



**HEALTH SERVICE PSYCHOLOGY  
INTERNSHIP PROGRAM**

**2024-2025 BROCHURE**

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## **Agency background**

Wasatch Behavioral Health (WBH) is the Medicaid mental health provider for Utah County, UT and the contracted public mental health provider for Wasatch County, UT. WBH offers a complete range of mental health services and is located approximately 45 miles south of Salt Lake City, UT with treatment locations in American Fork, UT, Provo, UT, and Payson, UT. In Utah County, there are approximately 50,000 Medicaid eligible clients out of a total population of approximately 635,000. In 2021, Wasatch Behavioral Health (known as Wasatch Mental Health until 2020) served 12,664 clients. In 2021, the total percentage of individuals evaluated to be Seriously and Persistently Mentally Ill (SPMI) was 80% and the children evaluated to be Seriously Emotionally Disturbed (SED) was 74%. In order to meet the requirements of Medicaid and the State of Utah, the following services are provided: inpatient, residential, day treatment, case management, outpatient, and 24-hour crisis and referral screening. WBH also provides, coordinates, or supports additional services for clients, such as representative payee services, housing, employment, rehabilitation, and transportation to needed mental health services. In addition, WBH offers a range of specialty services including a pre-school focusing on children with psychiatric/developmental conditions and Autism Spectrum Disorder, specialized Substance Use Disorder services, several after-school programs, a program for adjudicated juvenile sex-offenders, and domestic violence treatment. Additionally, WBH is operating a Mobile Crisis Outreach Team (MCOT) for youth and adults. A no-refusal Receiving Center and Subacute Stabilization unit has become operational in recent years.

WBH's main priority is to provide services to adults with serious and persistent mental health illnesses (SPMI) and children who with severe emotional disturbance (SED). The following guidelines apply in prioritizing the service that we provide: (a) Medicaid recipients with mental illness; (b) Individuals in psychological crisis; (c) Severely mentally ill youth and adults; (d) Acutely mentally ill youth and adults; (e) Emotionally disabled individuals whose improved functioning is critical for their future and for society in general; (f) and Moderately impaired individuals and families.

The major populations served are Medicaid recipients, people with acute or severe emotional problems and other low-income families. The number of clients served at WBH from mid-2021 to mid-2022 was 12,664. Ethnicities served in the 2021-2022 fiscal year include Black (2%), Pacific Islander (1%), American Indian (1%), and Hispanic (14%), White (75%), and mixed-race and other ethnic identities compiling 6%.

## **Goals of the agency**

The mission of WBH is to provide comprehensive mental and behavioral health care services with professional excellence as well as to enhance and positively impact the well-being, recovery, and quality of life of individuals who experience mental illness or behavioral disabilities. WBH will also provide community education and information services to combat ignorance and stigma associated with mental illness, and promote awareness of the reality, commonality, and effectiveness of treatment for these disorders.

## **Training goals and objectives**

The primary objective of the clinical psychology internship program is to prepare doctoral candidates for entry level independent practice and licensure. Interns are expected to integrate theoretical, clinical, and professional issues into a general psychology practice. The focus of education and training is on enhancing previous academic and practice training with instruction, supervision, and experience in providing psychological services in a multidisciplinary, publicly owned, community behavioral health organization. WBH subscribes to a local clinical-scientist model that promotes an evidence-based approach to clinical practice. The training program is designed to comprehensively train interns to reach career and/or postdoctoral fellowship goals while ensuring strong foundational and generalist skills.

