



Utah State Hospital

**Doctoral Internship Program in Clinical
Psychology – *APA Accredited Internship Site***



**UTAH STATE HOSPITAL
1300 EAST CENTER STREET
PROVO, UTAH 84603**

<https://ush.utah.gov/psychology-training/>

Utah State Hospital Internship in Clinical Psychology

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It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. Information in this brochure, including clinical rotations available, is provided as a general guide, and is subject to change without not

Utah State Hospital Internship in Clinical Psychology

Dear Internship Applicant,

Thank you for considering the Internship Training Program at Utah State Hospital (USH). Our APA Accredited Internship program provides comprehensive clinical training, with a primary focus on assessment and treatment of persons who are identified as severely and persistently mentally ill (SPMI). Our patients have been diagnosed with a wide range of disorders including but not limited to Schizophrenia Spectrum and Other Psychotic Disorders, Personality Disorders, Bipolar and Related Disorders, Depressive Disorders, Substance-Related and Addictive Disorders, and Neurocognitive Disorders.

Given our unique setting we are able to offer three internship positions each with a different area of emphasis: Clinical, Neuropsychology, and Forensics. The program provides sequential training within a format of an eight month primary rotation and four month secondary rotation, combined with a year-long mandatory group and individual therapy component. Interns are able to choose to be trained in two (2) of the following interventions: Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Neuro Cognitive Remediation, Competency Restoration Treatment, Dual Diagnosis, and Trauma.

The USH psychology department is comprised of 19 full time licensed psychologists. All of the psychologists at USH are committed to providing quality clinical care, training, and supervision. Furthermore, affiliated psychologists from the community are on the professional staff and provide didactic training opportunities. Our mission is to provide superior preparation for clinical independence, incorporating the highest standard of empirically-based practices through comprehensive, graduated supervised experiences.

Utah State Hospital is a well-developed training site which, in addition to six full-time interns, offers externships and post-doctoral fellowships. The USH training philosophy is based on an integration of experiential, theoretical, and empirical knowledge. Interns are provided a venue in which clinical experience, didactic training, and ongoing research components join together to produce state-of-the-art, individualized, and sensitive patient care. Training procedures emphasize mentoring and graduated responsibility, in the context of evaluation, treatment delivery, and outcome assessment

I appreciate your interest in our Psychology Internship Program and hope that you will seriously consider continuing your training at Utah State Hospital. If I can provide additional information, please do not hesitate to contact me directly.

Sincerely,

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The Utah State Hospital - Location

Located in Provo, Utah the Utah State Hospital (USH) is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750- foot Mount Timpanogos and is bounded on the west by the freshwater Utah Lake. As of 2018, Provo has a population of just over 116,000 residents, and Utah County is home to a population of just over 630,000 people. Provo has consistently ranked as Money Magazine's Top 50 places to live in the US based on such factors as health facilities, crime rate, economy, housing, education, transportation, weather, leisure, and the arts. In 2014 a survey by Gallup and Healthways compared almost 200 cities across the country and named Provo #1 on its Well Being Index using six categories: life evaluation, emotional health, work environment, physical health, healthy behaviors, and access to basic necessities.

Forty-five miles to the north of Provo is Salt Lake City, with a metropolitan population of about 182,000 residents, and all of Salt Lake County houses about 1.3 million residents. Salt Lake and Utah counties offer many of the traditional benefits of urban and suburban living, including theater, symphony, ballet, opera, and a variety of museums. There are also numerous dining options including traditional American cuisine, as well as numerous cultural, fine dining, and farm-to-table restaurants. Additionally, there are several large shopping malls as well as professional, semi-professional and college sports teams.

Outdoor recreation is extremely popular in Utah and almost any imaginable outdoor activity, including hiking, snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing, is available within a five to 30 minute drive from USH. Utah is home to 15 ski resorts, many of which are within an hour's drive from Provo, including Sundance, Alta, Brighton, Park City, Snowbird, and Solitude. Utah also boasts five national parks that can be accessed within a 2-4 hour drive from Provo. Because our interns typically work four 10-hour days, this allows for the opportunity to enjoy all the leisure activities and beauty that our state offers.

The Historic Hospital

The Utah State Hospital has a long and stable history providing treatment to the severely mentally ill. It began as the *Territorial Insane Asylum* in 1885, which at that time was a day's travel from Salt Lake City. The site was some eight blocks from the nearest residence in Provo, and was separated from the city by swampland and the city dump. The message this conveys about the then-prevailing attitudes regarding mental illness is unmistakable.

The original purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. However, in spite of the best efforts on the part of the overworked staff, in its early days the facility was little more than a human warehouse. By 1955, the Hospital patient population exceeded 1,500.

The intervening years, however, have brought many changes. The swamp has been drained, the dump has been converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation of where the "Asylum" begins.

Over the years, tremendous advances in the mental health field have changed the role of the Hospital to one of very active treatment and rehabilitation. Today, USH is a thriving teaching facility and the only secure intermediate psychiatric treatment facility in the state of Utah that provides long-term treatment and care for the severely mentally ill (SMI). Evidence-based treatment, rehabilitation and the movement toward deinstitutionalization and use of community mental health centers have decreased the USH patient population to its present size.

The Modern Hospital

Today the Utah State Hospital is an intermediate psychiatric facility, licensed to provide psychiatric treatment services for 359 patients, most of whom experience severe mental illness. The hospital serves people from all geographic areas of the state, ranging in age from five years old on up through elderly adults. USH receives patients from 11 community health centers, as part of their continuum of care, and from the Utah criminal justice system. Adult and pediatric beds are allocated to the mental health centers based on population of their respective catchment areas.

The present facility consists of 15 buildings with approximately 370,000 square feet of space, spread over a 300-acre campus. Patients and facilities are cared for by approximately 700 staff members. Indoor recreational facilities, including two gymnasiums, a swimming pool and workout rooms, as well as three cafeterias are available to staff.

The Utah State Hospital is accredited by The Joint Commission and Centers for Medicare and Medicaid Services, which affirms that the Hospital has achieved national standards in the delivery of mental health care services. These accreditations represent a hospital-wide commitment to quality health care for the mentally ill.

Hospital Units

Pediatric Units

The Maple Unit has 20 available beds to boys and girls ages 5 to 12 years, and is located within the Mountain Springs Pediatric Center. Adolescent services are also housed in the Mountain Springs Pediatric Treatment Center and are separated into a Birch (Boys) Unit and a Cedar (Girls) Youth Unit each unit has the capacity to serve 26 youth ages 13 through 17.

On all Pediatric Units an individualized treatment approach is used to meet the needs of the patients, which utilizes a broad spectrum of therapeutic modalities. Therapies include individual, group, family, and play therapy, as well as the therapeutic milieu. Specialized services include groups for conduct management, emotional regulation, and recreational therapy. Participation in a wide variety of activities such as skiing, camping, and river rafting helps youth increase self-esteem, learn impulse control, and develop social skills. Family involvement is important in the progress of the children's and youth treatment programs. The Hospital involved families by conducting the Pediatric Services Family Program which includes family therapy, family support, and advocacy. Home visitation by the patient is an integral part of the treatment process and regular family visits at the Hospital are encouraged.

Adult Services Units

The Rampton Building houses five adult treatment units: Legacy, Mountain View, Northeast, Northwest and Southeast. Each co-ed unit has the capacity to care for approximately 30 patients from catchment areas across the state of Utah. Each unit utilizes several areas designed for patient comfort and pursuit of individual interests, including a large outdoor courtyard, a cooking area, a comfort room, and day rooms containing televisions and stereos. The adult units provide a bright and open atmosphere conducive to the Adult Services goal of providing a safe and healing environment in which all people are treated with dignity and respect. The purpose of treatment is to assist patients in reaching their recovery potential, with an aim of helping patients return to the

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community. A high value is placed on meeting the needs of each patient in a caring and professional manner.

The Legacy Unit is unique insofar as it is dedicated to providing treatment to a geriatric or medically compromised population; many individuals on this unit have dementia, chronic mental illness, and complicating medical conditions. While the Unit's goal is the same as that for all patients at USH, that of returning them to the community, the treatment approach for these patients takes into account special needs and limitations posed by advanced age and related physical problems. Patients with organic disorders are encouraged to do as much as possible for themselves, in order to maximally care for their personal needs, and remain as active as possible. Patients without serious levels of dementia are extensively involved in group, family and individual therapy. Special emphasis is placed on providing a wide variety of small groups that encourage exercise, stimulate mental activity, and promote social skill development and retention.

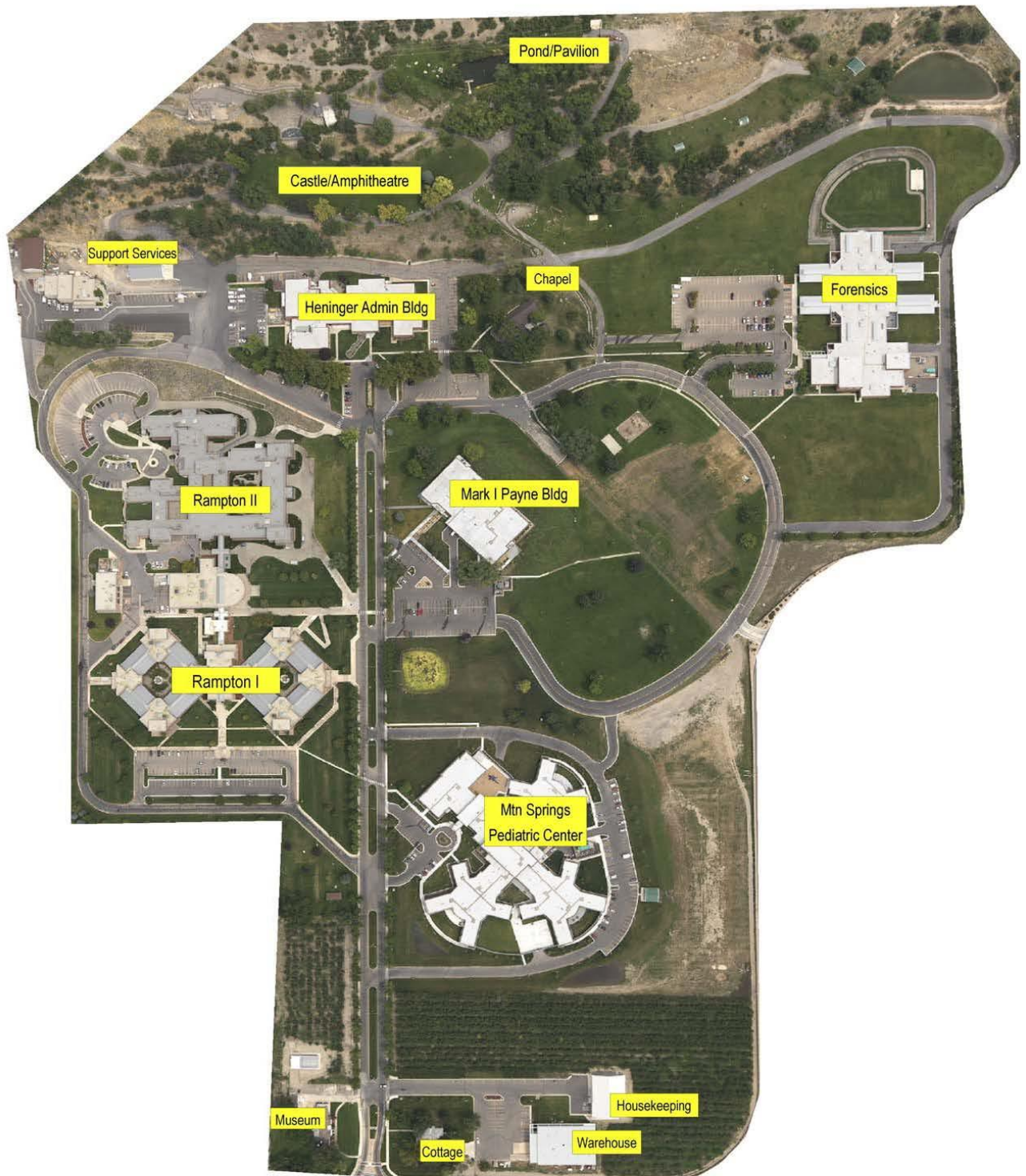
The Treatment Mall is a centralized treatment location within the Rampton Building where evidence based groups for adult patients are provided by various disciplines.

Forensic Units

The Forensic building is a secure facility comprised of four units totaling 100 beds, and is located in the southeast corner of the USH campus. This facility opened in 1999, and serves male forensic patients on Forensic Unit 1, Forensic Unit 2, and Forensic Unit 4; there are 2 coed units for forensic patients Forensic Unit 3 which is located in the Forensic building and Forensic Unit 5 and Unit 6 which is located in the Rampton II Building. Treatment includes a combination of pharmacotherapy, individual, group, and family psychotherapy, work opportunities, physical therapy, and occupational therapy. Patient input is encouraged at all levels of treatment to help teach individual responsibility and accountability. Treatment goals for forensic patients typically include facilitating competency restoration and preparing patients for court hearings, while simultaneously offering treatment to address psychiatric illnesses.

A map of the USH campus is on the following page.

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The Internship Program In Clinical Psychology Mission Statement

The mission of the Utah State Hospital Psychology Internship is to provide superior preparation for clinical independence, incorporating the highest standard of empirically based practice through comprehensive, graduated supervised experience.

