paycheck shortages shall be paid on the
next pay period or per applicable law.

187 **Section 2 – Effective Date of Tenure and Across the Board Increases**

188 Tenure increases and across the board increases shall become effective at the
beginning of the first full payroll period nearest the employee's date of eligibility for
such increase.

189 **Section 3 – Across the Board Wage Increases**

190 2021 Wage Increase: All bargaining unit employees shall receive a four percent
(4.0%) across the board (ATB) wage increase effective as of the first full pay period
that begins 120 days after ratification of this agreement.

191 2022 Wage Increase: All bargaining unit employees shall receive a three percent
(3%) across the board (ATB) wage increase effective as of the first full pay period
that begins 120 days after ratification of this agreement. The 3% ATB shall be
calculated after the 2021 4% ATB is calculated.

192 2023 Wage Increase: All bargaining unit employees shall receive a three percent (3%)
across the board (ATB) wage increase effective as of the first full pay period that begins
after September 30, 2023.

193 2024 Wage Increase: All bargaining unit employees shall receive a three percent (3%)
across the board (ATB) wage increase effective as of the first full pay period that begins
after September 30, 2024.

194 **Section 4 – Performance Improvement Bonus**

195 The Employer will offer a performance improvement bonus based on the achievement
of metrics to be determined by the Employer for 2022, 2023, 2024 & 2025, centered
on improving access and enhancing the KP behavioral health program over the years.
The bonus shall be paid in March of 2023 for year 2022, March of 2024 for year 2023,
March of 2025 for year 2024 and March of 2026 for year 2025. The payout will be up
to a maximum of \$5,000.00 (five-thousand dollars and no cents) for Full-time
employees, and pro-rated for Part-time employees, for full achievement of the metrics.

196 To receive the performance improvement bonus the employee must be in an active
status as of the end of the performance year.

197 **Section 5 – Lump Sums**

198 Full-time and part-time employees employed on October 3, 2022 will receive a one
percent (1%) lump sum bonus calculated based on the compensated hours they were

paid in the 26 full pay periods preceding October 3, 2022 contractual year. Lump sum is payable first pay period 120 days after October 3, 2022.

199 Full-time and part-time employees employed on October 1, 2024 will receive a one percent (1%) lump sum bonus calculated based on the compensated hours they were paid in the 26 full pay periods preceding October 1, 2024 contractual year. Lump sum is payable first pay period 120 days after October 1, 2024.

200 Earnings to include: Compensated hours includes regular hours worked, overtime, vacation, sick and training time (includes extra shifts and shift premiums). It excludes bonuses and benefits.

201 Payment: Subject to applicable state/federal withholdings.

202 **Section 6 – Shift Differential**

203 Any employee who is scheduled to work a minimum of three (3) hours after 5:30 PM shall receive \$3.00 per hour for all hours worked between 5:30 PM and 7:00 AM. This provision includes weekdays, weekend days, and holidays.

204 **Section 7 – On-Call Time**

205 On-Call Time refers to an after-hours system that includes off-site, on-call coverage and/or on-site coverage. This is intended to ensure coverage on weekends and after hours. On-Call Time shall be applicable for the following time periods:

Each Weekday: 5:00 PM to 9:00 AM the following day

Each Weekend Day or Holiday: 9:00 AM to 9:00 AM the following day

206 Employer will maintain a Dedicated after-hours system for each facility (defined in Appendix A), with posted positions (either Posted Dedicated On-Call or On-Site which may include regular, short hour, temporary, and/or per diem employees)..

207 Employer maintains the right to establish required on-call coverage and to utilize a non-dedicated system when dedicated staff are not available (whether planned or unplanned). The Employer's intent is to minimize the use of a non-dedicated system

208 In preparing a schedule the following order will be utilized to ensure coverage:

1. Employees in Posted Dedicated On-Call and/or on-site positions will fulfill their normal weekly scheduled shifts.
2. Employees in Posted Dedicated On-Call and/or On-Site positions will be offered any remaining vacant shifts.
3. Volunteers may be sought to fill additional needed shifts as described in the Non-Dedicated On-Call System below.

4. Remaining shifts will be assigned by the Employer as described in the Non-Dedicated On-Call System below.

209 Non-Dedicated On-Call System:

210 The Employer may seek volunteers who wish to take extra shifts when the posted position On-Call and/or On-site staff are not available. The Employer may limit the number of call shifts voluntarily taken by an employee to ensure appropriate clinical operations. If the Employer requires additional shifts the Employer will determine the distribution of coverage in an equitable way.

211 Non-volunteer, non-dedicated employees will only be required to cover one (1) medical center during their shift.

212 Regular Employees will either earn Accrued Time Off (ATO) or receive extra pay at the rate of one (1) hour for every four (4) hours of on-call (e.g., 4 hours for a 16-hour weekday shift, and 6 hours for a 24-hour weekend shift).

213 When required to come on-site during On-Call Time, employees will receive a minimum of two (2) hours of ATO or extra pay and receive one (1) hour of ATO or extra pay for each additional hour or increment of an hour thereafter. Shift differential provisions apply to all paid hours.

214 For coverage of on-site shifts, regular employees will earn Accrued Time Off (ATO) or extra pay at rate of time for time.

215 Additional Holiday Accrual - Applicable only to employees not hired into a posted on-call or on-site position.

216 For coverage on a designated holiday, in addition to accruals for applicable on call shifts, regular employees will either earn accrued time off (ATO) or receive extra pay at the rate of one (1) hour for every four (4) hours of coverage whether coverage is on call or on-site. For shifts that cover a portion of the holiday, the additional holiday accrual will be pro-rated.

217 The Employee will have discretion to earn ATO or extra pay for On-Call Time.

218 ATO can be accumulated up to a maximum of eighty (80) hours and can be scheduled off in half-hour increments. Employees whose ATO accumulation has approached or reached the maximum will meet with his/her/their supervisor to set forth a plan for ATO to be taken. In the meantime, should the employee be required to take call while their ATO bank is at maximum they will be paid at their hourly rate for the number of ATO hours earned more than eighty (80).

219 ATO is not a vested benefit. Employees do not receive a cash-out of accrued ATO upon termination of employment, change of status to non-benefited, or transfer outside of the bargaining unit. Employees are expected to work with their manager to exhaust their ATO bank before transferring to a new facility. If the employee is unable to exhaust their ATO, they will be allowed to transfer this accrued time to their next

worksite.

220 Posted Dedicated On-Call Positions:

221 Posted Dedicated On-Call Positions are positions in which the job posting includes one or more on-call shifts as regularly-scheduled shifts. The posting will indicate the number of hours per week of assigned on-site hours and on-call hours.

222 An employee's salary and compensable hours will be determined based on posted on-site and/or on-calls shifts. Scheduled on-call shifts will be factored as one (1) hour for every two (2) hours of scheduled on-call for the purposes of determining part-time or full-time status and the employee's fixed salary.

223 The employee's fixed salary will not be reduced because of temporary scheduling changes required by the Employer.

224 Employees in Posted Dedicated On-Call Positions can earn ATO or extra pay for additional on-call shifts that are beyond their weekly posted on-call hours, at a rate of one (1) hour for two (2) shift hours. Employees working in Posted Dedicated On-Call Positions receive no additional compensation or ATO if required to come on-site. Shift differential provisions do not apply.

Examples:

- An employee who works four 8 hour shifts in the clinic and then a dedicated shift of 16 hours would be reflected in the HR System as a full-time (40-hour) salaried employee (32 hours for on-site work plus 8 hours for on-call work).
- An employee who works one 10-hour shift in the clinic and then one dedicated on-call shift of 24 hours on weekends would be reflected in the HR System as a 22-hour employee (10 hours for on-site work plus 12 hours for on-call work).

225 Earned PTO or ATO may be used to supplement pay for missed on-call shifts at the rate of one (1) hour of PTO/ATO for every two (2) hours of scheduled On-Call Time.

Examples:

- An employee, who works four 8 hour shifts in the clinic and then a dedicated shift of 16 hours on-call, could use 8 hours of PTO for a missed shift in the clinic, and 8 hours of PTO for a missed on-call shift.
- An employee, who works one 10-hour shift in the clinic and then one dedicated on-call shift of 24 hours on weekends, could use 10 hours of PTO for a missed shift in the clinic and 12 hours of PTO for a missed on-call shift.

226 In the event that an employee misses a full day of on-call or on-site work and has no earned PTO/ATO, the Employer will reduce an employee's salary by an amount equal to the percentage daily salary (e.g., 1/5 of the guaranteed weekly salary) regardless

of the number of hours scheduled.

Example:

- An employee who is scheduled to work one 10-hour shift in the clinic and one dedicated on-call shift of 24 hours on weekends, misses the 10-hour shift in the clinic for personal reasons and has no earned PTO/ATO. The Employer may deduct 1/5 of the Employee's weekly salary for the missed on-site shift. Similarly, if the employee misses a 24 hour on-call shift, the Employer may deduct 1/5 of the Employee's weekly salary for the missed on-call shift.

227 **Section 8 – Step Increases**

228 Step increases will be effective on the first day of the pay period closest to the employee's step increase date, or closest to the date when the employee will achieve eligibility to advance to the next step. This does not change the employee's step increase (anniversary) date.

229 **Section 9 – Longevity Step**

230 To advance to Step 10 (i.e. the fifteen (15) year longevity step) employees must have fifteen (15) years of service in a job classification covered by this Agreement.

231 **Section 10 – Advanced Step Placement**

232 New hire employees shall be hired using advanced step placement policy below based on their clinical work experience post licensure and/or certification.

233

Experience	Step
0-1 years	Step 1
1-2 years	Step 2
2-3 years	Step 3
4+ years	Step 4

234 Based on special circumstances, employees may be hired beyond Step 4.

235 When making the request to hire above Step 4, the hiring party must provide the following information to be shared with the Union, upon request.

1. The amount of time the position was unfilled;

2. A dated copy of the job posting;
3. Any recruitment methods, other than the usual Kaiser process, used in attempting to fill the position;
4. The number of qualified applicants and the number interviewed;
5. Any special qualification/certifications this candidate has;
6. Number of years of post-licensure experience this candidate has; and

236 On a semi-annual basis the Employer will provide the union a listing of the positions filled in each classification and the number of positions filled above Step 4. Based on that data, the parties will meet to discuss methods to address problems with recruitment and retention.

237 **Section 12 – Termination Pay**

238 When an employee is voluntarily or involuntarily separated from employment, the employee will be paid all monies owed pursuant to applicable collective bargaining agreements, state or federal laws.

239 **Section 13 – Mileage**

240 Employees required to use their personal automobile for Employer business will be reimbursed according to the Employer's current policy on mileage reimbursement.

241 **Section 14 – Bilingual Pay**

242 Incumbents in bilingual required or bilingual preferred positions as of the date of ratification of this Agreement will continue with the requirements of those positions as they were posted.

243 Neither the Employer nor its agents will direct any employee to use his/her/their language skills in any interaction with a patient unless he/she has passed an assessment of language skills unique to this bargaining unit and specific to providing therapy. In the event that the established language assessment tool is changed, the Employer will meet and discuss such changes with the Union. The assessment tool and skill level will be determined and developed by the Employer.

244 The Employer, as needed, may prospectively designate new positions as bilingual positions in any language determined by the Employer, post these positions and fill them in accordance with the Agreement.

245 Because the skill level required of an employee to offer therapy in a foreign language exceeds the normal skill level required in a medical clinic or hospital setting, the differential for 1) Grandfathered employees who have successfully passed the

bilingual test and 2) Successful applicants for the bilingual positions will receive a differential of one dollar and fifty cents (\$1.50) for all compensated hours.

246 **ARTICLE XVIII – LEAVES OF ABSENCE**

247 **Section 1 – Family Leave**

248 The Employer will comply with the provisions of the California Family Rights Act, as amended, and with the provisions of the Federal Family and Medical Leave Act of 1993, as amended. Any alleged violations of this paragraph must be pursued under the procedures of those Acts. In determining the maximum duration for Family Leave and other leaves taken for Family Leave purposes, the various types of leaves will run concurrently.

249 **Benefits while on Family Leave**

250 If employees elected health plan and dental plan coverage under the “*Benefits by Design*” Flexible benefits program, these benefits will continue Employer-paid during the entire period of the Family Leave. Employer-paid life insurance coverage will continue at the Employer’s expense for a maximum of thirty-one (31) calendar days following commencement of unpaid Family Leave. To continue life insurance coverage beyond the thirty-one (31) days, employees are required to pay premiums in order to maintain such coverage.

251 Employees utilizing Paid Time Off (PTO) and Extended Sick Leave (ESL) hours while on Family Leave are eligible to accrue PTO and ESL benefits during that period. PTO and ESL will accrue for up to thirty-one (31) days of unpaid Family Leave. If the unpaid Family Leave is for more than thirty-one (31) days, PTO and ESL eligibility date(s) will be adjusted for the entire time employees were on leave without pay. Employees receive Holiday pay while in a paid status and do not receive Holiday pay while on Short-Term Disability (STD) in an unpaid status. Employees on an unpaid Family Leave are not eligible to receive other paid time off benefits such as Educational Leave, jury duty pay, etc. Pension service/credited service does not accrue while employees are in an unpaid status.

252 **Section 2 – Unpaid Medical Leave**

253 Commencing on the first day of employment, employees are eligible for unpaid Medical Leave for non-work-related disabilities, including conditions related to pregnancy. Medical Leave continues for the period of disability, or a maximum of six (6) months, whichever is earlier, provided that an appropriate licensed provider’s (e.g. physician) certification is submitted. Each leave of absence is treated independently provided that three (3) months elapsed between each leave of absence. The period of the Medical Leave shall not exceed six (6) months and shall commence after exhaustion of accrued ESL, any immediately-elected PTO and Short Term Disability benefits.

254 Benefits while on an Unpaid Medical Leave

255 If employees elected health, dental, and life insurance coverage under the “*Benefits by Design*” Flexible benefits program and are on an unpaid Medical Leave that does not run concurrently with Family Leave, employees are required to pay premium(s) beginning the first of the month following the commencement of unpaid Medical Leave in order to maintain such coverage.

256 Employees on unpaid Medical Leave will continue to accrue PTO and ESL up to thirty-one (31) days. If the unpaid Medical Leave is for more than thirty-one (31) days, PTO and ESL eligibility date(s) will be adjusted for the entire time employees were on leave without pay. Employees do not receive Holiday pay while receiving STD or on an unpaid medical leave. Employees on an unpaid Medical Leave are not eligible to receive other paid time off benefits such as Educational Leave, Jury Duty pay, etc. Pension service/credited service does not accrue while employees are in an unpaid status.