WBH Health Service Psychology Interns are assigned to either one of the agency's family clinics (Westpark Family Clinic [WFC], American Fork Family Clinic [AFFC], Provo Family Clinic [PFC], or Payson Family Clinic [PAC]) or Psychological Assessment Services (PAS), where they spend the majority of their week serving as a treatment team member. Placement is determined by the interns' expressed clinical interests, strengths, and training goals before the internship year begins. One intern per year who expresses a pronounced interest and skillset in psychological assessment may be placed in the PAS department for the majority of their week and provide family clinic services for less time per week than their cohort-mates. The family clinics serve adults, youth, and families in a variety of treatment modalities. Therapy and assessment referrals come from various social service agencies, juvenile courts, guardian ad litem offices, public schools, and self-referrals. PAS provides psychological assessment to assist in the process of diagnosis and treatment planning for all of WBH. Assessment and interpretation is performed by staff psychologists, psychology residents, and interns. WBH psychologists and interns also provide disability determination evaluations for the Department of Workforce Services (DWS) and conduct psychological assessments for adult DWS clients ("Form 20M" evaluations). Interns typically complete one Form 20M per week. WBH also provides assessment and treatment services to individuals referred by the Office of Vocational Rehabilitation ("Voc Rehab"). Interns who express interest in health psychology and integrated healthcare are offered the opportunity to spend a portion of their week working in the Healthcare Integration Program (HIP) which consists of a multidisciplinary team that serves clients who have mental and physical illness that they need professional help managing. Brief interventions, including crisis interventions, assessments, and medically assisted treatment (MAT) are services Interns provide on the HIP team. The Health Service Psychology Internship Program is an integral part of the WBH mission "to provide comprehensive behavioral health care services with professional excellence." The community mental health center setting provides ample opportunities for interns to be exposed to a diverse range of clinical presentations, client ages, and training activities to enhance their knowledge base, skill sets, and general professional attitudes in preparing them for independent practice. There are almost 600 employees at WBH, including at least 120 licensed professionals. Among these are eight staff psychologists who contribute to the internship program. Psychologists are readily available to interns to seek professional consultation and/or supervision. WBH professional clinical staff also includes psychiatrists, psychiatric nurses, licensed clinical social workers, marriage and family therapists, and professional counselors. WBH has strong case management and skills development programs staffed by bachelor-level social services workers.

#### WBH Health Service Psychology Internship Brochure

The WBH Health Service Psychology Internship Program is designed as a full-time internship over a 12-month academic year, starting and ending in late-June or early-July of each year. The training year consists of 2,080 clocked hours, including holidays, and vacation time. Interns are expected to work 40 hours per week with an expected direct clinical service delivery standard of 20 hours, including face-to-face, and video therapy sessions; psychological evaluations and feedback sessions; psychological evaluation report writing; and assessment and treatment plan reviews/updates. Non-billable time is spent in supervision, didactic training, supervision preparation, consultation, research, case conferencing, intervention planning, client outreach, documentation, staff meetings, and other professional and collegial staff interactions, such as during Crisis Intervention Training with local law enforcement agencies and the annual Center-wide Conference.

## WBH mission and values



## WBH believes:

In **family-focused/community-based services**, provided by the least restrictive environment.

In **client-centered services**, which are **individualized, flexible, and comprehensive**; that all individuals receive the best and most appropriate services possible regardless of race, ethnicity, age, religion, sex, disability status, lifestyle, and social or economic status, and that all people have a right to be treated kindly as well as with dignity, respect, cultural sensitivity, and confidentiality.

In the efficacy of **treatment** and the reality of recovery; that all individuals have the capacity for improvement.

In the importance of **financial viability and integrity** to assure cost effectiveness and public accountability.

In broad-based **community input and citizen participation** to receive feedback and recommendations to continually improve services.

In **readily accessible services**, assuring immediacy for crisis intervention 24 hours per day, seven days per week.

In a **client's right** to be empowered in their own care and treatment, when appropriate, and to actively promote and advocate for client's rights.