Training Philosophy

The internship program training philosophy is based on an integration of experiential, theoretical, and empirical knowledge. Interns are provided a venue in which clinical experience, didactic training, and ongoing research components integrate to produce state-of-the-art, individualized, and sensitive patient care. Training procedures emphasize mentoring and graduated responsibility, in the context of evaluation, treatment delivery, and outcome assessment.

The program provides sequential training within a format of two consecutive rotations, a primary rotation completed during the first 8 months of internship, which typically aligns with the specialty area the intern matched with, followed by a secondary rotation in a separate specialty. Additionally, in order to honor our dedication to generalist training there is a year-long mandatory group and individual therapy component. Rotation options include: Clinical Psychology, Forensic Psychology, and Neuropsychology. Training objectives include the following:

- Acquiring experience and knowledge of psychology as a theoretical, empirical, and applied discipline
- Becoming proficient in the assessment and treatment of those with severe mental illness
- Developing an awareness of cultural and individual diversity issues relevant to clinical practice
- Learning to think and act in a manner consistent with ethical practice and professional integrity
- Becoming socialized in the role of a psychologist and developing a professional identity;
- Reviewing professional literature and/or helping to conduct small-or large-scale research to answer clinical questions pertaining to groups or individuals.

Training Model and Goals

The Utah State Hospital doctoral internship program is designed to comprehensively train interns to reach career and/or postdoctoral fellowship goals in the specialty areas of Clinical Psychology, Forensic Psychology, and Neuropsychology, while also ensuring strong foundational and generalist skills. Our training model is defined as "practitioner-scholar" and is experiential in nature. Interns are expected to apply graduate training to "real world" clinical situations. This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics. Interns are provided with a graded sequence of experiences, responsibility and independence increase as competency and comfort increases. Thus, as interns progress through the training program, they are expected to broaden and deepen their clinical knowledge and demonstrated increased independence, in a manner consistent with the hospital's mission of providing excellent inpatient psychiatric care. The internship is structured to provide supervised experience working with patients of different ages, backgrounds, and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. Supervisors serve as role models to challenge and guide, as well as to ensure interventions and assessments are completed with fidelity to the model.

The Program Structure

The Internship Program in Clinical Psychology accepts interns from clinical and counseling psychology training programs. Prior to starting the internship year the first week of July, prospective interns should have completed all requirements for the doctoral degree, except dissertation and internship, including a minimum of 200 hours of appropriately supervised clinical intervention and 50 for assessment.

During the first week of the internship, decisions regarding appropriate rotations are made by the interns and psychology supervisor(s), in consultation with the Director of Training. Rotations will be determined based on areas of emphasis defined by the intern's interest and professional goals, while considering staffing logistics and trying to equitably balance rotation desires with those of other current interns. The training calendar structure allows for interns to follow therapy cases and observe patient progress throughout the internship year. Internship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation.

Graduated and Sequential Nature of Training

Throughout the year, intern responsibilities are designed to follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, interns spend significant time shadowing supervisors, observing experienced staff members, and attend training sessions designed to prepare them for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration, appropriate scoring of all procedures, and the ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training moves to more complex issues. These activities evolve into clinical experiences in which the intern assists the supervisor or works under supervisory observation. Later, interns perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the internship experience is designed to help interns become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning mainly to corroborate clinical decisions and encourage professional identity and confidence.

Clinical Psychology Rotation

The Clinical Psychology experience is divided into two main parts: a "primary rotation" completed during the first eight months by the intern who matched with the Clinical Psychology slot, and a "secondary rotation" lasting four months and typically completed by either the forensic or neuropsychology intern.

Primary Rotation Description

The intern who matches as the clinical psychology intern will receive training and experience in a variety of clinical activities with adult, pediatric and/or geriatric populations. The goal of the rotation is to prepare the intern to be qualified to effectively provide competent psychological services in settings that require solid and broad clinical skills. During the rotation, interns will be exposed to persons with a wide range of psychopathology and complete comprehensive psychological assessments and interventions.

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Clinical assessments are generally complex due to multiple diagnoses, mixed etiologies, and comorbid medical conditions. The intern will learn to address a variety of referral questions typically encountered in inpatient settings, such as questions regarding diagnostic clarification, cognitive functioning, personality functioning, adaptive behavior, treatment recommendations, and prognosis. Clinical interns will develop strong case conceptualization skills, which includes a thoughtful integration of patient history, assessment data and psychosocial factors. The case conceptualization should be used to inform treatment recommendations.

The clinical intern also carries an additional 3-6 individual therapy cases or groups (bringing the total to 7-10 individual patients/groups). This affords the clinical intern the ability to learn a range of empirically supported interventions (e.g. ACT, DBT, CBT for psychosis, etc.) and apply them to a variety of cases with fidelity to the given model. Outcome measures are utilized in order to measure treatment gains. The intern will learn how to ensure the outcome measures are appropriate for the individual cases as well as the intervention being applied.

Additional training opportunities include the development and implementation of individualized behavioral management plans and providing trainings to staff members.

Secondary Rotation Description

A secondary clinical rotation is available to the intern who matched with either the neuropsychology or forensic slot. This *four-month* clinical rotation is focused primarily on increasing familiarity with common clinical and personality assessment instruments, interpreting test data and thoroughly formulating a case conceptualization that can be used to drive treatment. Additionally, the intern will have the opportunity to carry an additional therapy case or group, increase familiarity with formal behavioral interventions, and provide staff trainings.

Objective and Training Goals

Training goals for the clinical rotation are determined by intern strengths and weaknesses and include the following:

- Consistently and adequately obtaining informed consent and establishing rapport with patients.
- Carefully reviewing the patients' clinical and developmental history when providing services.
- Conducting culturally competent psychological assessments which includes: selecting psychological measures that are appropriate for the patient and adequately assist in answering the specific referral question(s), accurately scoring and interpreting test results, conducting thorough diagnostic interviews, attentively observing patient behaviors and accurately assessing mental status, writing with clarity and precision, thoughtfully integrating test results with other clinical data to formulate accurate diagnoses and offer recommendations appropriate to the patient and setting.
- The intern should plan on completing 8-10 assessments.
- Collaborating and communicating with multidisciplinary teams effectively.
- Proficiency in the development and implementation of behavior management plans.

Forensic Psychology Rotation

The Clinical Forensic experience is divided into two main parts: a "primary rotation" completed during the first eight months by the intern who matched with the forensic slot, and a "secondary rotation" lasting four months and typically completed by either the clinical intern or neuropsychology intern.

Primary Rotation Description

The Forensic Psychology rotation involves evaluation and treatment of inpatient, outpatient, and incarcerated defendants committed to the Division of Human Services by the Utah criminal justice system. At the time of evaluations, patients are either receiving competence restoration treatment at the Utah State Hospital, the jail-based competence restoration unit at the Adult Detention Center, or at various outpatient mental health facilities around the state.

This rotation focuses on administration and interpretation of forensic assessment tools, including measures of malingering and competency. The vast majority of forensic evaluations are conducted to determine patients' competency to stand trial, but violence risk assessments, guilty and mentally ill (GMI) evaluations, standard psychological or neuropsychological evaluations on forensic patients, and mock criminal responsibility evaluations may also comprise part of the rotation experience. A goal of this rotation is to facilitate competency restoration and return patients to the district courts for adjudication. Patient diagnostic considerations vary widely, so interns will gain clinical experience working with individuals with chronic psychosis, severe personality disorders, and/or intellectual or neuropsychological disabilities, among other clinical conditions. Interns on this rotation are also expected to participate as a co-therapist in a competency skills group. There are regular opportunities to attend clinical staffing during which psychologists provide case consultations or offer training relevant to Forensic Psychology. This rotation will prepare the intern for a Forensic postdoctoral fellowship.

The intern will be expected to complete at least 10 integrated assessments on the forensic unit. These evaluations will include both forensic evaluations and general clinical assessments of forensic patients. Of these, three will be 'shadow' evaluations (i.e. not submitted to the courts) whereas the intern will observe the complete administration of the competency and write up an evaluation report to be submitted to the supervisor for review. All remaining evaluations will be conducted by the intern with the supervisor present. The intern will write the report for these evaluations, which will be reviewed and signed by their supervisor present. The intern will write the report for these evaluations, which will be reviewed and signed by their supervisor and the report sent directly to the court. The intern's ability to submit reports to the court will be dependent on their level of professional development. At least one violence risk assessment, as well as at least two evaluations including assessment of criminal responsibility will be completed, and counted towards the 10 evaluation requirement.

The four general clinical evaluations will be referred from treatment teams on the forensic units. Referral questions will include assessment of cognitive functioning, personality, and other clinical questions. Interns will also be required to complete a review of watershed cases and readings in forensic psychology, observe a USH Forensic Psychologist testify regarding an evaluation, and participate in mock trial.

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Secondary Rotation Description

Available to the intern who matches with either the clinical or neuropsychological slot, this *four-month* rotation will require the completion of at least three shadow forensic evaluations, one of which will include a criminal responsibility opinion. After this point, depending on the intern's developmental level, the intern will then conduct forensic evaluations with the supervisor present, and the reports will be submitted directly to the court. Basic legal cases and readings in forensic psychology will be reviewed. The intern will also be encouraged (but not required) to observe expert testimony.

Objective and Training Goals

Training goals for the forensic rotation are determined by intern strengths and weaknesses and include the following:

- Articulating the criteria associated with differing forensic classifications (such as Incompetent to Stand Trial, Guilty and Mentally Ill, and Not Guilty by Reason of Insanity);
- Enumerating the nine dimensions listed by the Utah Code relevant to Competency to Proceed
- Becoming familiar with watershed legal cases and readings in forensic psychology, per the American Board of Forensic Psychology's (ABFP) *Suggested Reading List for Written and Oral Examinations*
- Becoming familiar with the manner in which common symptoms of major diagnostic categories can impact readiness for court participation; and
- Becoming proficient in basic assessment techniques to evaluate competency, criminal responsibility, and possible malingering.

Neuropsychology Rotation

The Clinical Neuropsychology experience is divided into two main parts: a "primary rotation" completed during the first eight months by the intern who matched with the neuropsychology slot, and a "secondary rotation" lasting four months and typically completed by either the Forensic intern or Clinical Intern.

Primary Rotation Description

The intern who matched as the Neuropsychology intern will receive training that meets the Houston Conference Guidelines for education and training in clinical neuropsychology, with the expectation that they will be well prepared for postdoctoral training in clinical neuropsychology at a competitive placement site. This rotation offers a broad range of training experiences: assessment, group, and individual cognitive rehabilitation, consultation with multidisciplinary treatment teams, and supervision opportunities with graduate practicum students. In addition, the neuropsychology intern will also be involved in neuropsychology case conference at Brigham Young University and with a community pediatric neuropsychology consultation group held at Primary Children's Hospital. Using a model of fading structure, training is designed to progress the intern from graduate student to post-doctoral candidate. Interns typically progress quickly from learning to administer and score a wide variety of neuropsychological and psychological test instruments to interpreting and integrating test results, behavior observations, and history to arrive at a diagnoses and set of recommendations. Emphasis is placed on:

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1. Conducting assessments in a culturally sensitive manner with reference to scientific literature;
2. Understanding and explaining how test data reflect brain-based relationships; and,
3. Presenting test results in a format that is meaningful and useful to treatment teams, families, and patients.

To facilitate postdoctoral applications, it is anticipated that the neuropsychology experience will spend four months completing pediatric assessments and four months evaluating patients on the adult units. During the intern's final rotation (last four months of the internship), involvement in a forensic (competency restoration) or clinical rotation is strongly encouraged.

Secondary Rotation Description

Available to the intern who matches with either Clinical or Forensic slot, this *four-month* neuropsychology rotation is focused primarily on increasing familiarity with common neuropsychological assessment instruments and conceptualizing test data and patient information from a neuropsychological perspective. Usually completed the last four months of the internship year, it is expected that the intern will complete at least five neuropsychological evaluations.

Objective and Training Goals

The guiding principles of neuropsychological training at USH stem from the development and refinement of general clinical psychology core competencies and neuropsychology-specific skill competencies important for the practice of clinical neuropsychology (Rey-Casserly, Roper, Bauer 2012). Conceptual objectives for this rotation mirror those of the internship. Training goals for the rotation are determined by intern strengths and weaknesses and include the following:

- Becoming proficient with interview, observation, and assessment methods appropriate for neuropsychological differential diagnosis;
- Develop skills in formulating and implementing cognitive rehabilitation therapy programs.
- Acquiring interpretive and technical writing skills adequate to produce documents that are applicable in family, education, forensic, and clinical settings;
- Competently delivering consultation results to multidisciplinary treatment teams regarding diagnosis, intervention recommendation, and discharge planning for patients; and
- Becoming familiar with the clinical applications of laws and ethical principles regarding patient rights, disability determination, records protection, mandatory reporting, and options for patient care following discharge.

Mandatory Intervention Component

Throughout the internship year interns are expected to carry a caseload of four (4) long-term individual therapy patients and two (2) psychotherapy groups, on occasion interns wishing to get a group specialty training may receive permission to swap an individual case for a psychotherapy group. Interns will be able to choose two (2) intervention tracks. By the end of the year the intern is expected to be proficient in both interventions; it is not required for interns to have experience prior to starting internship. Some intervention rotations are limited and preference will go to the clinical intern. For each intervention track the expectation is a minimum of three (3) hours of face to face services with at least one (1) hour of individual and (1) hour of group.