257 Section 3 – Occupational Leave

258 Effective the first day of employment, employees are eligible for an unpaid Occupational Leave for absences covered by Workers’ Compensation. The period of the Occupational Leave commences after exhaustion of accrued ESL, any immediately-elected PTO and Short Term Disability benefits. An Occupational Leave may continue up to a maximum of twelve (12) months, or until such time as the employees are released by their attending physicians from the period of temporary disability and are physically capable of, and qualified for, performing substantially all tasks, whichever is earlier.

259 An Occupational Leave will expire in less than twelve (12) months if employees are no longer disabled and can perform their pre-disability jobs, with or without reasonable accommodation, or if there is uncontroverted medical evidence that the employees are permanently disabled and cannot perform their pre-disability jobs, with or without reasonable accommodation, or ninety (90) days after an award from the Workers’ Compensation Appeals Board indicating that the employees are permanently disabled and cannot perform their pre-disability jobs, with or without reasonable accommodation.

260 Benefits while on Occupational Leave

261 If employees elected health plan, dental plan, and life insurance coverage under the “*Benefits by Design*” Flexible benefits program, these benefits will continue Employer-paid during the entire period of the Occupational Leave.

262 Employees on unpaid Occupational Leave will continue to accrue PTO and ESL for up to thirty-one (31) days. PTO and ESL eligibility date(s) will not be adjusted for the entire

twelve (12) month period that employees are on an unpaid Occupational Leave. Employees do not receive Holiday pay while in an unpaid status. Employees on an unpaid Occupational Leave are not eligible to receive other paid time off benefits such as Educational Leave, Jury Duty pay, etc. Pension service/credited service does not accrue while employees are in an unpaid status.

263 **Section 4 – Personal Leave**

264 Employees with at least six (6) months of employment are eligible for an unpaid Personal Leave which may be granted at the discretion of the Employer for emergency situations and/or personal reasons. The period of the Personal Leave commences after exhaustion of all accrued PTO and ESL, where applicable. A Personal Leave may continue up to a maximum of six (6) months.

265 **Benefits while on Personal Leave**

266 If employees elected health, dental, and life insurance coverage under the “*Benefits by Design*” Flexible benefits program, and are on an unpaid Personal Leave that does not run concurrently with Family Leave, employees are required to pay premium(s) beginning the first of the month following the commencement of unpaid Personal Leave, in order to maintain such coverage.

267 Employees on unpaid Personal Leave will continue to accrue PTO and ESL up to thirty-one (31) days. If the unpaid Personal Leave is for more than thirty-one days, PTO and ESL eligibility date(s) will be adjusted for the entire time employees were on leave without pay. Employees do not receive Holiday pay while in an unpaid status. Employees on an unpaid Personal Leave are not eligible to receive other paid time off benefits such as Educational Leave, Jury Duty pay, etc. Pension service/credited service does not accrue while employees are in an unpaid status.

268 **Section 5 – Military Leave**

269 Eligible employees will be granted Military Leave in accordance with the Employer’s current National HR Policy #NATL.HR.001 governing the terms and conditions of Military Leave.

270 **ARTICLE XIX – BEREAVEMENT LEAVE**

271 When a death occurs in the immediate family of a regular benefit eligible employee, the employee shall be entitled to a paid leave of absence of up to three (3) days. For purposes of bereavement leave only, immediate family is defined as spouse, domestic partner, parent, step parent, parent-in-law, step parent-in-law, in loco parentis, child, step child, legal ward, foster child, adopted child, daughter, step daughter, daughter-in-law, step daughter-in-law, son, step son, son-in-law, step son-in-law, sister, sister-in-law, step sister, step sister-in-law, brother, step brother, brother-in-law, step brother-

in-law, grandparent, step grandparent, grandchildren, step grandchildren, and a relative living in the same household. An additional two days of paid leave is available if the funeral or memorial service is over 300 miles from the employee's residence, upon request of the employee to his/her/their supervisor/chief.

272 Additional time off will not be unreasonably denied. An employee may use PTO/ATO for such purpose. If an employee is on paid leave and a death occurs in the immediate family, the employee may convert the paid leave to Bereavement Leave. Bereavement Leave may be divided due to timing of services and related circumstances and need not be taken on consecutive days. Verification of death may be required.

273 **ARTICLE XX – EDUCATIONAL LEAVE AND TUITION REIMBURSEMENT**

274 **Section 1 – Education Leave**

275 Each regular full time employee shall receive five (5) days of educational leave annually. A regular part-time employee working more than forty (40) hours but fewer than eighty (80) hours in a bi-weekly pay period accumulates educational leave on a prorated basis determined by his/her/their regularly scheduled hours of work. Regular full time employees may accrue up to two (2) years' entitlement of educational leave, to a maximum of ten (10) days. Regular part time employees may accrue up to two (2) years of their prorated annual entitlement. New hires will receive a prorated amount of educational leave during the first year of employment. Regular full time employees hired prior to June 30 of any given year, will be granted five (5) days during their first year of employment; whereas those hired on or after July 1, will accrue two (2) days their first year of employment. Thereafter, educational leave will be granted on a calendar year basis.

276 Educational leave must be approved in advance by the Chief of Service or his/her/their designee. Requests for such leave shall be made in writing setting forth the details, i.e. dates, hours, subject, facility and purpose. Employees must furnish evidence of attendance to the Employer following completion of the course/program. Educational leave taken on other than scheduled work days will be paid at straight time or the employee may take a day off as education leave within 30 days.

277 If an employee takes an education day on a regularly scheduled work day, he/she may use the same number of educational leave hours as his/her/their scheduled work day. This would apply even if the training itself were fewer hours than an employee would be scheduled to work on that day. Education leave can be used for travel days to attend an educational meeting or conference.

278 Educational leave can be used for home study courses. An employee may use educational leave hours for the total number of educational units awarded plus additional study or preparation time.

279 Educational Leave can be used for studying for Licensing Exams for Assistants. Assistants will provide documentation of their entry into the licensing exam to their manager or chief.

280 **Section 2 – Tuition Reimbursement**

281 Eligible employees will be reimbursed up to the maximum amounts allowable according to the Employer's current policy on tuition reimbursement. Tuition reimbursement may be used in conjunction with Education Leave.

282 **ARTICLE XXI – JURY DUTY**

283 Benefited employees required to report for jury services shall be eligible for jury duty pay equal to the number of hours regularly scheduled on the day in jury service. The employer may require the employee to provide proof of jury service.

284 On any day of jury service in which an employee is excused entirely or in sufficient time to permit him/her to return to work for a minimum of one-half (1/2) his/her/their scheduled workday, he/she shall be required to do so.

285 **ARTICLE XXII – HEALTH & WELFARE BENEFITS FOR ACTIVE EMPLOYEES**

286 Regular full-time and regular part-time employees and their eligible dependents receive Health and Welfare benefits as described below. Eligible dependents include spouse or eligible domestic partner, and children under age twenty-six (26). Physically or mentally disabled children are covered regardless of age, provided their disability occurred prior to the child turning age twenty-six (26). Employees may need to provide annual certification of disability and dependency.

287 **Ninety (90) – Day Plan**

288 Newly hired and newly eligible Regular employees, e.g., a Per Diem employee who becomes regular full-time, participate in the Ninety-(90) Day plan prior to becoming eligible for the "Benefits by Design" flexible benefits program.

289 Regular employees and their eligible dependents participate in Employer-paid Health Plan, Supplemental Medical, and Life Insurance equal to one times employee's annual salary to a maximum of \$50,000. Coverage becomes effective the first (1st) of the month following date of hire or the date they become regular status.

290 **"Benefits by Design" Flexible Benefits Program**

291 Regular employees and their eligible dependents may enroll in the "Benefits by Design" flexible benefits program. "Benefits by Design" includes medical, dental, life insurance and long-term disability coverage options. In addition, eligible employees may participate in the Dependent Care and the Health Care Spending Accounts. Employees may change options during the annual flex open enrollment period. If no changes are made, the same options will remain in effect for the rest of the year until they make a change. To continue participation in the Dependent Care and/or the Health Care Spending Accounts, employees must make an annual election. Coverage for newly hired and newly benefit eligible employees, and their dependents under the

“Benefits by Design” flexible benefits program is effective the first (1st) of the month following the completion of ninety (90) days from date of hire or the date they become benefit eligible.

292 See Appendix B for a list of co-payments effective January 1, 2017 for some of the most commonly used medical care services under the Basic Plan, Mid Plan and High Plan of the Flexible Benefits Program.

293 Employees who were covered by Contributory Life insurance as of December 31, 1996 continue to have coverage equal to two times their annual salary up to a maximum of \$500,000, and Accidental Death and Dismemberment (AD&D) coverage in addition to any life insurance coverage they may have chosen under the “Benefits by Design” flexible benefits program.

294 Default Plan

295 The Default Plan is provided only to Regular employees (not their eligible dependents) scheduled to work twenty (20) hours or more per week who do not make elections under the “Benefits by Design” flexible benefits program during the election period. Regular employees scheduled to work fewer than twenty (20) hours per week and their eligible dependents are not eligible to participate in the Default Plan. The Default Plan provides Health Plan (with Supplemental Medical) and Life Insurance equal to one times the employee’s annual salary to a maximum of \$50,000.

296 Employees under the Default Plan do not have dental or long-term disability benefits and are not eligible to receive flex credits. The Default Plan will remain in effect for the rest of the year until the next flex open enrollment period when employees may make changes and/or add eligible dependents to their coverage.

297 Employer Funding

298 The Employer shall provide flex credits to fund benefits at 100% for regular employees scheduled to work 32 hours or more per week. Regular employees scheduled to work 26 to 31 hours per week will receive funding at 80%. Regular employees scheduled to work 20-25 hours per week will receive funding at 60%.

299 A. Ninety (90) - Day Plan

300 The Employer shall fund the benefits covered under the Ninety (90)-Day Plan for Regular Full-Time employees and their eligible dependents. Regular Part-Time employees who are regularly scheduled to work less than sixty-four (64) hours per pay period have a cost share for the Ninety-Day Plan.

301 B. “Benefits By Design” Flexible Benefits Program

302 The Employer shall provide flex credits to fund the benefits covered under the KFHP Mid-Level Plan option (with Supplemental Medical) and the Basic Dental Plan option for Regular employees and their eligible dependents. The Employer

shall provide flex credits to fund the 50% Long Term Disability coverage option, and life insurance coverage at thirty-one cents (0.31) per one thousand dollars (\$1,000) of coverage, up to one (1) times the employee's annual salary.

303 The dental plan annual maximum for participants will be \$1,500 and the lifetime maximum for child orthodontia shall be \$1,500.

304 Effective January 1, 2023, Alternate Mental Health Coverage under the Supplemental Medical Plan shall allow a covered spouse and any covered dependents to receive coverage without the requirement to obtain a "denial of services" letter.

305 C. Default Plan

306 The Employer shall fund the benefits covered under the Default Plan for eligible employees only.

307 Coverages, limitations and exclusions of the foregoing Health and Welfare Plans, Dependent Care and Health Care Spending Accounts coverages are established and governed by the Employer's service agreements with respective providers, insurance carriers, Plan Documents, and Summary Plan Descriptions. Further information can be found in the TPMG Benefits For You Booklet.

308 Alternate Compensation Program (ACP)

309 Eligibility

310 A newly hired and newly eligible employee who is regularly scheduled to work twenty (20) hours or more per week has the option to participate in the Alternate Compensation Program (ACP). Participation begins on the 1st day of the pay period following enrollment.

311 Pay Differential in Lieu of Certain Benefits

312 ACP is an optional benefit program, which provides an eligible employee with a twenty percent (20%) wage rate differential in exchange for his or her participation in certain benefit plans

313 Proof of Other Medical Coverage

314 Proof of other medical coverage is required to participate in the ACP and must be provided on an annual basis in order to continue ACP participation.

315 ACP Participation

316 An employee must remain in the ACP for the duration of the payroll calendar year. An employee may withdraw from ACP during the ACP payroll calendar year due to a loss of other medical coverage or a qualified family or employment status change. During the annual open enrollment period of each year, an employee will have the opportunity

to enroll in or withdraw from the ACP.

317 Payroll Calendar Year

318 A payroll calendar year is determined by the biweekly payroll cycles within each year. This means that an ACP payroll calendar year can begin prior to January 1 and end prior to December 31, depending on the biweekly cycles.

319 Exchanged Benefits

320 An employee enrolling in ACP is not eligible for Health Plan, Dental Plan, Employer-paid Life Insurance, Disability Plans, Paid Time Off (PTO) Program, Bereavement Leave, Educational Leave, and other paid time off.

321 ESL Account Frozen

322 An employee who elects to participate in the ACP will have his/her/their Extended Sick Leave accounts frozen upon entering the ACP, and frozen ESL hours will not be available for use. Hours already accrued at the time of transfer to ACP will be available when employees return to the regular benefits program. No additional hours will accrue while in the ACP.

323 Cash Out of PTO

324 An employee who elects to participate in the ACP will receive a payoff for all accrued Paid Time Off (PTO) upon entering the ACP. Such payoff will be at the base wage rate that is in effect on the day prior to entering the ACP. No additional hours will accrue while in the ACP.

325 Benefits Participation of An Employee in ACP

326 An employee who satisfies applicable requirements and is enrolled in ACP will have the following applied based on an option to participate or, as applicable, automatically:

- Additional hours will be paid at the ACP wage rate differential;
- Commuter Spending Account;
- Dependent Care Spending Account;
- Designated Holidays worked paid at one and a half (1^{1/2}) times the base wage rate; unworked Designated Holiday will not be paid;
- Employee-purchased Optional Life Insurance;
- Health Care Spending Account;
- Jury Duty paid at the ACP wage rate differential;
- Kaiser Permanente Employees Pension Plan (KPEPP), (with Final Average Monthly Compensation at the base wage rate without the 20% ACP differential);
- Shift differentials paid on all applicable hours;
- Survivor Assistance Benefit (paid at the base wage rate without the 20% ACP differential);
- Tax-Deferred Retirement Savings;
- Tuition Reimbursement; and

- Unpaid Leaves of Absence, including FMLA/CFRA, Personal Leave, Medical Leave, Occupational Injury or Illness Leave, have no benefit coverage or accruals associated with the leaves.

327 Unpaid Leave for Employees in ACP

328 An employee may take two (2) weeks of unpaid leave per calendar year. Additional weeks of unpaid leave may be granted at the sole discretion of the Employer. An employee in the ACP may exercise seniority on the vacation schedule to obtain his/her/their two (2) weeks of unpaid leave.

329 Post Retirement Benefit for Employees in ACP

330 An employee who retires while enrolled in the ACP and otherwise meets eligibility for post-retirement benefits will be provided with post-retirement benefits in accordance with Article XXIV.