Intervention tracks are as follows:

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- **Dialectical Behavior Therapy-** Interns who choose the DBT intervention track will learn to provide comprehensive DBT within an inpatient setting. Patients both on Adult Services and the Pediatric Units receive DBT; therefore, interns may work with adolescents and/or adults. Interns will be expected to have individual DBT cases, run a skills group, participate in consultation team, and provide phone coaching. The weekly consultation team includes an additional training component.
- **Acceptance and Commitment Therapy-** Interns that choose the ACT intervention track will learn the foundational skills required for this treatment. Patients across the hospital are referred for ACT and have a variety of diagnoses including psychotic disorders, mood disorders, substance abuse disorders, and psychiatric disorders related to medical conditions. Interns are expected to carry both individual therapy cases and group.
- **Cognitive Behavioral Therapy-** Interns who choose the CBT intervention track will learn specialized CBT intervention typically used within an inpatient setting. For example, an intern may learn CBT for Psychosis (CBTp) or Recovery-Oriented Cognitive Therapy (CT-R) when working with a patient who has a psychotic disorder. Interns could choose to do groups such as a CBTp or CBT for Insomnia (CBTi) group. This would also be the intervention track that will allow for the running of a Social Skills group.
- **Neurocognitive Remediation-** Interns that choose the Cog Rem intervention track will gain an understanding of fundamental neuropsych principles and how they impact an individual's daily functioning. Interns will learn and gain experience in developing deficit-specific interventions with a focus on both compensatory and remedial strategies.
- **Competency Restoration Treatment-** Interns that chose the Competency Restoration Treatment track will provide individual and group interventions related to factual and rational competency restoration.
- **Dual Diagnosis-** Interns that choose the DDX track will learn a variety of evidence based treatments for treating substance abuse disorders with individuals who have severe and persistent mental illness. Examples of interventions typically used include but are not limited to motivational interviewing, ACT, SMART, Seeking Safety, and Living in Balance.
- **Trauma-** Interns that choose the trauma intervention track may be exposed to a variety of evidence based treatment for Post-Traumatic Stress Disorder. The trauma interventions that are typically utilized are Prolonged Exposure and Trauma Focused CBT.

Intern Proficiencies

Research Competency

All interns are expected to complete a research competency project in order to measure the profession wide competency research domain. Interns may choose from a variety of research projects listed below. Interns will need to identify their process by the first week of August.

- **Presenting at a local conference-** Interns or a group of interns may choose a topic to present at a local conference. This presentation is typically an hour to an hour and a half. Interns will need to have a faculty member at USH sponsor their presentation.
- **Hospital Wide Training-** Interns or a group of interns may choose to present on a topic relevant to the hospital in which all hospital staff would be invited for Continuing

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Education Credits. The intern(s) would need a faculty member to sponsor and vet the presentation prior to advertising and presenting.

- **Participating in ongoing research-** Interns may choose to participate in ongoing research and process improvement projects at the hospital. Projects vary year to year and some may have limited availability. Intern participation may include collecting outcome measures, completing fidelity checks, analyzing data, and/or contribute to writing up an article.
- **Present to the Psychology Department-** Individual interns may choose to complete a 90 minute presentation to the psychology department on a topic that is applicable to the hospital. Interns that choose this option are expected to complete the presentation independently and will receive formal feedback from all members of the department.

Assessment Competency

After the midpoint in the year interns will complete an assessment competency in which they are assigned a case that they will review and independently develop a battery. The intern will then present the proposed battery to the training committee, who will accept or ask for changes to the battery. The intern is then expected to complete the assessment measures, scoring, conceptualization, and the report write up. The report will be sent to the training committee for review 2 working days prior to the presentation and the intern will present the findings to the committee. All training committee members will share their impressions with the intern and the intern will work with their supervisor to make final edits. Interns will either pass, pass with revisions, or not pass this competency. If an intern does not pass this competency they will work closely with their supervisor and training director to ensure they meet the profession wide competency standards for assessments.

Mock Trial Experience

At the end of the year interns work closely with their supervisor to prepare for a mock trial. The supervisor and intern will work together to pick a previous assessment case for the mock trial and the interns will have the opportunity to experience what it is like to testify in court on that case. The interns will receive feedback from the training committee members on what was done well and areas that can be improved upon in the future.

Formal Training Experiences and Seminars

The USH psychology faculty presents didactic seminars throughout the internship year, which are focused on various clinical topics, such as specialized assessment procedures, intervention techniques, ethical issues, and research updates. Consulting psychologists from other state and private agencies are also invited to supplement the didactic instruction of our interns. The seminars are designed to introduce interns to alternative theoretical orientations and approaches to clinical practice, diversity issues, and a host of other topic areas. A psychopharmacology seminar is also provided to interns by a psychiatrist or APRN on the USH staff. Additionally, interns are encouraged to attend colloquia and continuing education activities sponsored by the Hospital.

Supervision

Interns receive at a minimum 2 hours of individual supervision from their rotation supervisor, 1 hour of individual supervision with each of their intervention supervisors, 1 hour of group supervision for interventions, and 1 hour of group supervision in which interns get to develop

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supervision skills by providing peer supervision for psychological assessments. An additional supervisor may be appointed if an intern encounters a case requiring specialized knowledge. Members of other disciplines may provide adjunct supervision for interns dealing with issues such as medication response or side effects, legal issues impacting patients, and so forth. Interns also meet with the Director of Training periodically to discuss progress, supervision, and training issues. Lastly, all of our supervisors have an open door policy and are invested in interns' professional growth and development.

Evaluation

During orientation activities at the beginning of the internship, interns complete a self-assessment survey estimating their baseline skills in various clinical and professional areas. This self-evaluation is reviewed by the intern's rotation supervisors to help determine training needs, and is then reviewed by the Director of Training. The self-evaluation form is similar in format and content to the written evaluations that are completed by supervisors (at mid rotation and rotation completion) during the internship, and the intern's responses help provide a point of comparison for assessing skill acquisition throughout the year. In addition to written supervisor evaluations, the Psychology Training Committee meets at least once per month to discuss each intern's progress. At least twice per year, the Director of Training provides a narrative report to each intern's doctoral program describing progress being made during the internship. At the end of the training experience, each intern will, once again, complete an outcome self-assessment to measure their own progress.

Interns evaluate supervisors and rotations at the completion of each rotation. Evaluations are discussed with supervisors and returned to the internship Director of Training. The quality and usefulness of didactic training and experiences are also rated by interns throughout the year. Upon completion of the internship, interns complete a program survey in addition to offering verbal feedback as part of the annual internship program review, evaluating the internship experience as a whole. The internship also seeks alumni input from interns of the previous year to give them an opportunity to report professional accomplishments, make suggestions, and evaluate the efficacy of the internship in preparing them for post-doctoral fellowships or other professional experiences.

Professional Competency Development

Consistent with the "culture of competence" (Roberts, Borden Christiansen, & Lopez, 2005)

In professional psychology, the Utah State Hospital Doctoral Psychology Internship Program provides training in the following Core Competency Domains:

Foundational Competencies

These competencies represent the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out (how we do what we do).

- Relationships- the capacity to relate meaningfully and work effectively with individuals, groups, and/or communities.
- Ethical and Legal Standards- able to integrate ethical and legal standards into competent and professional interactions.
- Reflective Practice and Self-Assessment- reflective and professional practice conducted within the boundaries of competence, and commitment to lifelong learning, critical thinking, and the development of the profession.

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- Scientific Knowledge and Methods- the ability to understand and integrate science into practice across domains (e.g. biological and cognitive bases of behavior, lifespan issues).
- Interdisciplinary Systems- identification, knowledge, and cooperative involvement with one's colleagues and peers.
- Individual and Cultural Diversity- awareness and sensitivity in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds.

Functional Competencies

These competencies represent major functions that a psychologist is expected to carry out, each of which requires reflective integration of foundational competencies in problem identification and resolutions (what we do).

- Assessment- assessment, diagnosis and conceptualization of problems and issues associated with individuals, groups, and/or organizations.
- Intervention- interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
- Consultation- expert guidance or professional assistance in response to the needs/goals of individuals, groups, and/or organizations.
- Research/Evaluations- the generation of research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.
- Supervision/Teaching- supervision, training, and/or evaluation of the professional knowledge base.

Internship Stipend

The Utah State Hospital Psychology internship offers six full-time doctoral internship positions. Interns are paid a stipend of \$32,240. All internship positions are for an uninterrupted, 12-month period beginning August 1st and ending July 31st the following year. Interns are provided with health, dental, life, and AD&D insurance. In addition to health insurance, interns are able to take advantage of many opportunities that are available to hospital personnel, including a free public transportation pass, use of on-campus recreational facilities, discount tickets to area attractions, free vaccinations, travel discounts, computer training, free hospital parking, and access to counseling through Bloomquist Hale.

Internship Accreditation Status

The Utah State Hospital's Psychology Doctoral Internship Program in Clinical Psychology has maintained membership status with APPIC since October 1997. The Hospital's Internship Program has also enjoyed full APA accreditation since March 1999. The Next APA self-study is scheduled to occur in 2022. For Information regarding the current status of Utah State Hospital's Psychology Doctoral Internship Program in Clinical Psychology, or to make a comment or complaint, please contact:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, D.C. 20002
Phone: (202) 336-5979
FAX: (202) 336-5978

Internship Faculty

The Utah State Hospital has a large interdisciplinary staff. Psychiatrists and other physicians, social workers, nurses, recreational therapists, occupational therapists, administrative and support staff, and psychologists, all work closely together. Psychologists are valued contributors to the treatment teams. There is a positive interdisciplinary, collegial relationship among members of the various disciplines. The psychology training committee members provide supervision and work closely with the interns throughout the training year. Additionally, staff psychologist, consulting psychologist, and contributing mental health professionals offer support and training to the Doctoral Internship Program in Clinical Psychology, which includes the following:

Psychology Training Committee

Ted R. Barratt, Ph. D

California School of Professional Psychology Alliant - Fresno (2004), Clinical Psychology, Emphasis in Applied Forensic Psychology

Licensed Psychologist: Utah (2006 - present);

Current Position: Utah State Hospital, Intern Training Director

Interests: Psychological Evaluation, Dialectical Behavior Therapy, Personality Disorders

Orientation: Cognitive Behavioral/ Behavioral

Thad Q. Lloyd, Ph. D

Brigham Young University (2010), Clinical Psychology

Licensed Psychologist: Utah (2011 - present)

Current Position: Utah State Hospital, Clinical Psychology Director

Interests: Neuropsychological Assessment, Developmental Disabilities, Cognitive Rehabilitation, Attachment, Dialectical Behavior Therapy

Orientation: Behavioral, Neurocognitive Enhancement

Jeffrey Haun, Psy. D ABPP (Forensic)

Pacific University (2007), Clinical Psychology

Licensed Psychologist: Washington (2008 - 2009); Minnesota (2009 - present); Utah (2020 - present)

Current Position: Utah State Hospital, Forensic Evaluation Director

Interests: Forensic assessment, forensic psychology training and consultation, violence risk assessment

Michael P. Brooks, Ph. D J.D. (Forensic)

Brigham Young University (2001), Clinical Psychology

Licensed Psychologist: Utah (2003 – present)

Current Position(s): Utah State Hospital, Forensic Psychologist, Supervising Forensic Psychologist

Interests: Neuropsychological Assessment, Forensic Evaluations, Competency to Stand Trial, Malingering, Traumatic Brain Injury, Medicolegal Issues

Orientation: Cognitive Behavioral

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Jennifer Morrill, Ph. D

University of Utah (2003), Counseling Psychology

Licensed Psychologist: Utah (2006 - present)

Current Position: Utah State Hospital, Staff Psychologist

Interests: Psychological assessment, Individual and Family Psychotherapy, Psychological Adjustment to and Coping with Physical Disability

Orientation: Cognitive-Behavioral, DBT, Interpersonal, Systems

Paul Silvasi, Ph. D (Forensic)

Gallaudet University (2020), Clinical Psychology

Licensed Psychologist: Utah (2021 - present)

Current Position: Utah State Hospital, Forensic Evaluator

Interests: Clinical Services with the Deaf and Hard of Hearing Population, Forensic Evaluations, Expert Testimony, Interactions between Deaf Individuals and the Criminal Justice System

Orientation: Third-Wave Cognitive Behavioral

Bryce Roby, Psy. D

George Fox University- Newberg, Oregon, Clinical Psychology

Licensed Psychologist: Utah (2017 - present), Idaho (2020-present), Wisconsin (2016-2017)

Current Position: Utah State Hospital, Staff Psychologist

Interests: Psychological Assessments, Psychosexual Assessment, Forensics Psychology, Individual and Group Psychotherapy

Orientation: Cognitive-Behavioral, Humanistic

Patricia Sotolongo, Psy. D

Alliant International University (2020), Clinical Psychology

Licensed Psychologist: Utah (2022-present)

Current Position: Utah State Hospital, Clinical Neuropsychologist

Interests: Neuropsychological assessment (primarily with adults); Stroke, Traumatic brain injury; Dementia; Cognitive rehabilitation; Autism; Intersection of Medical and Psychiatric conditions. Research: AIDS-related cognitive decline, Dementia.

Orientation: Evolutionary/Behavioral

Laura Bleistein, Psy. D

Alliant International University (2011), Clinical Psychology with a Forensic Emphasis

Licensed Psychologist: California since 2016 and Utah since December 2022.

Current Position(s): Utah State Hospital, Clinical Psychologist

Interests: Schizophrenia; Bipolar Disorder; CBTp; Social Skills Training; Traumatic brain injury; Cognitive rehabilitation; Sex Offender Treatment; Prisoner rehabilitation, ACT for anger, psychosis, depression, and anxiety; Assessment; Treatment and Behavioral Support planning.

Orientation: Cognitive-behavioral, Mindfully-oriented behavioral (ACT)

Utah State Hospital Internship in Clinical Psychology

S. Carl Smoot, Ph. D

University of Utah (2000), Advanced Specialization in Applied Clinical Neuropsychology.

Licensed Psychologist: Utah (2002 to present); Colorado (Inactive).

Current Position(s): Utah State Hospital, Clinical Psychology Consultation and Intervention on Forensic Units.

Interests: Professional Ethics; Assessment; Supervision; Social/Developmental Delays; Evidence Based Clinical Interventions; Self-Efficacy/Positive Psychology; Psychodynamic Psychotherapy.

Orientation: Evidence Based Interventions.

Staff Psychologists

Sharelle Baldwin, Ph. D

Nova Southeastern University (2006), Clinical Psychology with emphasis in Forensic and Neuropsychology

Licensed Psychologist: Utah (2010-present)

Current Position: Utah State Hospital, Staff Psychologist

Interests: Neuropsychological Assessment, Forensic Assessment, Baseline Cognitive Assessment to Track Disease Progression/Recovery, Medicolegal Issues, Malingering, Traumatic Brain Injury

Amy Bray, Psy. D

Azusa Pacific University (2012), Clinical Psychology-Family Psychology, Forensic Psychology Emphasis

Licensed Psychologist: Utah (20013-present)

Current Position(s): Utah State Hospital, Forensic evaluator

Interests: none

Orientation: Psycho-Dynamic, Cognitive-behavioral

Casey Mangnall, Psy. D

University of Denver (2021), Clinical Psychology

Licensed Psychologist: Utah (2022 - present)

Current Position: Utah State Hospital, Forensic Postdoctoral Fellow

Interests: Psychological Assessment, Neuropsychology, Forensic Assessment, Sport and Performance Psychology, Police Psychology, Consultation

Orientation: Acceptance and Commitment Therapy

Brittany Plombon, Psy.D

Nova Southeastern University (2021), Clinical Psychology with a Forensic Concentration

Licensed Psychologist: Utah (2023 - present)

Current Position: Forensic Evaluator

Interests: Competency Evaluations (adults & juveniles), Forensic Assessments, Malingering, Psychological Assessments, Psychosexual Evaluations, Risk Assessments, First Responders

Orientation: Cognitive-Behavioral

Utah State Hospital Internship in Clinical Psychology

Steven Rubenzer, Ph.D., ABPP

University of Houston (1992), Clinical Psychology

Licensed Psychologist: Texas (1992- 2011; 2016-present); New Hampshire (2011-2017); Alabama (2017-2020); Colorado 2020-present); Utah (2021 - present)

Current Position: Utah State Hospital, Forensic Evaluator

Interests: Forensic assessment, competency assessment; assessment of response style, especially in CST evaluations and of PTSD; CST assessment and report generation process; personality structure and assessment; emerging science of dimensional psychiatric diagnosis

Orientation: Primarily cognitive behavioral and trait personality

Meghan Semenick, Psy.D.

Eastern Kentucky University (2022), Clinical Psychology

Licensed Psychologist: Utah (2023- present)

Current Position: Utah State Hospital, Forensic Evaluator

Interests: Violence & Psychosexual Risk Assessments, Mental State at the Time of the Offense, Competency to Stand Trial

Orientation: Cognitive-Behavioral

Sara Shugert, PsyD.

Pacific University (2022), Clinical Psychology

Licensed Psychologist: Utah (2023- present)

Current Position: Utah State Hospital, Forensic Evaluator

Interests: Forensic assessment, malingering, Competency restoration, risk assessment, psychological assessment

Orientation: Cognitive-Behavioral and ACT

Postdoctoral Psychologists at Utah State Hospital

Aylin Acosta, Psy. D

University of Indianapolis (2022), Clinical Psychology

Licensed Psychologist: Utah (2022- present)

Current Position: Utah State Hospital, Staff Psychologist

Interests: Severe and Persistent Mental Illness, Personality Disorders, PTSD/Complex Trauma, Psychological Assessment, Culture and Diversity

Orientation: Dialectical Behavior Therapy, Cognitive Behavioral Therapy

Michaela Simpson, PsyD

Georgia Southern University (2022), Clinical Psychology

Licensed Psychologist: Utah (2023- present)

Current Position: Utah State Hospital, Staff Psychologist, Post-Doctoral Fellow in Neuropsychology

Interests: Neuropsychological Assessment, Neurodegenerative Disorders, Geriatric Neuropsychology, Cognitive Remediation, Forensic Assessment, Rural Mental Health

Orientation: Cognitive Remediation and Dialectical Behavior Therapy

Utah State Hospital Internship in Clinical Psychology

Ashley C. T. Jones, Ph. D

University of Southern Mississippi (2023), Counseling Psychology

Current Position: Utah State Hospital, Forensic Postdoctoral Fellow; Adjunct Faculty (University of Southern Mississippi & Arizona State University)

Interests: forensic assessment, expert testimony, program evaluation

Orientation: CBT & ACT

Taylor Zadonowicz, Ph. D

Palo Alto University (2023), Clinical Psychology

Current Position: Utah State Hospital, Forensic Postdoctoral Fellow

Interests: Forensic Assessment with Adults/Juveniles, Competency to Stand Trial, Risk Assessment, Psychological Assessment, Trauma

Orientation: Psychodynamic

Wan (Vivian) Ho, PsyD

University of La Verne (2023), Clinical Psychology

Current Position: Utah State Hospital, Clinical Postdoctoral Fellow

Interests: psychosis, anxiety & OCD, borderline personality disorder

Orientation: CBT, ACT, & DBT

Zjanya Arwood, Ph. D

University of North Carolina Wilmington (2023), Clinical Psychology

Current Position: Utah State Hospital, Clinical Postdoctoral Fellow

Interests: Psychological Assessment, Dialectical Behavior Therapy, Prolonged Exposure, Childhood Trauma, PTSD, Personality Disorders, and Neuropsychology

Orientation: Cognitive-Behavioral/Behavioral

Consulting Psychologists at Utah State Hospital

Amanda L. Rapacz, Psy.D.

Illinois School of Professional Psychology (2013), Clinical Psychology

Licensed Psychologist: Utah (2013 – present);

Current Position: Utah State Hospital, Assistant Clinical Director

Interests: Psychological Assessment, Rorschach, Evidence Based Treatment for Posttraumatic Stress Disorder, Behavioral Interventions, Group Psychotherapy.

Orientation: Dialectical Behavior Therapy, Compassion Focus Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy

Douglas Benson, Psy.D.

Pepperdine University (2007), Clinical Psychology

Licensed Psychologist: Utah (2008 - present)

Current Position: Private Practice

Interests: Psychological Assessment, PTSD/Complex Trauma Treatment, Personality Disorders, Dialectical Behavior Therapy, Behavior Management, and Neuropsychology

Orientation: Cognitive-Behavioral/Behavioral

Utah State Hospital Internship in Clinical Psychology

Brian S. Bitting, Ph.D.

Sam Houston State University (2016), Clinical Psychology

Licensed Psychologist: Utah (2017-present)

Current Position(s): Utah State Hospital, Forensic Evaluator

Interests: Forensic assessment, psychological assessment, neuropsychology

Orientation: Cognitive-Behavioral

Alex Yufik, J.D., Psy.D., ABPP

George Washington University, (2002), Clinical Psychology

Licensed Psychologist: Utah (2020 – present);

Current Position: Forensic Evaluator

Interests: Psychological Assessment, Forensic Evaluations, Fitness-for Duty Evaluations, Psychopathy

Orientation: Psychodynamic

Contributing Mental Health Professionals at Utah State Hospital

Paul D. Whitehead, M.D.

University of Utah School of Medicine (1994)

Yale University (1998), Psychiatry Residency

Licensed Physician: Utah (1995 - present)

Current Position(s): Utah State Hospital, Clinical Director

Interests: Forensic Psychiatry, Consultation-liaison Psychiatry, History of Medicine, Teaching, Psychopharmacology

Orientation: Eclectic, Primarily Psychodynamic

Gary M. Burlingame, Ph.D.

University of Utah (1983), Counseling Psychology

Licensed Psychologist: Utah (1984 - present)

Current Position(s): Professor of Psychology, Brigham Young University (1996 - present)

American Group Psychotherapy Association, Research Committee (1995 - present)

Interests: Group Psychotherapy Research and Practice, Measurement, Psychotherapy Outcome, and Research Design

Orientation: Experiential, Psychodynamic

Other Contributing Mental Health Professionals

Various mental health professionals have collaborated periodically with our Internship Program in providing didactic trainings for our interns. This informal collaboration was arranged by Internship Training Directors of the Utah State Hospital, Primary Children's Medical Center, the University of Utah Neuropsychiatric Institute, and the Veterans Affairs Salt Lake City Health Care System. The purpose of this effort is to provide our interns as well as those at the other sites, with a greater breadth of training experiences than would otherwise be available to them. This collaboration also affords interns the opportunity of forming professional contacts and extending their social support network with interns at other sites.

Internship Program Tables

Date Program Tables are Updated: September 2023

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements: The Utah State Hospital Doctoral Internship program has three unique match numbers; one for clinical psychology, one for forensic psychology, and one for neuropsychology. We accept applicants from PhD and PsyD programs. Applicants should have passed their comprehensive exam and dissertation proposal should be approved prior to applying to our internship program. All applicants should have a minimum of three years of graduate training. The following qualities are considered when selecting internship applicants to participate in the interview process: completion of coursework, academic excellence, interpersonal maturity and sensitivity, diagnostic and intervention experience and expertise, experience conducting psychological assessments that include gold standard assessment measures, a wide range of practical experiences, dedication to empirically supported interventions, high ethical standards and professionalism, solid clinical judgment, the ability to work as a team member, and appropriate career interests. We particularly value candidates who are dedicated to working with individuals who have severe and chronic mental illness.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes	200
Total Direct Contact Assessment Hours	Yes	50

Describe any other required minimum criteria used to screen applicants: It is preferred that applicants have completed 5 comprehensive psychological assessment that include gold standard measures.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$32,240
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Annual Stipend/Salary for Half-time Interns	N/A
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Program provides access to medical insurance for intern?	Yes
--	-----

If access to medical insurance is provided:	
---	--

Trainee contribution to cost required?	Depends on plan chosen
--	------------------------

Coverage of family member(s) available?	Yes
---	-----

Coverage of legally married partner available?	Yes
--	-----

Coverage of domestic partner available?	No
---	----

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
--	-----

Hours of Annual Paid Sick Leave	104
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In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
--	-----

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Other Benefits (please describe): Four-day work week, your choice of comp time or paid over time, unused vacation, holiday, and comp time paid out at the end of internship, 401K or Pension and 401K, vision, dental, life insurance, Accidental Death & Dismemberment, Short Term Disability, Prepaid Legal, free use of onsite swimming pool and weight room, free train and bus pass, discount tickets to attractions, travel discounts, credit union membership, and free hospital parking.

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2021	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/ are completing doctoral degree	0	
	PD	EP
Community qualified health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center	2	
Other medical center or hospital	1	
Psychiatric hospital	5	
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		1
School district/system		
Independent practice setting	3	
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Appendix

Statement of Diversity

Grievance Policy

Due Process Policy

Nepotism Policy

Time Away from Training Policy

Background Checks

Drug Testing and Medical Marijuana Policy

Statement of Diversity

The Utah State Hospital Psychology Department strives to provide an optimal working and learning environment for all faculty and interns stressing the importance of cultural and individual diversity in its internship training program. This includes a commitment to recruiting, retaining, and enhancing the growth of psychology interns and faculty to represent various aspects of diversity, including but not limited to age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, and socioeconomic status. To that end, the Utah State Hospital psychology department's goals regarding diversity are:

- To recruit and retain diverse interns and faculty
- To enhance diversity awareness and advocacy within the department, on campus, and in the surrounding community
- To promote the infusion of diversity into education and training

Based upon our belief that individual differences enrich the scholarly and professional activities of psychology, we wish to encourage applicants with personally or culturally diverse backgrounds to apply.

Information of Interest to Applicants with Disabilities

Applicants with disabilities are encouraged to apply to our program. We can accommodate a variety of physical disabilities, including disabilities requiring manual and motorized wheelchair accessibility.

Information of Interest to Minority Applicants

We strive to have internship classes that vary in terms of geography, age, socioeconomic background, gender, and race/ethnicity. The training faculty have diverse interests, personal and professional backgrounds. Moreover, Utah is welcoming of other forms of diversity including a large and active gay, lesbian, bisexual, and transgendered community.

Diversity advancement is a strong priority for our program. Diversity issues are integrated into didactic and clinical training. One measure of this diversity is Utah State Hospital interpreter service provides interpreters for over 170 languages.

Internship training faculty would be pleased to speak with applicants further about any particular diversity resources or aspects of the Utah or local community that are of interest.

Grievance Procedures for Doctoral Psychology Interns and Graduate Students

Updated May 2020

The following Grievance Procedure is to be employed when an intern or student has problem or complaint with the Utah State Hospital Internship program. The Department of Psychological Services at the Utah State Hospital (USH) provides procedures that enable students and interns to address issues of conflict including but not limited to disagreements regarding progress evaluations, harassment, plagiarism, impairment issues or conflicts with supervisors.

This document contains Psychology Services' processes, which are in addition and subordinate to the State of Utah grievance procedures (see attached). The Psychology Services grievance process is outlined below, and is applicable to any graduate psychology student or psychology doctoral intern (henceforth referred to as intern) who is supervised by a USH staff member.