331 Benefits by Design Voluntary Programs

332 Insurance benefits found in the Benefits by Design voluntary program will be made available on an after-tax basis to employees eligible for benefits, subject to the satisfaction of any insurer requirements. The available options may include long-term care insurance, legal services insurance, additional term life insurance, identity theft maintenance, auto and homeowners' insurance, and pet insurance. Any improvements or changes made to the program will be offered to eligible employees.

333 **ARTICLE XXIII – PAID TIME OFF (PTO) PROGRAM**

334 Description - The Paid Time Off (PTO) Program consists of four (4) components:

1. Designated Holidays
2. Paid Time Off (PTO) Banks
3. Extended Sick Leave (ESL)
4. Short-Term Disability (STD)

335 **Section 1 – Designated Holidays**

336 The following days shall be observed holidays and holiday pay will be paid for the shift in which the majority of the hours are worked on the holiday to an annual limit of sixty-four (64) hours per calendar year.

- 337
- New Year's Day
 - Labor Day
 - Presidents' Day
 - Thanksgiving Day
 - Memorial Day
 - Christmas Day
 - Independence Day
 - Martin Luther King Jr. Day (effective 1/1/23)

338 When a holiday falls on a scheduled day off, the employee may either be paid eight (8) hours, or a prorated rate based on the employee's regularly scheduled hours, for the holiday or may take another eight (8)-hour or prorated day off with holiday pay within thirty (30) days immediately before or after the holiday.

339 When an employee works on a holiday he/she may either be paid an additional eight (8) hours for the holiday or may take another day off as holiday within thirty (30) days. Employees may flex hours to make up hours when a holiday falls on a day that they are normally scheduled for more than eight (8) hours. Employees may also use extra holiday hours, ATO, or PTO hours to make up the additional hours.

340 When an exempt employee is required to work on a designated holiday, she/he/they will receive holiday premium pay at one and one-half (1-1/2) times the hourly rate of pay for all hours worked on that day.

341 **Section 2 – Paid Time Off (PTO) Banks**

342 The Paid Time Off hours are to be used for paid time off away from work such as occasional illnesses, leisure time, religious observances, family needs and appointments.

343 The Employer agrees to make every effort to honor all requests by bargaining unit employees for pre-planned PTO. PTO time will be considered and granted based upon operational needs. Employee requests for pre-planned PTO will not be unreasonably denied.

344 It is the Employer's intent to allow employees to fully utilize their accrued PTO. All departments/work areas, if they have not already done so, are encouraged to establish reasonable guidelines for providing pre-planned time off.

345 Bargaining unit seniority shall apply if there is a conflict between employees requesting the same day(s) off.

346 If an employee reports to work and becomes ill, or has to leave the clinic due to an emergency, sick child or for some compelling reason, he/she/they will be paid for the day as if it were a normal workday. There is no deduction from PTO. Additionally, if an employee has a scheduled MD appointment during a normal work shift, there is no deduction from PTO, he/she/they will also be paid for the day as if it were a normal workday. If, however, the employee wants to schedule pre-planned time away from work for personal business or on-going medical appointments, he/she/they should consider the following:

- Using ATO (ATO is accrued time off that may accumulate to a maximum of 80 hours. Employees should use ATO prior to PTO since it is not a vested benefit);
- Flexing his/her/their schedule if he/she/they wants no deduction in time (provided such is accomplished during normal office operating hours);

- Using PTO;
- Using Educational Leave (for approved courses).

347 Individual circumstances require judgment and reasoning and should be agreed upon between the affected staff member and manager.

348 Regular full-time employees accrue Paid Time Off on a monthly basis in accordance with the schedule below (pro-rated for regular part-time employees):

YEARS OF SERVICE	MONTHLY PTO ACCRUAL	YEARLY PTO ACCRUAL
0 – 1	12.67 hours	19 days
2 – 4	16.00 hours	24 days
5 – 9	19.33 hours	29 days
10 or more	22.67 hours	34 days

349 Regular employees become eligible to take time off as it is earned based on the applicable language for the scheduling of Paid Time Off.

350 PTO Annual Bank and PTO Rollover Bank

351 All PTO hours accrued but not taken will remain in the PTO Annual Bank and will be available for use during the accrual year. Any PTO hours remaining unused at the end of the accrual year will be placed in the PTO Rollover Bank. The maximum combined accrual in the PTO Annual and Rollover Banks is five hundred (500) hours. No further accumulation of PTO hours will occur until such time as the employees use their accumulated PTO hours.

352 Holidays during PTO

353 If a designated holiday occurs during an employee’s scheduled PTO period, that day shall not be charged against accrued Paid Time Off.

354 PTO In-Service Cash Out

355 Effective January 1, 2001, on an annual basis during the last quarter of each year, employees may make an irrevocable election to cash out PTO hours that they will accrue in the subsequent calendar year during a designated election period.

Employees will be able to cash out PTO hours in forty (40) hour increments up to one hundred sixty (160) hours provided their election does not exceed their expected annual accrual based on their PTO service date and scheduled hours as of January 1st following the election period. The amount an employee can elect to cash out may vary from year to year.

356 During the designated election period, employees will specify the pay period(s) in which to receive the cash out(s) and the number of 40-hour increments to be cashed out based on their expected annual accrual in the upcoming year. It may take up to fourteen (14) days following the specified pay period to process the actual cash out.

357 In order to receive a cash-out, employees must have the PTO hours available in their Annual Bank at the time of the specified pay period. If at the time of the cash out there are insufficient PTO hours available in the Annual Accrual Bank to cover the 40-hour increment(s), employees will receive the balance contained in their Annual Accrual Bank. If there are no hours available in their Annual Accrual Bank, there will be no cash out for that specified pay period.

358 Payment of Unused PTO Hours at Retirement or Termination

359 The combined balance of employees' PTO Annual and PTO Rollover Banks will be paid upon retirement or termination.

360 Financial Hardship Payment from the PTO Bank

361 Employees are eligible to request financial hardship payouts from their PTO Banks in accordance with the Employer's financial hardship policy.

362 **Section 3 – Extended Sick Leave**

363 Extended Sick Leave (ESL) hours are to be used for illnesses or injuries which prevent employees from working for longer than seven continuous calendar days. Employees may use their ESL on the 1st day of hospitalization. Hospitalization is defined as an in-patient or outpatient surgical procedure whereby the physician has prescribed time off in excess of one day for recovery. Employees may use ESL hours without an approval for State Disability Insurance (SDI) or Workers' Compensation benefits. If employees are eligible for SDI or Workers' Compensation benefits, payments will be integrated with ESL/PTO.

364 Regular full-time employees accrue four (4) hours of ESL per month, or six (6) days per year in their ESL Bank. ESL for regular part-time employees will be prorated based on scheduled hours. There is no limit on the number of ESL hours that can be accumulated.

365 Holidays During ESL

366 If a designated holiday occurs while an employee is on ESL, that day shall not be charged against accrued ESL.

367 Unused ESL Hours at Retirement or Termination

368 Upon retirement or termination for any reason, employees will not be paid for any unused hours remaining in their ESL Bank. However, employees with a balance of five hundred (500) or more ESL hours in their pre-2010 ESL bank at the time of retirement or termination will receive Credited Service under the Kaiser Permanente Retirement Plan equal to the number of hours remaining in their pre-2010 ESL Bank. Employees who are at least age 55 and have at least 15 years of service under the pension plan when they terminate employment are eligible to have hours remaining in their post-2009 ESL bank converted at 80% to a Health Reimbursement Account (HRA).

369 Terms and definitions of the Retirement Plans and of the HRA Plan are contained and governed by the respective Plan Documents.

370 **Section 4 – Short Term Disability**

371 Short Term Disability (STD) is provided to Regular employees when they become eligible for “Benefits by Design”. STD is available after regular employees have exhausted hours available in their Extended Sick Leave Bank and continues up to six (6) months from the date of disability, or until no longer disabled, whichever occurs earlier. The STD benefit is based on the employee’s base salary in effect at the time (s)he is initially disabled. STD coverage provides 50% of base salary, or 60% if integrated with SDI or Workers’ Compensation.

372 **ARTICLE XXIV – HEALTH & WELFARE BENEFITS FOR RETIREES**

373 **Section 1 – Health Plan**

374 A. Retiree Medical Program for Active Employees

375 A.1. – Retiree Health Plan Coverage for Active Employees

376 Retiree Medical Program “Eligibility” For Active Employees

377 Category 1. Is an active employee who was hired before January 1, 2017, and who is age fifty-five (55) or older with fifteen (15) or more years of service upon termination. A year of service is defined as 1,000 compensated hours or, if more favorable, as otherwise defined under the rules existing prior to January 1, 2017. On or after January 1, 2017, a year of service is equal to two thousand (2,000) compensated hours, and prorated for each year in which the employee has at least 1,000 hours but fewer than 2,000 hours.

378 Category 2. An active employee hired on or after January 1, 2017 who is age fifty-five (55) years or older with twenty (20) or more years of service upon termination. A year of service is defined as two thousand (2,000) compensated hours, and prorated for each year in which the employee has at least 1,000 hours but fewer than 2,000 hours.

379 Retiree Medical Program “Medical Subsidy” For Category 1 and 2 Employees

380 Category 1. Upon attainment of age sixty-five (65) or older, or Medicare-eligibility if earlier, a Category 1 retiree shall receive a Medical Subsidy toward enrollment in the Northern California Region Kaiser Permanente Senior Advantage Plan (“KPSAP”) or as further described in the “Medical Subsidy” rules below. The Medical Subsidy for 2017 shall be equal to the greater of \$186 per month or the monthly plan premium of the highest cost individual Northern California Region Kaiser Permanente Senior Advantage Plan or its successor as of January 1, 2017. After 2017, the Medical Subsidy shall increase by three percent (3%) each year. A Category 1 Retiree’s spouse or eligible domestic partner shall receive a Medical Subsidy equal to one hundred percent (100%) of the retiree’s Medical Subsidy. The 100% Medical Subsidy for a spouse or eligible domestic partner will not apply until the retiree attains age sixty-five (65). If the Category 1 retiree’s spouse or domestic partner is not yet Medicare eligible when the Retiree attains age 65, the spouse or domestic partner shall be covered under the active employee plan in effect, until attainment of age sixty-five (65) or Medicare-eligibility if earlier. A Category 1 retiree’s eligible dependent child and disabled dependent child shall be covered under the active employee plan in effect at the time that the eligible dependent receives services. The Retiree Medical Program for a Category 1 retiree’s eligible dependents (spouse, domestic partner, and/or eligible children) will not apply until the retiree attains age 65 or Medicare eligibility. Eligible spouse/domestic partner, or eligible disabled dependent children, who are not yet Medicare eligible, must enroll in Medicare and Kaiser Permanente’s Senior Advantage Plan as soon as they become eligible in order to maintain retiree medical coverage.

381 Category 2. A Category 2 retiree, his or her spouse or domestic partner, and his or her dependent child will not receive a Medical Subsidy.

382 Retiree Medical Program “Medical Premium Subsidy” Rules of Application (Category 1 only)

383 Medical Premium Subsidy applies only to the premium amount of the lowest cost KPSAP coverage (including prescription drug coverage) available to the retiree (and not for any premium plan or non-Kaiser Permanente plan except as noted below). If the Medical Premium Subsidy amount exceeds the premium costs, then the excess amount will be forfeited. Any cost of medical coverage above the Medical Premium Subsidy shall be borne by the retiree. A retiree who does not pay the retiree’s share of KPSAP premiums shall lose coverage in accordance with KPSAP terms. If a retiree does not pay the retiree’s share of KPSAP premiums for his or her Medicare-eligible spouse or domestic partner, the spouse or domestic partner shall lose coverage in accordance with KPSAP terms. Within the Northern California Region or another Kaiser Permanente Service Area, Medical Premium Subsidy applies only to the premium amount of the lowest cost KPSAP coverage (including prescription drug coverage) available to the retiree (and not for any premium plan or non-Kaiser Permanente plan, except as noted below). A retiree

must enroll in Medicare Parts A & B and any other relevant Parts of Medicare, assign his or her Medicare rights to the applicable Kaiser Permanente Plan, and take such other action as the applicable Kaiser Permanente Plan determines is necessary to assign/coordinate Medicare. The spouse or domestic partner must also take the same actions when eligible. If a Category 1 retiree and/or his or her eligible dependents reside outside of a Kaiser Permanente service area, the Medical Premium Subsidy can be used for any medical premiums permitted by the Internal Revenue Code.

384 The Medical Subsidy for a Category 1 retiree, for his or her spouse or eligible domestic partner, and coverage for the Category 1 retiree's eligible dependent children, shall not apply until the Category 1 retiree attains age 65 or is Medicare eligible unless the retiree meets the definition of Category 3: Disabled Employees as described in Section 2.

385 In the event of a Category 1 retiree's death, the 100% Medical Subsidy for a surviving spouse or eligible domestic partner will continue for the survivor until remarriage/recommitment or death.

386 Retiree Medical Health Reimbursement Account ("HRA") For Category 1 and 2 Employees

387 A Category 1 employee will receive an Employer allocation to an unfunded Retiree Medical Health Reimbursement Account ("HRA") at the time of retirement in the amount of \$2,000 per year of service. A year of service is equal to 1,000 compensated hours or as otherwise defined under the rules existing prior to January 1, 2017. On or after January 1, 2017, a year of service is equal to two thousand (2,000) compensated hours, and prorated for each year in which the employee has at least 1,000 hours but fewer than 2,000 hours.

388 A Category 1 employee who retires on or after January 1, 2022 will receive an allocation to the HRA equal to \$10,000 when the retiree reaches age eighty-five (85).

389 A Category 2 employee will receive an Employer allocation to an unfunded Retiree Medical HRA at the time of retirement in the amount of \$2,000 per year of service. A year of service is equal to two thousand (2,000) compensated hours, and prorated for each year in which the employee has at least 1,000 hours but fewer than 2,000 hours.

390 A Category 2 employee who retires on or after January 1, 2022 will receive an allocation to the HRA equal to \$10,000 when the retiree reaches age eighty-five (85).