- Step 1 When an intern has a grievance against a staff member, the intern is strongly encouraged to first attempt a verbal resolution of the conflict with the staff member. An exception to this policy is made if the intern believes confrontation with the staff member may result in intimidation, threats, or further harassment or otherwise place the intern at risk of harm. In that situation, the intern may communicate the nature and extent of the problem directly to the Psychology Internship TD, Director of Psychology, or another Supervising Psychologist.
- Step 2 If the intern is dissatisfied with the attempt to verbally resolve the grievance directly with the involved psychology staff member, the intern will then submit (1) a written grievance to the Psychology Internship TD and (2) a written summary of the attempt to resolve the grievance with the staff member (within seven working days of the failed verbal meeting). If the grievance is regarding the Psychology Internship TD, then the written grievance may be addressed to the Director of Psychology. If the grievance is regarding the Director of Psychology it may be addressed to the Assistant Clinical Director of USH. [Note that in the rare event that the Assistant Clinical Director is unavailable, then the Clinical Director would be available to act in the place of the Assistant Clinical Director for the purposes of this document.]
- Step 3 Upon receiving the intern's written grievance, the Psychology Internship TD will request (within three working days) that the staff member involved in the grievance submit a written version of the issue and attempted verbal grievance resolution back to the Psychology Internship TD within seven working days.
- Step 4 Upon receiving the staff member's written response to the grievance, the Psychology Internship TD may do one of two things within three working days of receiving the written response: (1) make a written response that is delivered to both the intern and the staff member, or (2) request that both the intern and staff member meet with the Psychology Internship TD in an attempt to resolve the grievance.

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- Step 5 If either the intern or staff member feel a written response from the Psychology Internship TD is unsatisfactory, the unsatisfied person may notify the Psychology Internship TD in writing within three working days and then make a written grievance to the Director of Psychology or USH Assistant Clinical Director. The Director of Psychology/USH Assistant Clinical Director will respond in writing within seven working days.
- Step 6 If the grievance continues to remain unresolved, the unsatisfied party can refer to the attached document “A Guide to the State Employees” Grievance and Appeal Procedures” or refer to www.csr.utah.gov for further information.

The Department of Psychology Services at the USH strives to provide fair, informal, and prompt means of settling disputes without coercion, restraint or reprisal.

Further information may be obtained by contacting the Director of USH Human Resources (Devin Patrick 801-344-4568).

Due Process: Identification and Management of Intern Problems/Impairment

Updated May 2020

I. Definition of Impairment and Problem

The USH Psychology Services staff recognizes the importance of communication between doctoral training programs and internship programs, and strives to follow the Council of Chairs of Training Councils (CCTC) Recommendations for Communication.

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: (1) and ability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior (2) an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency (3) and inability and/or unwillingness to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

A problem refers to a trainee's behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic and/or didactic training
3. The quality of services delivered by the intern is sufficiently negatively affected
4. The problem is not restricted to one area of professional functioning
5. A disproportionate amount of attention by training personnel is required
6. The trainee's behavior does not change sufficiently as a function of feedback, remediation efforts, and/or time

II. Due Process: General Guidelines

Due process ensures the decisions about interns are not arbitrary or unfairly biased. It requires that the Training Program identify specific evaluative processes that are applied to all trainees, and provide appropriate appeal processes available to the intern. All steps need to be appropriately documented and implemented. General due process include the following:

1. During the orientation period, the interns are presented, in writing, with the Program's expectations related to professional functioning and performance (e.g. copies of rotation evaluation forms, Internship Activity Requirements), and these materials are reviewed in detail during intern orientation. As materials are updated, interns will be provided with copies of the updates in a timely fashion.
2. Processes for evaluation are explained during orientation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals as determined by the TD.
3. Articulating the various processes and actions involved in making decisions regarding impairment as outlined below.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and as needed, seeking input from these academic programs about how to address such difficulties.

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5. Instituting, when appropriate, a remediation plan or alternative sanctions for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies in a sufficient manner.
6. Ensuring that interns have sufficient time, as outlined in this document, to respond to any action taken by the program.
7. Documenting, in writing and to all relevant parties, the actions taken by the Program and its rationale.
8. The intern will have the opportunity at the remediation plan or other sanctioned alternatives meeting to present information about the problematic behavior.
9. The intern will have the ability to appeal the decisions(s) made by the program.

III. Procedures for Responding to Inadequate Performance by an Intern

If an intern's performance is deemed inadequate by a rotation supervisor, by another member of the faculty, or if the USH staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following process will be initiated:

1. When a staff member has a concern with an intern's performance, the staff member is strongly encouraged to first attempt a verbal resolution of the conflict with the intern. If this does not adequately address the problem then the following steps will be taken.
2. The staff member will consult with the TD to determine if the behavior in question is being rectified, and the TD will determine if there is reason to take further action.
3. If the staff member who brings the concerns to the TD is not the intern's rotation supervisor, the TD will discuss the concern with the intern's rotation supervisor(s).
4. If the TD and rotation supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought about the complaint.
5. The TD will discuss this in Training Committee and if needed the Due Process procedures will be followed as outlined below.

IV. Remediation and Sanction Alternatives

The TD and staff members have several levels of corrective response alternatives available to deal with intern problems and impairment. In order for a corrective action to be implemented, the TD must be fully apprised of the problems and both the interns' rotation supervisor(s) and the TD must agree that the problem warrants formal intervention and must agree upon the level of intervention to be taken. *A level of intervention will be chosen from the following list depending upon the nature and seriousness of the problem.*

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate impairment or problem under discussion. Written documentation of the verbal warning may be kept by the intern's supervisor and/or TD.
2. Written Warning to the intern indicates the need to address an impairment or problem. This action, and reason(s) for the action, shall be communicated to the intern's academic department by the TD. A copy of this letter will be kept in the intern's file, which will contain:
 - a. A description of the intern's unsatisfactory performance
 - b. Actions required by the intern to correct the unsatisfactory performance
 - c. The timeline for correcting the problem
 - d. What action may be taken if the problem is not corrected

Utah State Hospital Internship in Clinical Psychology

- e. Notification that the intern has the right to request review of this action
- 3. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the rotation supervisor(s) in consultation with the TD. The length of a schedule modification period will be determined by the TD in consultation with the rotation supervisor(s) and the Training Committee. The termination of the schedule modification period will be determined, after discussion with the intern, by the TD, rotation supervisor(s), and the Training Committee. This action, and reason(s) for the action, shall be communicated to the intern's academic department by the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule, and may include the following:
 - a. Increasing the amount of supervision, either with the same or other supervisors.
 - b. Changing the format, emphasis, and/or focus of supervision (which may include, but not be limited to, additional required readings, additional training assignments, etc.)
 - c. Recommending personal therapy, either through Employee Assistance Program or to be financed by the intern (a list of community practitioners may be available upon request)
 - d. Reducing the intern's clinical or other workload
 - e. Extending the length of internship training
 - f. Requiring specific academic coursework or other intervention (to be paid for by the intern)
- 4. **Formal Remediation Plan** is also time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. The intern will have the opportunity at the remediation plan meeting to present information regarding the problematic behavior. The intern will review and sign the Remediation Plan in a meeting with the Psychology Internship TD, the supervisor(s), and other necessary Training Committee Members. The Remediation Plan will include:
 - a. Competency Domains in which the trainee's performance does not meet the profession wide benchmark.
 - b. Description of the problems in each competency domain.
 - c. Dates the problems were brought to the trainee's attention and by whom (as applicable)
 - d. Steps already taken by the trainee and faculty to rectify the identified problems (as applicable)
 - e. Expectations for acceptable performance in order to successfully pass the remediation plan
 - f. Trainee and faculty responsibilities in order to assist the intern in successfully completing the Remediation Plan
 - g. Timeframe and dates of evaluation for acceptable performance
 - h. Assessment methods
 - i. Consequences for unsuccessful remediationAs outlined in the remediation plan all relevant parties will review the intern's

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progress and determine the next steps.

5. **Suspension of Direct Service Activities** requires a determination that the welfare of the person for whom the intern is providing professional services has been jeopardized, or is likely to become jeopardized. Once this determination has been made, direct service activities will be suspended for a period as determined by the TD in consultation with the Training Committee. At the end of the suspension period, the TD and Training Committee, will assess the intern's capacity for effective functioning and determine when direct service can be resumed. This action, and reason(s) for the action, shall be communicated to the intern's academic department by the TD.
6. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges at USH. The TS will inform the intern of the consequences of administrative leave (e.g. pay, benefits, length of internship). The TD will communicate this action, and reason for the action, to the intern's academic department.
7. **Dismissal from the Internship** involves the permanent withdrawal of all responsibilities and privileges at USH. When specific interventions do not, after a reasonable time period, result in a rectification of the problem or impairment and the trainee seems unable or unwilling to resolve her/his impairment or problem, the TD will discuss with the training committee the possibility of termination from the training program and dismissal from the agency. Either Administrative Leave or Dismissal from the Internship would occur in cases of severe violation of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, when remediation efforts have not resulted in adequate resolution of a problem or impairment, or when the intern is unable to complete the internship within a reasonable timeframe due to physical, mental or emotional illness. Then an intern has been dismissed, the TD will communicate the action and reason for the action to the intern's academic department.

V. Review Panel Process

1. If an intern wishes to formally dispute any action taken by the program they must, within five (5) working days of the decision, inform the TD, in writing, of the dispute. When a dispute is made, the intern must provide the TD information supporting the intern's position or concern. Within three (3) working days of receipt of this notification, the TD will consult the Assistant Clinical Director and will implement Review Panel.
2. When needed, a review panel will be convened by the Assistant Clinical Director. The panel will consist of three staff members selected by the Assistant Clinical Director with recommendations regarding staff selection made by the TD and the intern involved in the dispute. The intern and staff member(s) involved in the grievance have the right to hear all facts with the opportunity to dispute or expound upon the issues of dispute.
3. Within five (5) working days, a hearing will be conducted in which the dispute is heard and relevant material presented. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Assistant Clinical Director including any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
4. Within three (3) working days of receipt of the recommendations, the Assistant Clinical Director will either accept or reject the review Panel's recommendations. If the Assistant Clinical Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Assistance Clinical Director may refer the matter back to the

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Review Panel for further deliberation and revised recommendations, or revise the Review Panel's recommendation to arrive at a final decision.

5. If referred back to the panel, the Review Panel will report back to the Assistant Clinical Director within five (5) working days of the receipt of the Assistant Clinical Director's request for further deliberation. The Assistant Clinical Director then makes the final decision regarding what action is to be taken.
6. The Assistant Clinical Director, with the TD Present, informs the intern and their academic training program of the decisions made.
7. If the intern disputes the Assistant Clinical Director's final decision, both the intern and staff member have the right to contact/seek consultation with persons from the Association of Psychology Postdoctoral and Internship Centers (APPIC) or the American Psychological Association (APA) as appropriate.

Nepotism Policy

Consistent with the Utah State Hospital's (USH's) and Department of Human Service's (DHS's) operational policies and procedures, the Psychology Discipline does not employ individuals in staff or intern positions where they would supervise or be supervised by a relative, or where they would work within the same clinical treatment team or unit.

Procedure

1. Relatives are defined as: father, mother, husband, wife, son, daughter, sister, brother, uncle, aunt, niece, nephew, first cousin, grandparents, grandchildren, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, step-children, step-parents, step-brother, or step-sister.
2. Relatives of the Superintendent, Hospital Clinical Director, Assistant Superintendent, and Assistant Hospital Clinical Director may not be hired for any position within the hospital, including staff or intern positions within the Psychology Discipline.
3. If a relative is already working with the Psychology Discipline, the following criteria must be observed in order for an individual to be hired into a staff or intern position:
 - a. The related staff member or intern may not participate in the hiring, interviewing, or selection process of the relative who is seeking employment with the Psychology Discipline.
 - b. The related staff members and/or interns must be assigned to work on separate units, with separate treatment teams, and with separate patients.
 - c. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. If staff members and/or interns become related due to marriage, the following criteria must be observed in order for the individuals to continue their clinical duties within the discipline:
 - a. The related staff members and/or interns must be assigned to work on separate units, with separate treatment teams, and with separate patients.
 - b. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units, and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the hospital Executive Clinical Staff.
5. Exceptions to this policy are granted in accordance with UCA 52-3-1.
 - a. The Hospital Superintendent must approve all requested exemptions.

Utah State Hospital Psychology Internship Time Away From Training Policy

Updated October 2016

The Utah State Hospital (USH) Internship Program provides the opportunity for interns who successfully complete the internship to receive a minimum of 2000 total training hours, which would facilitate meeting internship licensure requirements in virtually all states within the U.S. It is the responsibility of each intern to ensure that adequate training hours are achieved and documented to meet the licensure requirements of the jurisdiction(s) in which licensure is desired. Interns will need to average 40 hours of work per week to meet the 2000-hour minimum. Every pay period the interns earn 4 hours of annual leave and 4 hours of sick leave to be used at their discretion, at the end of the internship interns receive a payout for unused annual, comp, and excess time. Interns also receive 8 hours of leave for 12 different state/federal holidays, although they may choose to work some of this time as long as they are not directly interacting with patients (unless their supervisor is on USH grounds); unused holiday leave is paid out at the end of internship. The USH full-time internship is a 12-month experience from the first workday in July through the last workday in June the following year and interns are expected to remain at the internship site through the last workday of June. Note that no leave time can be used during the last week of internship. Extenuating circumstances requiring an intern to be away from training more than the aforementioned days would be evaluated on a case-by-case basis, and the possibility of extending a specific intern's internship beyond a year to enable him or her to meet a minimum of 2000 training hours may be considered by the USH psychology faculty.