391 Retiree Medical HRA Rules of Application

392 The following rules shall apply to reimbursements from the Retiree Medical HRA:

- 1) A retiree may access the Retiree Medical HRA for reimbursement of IRS approved expenses (with limitations described in paragraphs 2) and 3) below) upon attainment of age sixty-five (65). A retiree who becomes Medicare-eligible prior to age sixty-five (65) may access the Retiree Medical HRA prior to age sixty-five (65).
- 2) For a retiree residing within a Kaiser Permanente Service Area, reimbursements shall be limited to the KPSAP (or other plans offered by Kaiser Foundation Health Plan) coverage costs, consisting of premiums in excess of the Medical Subsidy and deductibles or co-payments required for covered services under KPSAP (or other plans offered by Kaiser Foundation Health Plan).
- 3) A retiree residing outside the Kaiser Permanente Service Area may receive Retiree Medical HRA reimbursements for any Medicare supplemental plan costs, consisting of Medicare supplemental plan premiums in excess of the Medical Subsidy, and Medicare supplemental plan deductibles or co-payments, based on guidelines issued by the Internal Revenue Service.
- 4) To the extent the Retiree Medical HRA mechanism is not available for a retiree's same-sex spouse or domestic partner, due to federal tax limitations, this paragraph shall apply. If an eligible retiree has an eligible domestic partner or same-sex spouse who is not a dependent as defined in the Internal Revenue Code, one-third (1/3) of the amount that otherwise would be allocated to the Retiree Medical HRA will instead be paid out in cash to the retiree within ninety (90) days of the later of the date the retiree attains age sixty-five (65) or separates from service. The amount described in this section shall, in no event, be paid later than the end of the applicable calendar year (or the 15th day of the third month after the applicable event, if later).
- 5) In the event of a retiree's death, any balance in the Retiree Medical HRA will be available for the benefit of the retiree's surviving spouse or domestic partner who is an eligible dependent as defined by the Internal Revenue Code. The surviving spouse or domestic partner may access the Retiree Medical HRA for reimbursement of eligible medical expenses, subject to the same Retiree Medical HRA Rules of Application in sections 2) and 3) above, when the retiree would have been eligible to access the HRA. Any balance in the Retiree Medical HRA will remain available until remarriage, entering a new domestic partnership or death.

393 A.2. – Retiree Medical Program for Disabled Employees

394 Retiree Medical Program “Eligibility” for Disabled Employees

395 Category 3. An active employee who is eligible for employer-paid health benefits as an active employee, who retires (separates from service) after becoming disabled, and who has at least fifteen (15) years of service and who is eligible for

disability benefits under Title II of the Social Security Act. For the purpose of determining an employee's eligibility under Category 3, a year of service is defined as one thousand (1,000) compensated hours or, if more favorable, as otherwise defined under the rules existing prior to January 1, 2017. On or after January 1, 2017, a year of service is equal to two thousand (2,000) compensated hours, and prorated for each year in which the employee has at least 1,000 hours but fewer than 2,000 hours.

396 Retiree Medical Program "Medical Premium Subsidy" For Disabled Employees

397 A Category 3 disabled retiree shall be entitled to a Medical Subsidy equal to the greater of \$186 per month or the monthly plan premium of the highest cost individual Northern California Region Kaiser Permanente Senior Advantage Plan or its successor ("KPSAP") as of January 1, 2017. After 2017, the Medical Subsidy shall increase by three percent (3%) each year. Unless the Category 3 disabled retiree also meets the requirements in Category 1, a Category 3 disabled retiree's spouse, eligible domestic partner and non-disabled children shall not receive a Medical Subsidy. Disabled dependent children shall be covered under the active employee plan in effect at the time services are received. If the Category 3 disabled retiree also meets the requirements in Category 1, see Category 1, above for 100% Medical Subsidy for spouse/domestic partner, and for coverage for non-disabled children.

398 The Retiree Medical Program "Medical Premium Subsidy" Rules of Application above, for Category 1 Retirees shall also apply for Category 3, Disabled Retirees.

399 Employer Allocation to Retiree Medical Health Reimbursement Account ("HRA") For Disabled Employees

400 A Category 3 disabled retiree will receive an Employer allocation to an unfunded Retiree Medical HRA at the time of retirement (separation from service) in the amount equal to the greater of \$15,000 or \$2,000 per year of service. On or after January 1, 2017, a year of service is equal to two thousand (2,000) compensated hours, and prorated for each year in which the employee has at least 1,000 hours but fewer than 2,000 hours.

401 A Category 3 employee who retires on or after January 1, 2022 will receive an allocation to the HRA equal to \$10,000 when the retiree reaches age eighty-five (85).

402 The Retiree Medical HRA Rules of Application above for Category 1 and 2 retirees shall also apply to Category 3, Disabled Retirees.

403 **Section 2 – Life Insurance**

404 Five-thousand dollar (\$5,000) Employer-paid life insurance coverage is provided to eligible retirees for five (5) years after retirement. Beginning on the sixth (6th) year,

the coverage becomes two thousand dollars (\$2,000) for the lifetime of the retiree.

405 Or, for retirees who were hired prior to January 1, 1997 and have the Contributory Life insurance of Twice their Annual Salary at the time of retirement, the coverage will continue for one (1) month after retirement, and thereafter taper by one percent (1%) each month for seventy-five (75) months until it reaches the minimum of twenty-five percent (25%) of the original amount or two-thousand dollars (\$2,000), whichever is greater.

406 If employees retire at or before age sixty-five (65), their life insurance will begin tapering based on the amount of coverage in effect at their retirement date. If they retire after age 65, their life insurance will begin tapering based on the coverage amount in effect at age 65 as if they had retired at that time.

407 Coverage, limitations and exclusions of the foregoing Health and Welfare benefits for retirees are established and governed by the Employer's service agreements with the respective insurance carriers, Plan Documents and Summary Plan Descriptions.

408 **ARTICLE XXV – RETIREMENT PLANS**

409 **Section 1 – Pension**

410 The Employer shall provide a Defined Benefit Pension Plan. The full cost of the Plan will be paid by the Employer. The pension formula shall be 1.45% of Final Average Pay multiplied by all years of Credited Service with no Social Security offset. Employees on the payroll as of October 13, 2000 were grandfathered into the previous pension plan with the formula of 1.5% of Final Average Pay multiplied by all years of Credited Service with no Social Security Offset.

411 Credited Service in Kaiser Permanente Employees Pension Plan ("KPEPP"), for calendar years starting January 1, 2003 is defined as a year in which a participant has 1800 or more compensated hours. Credited Service in KPEPP for calendar years before 2003, and Credited Service in the previous pension plan is defined as a year in which a participant has 2000 or more compensated hours. Credited Service is prorated if there are fewer than 1800 or 2000 compensated hours, as applicable, in a calendar year. Final Average Pay is defined as the averaged highest sixty (60) consecutive months of compensation earned over the last one hundred twenty months (120) of employment.

412 Employees will be eligible to retire as a Normal retiree at age sixty-five (65) with at least one (1) year of service, as a Postponed retiree if over age sixty-five (65) with at least one (1) year of service, and as an Early retiree with a minimum age of fifty-five (55) and a minimum fifteen (15) years of service. Employees who terminate with five (5) or more years of service, prior to being eligible to retire, are vested in the Plan.

413 A Year of Service is defined as 1,000 or more compensated hours in a calendar year. There is no proration of service years.

414 The Employer shall provide a qualified Pre-retirement Survivor Annuity to active employees vested in the Kaiser Permanente Pension Plan at no cost to the employee. This benefit provides a monthly annuity to the surviving spouse or domestic partner from the Plan. This benefit is payable on the date the employee would have been eligible for Normal retirement. However, the spouse or domestic partner may elect to receive a reduced benefit payable on the date the employee would have become eligible for Early retirement.

415 Terms and definitions of the Retirement Plans are contained and governed by the respective Plan Documents.

416 Joint Committee to Review Pension Benefits

417 A joint committee will be established to review the pension benefits provided in Article XXV of this Agreement. The joint committee will explore alternative retirement income programs for the purposes of controlling costs and liabilities as well as ensuring reasonable and predictable income is available to eligible employees. The joint committee will provide timely annual summaries of its progress and make recommendations and, where appropriate, the parties will agree to changes for new employees.

418 **Section 2 – Tax Deferred Retirement Savings**

419 The Employer provides employees with a voluntary, tax deferred, retirement savings plan, The Kaiser Permanente 401(k) Retirement Plan. The 401(k) Retirement Plan is governed by the plan documents as amended from time to time. The future of the Plan and its provisions will be determined by Kaiser Foundation Health Plan, Inc.

420 An employee with one (1) or more years of service, who contributes to the 401(k) Plan will be eligible for the Employer Contribution Match program. The Employer will make contributions to match 100% of the eligible employee's contribution, up to 1.25% of the employee's salary. The Employer contributions will vest in increments of 20% per year, with participants becoming fully vested in the Employer contribution after five (5) years of service.

421 The 401(k) plan is governed by the plan documents as amended from time to time.

422 **ARTICLE XXVI – UNION REPRESENTATION**

423 **Section 1 – Union Staff Representatives**

424 A duly authorized Union Staff Representative shall have access to the facility at any operational time for the purpose of observing working conditions, monitoring compliance with this Agreement or following-up on inquiries and concerns of bargaining unit employees.

425 It is understood by the parties that Union Staff Representatives have legal obligations as employee representatives and, as such, have access rights beyond those of the public and other non-employees.

426 Union Staff Representatives will abide by patient confidentiality, infection control, and other Employer policies applicable to employees when using their access rights.

427 When entering any of the Employer's facilities, Union Staff Representatives will wear their Union Representative badge issued by the Employer or the Union.

428 Union Staff Representatives may confer with an employee and/or his/her/their supervisor or an Employer representative on Employer time in connection with a complaint or problem concerning the employee, but such conference should not interfere with the work of the employee or the delivery of patient care.

429 **Section 2 – Union Shop Stewards**

430 Periodically, the Union will notify the Employer in writing the names of duly authorized Union Shop Stewards.

431 The Employer agrees that there will be no discrimination against the Shop Steward because of Union activity.

432 Shop Stewards will obtain permission from their immediate supervisor before leaving their work area to conduct Union business. Stewards shall not lose pay because of their participation in activities related to grievances, investigations or disciplinary meetings.

433 **Section 3 – Union Bulletin Boards**

434 The Employer will provide adequate space at each facility for posting Union communications. In the event the Union demonstrates the need for a glass-enclosed, locked bulletin board, such shall be provided for the Union's use.

435 **Section 4 – Steward Training**

436 Thirty two (32) Shop Stewards will be provided six (6) days day per year to participate in stewards training sponsored by the Union. The Employer will make every effort to release employees subject to operational need. Stewards that attend stewards training on a regularly scheduled day of work shall be paid for the number of hours at the straight-time rate the employee would have received had he/she worked that day.

437 **Section 5 – Bargaining Committee**

438 The Employer will pay up to eight (8) employees who are members of the Union contract bargaining committee "release time" for participation in the collective bargaining sessions. Such pay shall not exceed the number of hours at the straight-

time rate the employee would have received had he/she worked that day.

439 **ARTICLE XXVII – PERFORMANCE EVALUATIONS**

440 Performance evaluations shall be based on objective and observable behaviors or activities as outlined in job descriptions. Performance evaluations are to be used as a teaching tool, provide an opportunity for feedback, recognition, and identification of mutual areas of interest.

441 Performance evaluations are not intended to be used as a means of discipline; therefore, the contents of such evaluations will not serve as a basis to deny transfer rights or promotions. Employees shall be provided performance evaluations annually and given a written copy of the performance evaluation document. Employees shall sign and date such material only as proof as receipt.

442 Employees shall be given an opportunity to read and attach written comments to performance evaluations prior to placement in the employee's personnel file.

443 Performance evaluations shall not be grievable.

444 **ARTICLE XXVIII – JOB DUTIES AND WORKLOAD DISTRIBUTION**

445 **Section 1 – Job Duties**

446 Management shall consider the competency and interest of staff when considering changing duties and/or assignments. In the interest of collaboration, staff will be allowed input into the changes in duties and/or assignments and be given preparation time and training as needed when their position responsibilities change. The final decision for changes in duties and/or assignments of staff remains with the Employer.

447 **Section 2 – Workload Distribution**

448 It is the intent of the Employer to distribute the workload equitably among employees in both single work units and departments with due regard for employee safety.

449 When an employee is absent for any reason and if a replacement cannot be obtained in time, it is the intent of the Employer to distribute the workload equitably among the employees in the work unit so that no undue hardship may be placed on an individual worker.

450 **Section 3 – Provider Profiles**

451 The Employer will make a good faith effort to allow providers time available outside of direct patient care to perform indirect patient care. Management will not convert or book into provider IPC time; however, direct patient care appointments can be booked during this time under mutual agreement between the provider and the Chief or his/her/their designee.

- 452 1. This section applies only to hours spent in individual/family therapy within the Department of Mental Health/Psychiatry. It does not apply to hours spent, in whole or in part, in Addiction Medicine, Behavioral Medicine/ADAPT, Early Start, Autism Spectrum Disorder Evaluation, IOP, Chronic Pain, Gender Evaluation and Assessment, Crisis/Triage, Emergency Department, Neuropsychological time, Case Management, or to time spent in a position designated as Initial Assessment Coordinator (IAC), Eating Disorder Specialist, or other Embedded Specialties.
- 453 2. The Employer will construct therapist profiles with a ratio of new psychotherapy intakes to individual/family returns. Intakes provided either through Connect 2 Care or the local medical center are considered a new psychotherapy intake. Therapists' profiles will reflect a ratio of one new psychotherapy appointment to five return psychotherapy appointments. The number of return appointments may be expanded when a provider is engaged in specific programming such as treatment tracks. If a patient is transferred for on-going care, the patient will be booked with an "A" appointment. Provider profiles will reflect a ratio of 1:5 for each "A". Assigned groups, meetings, case consultation conferences, and supervision time are excluded from this ratio.
- 454 3. Once on-going treatment has started for an episode of care, any patient not seen by the on-going therapist for an individual psychotherapy appointment within the previous twelve (12) months should be booked as an "N", unless the patient is being seen as coverage for another therapist.
- 455 4. The 1:5 ratio does not apply immediately to new employees, or to employees returning from an extended leave, where patient caseloads have been substantially reduced, or employees who have been newly assigned individual psychotherapy time. Such employees can expect to have a ratio less than 1:5 until a case load is established.
- 456 5. To ensure ongoing adequate access, when a ratio of 1:5 cannot be maintained for greater than one (1) month, the Employer's intent will be to refer patients to providers outside the bargaining unit, including, at the Employer's sole discretion, non-KP providers, in order to return to a 1:5 ratio, as needed, by facility. The use of any such outside assignment of patients will not result in the elimination of bargaining unit positions.
- 457 6. If it is necessary to refer out for longer than three (3) months in a department, the Employer will adjust staffing in the department as needed in order to return to a 1:5 ratio, except in cases where the need to refer out is temporary, for example where it is due to employee leaves. While the Employer's intent is as stated above, the Union recognizes that circumstances may require modification of new to return ratios in order to maintain appropriate access for new patients per regulatory requirements.
- 458 7. When therapists are scheduled to work in clinic, providing individual and group

therapy, which excludes specific duties assigned by management, (such as triage, psychological testing, meetings, required trainings, case consultation conferences, allocated prep/charting time for group(s) and supervision) all of their remaining time is potentially available for individual/family/group therapy appointments. This will be considered Time Available for Patient Care (TAPC). Of the total TAPC 20% will be allocated for Indirect Patient Care (IPC).

Direct Patient Care (DPC) consists of all bookable patient-facing hours, which includes individual, couples or child/family appointments, group therapy or psychoeducation, case management, crisis intervention and collateral visits.

Example 1 – a provider who works 40 hours per week in the following manner: 1 hour of meetings, 1 hour of case consultation would have 38 hours of TAPC. Of those 38 hours, 7.6 hours would be IPC and 30.4 hours would be reserved for direct patient care.

Example 2 – a provider who works 40 hours per week in the following manner: 1 hour of meetings, 1 hour of testing, 1 hour of case consultation and 2 hours of supervision would have 35 hours of TAPC. Of that 35 hours, 7 hours would be IPC and 28 hours would be reserved for direct patient care.

Each individual provider will confer with management and determine how best to schedule indirect patient care time. Management will not convert or book into provider IPC time.

- 459 8. It is the Employer's expectation that all TAPC be utilized for patient care. Therefore, it will be a joint employee and management effort to achieve appropriate booked direct patient care for individual/family therapy and minimize fail to keep appointments (FTKA). Management will provide support for booking appointments. Time that becomes available due to FTKA or late cancellations may be used for indirect or direct patient care. The Employer will develop metrics to measure the use of TAPC and use of outcomes tools.
- 460 9. Individual therapy providers will have the option to reserve return appointments for clinically appropriate return access and/or unexpected crisis patient care ("Q"). Providers will be able to reserve one Q appointment per week for every new patient booked the prior week for on-going therapy. Upon mutual agreement additional Q appointments will be added based on need and use. Management will not book into this time without prior agreement of the provider, except for appointments unbooked 48 hours or two business days in advance. These appointments can be used for return appointments or one-time assessments that would not affect the 1:5 ratio.
- 461 10. All providers will have at least 30 minutes of additional time for each group for purposes of preparation and charting. This will be considered in addition to IPC time.

462 11. Correct codes for each type of direct patient care will be provided to all clinicians.

463 **Section 4 – Referral of Cases**

464 In order to meet the needs of our patients, the Employer may, at its discretion, assign patients to outside providers when appointments are not available within timeframes required by law and regulatory standards.

465 **Section 5 – Outcomes Based Care**

466 Both parties recognize the importance of providing high quality, outcomes informed patient care to assist in treatment planning and caseload management. Employees shall utilize outcomes tools regularly throughout the course of treatment to guide treatment planning and graduation in an episode of care.

467 **Section 6 – Telehealth**

468 The parties acknowledge that telehealth has been demonstrated in clinically appropriate situations to be an effective means of delivering evidence-based psychotherapy services.

469 The determination of telehealth versus in-person visits should be made based on multiple factors, such as clinical judgement, the patient's preference for mode of treatment, and operational need.

470 **ARTICLE XXIX – CORRECTIVE ACTION PROCEDURE**

471 The Corrective Action Procedure shall be applied and relied on by both parties as the basic means of progressive discipline. It is intended to be an open process that utilizes a problem solving approach to address issues and explore alternatives to correct performance and/or behavioral concerns using a "just cause" standard. All disputes arising out of the Corrective Action Procedure shall be subject to the Grievance/Arbitration Procedure, however, once an employee has agreed to any Level in writing within the Corrective Action Procedure, that Level is not grievable.

472 No employee shall be disciplined or discharged without just cause. Any employee who is discharged shall be informed in writing at the time of the discharge of the reason(s) for the discharge.

473 Supervisors shall ask the employee if he/she wishes the presence of a Union Steward and/or Union Staff Representative in any meeting or investigation that may result in discipline. The selection of a union representative shall not unduly delay the proceeding.

474 It is the Employer's intent normally to make use of progressive discipline in accordance with established practices and policy.

475 In the event the Employer disciplines or discharges an employee, the Employer will, at the request of the employee and/or Union, furnish copies of necessary and/or relevant documents or written statements used by the Employer as a basis for the disciplinary action.

476 Employees shall have the right to respond in writing to any written disciplinary notices and documentation of employee counseling sessions, and shall have that response attached to the relevant material.

477 **Section 1 – Corrective Action Procedure**

478 A. Level 1 – Oral Reminder

479 The manager/supervisor meets privately with the employee and a representative of the Union (unless such representation is refused), to clarify the performance and/or behavioral issue(s). The manager/supervisor's primary role at Level One is to gain the employee's understanding and agreement to solve the problem.

480 The focus of the oral reminder is to remind the employee that (s)he has a personal responsibility to meet reasonable standards of performance and/or behavior. The supervisor/manager and employee should use this opportunity to problem-solve the issues, clarify expectations, and explore and agree upon behavioral changes including measurements of achievement and time lines.

481 B. Level 2 – Individual Action Plan

482 This is the second level of the Corrective Action Procedure and should be utilized if the employee's performance and/or behavioral problems continue.

483 At this level the supervisor/manager will meet privately with the employee and a representative of the Union (unless such representation is refused), to revisit the issues/problems, and clarify the need for the employee to meet reasonable standards of performance and behavior. This discussion will include a review of the progress made by the employee based on input at Level 1; the joint development of a written Individual Action Plan; and the time frame in which the employee is expected to meet performance and/or behavioral standards. The employee and supervisor should both sign the Individual Action Plan.

484 C. Level 3 – Corrective Action Plan

485 This is the third level of the Corrective Action Procedure and should be utilized if the employee's performance and/or behavioral problems continue, or if the employee refused to sign the Individual Action Plan at Level 2.

486 At this level the supervisor/manager will meet privately with the employee and a representative of the Union (unless such representation is refused), to revisit the

individual action plan, timelines, and progress made under the Individual Action Plan.

487 The preferred outcome of this meeting is that the supervisor/manager and the employee, through a collaborative process, will mutually agree and sign a Corrective Action Plan. However, if the employee refuses to acknowledge the issue or if agreement cannot be reached, the supervisor/manager will prepare the Corrective Action Plan necessary for the employee to correct performance and/or behavioral issues. In these circumstances, the supervisor/manager may unilaterally implement the Corrective Action Plan after notification to the employee.

488 D. Level 4 – Day of Decision

489 This is the fourth level of the Corrective Action Procedure and should be utilized if the employee has not shown improvement in performance and/or behavioral problems after having gone through Level 3 of the Corrective Action Procedure.

490 At the conclusion of the follow-up meeting at Level 3, and after having determined that prior efforts have failed to produce the desired changes, a meeting will be scheduled between the supervisor/manager and the next higher level manager/chief, the employee, the union steward and the next higher union representative (unless such representation is refused) to discuss the continuing problem. The purpose of this meeting is to review the continuing performance and/or behavioral issues and the lack of improvement.

491 If management decides to invoke the Day of Decision, the next higher level manager will explain the severity of the situation to the employee and will place the employee on a paid Day of Decision. (The Day of Decision is paid to demonstrate the Employer's commitment to retain the employee.) The higher level manager will stress the need for the employee to use the Day of Decision as a day of reflection and choice. The employee has the opportunity to choose to change his/her/their performance and/or behavior and return to the organization, or voluntarily sever the employment relationship. Management will document the meeting in a memorandum, which will include the date, location, attendees, and summary of the discussion.

492 Upon the employee's return, the supervisor/manager, the employee, and the union representative (unless such representation is refused), will meet to review the employee's decision. If the employee's decision is to change his/her/their performance and/or behavior and continue employment, the supervisor/manager, employee and Union representative (if any), will meet to develop and sign a Last Chance Agreement. The Last Chance Agreement will include a Final Corrective Action Plan.

493 E. Level 5 – Termination

494 Termination is the final level of the Corrective Action Procedure and should be
utilized if performance and/or behavioral issues still persist despite the Oral
Reminder, Individual Action Plan, Corrective Action Plan, and Day of Decision.

495 **Section 2 – Purging of Documentation**

496 Written disciplinary notices and documentation of employee counseling sessions shall
be invalid after a period of one (1) year from the date of issuance except when there
are other materials of the same or related nature. It is understood that while the
employer may retain expired documents to satisfy legal and regulatory requirements,
such documents will not be used to justify further disciplinary action.

497 **Section 3 – Maintenance of Documentation**

498 In order to satisfy governmental record keeping requirements, purged documentation
will be maintained by the Employer in a separate file to which supervisors/managers
do not have access.

499 **Section 4 – Investigatory Suspensions**

500 In situations where the Employer determines that removal of an employee is warranted
due to the nature of a reported incident or allegation, such employee will be placed on
a paid investigatory suspension. At the conclusion of the investigatory suspension, the
Employer will determine at what level, up to and including Level 5, to place the
employee in the Corrective Action Procedure.

501 **Section 5 – Acts of Gross Misconduct**

502 Acts of gross misconduct and/or gross negligence will subject the employee to an
accelerated level in the Corrective Action Procedure, up to and including Last Chance
Agreement or Termination.

503 **ARTICLE XXX – ISSUE RESOLUTION**

504 The parties agree to consider, for selected issues or concerns an issue resolution
process. Management, employee(s) and/or union representative(s) may confer with
the Chief and request the formation of an ad hoc issue resolution committee. Such
committees shall be formed only if mutually agreed to by both parties.

505 The issue resolution committee will meet and attempt to reach a resolution of the issue
using an interest-based problem solving approach and methodology. Encouragement
of participation and communicating openly, timely, constructively and respectfully,
without fear of retribution, are necessary components to make issue resolution efforts
sincere and effective.

506 The individual bringing the issue forward must stay actively involved in the search for the solution. Any recommended resolution must be reached by the committee through consensus and mutual agreement. The Chief has the authority to accept or reject the committee's recommendation. The issue resolution committee should establish timelines for the procedure, being mindful that this process is intended to bring timely solutions to everyday workplace issues and concerns. If a mutually agreeable solution is not reached within the established timelines, or the Chief rejects the committee's recommendation, the employee and/or the Union has seven (7) calendar days to file at Step 1 of the Grievance Procedure.

507 **ARTICLE XXXI – PROFESSIONAL PRACTICE COMMITTEES**

508 **Section 1 – Local Professional Practices Committee**

509 In order to develop and maintain a collaborative environment in which quality patient care and constructive dialogue are enhanced, Professional Practices Committees (PPC) will continue. The PPCs will be composed of chiefs and/or managers and employees representing classifications within the bargaining unit. Management will select a minimum of three (3) representatives and the Union will select a minimum of three (3) representatives. Any number above three (3) will be by mutual agreement of the parties.

510 PPCs will address issues locally through existing administrative structures at the local medical center level.

511 The objectives of the PPCs will be to:

1. Maintain and enhance professional practice
2. Improve patient service/care and access
3. Identify opportunities for operational improvement
4. Identify opportunities to enhance work life balance to make Kaiser Permanente the Employer of choice

512 A PPC may make recommendations on any new Regional or local project or initiative as identified in the objectives above. Management will take recommendations of a PPC into consideration when making decisions affecting the objectives above. Both the Union and Management acknowledge that there are times when decisions need to be made on a short timeline, and that such decisions shall not be unduly delayed waiting for recommendations from the PPC.

513 The PPCs will meet during regularly scheduled meeting times, for a total of two hours monthly, which will be Employer paid. Additional meeting scheduling and length will be determined by the work/project/initiative at hand, subject to approval by the Employer. The PPCs will operate following guidelines approved and adopted by the Regional Professional Practice Committee.

514 The work of the LPPC will be advanced by jointly planned and led LPPC Feedback Meeting occurring up to one hour monthly. All bargaining unit and management staff will be invited to participate. LPPC feedback meetings will not be scheduled to conflict with the regularly scheduled Steward Training days.

515 **Section 2 – Regional Professional Practices Committee**

516 A Regional Professional Practices Committee (RPPC) will be established, composed of up to eight (8) members. Members of the Committee will be composed of three (3) participants selected by the Union, three (3) participants selected by the Employer, the Union Field Representative/Organizer and the Employer's Labor Relations Representative or designee, for a total of no more than eight (8).

517 The role of the RPPC is to assist in enhancing professional performance, improving quality patient care, access and service, and identifying opportunities for operational improvement (for instance addressing productivity issues such as net loss). The Committee shall not address contractual issues, including compensation or grievances.

518 The RPPC will meet four (4) hours every other month on mutually agreeable date(s). RPPC members will be paid on a no loss basis for time spent participating in Committee meetings.

519 The RPPC shall provide a written quarterly report to the Regional Director of Mental Health and Chemical Dependency, which shall include a summary of issues addressed by the Committee, any action taken, any unresolved issues, and the progress of each.

520 **Section 3 – Scope of the Local and Regional Professional Practice Committees**

521 These PPC committees will not address any contractual or grievance issues, nor shall these committees have any authority to modify terms of the Collective Bargaining Agreement nor to bargain over changes in wages, hours and working conditions of bargaining unit employees. Issues that cannot be resolved by the Local PPC may be referred by mutual agreement of the parties to the Regional PPC for consultation. Issues discussed or addressed by the PPCs will not be subject to the grievance and arbitration procedure for resolution.

522 **ARTICLE XXXII – DISPUTES**

523 Work Stoppages. The Employer and the Union realize that the Employer's facilities are different in their operations from industries because of services rendered to the community and for humanitarian reasons, and agree that there shall be no lockouts on the part of the Employer, nor suspension of work on the part of the employees, it being one of the purposes of this Agreement to guarantee that there will be no strikes, lockouts or work stoppages.

524 All disputes in other matters of controversy coming within the scope of this Agreement will be settled by the Grievance and Arbitration Procedure hereinafter provided.

525 **ARTICLE XXXIII – GRIEVANCE AND ARBITRATION PROCEDURE**

526 **Section 1 – General Principles**

527 Basic Means of Settling Grievances. The following procedure shall be applied and relied upon by both parties as the basic means of seeking adjustment of and settling grievances. Grievance, as referred to in this Article, includes every dispute concerning interpretation and application of this contract and/or any dispute concerning wages, hours, or working conditions. All such disputes shall be subject to the grievance procedure.

528 Time Limits. Except for grievances alleging errors in wages, benefits errors, or discharge, each grievance arising under this Agreement shall be presented to the appropriate party within thirty (30) calendar days after the grievant had knowledge of the event or should have had knowledge of the event. All discharge grievances shall be referred immediately to Step Two of this procedure within ten (10) calendar days from the date of discharge. Any grievance not timely filed is deemed waived by the aggrieved party.