Background Checks

Below are the rules and regulations regarding Utah State Hospital and the State of Utah policy regarding background checks and employment.

Utah State Hospital (USH) employees work with disabled and highly vulnerable individuals. The hospital does not employ individuals who have been convicted of crimes which pose a threat to the safety and well-being of USH patients, staff, and operations.

Procedure:

1. Criminal background checks are completed on all new USH employees and volunteers, including employees transferring from another state facility. Criminal background checks are completed on all current USH employees and volunteers at least annually.
2. All new hospital employees and volunteers are required to complete and sign an “Authorization and Waiver for Criminal History Check” form, as a condition of employment, allowing the hospital to conduct a criminal background check through the Bureau of Criminal Identification (BCI). Refusal to consent to a BCI check is subject to administrative action, which may include termination.
3. BCI reports are classified as confidential and reviewed by authorized hospital administrative personnel only.
4. Employees who are under the supervision of the criminal justice system and/or have committed, either convicted or by admission, a felony offense and/or with a misdemeanor offense including, but not limited to:
 - crimes against children under the age of eighteen
 - against disabled adults
 - drug/alcohol abuse
 - possession of drug paraphernalia
 - assault
 - abuse, neglect, or exploitation
 - sexual offenses

are independently reviewed by the USH Executive Office to determine eligibility for hire.

5. USH employees that have committed a criminal offense and/or are under supervision of the court, must report this conviction to the Human Resources within seven calendar days of the conviction.

6. USH will abide by UCA 53-10-108. Person Responsible Human Resources Director Review Period 36 months

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7. Exceptions to this policy must be approved by the Hospital Governing Body

Date Implemented 01/1995

Date Revised 03/2020

Date Reviewed 03/2020

R495. Human Services, Administration.

R495-885. Employee Background Screenings.

R495-885-1. Authority and Purpose.

- (1) This Rule is authorized by Sections 62A-1-118 and 62A-2-120.
- (2) This Rule clarifies the standards for Department of Human Services' employee and volunteer background screening.
- (3) This Rule is created to hold DHS employees and volunteers to high standards of conduct, protect children and vulnerable adults, and promote public trust.
- (4) This rule does not apply to Department of Human Services Employees and Volunteers whose clearances are performed and maintained by the Department of Health for the Utah State Hospital and the Utah State Developmental Center.

R495-885-2. Definitions.

- (1) "BCI" means the Bureau of Criminal Identification, and is the designated state agency of the Division of Criminal Investigation and Technical Services Division, within the Department of Public Safety, responsible to maintain criminal records in the State of Utah.
- (2) "Child" is defined in Section 62A-2-101.
- (3) "Department" or "DHS" means the Department of Human Services.
- (4) "Direct Access" is defined in Section 62A-2-101.
- (5) "Director" means the Director of each DHS Office or Division, and includes the Director's designee.
- (6) "Directly Supervised" is defined in 62A-2-101.
- (7) "Employee" means a prospective employee who has received a job offer from DHS or a current employee of DHS, and includes paid interns.
- (8) "Executive Director" means the Executive Director of DHS or the Deputy Director designated by the Executive Director.
- (9) "FBI Rap Back" is defined in Section 53-10-108.

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(10) "Fingerprints" means an individual's fingerprints as copied electronically through a live-scan fingerprinting device or on two ten-print fingerprint cards.

(11) "Volunteer" means an individual who donates services without pay or other compensation, except expenses actually and reasonably incurred and pre-approved by the supervising agency, and includes unpaid interns.

(12) "Vulnerable Adult" is defined in Section 62A-2-101.

(13) "Youth Residential Program" also known as "congregate care program" means a 24-hour living environment serving 4 or more youth.

R495-885-3. Employees and Volunteers with Direct Access.

(1) The Department finds that a criminal history or identification as a perpetrator of abuse or neglect is directly relevant to an individual's employment or volunteer activities within DHS.

(2) All Department employees and volunteers who may have direct access and who are not directly supervised at all times must have an annual background screening clearance in accordance with Sections 62A-1-118 and 62A-2-120, which shall include retention of fingerprints by BCI for FBI Rap Back.

(3) Department employees and volunteers who may have direct access and are not directly supervised at all times shall:

(a) submit a background screening application to their respective Division or Office on a form created by the Department; and

(b) submit fingerprints to the Department via a DHS-operated live-scan machine or two ten-print fingerprint cards produced by a law enforcement agency, an agency approved by the BCI, or another entity pre-approved by the Department; or

(c) not be required to submit fingerprints to DHS if they have submitted fingerprints for retention to:

(i) BCI for an Office or Division clearance, and the Office or Division ensures that the minimum standards set forth in Section 62A-2-120 are enforced; or

(ii) to the Department of Health for employees and volunteers of the Utah State Developmental Center per code; or

(iii) to the Office of Licensing as an individual associated with a license as long as the fingerprints are retained by BCI for FBI Rap Back.

(d) in accordance with R501-14-3(4) submit out of state child abuse and neglect registry records for each state resided in during the 5 years immediately preceding the date of the screening application if applying to work in a youth residential program.

(i) instructions for obtaining out of state child abuse and neglect registry records from each state may be found on the OL website: <https://hslic.utah.gov/Out-of-state-registries>

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(ii) DHS employees and contracted employees currently working in a youth residential program at the time this rule goes into effect are responsible for submitting child abuse and neglect registry records for all states resided in during the 5 years immediately preceding the effective date of this rule. They may continue working under their DHS background screening clearance unless the out of state child abuse and neglect registry records contain information that constitutes denial under R501-14 or 62A-2-120.

(4) The DHS Office of Licensing shall access information to perform the background checks described in Sections 62A-1-118 and 62A-2-120:

(a) the DHS Office of Licensing will not duplicate fingerprint-based criminal background checks on Department employees or volunteers who have a current fingerprint-based criminal background clearance pursuant to R495-885-3(3);

(b) the fingerprints submitted by DHS employees who are required to obtain a background screening pursuant to Section 62A-2-120 as an individual associated with a licensee shall be utilized to perform the screening required by this R495-885.

(5) Screening results shall be reviewed in accordance with both the standards outlined by Section 62A-2-120 and this R495-885.

(6) Except as described in R495-885-5, Department employees and volunteers who would automatically be denied a background screening approval as described in Section 62A-2-120(5)(a) are not eligible for work with the Department.

(7) Except as described in R495-885-5, Department employees and volunteers who have any offense or finding described in Section 62A-2-120(6)(a) are not eligible for work with the Department.

R495-885-4. Employees and Volunteers with No Direct Access.

(1) The Department finds that a criminal history is directly relevant to an individual's employment activities within DHS.

(2) The Department is not authorized to perform the checks described in Sections 62A-1-118 and 62A-2-120 for employees with no direct access.

(3) Each Division and Office will identify which of their positions includes no potential for direct access that is not directly supervised.

(4) Each employee who does not potentially have direct access shall submit an "Authorization and Waiver for Criminal History Check" form to a Department of Human Resources Management, DHS Field Office authorizing DHRM to perform name-based background checks.

(5) Except as described in R495-885-5, Department employees who would automatically be denied a background screening approval based upon the offenses described in Section 62A-2-120(5)(a) are not eligible for work with the Department.

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(6) Except as described in R495-885-5, Department employees who have any offense described in Section 62A-2-120(6)(a) are not eligible for work with the Department.

(7) Volunteers who do not have a background screening clearance pursuant to R495-885-3 will be directly supervised.

R495-885-5. Background Screening Review.

(1) The Office of Licensing or the Department of Human Resources Management, DHS Field Office shall notify the Director of the employment eligibility status of each prospective employee, employee, and volunteer.

(2) The Director shall review the background screening results of each prospective employee, employee, and volunteer when there are any offenses present as outlined in 62A-2-120.

(3) Review process for prospective or probationary employees and volunteers:

(a) Following a review of the background screening results for a prospective or probationary employee or volunteer, the Director may deny or terminate the employment of the prospective or probationary employee or refuse acceptance of the volunteer; or

(b) the Director may request further review of the background screening results by the Comprehensive Review Committee established under 62A-2-120. Review of background screening results for prospective or probationary employees or volunteers by the Comprehensive Review Committee is strictly related to the employment or volunteer eligibility of that person with DHS and is not related to the licensure of that individual by DHS, nor does it entitle any party to any of the rights granted to an applicant for licensure as defined in 62A-2-120.

(i) the Director shall notify the prospective or probationary employee that further review by the Comprehensive Review Committee has been requested.

(ii) the review for prospective employees and volunteers by the Comprehensive Review Committee shall follow the criteria outlined in 62A-2-120 and R501-14 as it relates to the process for review, the items or methods of consideration and the process and criteria used in making determinations.

(iii) Following the review, the Comprehensive Review Committee shall make one of the following findings:

(A) A determination to deny the background screening which will result in the Director denying or terminating the employment of the prospective or probationary employee or refuse the acceptance of the volunteer; or

(B) A determination of employment eligibility or to permit acceptance of the volunteer.

(iv) the determination of the Comprehensive Review Committee to deny the background screening will result in the Director denying or terminating the

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employment of the prospective or probationary employee or refuse acceptance of the volunteer and is final.

(v) Upon receiving the Comprehensive Review Committee determination of employment eligibility or to accept a volunteer A Director, in their sole discretion may;

(A) approve the employment or continued employment of the prospective or probationary employee or approve the acceptance of the volunteer; or

(B) deny or terminate the employment of the prospective or probationary employee or refuse the acceptance of the volunteer.

(vi) the determinations of the Director and the DHS Employee and Volunteer Comprehensive Review Committee are final, and a prospective or probationary employee or volunteer has no right to appeal.

(4) Review process for non-probationary employees:

(a) the following background screening findings shall be submitted to the Director:

(i) automatic denial offenses outlined in 62A-2-120(5)(a);

(ii) all other circumstances outlined in 62A-2-120(6)(a); and

(iii) any MIS supported or substantiated findings;

(b) the Director may consult with the Office of Licensing and shall consult with the Executive Director to evaluate whether the non-probationary employee may present a risk of harm to a child or vulnerable adult, or does not meet DHS high standards of conduct or promote public trust; the Director, Executive Director and Office of Licensing, if consulted, shall consider the factors and information outlined in 62A-2-120(6) (b).

(c) the Executive Director may, in his/her sole discretion, approve the non-probationary employee for continued employment, including defining permissible and impermissible DHS-wide work-related activities, or consult the Department of Human Resource Management regarding termination of employment. The determination of the Executive Director is final.

R495-885-6. Division/Office Responsibilities.

(1) The Department shall notify the DHS Office of Licensing within five months of the termination of each employee for whom fingerprints have been retained under Section 62A-2-120 to enable the Office of Licensing to notify BCI and ensure the destruction of fingerprints.

(2) Each Division and Office shall ensure that an employee or volunteer who previously was screened based upon having no direct access shall, prior to having any direct access, be screened and approved in accordance with R495-885.

R495-885-7. Compliance.

The Department will be required to initiate steps toward compliance with this rule immediately upon the effective date.

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KEY: background, employees, human services, screenings

Date of Enactment or Last Substantive Amendment: July 18, 2019

Authorizing, and Implemented or Interpreted Law: 62A-1-118; 62A-2-120

Effective 5/12/2020

62A-2-120 Background check -- Direct access to children or vulnerable adults.

(1) As used in this section: (a) (i) "Applicant" means:

(A) the same as that term is defined in Section 62A-2-101;

(B) an individual who is associated with a licensee and has or will likely have direct access to a child or a vulnerable adult;

(C) an individual who provides respite care to a foster parent or an adoptive parent on more than one occasion;

(D) a department contractor;

(E) a guardian submitting an application on behalf of an individual, other than the child or vulnerable adult who is receiving the service, if the individual is 12 years of age or older and resides in a home, that is licensed or certified by the office, with the child or vulnerable adult who is receiving services; or

(F) a guardian submitting an application on behalf of an individual, other than the child or vulnerable adult who is receiving the service, if the individual is 12 years of age or older and is a person described in Subsection (1)(a)(i)(A), (B), (C), or (D).

(ii) "Applicant" does not mean an individual, including an adult, who is in the custody of the Division of Child and Family Services or the Division of Juvenile Justice Services.

(b) "Application" means a background screening application to the office.

(c) "Bureau" means the Bureau of Criminal Identification within the Department of Public Safety, created in Section 53-10-201.

(d) "Incidental care" means occasional care, not in excess of five hours per week and never overnight, for a foster child.

(e) "Personal identifying information" means:

(i) current name, former names, nicknames, and aliases;

(ii) date of birth;

(iii) physical address and email address;

(iv) telephone number;

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- (v) driver license or other government-issued identification;
- (vi) social security number;
- (vii) only for applicants who are 18 years of age or older, fingerprints, in a form specified by the office; and
- (viii) other information specified by the office by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(2)

(a) Except as provided in Subsection (13), an applicant or a representative shall submit the following to the office:

- (i) personal identifying information;
- (ii) a fee established by the office under Section 63J-1-504; and
- (iii) a disclosure form, specified by the office, for consent for:
 - (A) an initial background check upon submission of the information described under this Subsection (2)(a);
 - (B) ongoing monitoring of fingerprints and registries until no longer associated with a licensee for 90 days;
 - (C) a background check when the office determines that reasonable cause exists; and Utah Code Page 2
 - (D) retention of personal identifying information, including fingerprints, for monitoring and notification as described in Subsections (3)(d) and (4).
- (b) In addition to the requirements described in Subsection (2)(a), if an applicant resided outside of the United States and its territories during the five years immediately preceding the day on which the information described in Subsection (2)(a) is submitted to the office, the office may require the applicant to submit documentation establishing whether the applicant was convicted of a crime during the time that the applicant resided outside of the United States or its territories.