529 Both parties agree that the grievance and arbitration procedure should proceed as expeditiously as possible; however, by mutual agreement between the Union and the Employer, the time limits of any step of the grievance procedure may be extended and this extension must be confirmed in writing within the specified time limits. Both parties agree, however, to make their best effort to abide by the time limits outlined in this Agreement. In the event the Union fails to appeal a grievance in a timely manner, the grievance will be treated as “withdrawn” by the Union. If the Employer fails to respond to the grievance within the time limits specified, the grievance may be appealed to the next step of the grievance procedure by the Union.

530 Mandatory Meetings. There shall be a mandatory meeting at each step of the grievance procedure unless waived by mutual agreement of the parties. Employees participating in such meetings shall not suffer any reduction in pay due to their participation.

531 Written Grievance Documents. All grievances, grievance appeals, grievance responses, requests for extensions of time limits and agreements to extend time limits will be given in writing.

532 Non Precedent-Setting Settlements. Grievance settlements or resolutions reached at Step One or Two of the grievance procedure shall not be precedent-setting for any purpose and shall not be used to interpret the language or associated practices of the agreement.

- 533 Good Faith Efforts to Resolve Issues. The goal of the parties is to achieve early and prompt resolutions of issues and disputes through informal and formal interest-based discussions between the steward, employee(s) and the direct supervisor or department head in Step One and Step Two. The use of the procedures contained in the Article should not preclude, or be used by any party to avoid, active good faith efforts to achieve dispute or issue resolution.
- 534 Union Staff Representatives. Union staff representatives may participate at any level of the grievance procedure.
- 535 Necessary and/or Relevant Information. The parties agree and understand that the free exchange of necessary and/or relevant information is essential to their mutual understanding and satisfactory resolution of issues and disputes. Accordingly, the parties agree to respond adequately, in a timely, good faith manner to requests for information, and to promptly address and resolve any disputes relating to the provision of requested information.
- 536 **Section 2 – Steps of the Grievance and Arbitration Procedure**
- 537 Step One. Step One of the grievance procedure is an informal process. The parties recognize that most issues or disputes can and should be resolved informally at the closest possible level to the unit/department in which they occur.
- 538 The Grievance procedure shall be initiated at Step One, except grievances specified in this Article as going directly to Step Two. A Union Steward representing an employee shall initiate the grievance procedure at Step One by presenting the issues to the employee’s immediate supervisor. Within ten (10) calendar days after submission of the issues, a meeting shall be held. The parties are encouraged to continue to work collaboratively on the issue until either party feels that further work at this step will not resolve the issue. Once resolution is reached, or the decision is made that joint resolution is not possible, the supervisor shall respond to the grievant(s) and the Union Steward within ten (10) calendar days. Participants in Step One discussions should include the employee(s), the involved supervisor, and the Union Steward.
- 539 Step Two. All issues that are not resolved at Step One may be appealed to Step Two within fifteen (15) calendar days. An appeal to Step Two shall be submitted in writing as a formal grievance after either party feels the issue(s) cannot be resolved at Step One in a timely manner. The parties shall attempt to resolve the grievance within ten (10) calendar days after the appeal is received. If the parties are unable to resolve the grievance within these time limits, a grievance response shall be given within ten (10) calendar days thereafter. Grievances regarding discharges must be initiated at Step Two within ten (10) calendar days after the action. In addition, grievances involving workload and suspension shall be introduced directly to Step Two of the Grievance and Arbitration procedure. Participants in Step Two should include the employee(s), the Union Steward, the supervisor, and the human resources representative.

- 540 Step Three. All grievances that are not resolved at Step Two may be appealed to Step Three within fifteen (15) calendar days. The appeal to Step Three shall be submitted in writing to the parties' designees. Within ten (10) calendar days of the receipt of such appeal, a meeting shall be held including the parties' designees, Union Steward, and grievant(s). Within ten (10) calendar days after such meeting, the Employer's designee shall respond to the Union Staff Representative and other meeting participants in writing.
- 541 Step Four. In the event the grievance remains unresolved, the grieving party may appeal the grievance to arbitration. Written notice of such appeal must be received by the Director of Labor Relations or Designee within fifteen (15) calendar days after receipt of the Step Three response. No grievance shall be appealed to arbitration without first being processed through the appropriate steps of the Grievance and Arbitration Procedure except by mutual agreement.
- 542 Selection of Arbitrator. An impartial arbitrator shall be selected by mutual agreement of the parties. In the event mutual agreement is not reached, the party appealing the grievance to arbitration shall request a panel of arbitrators from the Federal Mediation and Conciliation Service. Upon receipt of said panel, the parties will select an arbitrator by alternately striking names.
- 543 Authority of the Arbitrator. The arbitrator shall be prohibited from adding to, modifying, or subtracting from, the terms of this Agreement or any supplemental written agreement of the parties. Further, it shall not be within the jurisdiction of the arbitrator to change any existing wage rate or establish a new rate. However, grievances involving reclassification and upgrade are within the scope of the grievance procedure and are within the jurisdiction and powers of the arbitrator; the decision of the arbitrator, however, is limited to changes in the classification of a position within the existing wage schedule. The award of the arbitrator shall be final and binding on both parties.
- 544 Cost of Arbitration. Each party shall pay one-half (1/2) the cost of the arbitration proceedings which include but are not limited to the cost of the arbitrator, court reporter and transcript for the arbitrator, if mutually agreed to as necessary, conference room costs and other related costs, and each party shall be responsible for the cost of its own representatives and witnesses.
- 545 **ARTICLE XXXIV – SAFETY**
- 546 Kaiser Permanente will comply with applicable federal and California laws and regulations relating to Occupational Safety and Health. The Employer will promptly and thoroughly investigate any employee's expressed concern regarding the safety or healthfulness of the work environment. While the Employer agrees it will comply with all applicable regulations, it is the duty of each employee to comply with all health and safety regulations of the Employer. In the event any safety or health hazard is detected, it shall be promptly reported to the administrative supervisor and/or chief. Clinics are

expected to address safety issues unique to the physical structure/plant and to practices of work site, and maintain its compliance through regular safety training.

547 **ARTICLE XXXV – COMPLETION OF AGREEMENT**

548 The Employer and Union expressly acknowledge and agree that they have had full and fair opportunity to bargain, have fully exercised and exhausted that opportunity to bargain regarding all mandatory and permissive subjects of bargaining, and have reached agreement as to all such proper subjects of bargaining.

549 **ARTICLE XXXVI – CONFORMITY TO LAW**

550 If any provision of this Agreement is found to be in conflict with State or Federal law, the remaining provisions of the Agreement shall remain in full force and effect. In the event any provision(s) are declared to be in conflict with any law, both parties shall meet immediately for the purpose of renegotiating only the provision(s) so invalidated.

551 **ARTICLE XXXVII – DURATION OF AGREEMENT**

552 Except as otherwise specifically provided, this Agreement shall be effective as of October 1, 2021, and shall continue in effect through September 30, 2025 and shall be automatically renewed from year to year thereafter, unless amended, modified, changed or terminated.

553 Either party wishing to change or terminate this Agreement must serve written notice of a desire to amend to the other party at least 90 days prior to the expiration date. Notice of desire to change or terminate given by one party shall render unnecessary a similar notice by the other party.

IN WITNESS WHEREOF, we have hereunto set our hands and seal this 31st day of August, 2023.

The Permanente Medical Group, Inc.

Maria Koshy, MD
Maria Koshy, MD
Chair of Chiefs of Psychiatry & Addiction
Medicine Director of Regional Mental Health
Administration

Darin Tankersley
Darin Tankersley
Chief of Medical Center Administration and
Operations, TPMG

Albert Mossman
Albert Mossman
Executive Director
NCAL Labor Relations

David Frizzell
David Frizzell
Chief Negotiator
NCAL Labor Relations

Deborah Glasser
Deborah Glasser
Chief Negotiator
NCAL Labor Relations

- Inderpreet Dhillon, MD
- Agnes Amistoso
- Susan Seruby
- James Kempf
- Carrie Clark
- Lorena Roth
- Kurt Meyers
- Seth Goldberg
- Rudy Collins
- Catherine Porter
- Norah Eller
- Jorge Garcia
- Janet Linares

**National Union of Healthcare Workers
Integrated Behavioral Health Services**

Sal Rosselli
Sal Rosselli
President

Greg Tegenkamp
Greg Tegenkamp
Kaiser Division Director

- Mary Ann Beach
- Ilana Marcucci-Morris
- Anjahni Davi
- Melody Bumgardner
- Jane Kostka
- Shay Loftus
- Diana Dorhofer
- Shinobu Ogasawara
- Misha Gutkin
- Kimberly Hollingsworth-Hornor
- Lisa Galan de Martinez
- Matt Hannan
- Julia Thompson
- Alexis Petrakis
- Kathy Ray
- Julia Gallichio
- Jennifer Browning
- Luzia Daley
- David Meshel

LETTER OF UNDERSTANDING – RETROACTIVE PAYMENT

In lieu of the calculation of retroactive wages for the 2021 Wage Increase, all active Full-time, Part-time and Per Diem Employees as of the date of ratification shall receive a retroactive lump-sum payment covering the period October 1, 2021 – December 31, 2022 as follows:

- Full-Time (40 hrs) \$6,300
- Part-Time (scheduled <40hrs and >1hr) \$5,000
- Per Diem \$2,400

The Lump Sum shall be paid the next pay period 60 days post ratification. Payment is subject to applicable state/federal withholdings. Eligible employees must be on active status on date of ratification. Full-time, Part-time, and Per Diem status will be based on the employee’s scheduled hours as of the start of the pay period after ratification.

LETTER OF AGREEMENT – STUDENT LOAN REPAYMENT PROGRAM

Eligible applicants will receive awards for the repayment of qualified student loans.

Eligibility:

Applicants must:

- Be a member of: NUHW Integrated Behavior Health Services bargaining unit
- Must have 1 year of service at KP
- Must be an active KP employee and scheduled to work 20 or more hours per week
- Be a graduate of an accredited Bachelor's, Master's or Doctorate level education program in Mental/Behavioral Health professions
- Have an existing qualified loan related to education in Mental/Behavioral Health Professions
- The program is open once a year for enrollment (Oct 1st - 6-weeks)
- Applicants must reapply each award year

Awards:

Eligible applicants can receive repayment for qualified loans for educational expenses incurred in Mental/Behavioral Health Professions in the following amounts:

- Accredited Bachelor's or Master's level programs – Up to \$2,500 per calendar year with a \$10,000 lifetime total.
- Accredited Doctorate level programs – Up to \$5,000 per calendar year with a \$20,000 lifetime total.

LETTER OF UNDERSTANDING – IMMEDIATE RELIEF

The Employer agrees to, in collaboration with NUHW, implement the following initiatives within thirty-days (30) from ratification of this agreement to provide immediate relief and support. The RPPC will receive weekly progress updates to ensure the intended immediate relief is provided.

The Employer may use temporary agencies resources and therapist for 12 months for more rapid increase in Treatment Track use.

LETTER OF UNDERSTANDING – MODEL OF CARE

The parties agree that a group of clinicians, with support and guidance from the Regional Professional Practice Committee (RPPC), will work collaboratively during the term of this agreement in a focused effort to continually improve the model of care for treatment of mental health conditions and substance use disorders.

The purpose, interests, and process are as outlined below:

Purpose

1. To serve as a clinical consultative body to Regional Mental Health Administration (RMHA) regarding the identification and implementation of evidence based best practices.
2. To identify existing and emerging evidence based treatments, evaluate new approaches to care, and make recommendations for best practices for virtual and in person care.
3. To identify barriers to meeting professionally recognized standards of care and to make recommendations on how to best remove those barriers, e.g., adjustments to workflows, templates, smart phrase, scripts, etc.

Mutual Interests

1. Maximizing the internal treatment of patients
2. Increased timely access to high quality culturally responsive care
3. Ensure that the care delivery system provides a sustainable model for providers and high quality care for patients
4. Meeting regulatory requirements for access, service, and quality

Membership, Support Structure, Reporting Relationships, Norms & Communications

Membership and Reporting Relationships

1. Membership of the collaborative shall be comprised of Labor and Management representatives who are identified by their respective parties as subject matter experts in their areas of practice.
2. Meetings will be conducted virtually, unless mutually agreed to be held in person.
3. Time Commitment:
 - a. Collaborative committee members will make best efforts to serve for the term of the Agreement.
 - b. Members will be expected to meet on average two days per month for two-hour time blocks with the expectation that work also will occur outside formal meetings.
 - c. Union members will be given paid release time to attend meetings and complete collaborative-related work. If needed, additional hours outside of scheduled meeting time to be approved by local management in consultation with committee co-chairs.

4. Recommendations must be based on consensus decision making.
5. The collaborative will be composed of up to 12 members, 6 selected by the union and 6 selected by the employer.
6. Quorum will consist of 4 managers and 4 NUHW collaborative members.
7. Contractual, health plan benefits, and fixed systemic operational issues are not within the scope of this collaborative.
8. MOC Collaborative Committee will make quarterly updates to the RPPC.

Support Structure

1. Co-Chairs will be selected by the group
2. Project management support
3. Facilitator support for the first three months, to be extended if committee deems necessary. Facilitator to be jointly chosen by the parties.

Group Norms

1. Meetings will begin and end on time.
2. Members will be notified of any changes in, or additions to, meeting dates, times or locations within three (3) working days, except in cases of emergency.
3. Members will respect meeting agenda.
4. Confidentiality will be maintained when designated.
5. Electronics (cell phones) will be muted during the entire meeting.
6. Members are responsible for bringing appropriate documents to all meetings.
7. Discussions will utilize interest-based processes and consensus decision-making.
8. All discussions will be respectful.
9. Minutes will be taken at each meeting.
10. Meeting schedule will be determined by the collaborative.
11. Individual issues will be addressed between the individuals.
12. Share your opinions, ideas and feelings.
13. Appropriately express yourself with the correct individual.
14. Communicate behaviors directly and participate as part of the team.
15. Give feedback to a team member when their behaviors are negatively impacting the team.
16. Acknowledge and/or express "shutdowns".
17. Do not interrupt each other.
18. Once finalized, members will respect the agenda.

Communications

1. Absent members will contact Co-Chairs for information.
2. Group will agree at close of meeting what will be communicated to whom and how.

LETTER OF UNDERSTANDING – MODEL OF CARE COLLABORATIVE GROUPS

KP and NUHW mutually agree to conduct five (5) Model of Care Collaborative groups for support of maximizing the internal treatment of patients, improving timely access to high quality culturally responsive care, ensuring the care delivery system provides a sustainable model for providers as well as high-quality care for patients, and meeting regulatory requirements for access, service, and quality under the following terms:

1. **C2C** - The C2C MOCC will analyze the work processes, workload, quality, and outcomes of C2C intake sessions and will develop mutual recommendations, with an emphasis on sustainability and quality, within 60 days of full commencement of the group. Prior to the full commencement of this group, the employer will engage a vendor to perform a time and motion study in collaboration with Labor.
2. **Case Management** - Development of mutual recommendations within 120 days after commencement of the group.
3. **Treatment Tracks** – The Treatment Tracks MOCC will focus on treatment tracks for trauma and personality disorder, decompression of generalists' schedules to allow generalist participation in treatment tracks and evaluating the need for expansion of existing treatment tracks. This group will develop mutual recommendations within 120 days after commencement of the group. Upon ratification of the Agreement, KP will also immediately expand Treatment Track coverage at one additional location to support Personality Disorder, PTSD.
4. **Generalized intake** - Development of mutual recommendations focusing on Child intake needs provided at the medical centers (includes initial and secondary) within 150 days after commencement of the group. Prior to the commencement of this group, the Employer will arrange for all child therapists in the department of psychiatry who provide individual / family psychotherapy to have 90-minute intake appointment(s) in their weekly schedules for the duration of this group. These 90-minute Child intake appointments will be conducted virtually or in-person as clinically appropriate (in-person appointments preferred, but not required).
5. **Crisis Management**- Development of mutual recommendations on how to offer crises management services at each medical center which may vary by location, within 150 days after commencement of the group.

*Model of Care Collaborative Groups will be initiated as soon as practical with the goal of immediately upon ratification.

The MOC groups will be supported by the following mutual commitments:

- Collaboration
- Parties intend to utilize and incorporate as appropriate, previous MOC work efforts
- Collaboratives will include union and management clinical participants only
- Labor will select three (3) front line therapists to participate in each MOC group, more if mutually agreed
- Appropriate release time will be provided to each participant

- Management will designate three (3) clinical individuals to participate in each MOC group, more if mutually agreed
- Meeting frequency and duration will be decided on by each MOC group
- Meeting notes will be taken and shared with the RPPC and Regional Mental Health Administration
- Access to all relevant data will be provided
- Facilitation may be provided upon request of a MOC group
- Two Labor Management executive leader check ins will occur to review the status of each collaborative. One check-in at the midpoint of the initiatives (approx. 90 days from ratification) and one at conclusion of the MOC initiatives. A courtesy invitation to these check-in meeting will be offered to Mayor Steinberg.
- KP shall implement the mutual recommendations from each MOC group and provide the resources necessary to operationalize these recommendations.

LETTER OF UNDERSTANDING: TELECOMMUTING

The parties agree that telecommuting has been proven to be an effective means of providing telehealth services. With this in mind, the parties agree to work collaboratively to optimize the use of telecommuting as described below:

1. Beginning no later than sixty (60) days after ratification of the Collective Bargaining Agreement, the Local Professional Practice Committees at each Medical Center and at each Connect to Care (C2C) location will focus their efforts on jointly determining recommendations for which services/programs/modalities are appropriate, in whole or in part, for telecommuting and to develop a master schedule of telecommute shifts versus on-site shifts at each Medical Center or C2C. The department chief, or designee, will participate in the LPPC meetings.
2. The LPPCs will also determine a process for offering the identified telecommute shifts, which may or may not require employees who wish to telecommute to select at least one on-site shift per week. In the event of a conflict, bargaining unit seniority shall prevail in the selection of telecommute shifts.
3. Employees who choose to telecommute and their managers will complete and sign an official Telecommuting Agreement available on HR Connect. Once a Telecommuting Agreement is entered into, either party must give the other two weeks' notice of intent to cancel the agreement. Telecommuting Agreements will not be unreasonably revoked.
4. The parties will make their best efforts to complete this process within 90 days of its commencement.

LETTER OF AGREEMENT – GRIEVANCE ARBITRABILITY

The parties agree that grievances that have arisen since the expiration of the collective bargaining agreement shall be deemed governed by the renewed contract, provided the grievances were filed timely and otherwise arbitrable.

LETTER OF AGREEMENT – CITIZENSHIP CEREMONY

Effective upon ratification, employees who provide 30 days advance notice will not be denied use of their accrued ATO or PTO to attend the Naturalization ceremony to become a U.S. citizen.

MEMORANDUM OF UNDERSTANDING

Article XXIV–Health & Welfare Benefits for Retirees Language Preserved for Historical Reference 2022

A. Retiree Health Plan Coverage for Current Retirees Prior to January 1, 2017

A “Current Retiree” means an employee who retires on or after the effective date of this Agreement, and before January 1, 2017.

Through December 31, 2016, Retiree Medical Coverage remains unchanged for eligible Current Retirees.

Employees retiring with fifteen (15) years of service and are age fifty-five (55) or older receive medical coverage when they become eligible for and participate in Medicare Parts “A”, “B” and “D”. Eligible retirees and their eligible dependents receive coverage under the Kaiser Foundation Health Plan known as “Senior Advantage” or the Preferred Provider Option (PPO) Plan coordinated with Medicare. In the event that the cost of the PPO Plan exceeds the Health Plan coverage, the retiree will bear the cost difference. The employee and spouse or eligible domestic partner must enroll in Medicare Parts “A”, “B” and “D” when first eligible to have continued Health Plan or PPO coverage. If the employee chooses the Kaiser Foundation Health Plan option, the employee and spouse or eligible domestic partner must assign all Medicare benefits to Kaiser Permanente. Employees hired prior to February 1, 1986, are covered under the Medicare Reimbursement program, and will be reimbursed for standard Medicare Part B premiums. Employees hired on or after February 1, 1986, will not be reimbursed for Medicare.

Retiree medical coverage is extended to the retiree’s spouse or eligible domestic partner and eligible dependent children. Physically or mentally disabled children are covered regardless of age, provided such disability occurred prior to the dependent children turning age twenty-six (26). The retiree may need to provide annual certification of disability and dependency. Upon the death of the retiree, coverage continues for the surviving spouse until remarriage or death, for the eligible domestic partner until marriage, reentering a domestic partnership or death, and for surviving dependent children until they no longer meet the eligibility requirements.

Employees hired prior to February 1, 1986, who meet the eligibility requirements for early retirement (i.e., age 55 and 15 years of service, or age plus years of service = 75), normal retirement (age 65), or postponed retirement (over age 65), and their eligible dependents will receive Health Plan (with vision benefits), dental, and retiree life insurance coverage immediately upon retirement, and Medicare reimbursement for standard Part B premiums as applicable.

Employees hired on or after February 1, 1986, and are age 55 or older, with at least 15 years of service when they retire, and their eligible dependents will receive Health Plan

coverage (without vision benefits) upon participation in Medicare (generally age 65). Retiree life insurance coverage is provided at retirement.

C. Retiree Medical Program for Current Retirees On and After January 1, 2017

A "Current Retiree" means an employee who retires on or after the effective date of this Agreement, and before January 1, 2017. An employee "retires" before January 1, 2017 if he or she has a termination of employment defined as:

1. 1) After attaining at least age 55 with 15 or more years of Service, or
2. 2) If hired on or after October 13, 2000, after attaining eligibility for income benefits under Title II of the Social Security Act with 10 or more years of Service, or
3. 3) If hired on or before February 1, 1986, after attaining at least age 55 with 15 or more years of service, or after the employee's age plus years of service are at least 75.

Categories of Current Retirees as of January 1, 2017

Category 4. Effective January 1, 2017, a Current Retiree who attained age 75 before January 1, 2017, shall receive the retiree medical benefits in effect as of December 31, 2016 for that retiree, and any eligible dependents. The surviving spouse or domestic partner of a deceased Category 4 Current Retiree shall also continue to receive the retiree medical benefits in effect as of December 31, 2016. If the pre-2017 retiree medical benefits required the retiree to pay a share of the plan cost, the retiree (or surviving spouse/domestic partner) shall continue to pay the cost-sharing. Survivor coverage shall continue for the spouse or domestic partner until remarriage/ recommitment or death.

Category 5. A Current Retiree who has not attained age 75 before January 1, 2017, shall receive the following Retiree Medical Program. The Retiree Medical Program for a retiree, his or her spouse or eligible domestic partner shall not apply until the retiree attains age 65 or is Medicare eligible.

Retiree Medical Program For Category 5 Current Retirees

Effective January 1, 2017, a Category 5 Current Retiree's retiree medical coverage will be equivalent to the KFHP Mid-Plan for active employees. Any changes to the active employee co-payments on or after January 1, 2017, will also be implemented for the Category 5 Current Retiree and his/her/their eligible spouse/domestic partner and dependent children.

The Employer agrees to provide to the Category 5 Current Retiree, Kaiser Foundation Hospital-Surgical-Medical benefits described as Senior Advantage integrated with

Medicare, provided the Category 5 Current Retiree retired under the normal or postponed provisions of the pension plan and is eligible for and participating in Parts "A", "B" and "D" of Medicare. If the Category 5 Current Retiree retired under the early or disability provisions of the pension plan, he/she shall become eligible for the Kaiser Foundation Health Plan Senior Advantage coverage at the Employer's expense upon becoming eligible for and participating in Parts "A", "B" and "D" of Medicare. Covered spouses, or eligible domestic partners, of Category 5 Current Retirees must also enroll in Parts "A", "B" and "D" of Medicare when eligible, and assign Medicare benefits to Kaiser Permanente. For Category 5 Current Retirees who were hired after February 1, 1986, such coverage shall not include optical benefits. For employees hired on or before February 1, 1986, such coverage will include vision benefits. Medicare eligible retirees and dependents, to include eligible domestic partners, will be required to enroll in the Senior Advantage Plan. The medical benefits that retirees receive from the Senior Advantage program will be equivalent to the KFHP Mid-Plan Level for active employees. Category 5 Current Retirees covered by Senior Advantage must receive all medical care at Kaiser Permanente facilities in order to receive benefits. If a Category 5 Current Retiree moves outside the Kaiser Permanente service area, he/she will be required to pay that amount of the Out of Area or Out of Region retiree group rate which is in excess of the Senior Advantage Health Plan retiree group rate in effect on January 1 of each year for himself/herself and for any eligible spouse/domestic partner or eligible dependent child. Eligible spouse/domestic partner or eligible disabled children, who are not yet Medicare eligible, must enroll in Kaiser Permanente's Senior Advantage Plan as soon as they become eligible in order to maintain health plan coverage. Current Retirees hired prior to February 1, 1986 are covered under the Medicare Reimbursement program, and will be reimbursed for standard Medicare Part B premiums. Employees hired on or after February 1, 1986, will not be reimbursed for Medicare.

APPENDIX A – KAISER PERMANENTE FACILITIES AND WORKSITES

The following list of Facilities and Worksites will be applied to the following Articles:

- Posting and Filling Positions
- Reduction in Force
- Transfers/Promotions/Multiple Sites

FACILITY	WORKSITE (SITE)
CENTRAL VALLEY	Manteca Medical Center and Associated Medical Offices Modesto Medical Center and Associated Medical Offices Stockton Medical Offices and Associated Medical Offices
DSA	Antioch Medical Center and Associated Medical Offices Walnut Creek Medical Center and Associated Medical Offices Pleasanton Medical Offices and Associated Medical Offices
EAST BAY	Oakland Medical Center and Associated Medical Offices Richmond Medical Center and Associated Medical Offices
FRESNO	Fresno Medical Center and Associated Medical Offices
GSAA	Fremont Medical Center and Associated Medical Offices Fremont Med-Psych Unit San Leandro Medical Center and Associated Medical Offices
NAPA SOLANO	Vacaville Medical Center and Associated Medical Offices Vallejo Medical Center and Associated Medical Offices
NORTH VALLEY	Roseville Medical Center and Associated Medical Offices Sacramento Medical Center and Associated Medical Offices
REDWOOD CITY	Redwood City and Associated Medical Offices
REGIONAL VIRTUAL CARE	Connect to Care (C2C) and Associated Locations Virtual Adapt and Associated Locations
SAN FRANCISCO	San Francisco Medical Center and Associated Medical Offices
SAN JOSE	San Jose Medical Center and Associated Medical Offices
SAN RAFAEL	San Rafael Medical Center and Associated Medical Offices
SANTA CLARA	Santa Clara Medical Center and Associated Medical Offices Behavioral Health Center
SANTA ROSA	Santa Rosa Medical Center and Associated Medical Offices
SOUTH SACRAMENTO	South Sacramento Medical Center and Associated Medical Offices
SOUTH SAN FRANCISCO	South San Francisco Medical Center and Associated Medical Offices

APPENDIX B – FLEXIBLE BENEFITS PROGRAM CO-PAYMENTS¹

	BASIC PLAN	MID PLAN	HIGH PLAN
Office visit co-pay	\$30	\$20	\$10
Emergency room co-pay	\$100	\$50	\$25
Outpatient surgery co-pay	\$100	\$50	\$10
Radiology/lab co-pay	0	0	0
Inpatient admission co-pay	\$250	\$100	0
Routine vision exam co-pay			
Adult	\$30	\$20	\$10
Child	0	0	0
Generic prescription co-pay	\$10	\$10	\$5
Brand prescription co-pay	\$20	\$15	\$10
Infertility drugs	50%	\$20	\$10
Annual co-pay limit			
Person	\$3,000	\$1,500	\$1,500
Family	\$6,000	\$3,000	\$3,000

This chart is illustrative of co-payments for some of the most commonly used services – it is not an exhaustive list. Affordable Care Act preventive care services are provided at no charge.