(3) The office:

(a) shall perform the following duties as part of a background check of an applicant:

- (i) check state and regional criminal background databases for the applicant's criminal history by:
 - (A) submitting personal identifying information to the bureau for a search; or
 - (B) using the applicant's personal identifying information to search state and regional criminal background databases as authorized under Section 53-10-108;
- (ii) submit the applicant's personal identifying information and fingerprints to the bureau for a criminal history search of applicable national criminal background databases;

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- (iii) search the Department of Human Services, Division of Child and Family Services' Licensing Information System described in Section 62A-4a-1006;
- (iv) search the Department of Human Services, Division of Aging and Adult Services' vulnerable adult abuse, neglect, or exploitation database described in Section 62A-3-311.1;
- (v) search the juvenile court records for substantiated findings of severe child abuse or neglect described in Section 78A-6-323; and
- (vi) search the juvenile court arrest, adjudication, and disposition records, as provided under Section 78A-6-209;
- (b) shall conduct a background check of an applicant for an initial background check upon submission of the information described under Subsection (2)(a);
- (c) may conduct all or portions of a background check of an applicant, as provided by rule, made by the office in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:
 - (i) for an annual renewal; or
 - (ii) when the office determines that reasonable cause exists;
- (d) may submit an applicant's personal identifying information, including fingerprints, to the bureau for checking, retaining, and monitoring of state and national criminal background databases and for notifying the office of new criminal activity associated with the applicant;
- (e) shall track the status of an approved applicant under this section to ensure that an approved applicant is not required to duplicate the submission of the applicant's fingerprints if the applicant applies for:
 - (i) more than one license;
 - (ii) direct access to a child or a vulnerable adult in more than one human services program; or
 - (iii) direct access to a child or a vulnerable adult under a contract with the department;
- (f) shall track the status of each license and each individual with direct access to a child or a vulnerable adult and notify the bureau within 90 days after the day on which the license expires or the individual's direct access to a child or a vulnerable adult ceases;
- (g) shall adopt measures to strictly limit access to personal identifying information solely to the individuals responsible for processing and entering the applications for background checks and to protect the security of the personal identifying information the office reviews under this Subsection (3); Utah Code Page 3
- (h) as necessary to comply with the federal requirement to check a state's child abuse and neglect registry regarding any individual working in a congregate care setting that serves children, shall:

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- (i) search the Department of Human Services, Division of Child and Family Services' Licensing Information System described in Section 62A-4a-1006; and
 - (ii) require the child abuse and neglect registry be checked in each state where an applicant resided at any time during the five years immediately preceding the day on which the applicant submits the information described in Subsection (2)(a) to the office; and
- (i) shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of this Subsection (3) relating to background checks.
- (4) (a) With the personal identifying information the office submits to the bureau under Subsection (3), the bureau shall check against state and regional criminal background databases for the applicant's criminal history.
- (b) With the personal identifying information and fingerprints the office submits to the bureau under Subsection (3), the bureau shall check against national criminal background databases for the applicant's criminal history.
- (c) Upon direction from the office, and with the personal identifying information and fingerprints the office submits to the bureau under Subsection (3)(d), the bureau shall:
- (i) maintain a separate file of the fingerprints for search by future submissions to the local and regional criminal records databases, including latent prints; and
 - (ii) monitor state and regional criminal background databases and identify criminal activity associated with the applicant.
- (d) The bureau is authorized to submit the fingerprints to the Federal Bureau of Investigation Next Generation Identification System, to be retained in the Federal Bureau of Investigation Next Generation Identification System for the purpose of:
- (i) being searched by future submissions to the national criminal records databases, including the Federal Bureau of Investigation Next Generation Identification System and latent prints; and
 - (ii) monitoring national criminal background databases and identifying criminal activity associated with the applicant.
- (e) The Bureau shall notify and release to the office all information of criminal activity associated with the applicant.
- (f) Upon notice from the office that a license has expired or an individual's direct access to a child or a vulnerable adult has ceased for 90 days, the bureau shall:
- (i) discard and destroy any retained fingerprints; and
 - (ii) notify the Federal Bureau of Investigation when the license has expired or an individual's direct access to a child or a vulnerable adult has ceased, so that the Federal Bureau of Investigation will discard and destroy the retained fingerprints from the Federal Bureau of Investigation Next Generation Identification System.

(5)

(a) After conducting the background check described in Subsections (3) and (4), the office shall deny an application to an applicant who, within three years before the day on which the applicant submits information to the office under Subsection (2) for a background check, has been convicted of any of the following, regardless of whether the offense is a felony, a misdemeanor, or an infraction:

- (i) an offense identified as domestic violence, lewdness, voyeurism, battery, cruelty to animals, or bestiality; Utah Code Page 4
- (ii) a violation of any pornography law, including sexual exploitation of a minor;
- (iii) prostitution;
- (iv) an offense included in: (A) Title 76, Chapter 5, Offenses Against the Person; (B) Section 76-5b-201, Sexual Exploitation of a Minor; or (C) Title 76, Chapter 7, Offenses Against the Family;
- (v) aggravated arson, as described in Section 76-6-103;
- (vi) aggravated burglary, as described in Section 76-6-203;
- (vii) aggravated robbery, as described in Section 76-6-302;
- (viii) identity fraud crime, as described in Section 76-6-1102; or
- (ix) a felony or misdemeanor offense committed outside of the state that, if committed in the state, would constitute a violation of an offense described in Subsections (5)(a)(i) through (viii).

(b) If the office denies an application to an applicant based on a conviction described in Subsection (5)(a), the applicant is not entitled to a comprehensive review described in Subsection (6).

(c) If the applicant will be working in a program serving only adults whose only impairment is a mental health diagnosis, including that of a serious mental health disorder, with or without cooccurring substance use disorder, the denial provisions of Subsection (5)(a) do not apply, and the office shall conduct a comprehensive review as described in Subsection (6).

(6) (a) The office shall conduct a comprehensive review of an applicant's background check if the applicant:

- (i) has an open court case or a conviction for any felony offense, not described in Subsection (5)(a), with a date of conviction that is no more than 10 years before the date on which the applicant submits the application;
- (ii) has an open court case or a conviction for a misdemeanor offense, not described in Subsection (5)(a), and designated by the office, by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, if the conviction is within three years before the day on which the applicant submits information to the office under Subsection (2) for a background check;

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(iii) has a conviction for any offense described in Subsection (5)(a) that occurred more than three years before the day on which the applicant submitted information under Subsection (2)(a);

(iv) is currently subject to a plea in abeyance or diversion agreement for any offense described in Subsection (5)(a);

(v) has a listing in the Department of Human Services, Division of Child and Family Services' Licensing Information System described in Section 62A-4a-1006;

(vi) has a listing in the Department of Human Services, Division of Aging and Adult Services' vulnerable adult abuse, neglect, or exploitation database described in Section 62A-3-311.1;

(vii) has a record in the juvenile court of a substantiated finding of severe child abuse or neglect described in Section 78A-6-323;

(viii) has a record of an adjudication in juvenile court for an act that, if committed by an adult, would be a felony or misdemeanor, if the applicant is:

(A) under 28 years of age; or

(B) 28 years of age or older and has been convicted of, has pleaded no contest to, or is currently subject to a plea in abeyance or diversion agreement for a felony or a misdemeanor offense described in Subsection (5)(a); Utah Code Page 5

(ix) has a pending charge for an offense described in Subsection (5)(a); or

(x) is an applicant described in Subsection (5)(c). (b) The comprehensive review described in Subsection (6)(a) shall include an examination of:

(i) the date of the offense or incident;

(ii) the nature and seriousness of the offense or incident;

(iii) the circumstances under which the offense or incident occurred;

(iv) the age of the perpetrator when the offense or incident occurred;

(v) whether the offense or incident was an isolated or repeated incident;

(vi) whether the offense or incident directly relates to abuse of a child or vulnerable adult, including:

(A) actual or threatened, nonaccidental physical, mental, or financial harm;

(B) sexual abuse;

(C) sexual exploitation; or

(D) negligent treatment;

(vii) any evidence provided by the applicant of rehabilitation, counseling, psychiatric treatment received, or additional academic or vocational schooling completed;

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(viii) the applicant's risk of harm to clientele in the program or in the capacity for which the applicant is applying; and

(ix) any other pertinent information presented to or publicly available to the committee members.

(c) At the conclusion of the comprehensive review described in Subsection (6)(a), the office shall deny an application to an applicant if the office finds that approval would likely create a risk of harm to a child or a vulnerable adult.

(d) At the conclusion of the comprehensive review described in Subsection (6)(a), the office may not deny an application to an applicant solely because the applicant was convicted of an offense that occurred 10 or more years before the day on which the applicant submitted the information required under Subsection (2)(a) if:

(i) the applicant has not committed another misdemeanor or felony offense after the day on which the conviction occurred; and

(ii) the applicant has never been convicted of an offense described in Subsection (14)(c). (e) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the office may make rules, consistent with this chapter, to establish procedures for the comprehensive review described in this Subsection (6).

(7) Subject to Subsection (10), the office shall approve an application to an applicant who is not denied under Subsection (5), (6), or (13).

(8) (a) The office may conditionally approve an application of an applicant, for a maximum of 60 days after the day on which the office sends written notice to the applicant under Subsection (12), without requiring that the applicant be directly supervised, if the office:

(i) is awaiting the results of the criminal history search of national criminal background databases; and

(ii) would otherwise approve an application of the applicant under Subsection (7).

(b) The office may conditionally approve an application of an applicant, for a maximum of one year after the day on which the office sends written notice to the applicant under Subsection (12), without requiring that the applicant be directly supervised if the office:

(i) is awaiting the results of an out-of-state registry for providers other than foster and adoptive parents; and

(ii) would otherwise approve an application of the applicant under Subsection (7). Utah Code Page 6

(c) Upon receiving the results of the criminal history search of a national criminal background database, the office shall approve or deny the application of the applicant in accordance with Subsections (5) through (7).

(9) A licensee or department contractor may not permit an individual to have direct access to a child or a vulnerable adult unless, subject to Subsection (10):

(a) the individual is associated with the licensee or department contractor and:

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- (i) the individual's application is approved by the office under this section;
 - (ii) the individual's application is conditionally approved by the office under Subsection (8); or
 - (iii) (A) the individual has submitted the background check information described in Subsection (2) to the office;
 - (B) the office has not determined whether to approve the applicant's application; and
 - (C) the individual is directly supervised by an individual who has a current background screening approval issued by the office under this section and is associated with the licensee or department contractor;
- (b) (i) the individual is associated with the licensee or department contractor;
- (ii) the individual has a current background screening approval issued by the office under this section;
 - (iii) one of the following circumstances, that the office has not yet reviewed under Subsection (6), applies to the individual:
 - (A) the individual was charged with an offense described in Subsection (5)(a);
 - (B) the individual is listed in the Licensing Information System, described in Section 62A-4a-1006;
 - (C) the individual is listed in the vulnerable adult abuse, neglect, or exploitation database, described in Section 62A-3-311.1;
 - (D) the individual has a record in the juvenile court of a substantiated finding of severe child abuse or neglect, described in Section 78A-6-323; or
 - (E) the individual has a record of an adjudication in juvenile court for an act that, if committed by an adult, would be a felony or a misdemeanor as described in Subsection (5)(a) or (6); and
- (iv) the individual is directly supervised by an individual who:
- (A) has a current background screening approval issued by the office under this section; and
 - (B) is associated with the licensee or department contractor;
- (c) the individual:
- (i) is not associated with the licensee or department contractor; and
 - (ii) is directly supervised by an individual who:
 - (A) has a current background screening approval issued by the office under this section; and

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(B) is associated with the licensee or department contractor;

(d) the individual is the parent or guardian of the child, or the guardian of the vulnerable adult;

(e) the individual is approved by the parent or guardian of the child, or the guardian of the vulnerable adult, to have direct access to the child or the vulnerable adult;

(f) the individual is only permitted to have direct access to a vulnerable adult who voluntarily invites the individual to visit; or

(g) the individual only provides incidental care for a foster child on behalf of a foster parent who has used reasonable and prudent judgment to select the individual to provide the incidental care for the foster child. Utah Code
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(10) An individual may not have direct access to a child or a vulnerable adult if the individual is prohibited by court order from having that access.

(11) Notwithstanding any other provision of this section, an individual for whom the office denies an application may not have direct access to a child or vulnerable adult unless the office approves a subsequent application by the individual.

(12)

(a) Within 30 days after the day on which the office receives the background check information for an applicant, the office shall give notice of the clearance status to:

(i) the applicant, and the licensee or department contractor, of the office's decision regarding the background check and findings; and

(ii) the applicant of any convictions and potentially disqualifying charges and adjudications found in the search.

(b) With the notice described in Subsection (12)(a), the office shall also give the applicant the details of any comprehensive review conducted under Subsection (6).

(c) If the notice under Subsection (12)(a) states that the applicant's application is denied, the notice shall further advise the applicant that the applicant may, under Subsection 62A-2-111(2), request a hearing in the department's Office of Administrative Hearings, to challenge the office's decision.

(d) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the office shall make rules, consistent with this chapter:

(i) defining procedures for the challenge of the office's background check decision described in Subsection (12)(c); and

(ii) expediting the process for renewal of a license under the requirements of this section and other applicable sections.