APPENDIX C – WAGE SCALES

NUHW IBHS Rates
October 2021 ATB
4%

Across the Board Increase

EFFECTIVE FEBRUARY 26, 2023

Job Code	Title	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
263004	Psychological Asst SH	46.0040	49.9179								
263005	Psychologist SH	64.9735	66.7926	68.6627	70.5856	72.5615	74.5937	76.6823	78.8295	81.0367	84.4648
263007	Marriage Family Therapist SH	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
263010	Psych Social Worker LCSW SH	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
263011	CDRP Counselor II SH	38.3020	39.3744	40.4769	41.6103	42.7754	43.9729	45.2045	46.4701	47.7712	49.7918
263012	CDRP Counselor I SH	34.8196	35.7944	36.7966	37.8270	38.8863	39.9748	41.0940	42.2444	43.4276	45.2649
263022	Bv Medicine Spec Psychology SH	64.9735	66.7926	68.6627	70.5856	72.5615	74.5937	76.6823	78.8295	81.0367	84.4648
263023	Bv Med Spc Lc Masters MH Pf SH	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
263024	Neuropsychologist SH	71.4709	73.4720	75.5293	77.6440	79.8181	82.0530	84.3506	86.7124	89.1403	92.9108
263036	Lic Masters Mental Hlth Prof SH	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
263037	Lic Prof Clin Counselor SH	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963004	Psychological Asst	46.0040	49.9179								
963005	Psychologist	64.9735	66.7926	68.6627	70.5856	72.5615	74.5937	76.6823	78.8295	81.0367	84.4648
963006	Assoc Marriage Family Therapist	44.7509	46.0040	47.2916							
963007	Marriage Family Therapist	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963010	Psychiatric Social Worker LCSW	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963011	CDRP Counselor II	38.3020	39.3744	40.4769	41.6103	42.7754	43.9729	45.2045	46.4701	47.7712	49.7918
963012	CDRP Counselor I	34.8196	35.7944	36.7966	37.8270	38.8863	39.9748	41.0940	42.2444	43.4276	45.2649
963015	Assoc Psychiatric Social Worker	44.7509	46.0040	47.2916							
963022	Bv Medicine Spec Psychology	64.9735	66.7926	68.6627	70.5856	72.5615	74.5937	76.6823	78.8295	81.0367	84.4648
963023	Behavioral Medicine Spec LCSW	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963024	Neuropsychologist	71.4709	73.4720	75.5293	77.6440	79.8181	82.0530	84.3506	86.7124	89.1403	92.9108
963025	LCSW MediCal Pilot	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963035	Unlicensed Case Mgr	44.7509	46.0040	47.2916	48.6160	49.9773	51.3762	52.8150	54.2944	55.8138	58.2144
963036	Lic Masters Mental Hlth Prof	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963037	Lic Prof Clin Counselor	52.8726	54.3534	55.8744	57.4400	59.0478	60.7011	62.4014	64.1488	65.9445	68.7802
963038	Assoc Masters MH Prof	44.7509	46.0040	47.2916							
963039	Assc Prof Clinical Counselor	44.7509	46.0040	47.2916							

**NUHW IBHS Rates
October 2022 ATB
3%**

Across the Board Increase

EFFECTIVE FEBRUARY 26, 2023

Job Code	Title	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
263004	Psychological Asst SH	47.3841	51.4155								
263005	Psychologist SH	66.9227	68.7964	70.7226	72.7032	74.7384	76.8315	78.98279	81.19439	83.4678	86.99879
263007	Marriage Family Therapist SH	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
263010	Psych Social Worker LCSW SH	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
263011	CDRP Counselor II SH	39.4510	40.5556	41.6912	42.8586	44.0587	45.2920	46.56067	47.86422	49.20429	51.28552
263012	CDRP Counselor I SH	35.8642	36.8682	37.9004	38.9618	40.0529	41.1740	42.32686	43.51172	44.73042	46.6228
263022	Bv Medicine Spec Psychology SH	66.9227	68.7964	70.7226	72.7032	74.7384	76.8315	78.98279	81.19439	83.4678	86.99879
263023	Bv Med Spc Lc Masters MH Pf SH	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
263024	Neuropsychologist SH	73.6150	75.6762	77.7952	79.9733	82.2127	84.5146	86.88107	89.31376	91.81448	95.69812
263036	Lic Masters Mental Hlth Prof SH	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
263037	Lic Prof Clin Counselor SH	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963004	Psychological Asst	47.3841	51.4155								
963005	Psychologist	66.9227	68.7964	70.7226	72.7032	74.7384	76.8315	78.98279	81.19439	83.4678	86.99879
963006	Assoc Marriage Family Therapist	46.0934	47.3841	48.7104							
963007	Marriage Family Therapist	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963010	Psychiatric Social Worker LCSW	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963011	CDRP Counselor II	39.4510	40.5556	41.6912	42.8586	44.0587	45.2920	46.56067	47.86422	49.20429	51.28552
963012	CDRP Counselor I	35.8642	36.8682	37.9004	38.9618	40.0529	41.1740	42.32686	43.51172	44.73042	46.6228
963015	Assoc Psychiatric Social Worker	46.0934	47.3841	48.7104							
963022	Bv Medicine Spec Psychology	66.9227	68.7964	70.7226	72.7032	74.7384	76.8315	78.98279	81.19439	83.4678	86.99879
963023	Behavioral Medicine Spec LCSW	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963024	Neuropsychologist	73.6150	75.6762	77.7952	79.9733	82.2127	84.5146	86.88107	89.31376	91.81448	95.69812
963025	LCSW MediCal Pilot	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963035	Unlicensed Case Mgr	46.0934	47.3841	48.7104	50.0745	51.4766	52.9175	54.3995	55.92328	57.4882	59.96085
963036	Lic Masters Mental Hlth Prof	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963037	Lic Prof Clin Counselor	54.4587	55.9840	57.5506	59.1632	60.8192	62.5221	64.27339	66.07322	67.92286	70.8436
963038	Assoc Masters MH Prof	46.0934	47.3841	48.7104							
963039	Assc Prof Clinical Counselor	46.0934	47.3841	48.7104							

**NUHW IBHS Rates
October 2023 ATB
3%**

Across the Board Increase

EFFECTIVE OCTOBER 8, 2023

Job Code	Title	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
263004	Psychological Asst SH	48.8056	52.9579								
263005	Psychologist SH	68.9304	70.8603	72.84423	74.8843	76.98053	79.13644	81.35227	83.63022	85.97183	89.60876
263007	Marriage Family Therapist SH	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
263010	Psych Social Worker LCSW SH	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
263011	CDRP Counselor II SH	40.6345	41.7723	42.94195	44.14436	45.38043	46.65081	47.95749	49.30014	50.68042	52.82409
263012	CDRP Counselor I SH	36.9401	37.9743	39.03746	40.13065	41.25451	42.40926	43.59667	44.81707	46.07233	48.02149
263022	Bv Medicine Spec Psychology SH	68.9304	70.8603	72.84423	74.8843	76.98053	79.13644	81.35227	83.63022	85.97183	89.60876
263023	Bv Med Spc Lc Masters MH Pf SH	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
263024	Neuropsychologist SH	75.8235	77.9465	80.129	82.37253	84.67905	87.05001	89.4875	91.99318	94.56891	98.56906
263036	Lic Masters Mental Hlth Prof SH	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
263037	Lic Prof Clin Counselor SH	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963004	Psychological Asst	48.8056	52.9579								
963005	Psychologist	68.9304	70.8603	72.84423	74.8843	76.98053	79.13644	81.35227	83.63022	85.97183	89.60876
963006	Assoc Marriage Family Therapist	47.4762	48.8056	50.17167							
963007	Marriage Family Therapist	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963010	Psychiatric Social Worker LCSW	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963011	CDRP Counselor II	40.6345	41.7723	42.94195	44.14436	45.38043	46.65081	47.95749	49.30014	50.68042	52.82409
963012	CDRP Counselor I	36.9401	37.9743	39.03746	40.13065	41.25451	42.40926	43.59667	44.81707	46.07233	48.02149
963015	Assoc Psychiatric Social Worker	47.4762	48.8056	50.17167							
963022	Bv Medicine Spec Psychology	68.9304	70.8603	72.84423	74.8843	76.98053	79.13644	81.35227	83.63022	85.97183	89.60876
963023	Behavioral Medicine Spec LCSW	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963024	Neuropsychologist	75.8235	77.9465	80.129	82.37253	84.67905	87.05001	89.4875	91.99318	94.56891	98.56906
963025	LCSW MediCal Pilot	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963035	Unlicensed Case Mgr	47.4762	48.8056	50.17167	51.57677	53.02092	54.50502	56.03148	57.60098	59.21284	61.75967
963036	Lic Masters Mental Hlth Prof	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963037	Lic Prof Clin Counselor	56.0925	57.6635	59.27717	60.93813	62.64378	64.39775	66.20159	68.05542	69.96055	72.96891
963038	Assoc Masters MH Prof	47.4762	48.8056	50.17167							
963039	Assc Prof Clinical Counselor	47.4762	48.8056	50.17167							

**NUHW IBHS Rates
October 2024 ATB
3%**

Across the Board Increase

EFFECTIVE OCTOBER 6, 2024

Job Code	Title	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
263004	Psychological Asst SH	50.2698	54.5467								
263005	Psychologist SH	70.9983	72.9861	75.0296	77.1308	79.2899	81.5105	83.7928	86.1391	88.5510	92.2970
263007	Marriage Family Therapist SH	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
263010	Psych Social Worker LCSW SH	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
263011	CDRP Counselor II SH	39.4510	43.0255	44.2302	45.4687	46.7418	48.0503	49.3962	50.7791	52.2008	54.4088
263012	CDRP Counselor I SH	35.8642	39.1135	40.2086	41.3346	42.4921	43.6815	44.9046	46.1616	47.4545	49.4621
263022	Bv Medicine Spec Psychology SH	66.9227	72.9861	75.0296	77.1308	79.2899	81.5105	83.7928	86.1391	88.5510	92.2970
263023	Bv Med Spc Lc Masters MH Pf SH	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
263024	Neuropsychologist SH	73.6150	80.2849	82.5329	84.8437	87.2194	89.6615	92.1721	94.7530	97.4060	101.5261
263036	Lic Masters Mental Hlth Prof SH	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
263037	Lic Prof Clin Counselor SH	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963004	Psychological Asst	47.3841	54.5467								
963005	Psychologist	66.9227	72.9861	75.0296	77.1308	79.2899	81.5105	83.7928	86.1391	88.5510	92.2970
963006	Assoc Marriage Family Therapist	46.0934	50.2698	51.6768							
963007	Marriage Family Therapist	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963010	Psychiatric Social Worker LCSW	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963011	CDRP Counselor II	39.4510	43.0255	44.2302	45.4687	46.7418	48.0503	49.3962	50.7791	52.2008	54.4088
963012	CDRP Counselor I	35.8642	39.1135	40.2086	41.3346	42.4921	43.6815	44.9046	46.1616	47.4545	49.4621
963015	Assoc Psychiatric Social Worker	46.0934	50.2698	51.6768							
963022	Bv Medicine Spec Psychology	66.9227	72.9861	75.0296	77.1308	79.2899	81.5105	83.7928	86.1391	88.5510	92.2970
963023	Behavioral Medicine Spec LCSW	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963024	Neuropsychologist	73.6150	80.2849	82.5329	84.8437	87.2194	89.6615	92.1721	94.7530	97.4060	101.5261
963025	LCSW MediCal Pilot	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963035	Unlicensed Case Mgr	46.0934	50.2698	51.6768	53.1241	54.6115	56.1402	57.7124	59.3290	60.9892	63.6125
963036	Lic Masters Mental Hlth Prof	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963037	Lic Prof Clin Counselor	54.4587	59.3934	61.0555	62.7663	64.5231	66.3297	68.1876	70.0971	72.0594	75.1580
963038	Assoc Masters MH Prof	46.0934	50.2698	51.6768							
963039	Assc Prof Clinical Counselor	46.0934	50.2698	51.6768							

POST DEGREE EXPERIENCE REQUIRED FOR ASSISTANT STEP INCREASES

Psychological Assistants:

Step 1 is used only for Psychological Assistants who have fewer than 1500 hours of post-degree experience credited toward state licensure.

Step 2 is intended for Psychological Assistants who have 1500 hours or more of post-degree experience credited toward state licensure.

Psychiatric Social Worker Assistants:

Step 1 is used only for Psychiatric Social Worker Assistants who have fewer than 1500 hours of post-degree experience credited toward state licensure. In this step, there is no requirement for post -degree hours credited toward state licensure. Psychiatric Social Worker Assistants starting in Step 1 will be given 3 years to complete state licensure.

Step 2 is intended for Psychiatric Social Worker Assistants who have between 1500 and 2999 hours of post-degree experience credited toward state licensure.

Step 3 is intended for Psychiatric Social Worker Assistants who have 3000 hours or more of post-degree experience credited toward state licensure.

Marriage Family Therapist Assistants:

Step 1 is used only for Marriage Family Therapist Assistants who have fewer than 1500 hours of post-degree experience credited toward state licensure.

Step 2 is intended for Marriage Family Therapist Assistants who have between 1500 and 2999 hours of post-degree experience credited toward state licensure.

Step 3 is intended for Marriage Family Therapist Assistants who have 3000 hours or more of post-degree experience credited toward state licensure.

APPENDIX D – INCENTIVE PLAN DESCRIPTION AND ELIGIBILITY CRITERIA

2022- 2025 NUHW IBHS Performance Improvement Bonus Plan

Eligibility Criteria

- **Eligible Status** – Full-time, part-time and short-hour mental health Integrated Behavioral Health Services (IBHS) Workers (union code A05) who are on NCal payroll and represented by NUHW. Excludes per diem employees.
- **Active Employees** – To receive the performance improvement bonus the employee must be in an active status as of the end of the performance year.
- Active status includes all working employees, and employees with the following status as of October 1st of the applicable plan year:
 - a. Suspended
 - b. Disabled
 - c. Probationary
 - d. Leave of Absence
 - e. Medical Leave
 - f. Military Leave
 - g. Jury Duty
 - h. FMLA
 - i. Union Leave
- **Participation in Other Incentive/Bonus Programs** – Employees who participate in other bonus, incentive or variable pay programs are not eligible to participate in the Program for the period they are covered by the other program(s).

Partial Year Eligibility

- **Termination/Transfer** – Employees who terminate or transfer out of employment with the IBHS bargaining unit, TPMG, before March 1st of the plan year (for reasons other than retirement or death) forfeit the incentive award. Employees who are active on March 1st and who terminate employment any time after March 1st will remain eligible to receive an award payment. Checks for eligible terminated employees will be issued separately, following award payment, as soon as practicable.
- **Retirement** –Eligible employees who retire after March 31st of the plan year will remain eligible and receive an award based on performance. Checks for eligible retirees will be issued separately, following award payment, as soon as practicable.
- **Deceased Employees** – Deceased employees will be treated the same as retired employees for purposes of determining calculation of award payments, with any bonus payments being made to their beneficiaries.
- **Transfers** – Employees who transfer between entities, regions, or bargaining units will be subject to incentive eligibility rules for the various Plans at the new entity. There are no pro rata payments for employees who transfer in or out of an eligible bargaining unit during the year. In no case should an employee receive payment from more than one incentive plan for the same period of time (except as may be bargained).

Incentive Description

- Eligible Employees will be eligible to earn up to a maximum of \$5,000.00 (five thousand dollars).
- The Employer determines the metrics for the Plans, centered on improving access, quality and enhancing the KP behavioral health program. The Union may provide input to the metrics.
- To determine incentive, employees will be tied to the medical center/work unit that is the assigned G/L location in the NCAL payroll system as of December 31st of the plan year.
- Payments for each Plan year will be made for active employees in March of the subsequent year.
- Performance results between threshold and target will be paid at a pro-rated amount.