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(13) An individual or a department contractor who provides services in an adults only substance use disorder program, as defined by rule, is exempt from this section. This exemption does not extend to a program director or a member, as defined by Section 62A-2-108, of the program.

(14)

(a) Except as provided in Subsection (14)

(b), in addition to the other requirements of this section, if the background check of an applicant is being conducted for the purpose of giving clearance status to an applicant seeking a position in a congregate care facility, an applicant for a one-time adoption, an applicant seeking to provide a prospective foster home, or an applicant seeking to provide a prospective adoptive home, the office shall:

(i) check the child abuse and neglect registry in each state where each applicant resided in the five years immediately preceding the day on which the applicant applied to be a foster parent or adoptive parent, to determine whether the prospective foster parent or prospective adoptive parent is listed in the registry as having a substantiated or supported finding of child abuse or neglect; and

(ii) check the child abuse and neglect registry in each state where each adult living in the home of the applicant described in Subsection (14)(a)(i) resided in the five years immediately preceding the day on which the applicant applied to be a foster parent or adoptive parent, to determine whether the adult is listed in the registry as having a substantiated or supported finding of child abuse or neglect.

(b) The requirements described in Subsection (14)(a) do not apply to the extent that:

(i) federal law or rule permits otherwise; or

(ii) the requirements would prohibit the Division of Child and Family Services or a court from placing a child with:

(A) a noncustodial parent under Section 62A-4a-209, 78A-6-307, or 78A-6-307.5; or Utah Code Page 8

(B) a relative, other than a noncustodial parent, under Section 62A-4a-209, 78A-6-307, or 78A-6-307.5, pending completion of the background check described in Subsection (5).

(c) Notwithstanding Subsections (5) through (9), the office shall deny a clearance to an applicant seeking a position in a congregate care facility, an applicant for a one-time adoption, an applicant to become a prospective foster parent, or an applicant to become a prospective adoptive parent if the applicant has been convicted of:

(i) a felony involving conduct that constitutes any of the following:

(A) child abuse, as described in Section 76-5-109;

(B) commission of domestic violence in the presence of a child, as described in Section 76-5-109.1;

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(C) abuse or neglect of a child with a disability, as described in Section 76-5-110;

(D) endangerment of a child or vulnerable adult, as described in Section 76-5-112.5;

(E) aggravated murder, as described in Section 76-5-202;

(F) murder, as described in Section 76-5-203;

(G) manslaughter, as described in Section 76-5-205;

(H) child abuse homicide, as described in Section 76-5-208;

(I) homicide by assault, as described in Section 76-5-209;

(J) kidnapping, as described in Section 76-5-301;

(K) child kidnapping, as described in Section 76-5-301.1;

(L) aggravated kidnapping, as described in Section 76-5-302;

(M) human trafficking of a child, as described in Section 76-5-308.5;

(N) an offense described in Title 76, Chapter 5, Part 4, Sexual Offenses;

(O) sexual exploitation of a minor, as described in Section 76-5b-201;

(P) aggravated arson, as described in Section 76-6-103;

(Q) aggravated burglary, as described in Section 76-6-203;

(R) aggravated robbery, as described in Section 76-6-302; or

(S) domestic violence, as described in Section 77-36-1; or

(ii) an offense committed outside the state that, if committed in the state, would constitute a violation of an offense described in Subsection (14)(c)(i).

(d) Notwithstanding Subsections (5) through (9), the office shall deny a license or license renewal to a prospective foster parent or a prospective adoptive parent if, within the five years immediately preceding the day on which the individual's application or license would otherwise be approved, the applicant was convicted of a felony involving conduct that constitutes a violation of any of the following:

(i) aggravated assault, as described in Section 76-5-103;

(ii) aggravated assault by a prisoner, as described in Section 76-5-103.5;

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- (iii) mayhem, as described in Section 76-5-105;
- (iv) an offense described in Title 58, Chapter 37, Utah Controlled Substances Act;
- (v) an offense described in Title 58, Chapter 37a, Utah Drug Paraphernalia Act;
- (vi) an offense described in Title 58, Chapter 37b, Imitation Controlled Substances Act;
- (vii) an offense described in Title 58, Chapter 37c, Utah Controlled Substance Precursor Act; or
- (viii) an offense described in Title 58, Chapter 37d, Clandestine Drug Lab Act.

(e) In addition to the circumstances described in Subsection (6)(a), the office shall conduct the comprehensive review of an applicant's background check pursuant to this section if the registry check described in Subsection (14)(a) indicates that the individual is listed in a child abuse and neglect registry of another state as having a substantiated or supported finding of a severe type of child abuse or neglect as defined in Section 62A-4a-1002.

Amended by Chapter 176, 2020 General Session

Amended by Chapter 225, 2020 General Session, (Coordination Clause)

Amended by Chapter 225, 2020 General Session

Amended by Chapter 250, 2020 General Session

Effective 5/14/2019

62A-1-118 Access to abuse and neglect information to screen employees and volunteers.

(1) The department may conduct a background check, pursuant to Subsections 62A-2-120(1) through (4), of department employees and volunteers who have direct access, as defined in Section 62A-2-101, to a child or a vulnerable adult.

(2) In addition to conducting a background check described in Subsection (1), and subject to the requirements of this section, the department may search the Division of Child and Family Services' Management Information System described in Section 62A-4a-1003.

(3) With respect to department employees and volunteers, the department may only access information in the systems and databases described in Subsection 62A-2-120(3) and in the Division of Child and Family Services' Management Information System for the purpose of determining at the time of hire and each year thereafter whether a department employee or volunteer has a criminal history, an adjudication of abuse or neglect, or a substantiated or supported finding of abuse, neglect, or exploitation.

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(4) A department employee or volunteer to whom Subsection (1) applies shall submit to the department the employee or volunteer's name, other personal identifying information, and consent for the background check on a form specified by the department.

(5) The department shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, defining permissible and impermissible work-related activities for a department employee or volunteer with a criminal history or with one or more substantiated or supported findings of abuse, neglect, or exploitation.

Amended by Chapter 335, 2019 General Session

Drug Use and Drug Testing Policy

The following outline and explain the Drug Use and Drug Testing Policies for the State of Utah and the Utah State Hospital.

Alcohol and Drug Violations:

USH complies with DHRM Rule R477-14, governing Substance Abuse and Drug-Free Workplace.

- 7.1. Employees are prohibited from providing alcohol, controlled substances, or nonprescribed drugs to patients.
- 7.2. Only authorized personnel (nursing or medical staff) administer medication to patients.
- 7.3. Employees are prohibited from unlawfully manufacturing, dispensing, possessing, using or distributing any alcohol or controlled substance on state property at any time.
- 7.4. Employees who are, or appear to be, under the influence of alcohol or controlled substances which impair or may impair function while on duty or on state property are subject to a reasonable suspicion drug test and/or corrective and disciplinary action.
- 7.5. Employee personal medication must be secured at all times from patient access.

State Rules Regarding Medical Cannabis Use:

Effective 2/28/2020

58-37-3.7. Medical Cannabis decriminalization

- (1) As used in this section:
 - (a) "Cannabis" means the same as that term is defined in Section [26-61a-102](#).
 - (b) "Cannabis product" means the same as that term is defined in Section [26-61a-102](#).
 - (c) "Legal dosage limit" means the same as that term is defined in Section [26-61a-102](#).
 - (d) "Medical cannabis card" means the same as that term is defined in Section [26-61a-102](#).
 - (e) "Medical cannabis device" means the same as that term is defined in Section [26-61a-102](#).
 - (f) "Medicinal dosage form" means the same as that term is defined in Section [26-61a-102](#).
 - (g) "Nonresident patient" means the same as that term is defined in Section [26-61a-102](#).
 - (h) "Qualifying condition" means the same as that term is defined in Section [26-61a-102](#).
 - (i) "Tetrahydrocannabinol" means the same as that term is defined in Section [58-37-3.9](#).
- (2) Before January 1, 2021, an individual is not guilty under this chapter for the use or possession of marijuana, tetrahydrocannabinol, or marijuana drug paraphernalia if:
 - (a) at the time of the arrest or citation, the individual:
 - (i) (A) had been diagnosed with a qualifying condition; and
 - (B) had a pre-existing provider-patient relationship with an advanced practice registered nurse licensed under [Title 58, Chapter 31b, Nurse Practice Act](#), a

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physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, a physician licensed under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, or a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act, who believed that the individual's illness described in Subsection (2)(a)(i)(A) could benefit from the use in question;

- (ii) for possession, was:
 - (A) the parent or legal guardian of an individual described in Subsection (2)(a)(i) who is a minor; or
 - (B) the spouse of an individual described in Subsection (2)(a)(i); or
- (iii) (A) for possession, was a medical cannabis cardholder; or
- (B) for use, was a medical cannabis patient cardholder or a minor with a qualifying condition under the supervision of a medical cannabis guardian cardholder; and
- (b) (i) for use or possession of marijuana or tetrahydrocannabinol, the marijuana or tetrahydrocannabinol is one of the following in an amount that does not exceed the legal dosage limit:
 - (A) unprocessed cannabis in a medicinal dosage form; or
 - (B) a cannabis product in a medicinal dosage form; and
- (ii) for use or possession of marijuana drug paraphernalia, the paraphernalia is a medical cannabis device.
- (3) A nonresident patient is not guilty under this chapter for the use or possession of marijuana, tetrahydrocannabinol, or marijuana drug paraphernalia under this chapter if:
 - (a) for use or possession of marijuana or tetrahydrocannabinol, the marijuana or tetrahydrocannabinol is one of the following in an amount that does not exceed the legal dosage limit:
 - (i) unprocessed cannabis in a medicinal dosage form; or
 - (ii) a cannabis product in a medicinal dosage form; and
 - (b) for use or possession of marijuana drug paraphernalia, the paraphernalia is a medical cannabis device.
- (4) (a) There is a rebuttable presumption against an allegation of use or possession of marijuana or tetrahydrocannabinol if:
 - (i) an individual fails a drug test based on the presence of tetrahydrocannabinol in the sample; and
 - (ii) the individual provides evidence that the individual possessed or used cannabidiol or a cannabidiol product.
- (b) The presumption described in Subsection (4)(a) may be rebutted with evidence that the individual purchased or possessed marijuana or tetrahydrocannabinol that is not authorized under:
 - (i) Section 4-41-402; or

(ii) Title 26, Chapter 61a, Utah Medical Cannabis Act.

Amended by Chapter 12, 2020 General Session

Effective 2/28/2020

26-61a-111. Nondiscrimination for medical care or government employment -- Notice to prospective and current public employees -- No effect on private employers.

- (1) For purposes of medical care, including an organ or tissue transplant, a patient's use, in accordance with this chapter, of cannabis in a medicinal dosage form or a cannabis product in a medicinal dosage form:
 - (a) is considered the equivalent of the authorized use of any other medication used at the discretion of a physician; and
 - (b) does not constitute the use of an illicit substance or otherwise disqualify an individual from needed medical care.
- (2)
 - (a) Notwithstanding any other provision of law and except as provided in Subsection (2)(b), the state or any political subdivision shall treat an employee's use of medical cannabis in accordance with this chapter or Section 58-37-3.7 in the same way the state or political subdivision treats employee use of any prescribed controlled substance.
 - (b) A state or political subdivision employee who has a valid medical cannabis card is not subject to adverse action, as that term is defined in Section 67-21-2, for failing a drug test due to marijuana or tetrahydrocannabinol without evidence that the employee was impaired or otherwise adversely affected in the employee's job performance due to the use of medical cannabis.
 - (c) Subsections (2)(a) and (b) do not apply where the application of Subsection (2)(a) or (b) would jeopardize federal funding, a federal security clearance, or any other federal background determination required for the employee's position, or if the employee's position is dependent on a license that is subject to federal regulations.
- (3)
 - (a)
 - (i) A state employer or a political subdivision employer shall take the action described in Subsection (3)(a)(ii) before:
 - (A) giving to a current employee an assignment or duty that arises from or directly relates to an obligation under this chapter; or
 - (B) hiring a prospective employee whose assignments or duties would include an assignment or duty that arises from or directly relates to an obligation under this chapter.
 - (ii) The employer described in Subsection (3)(a)(i) shall give the employee or prospective employee described in Subsection (3)(a)(i) a written notice that notifies the employee or prospective employee:
 - (A) that the employee's or prospective employee's job duties may require the employee or prospective employee to engage in conduct which is in violation of the criminal laws of the United States; and

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- (B) that in accepting a job or undertaking a duty described in Subsection (3)(a)(i), although the employee or prospective employee is entitled to the protections of Title 67, Chapter 21, Utah Protection of Public Employees Act, the employee may not object or refuse to carry out an assignment or duty that may be a violation of the criminal laws of the United States with respect to the manufacture, sale, or distribution of cannabis.
- (b) The Department of Human Resource Management shall create, revise, and publish the form of the notice described in Subsection (3)(a).
- (c) Notwithstanding Subsection 67-21-3(3), an employee who has signed the notice described in Subsection (3)(a) may not:
 - (i) claim in good faith that the employee's actions violate or potentially violate the laws of the United States with respect to the manufacture, sale, or distribution of cannabis; or
 - (ii) refuse to carry out a directive that the employee reasonably believes violates the criminal laws of the United States with respect to the manufacture, sale, or distribution of cannabis.
- (d) An employer may not take retaliatory action as defined in Section 67-19a-101 against a current employee who refuses to sign the notice described in Subsection (3)(a).
- (4) Nothing in this section requires a private employer to accommodate the use of medical cannabis or affects the ability of a private employer to have policies restricting the use of medical cannabis by applicants or employees.

Amended by Chapter 12, 2020 General Session