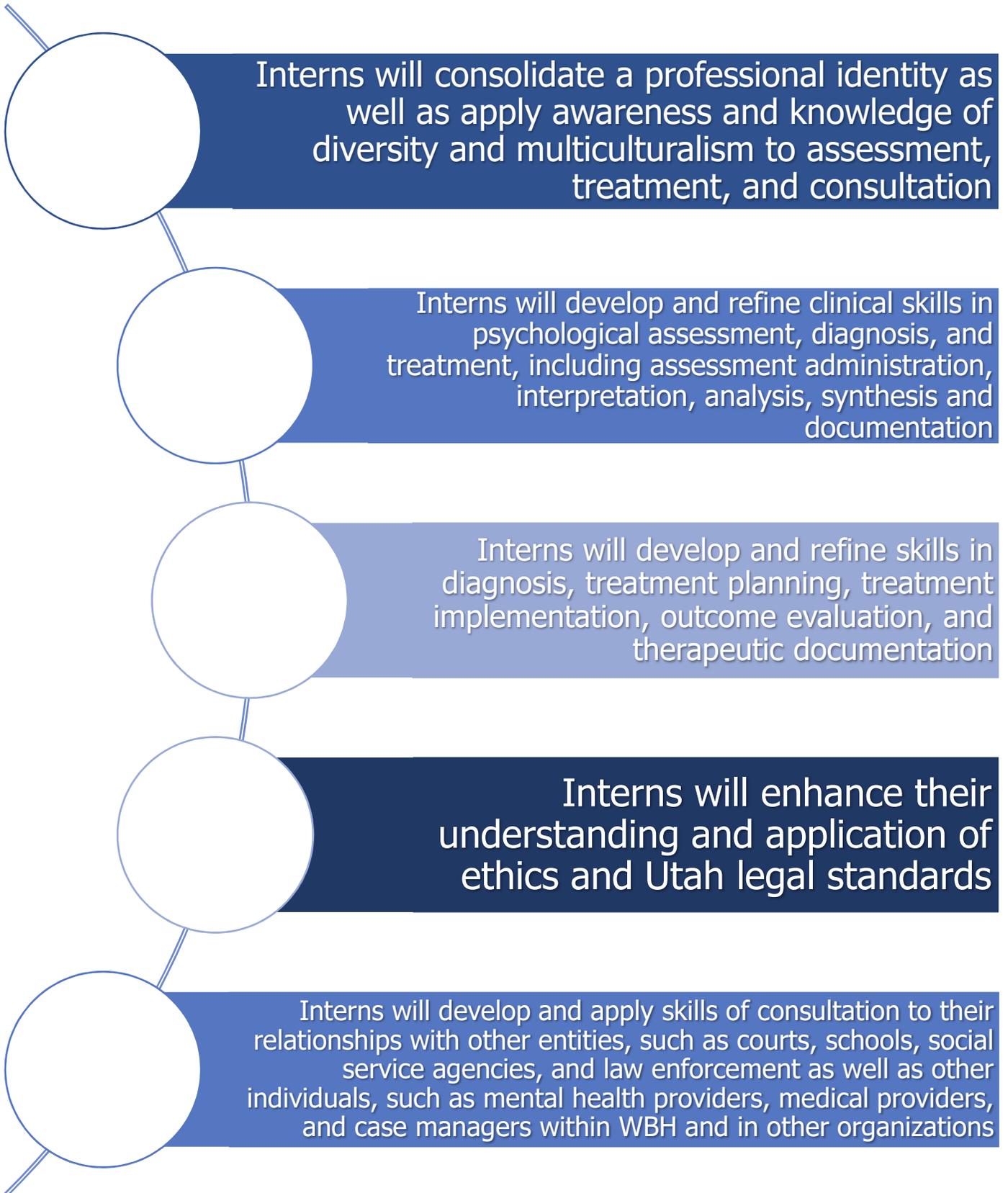
In **continuous quality improvement**, and ongoing education and training to assure best practice an adaptation to state of the art sciences.

In **outcome-based services** as determined by ongoing assessments, research and evaluation, consumer satisfaction, and goal-achievement.

That the staff and services of WBH will make a **measurable and positive difference** in the lives of its clients and their families.

In the ongoing pursuit of funding to cover costs of **care for those most in need** of services and who are without the ability to pay.

In the importance of **case collaboration and allied agency cooperation**, to assure effective and proper continuity of care.



## Accreditation status

The WBH Health Service Psychology Internship Program is an Association of Psychology Postdoctoral and Internship Centers (APPIC) Member Program. The Health Service Psychology Internship Program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) effective 12/19/2021. WBH has demonstrated consistent commitment to psychology training since its creation. The WBH Health Service Psychology Internship Program has made consistent improvement since becoming an APPIC member in 1998 and obtaining APA accreditation in 2004. For questions related to the WBH Health Service Psychology Internship Program's accreditation status, please contact:

Office of Program Consultation and Accreditation  
750 First St., NE  
Washington, DC 20002-4242

Telephone: (202) 336-5979

TDD/TTY: (202) 336-6123

Fax: (202) 336-5978

Website: <https://www.accreditation.apa.org/>

## Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institutions affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	No
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

## 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:
Applicants are required to attend a regionally accredited Counseling or Clinical PhD or PsyD program and have met advancement to candidacy, successful completion of comprehensive examinations or equivalent, have their dissertation proposal accepted (preference may be given to applicants who have defended their dissertation), and successful completion of at least three years of graduate education or coursework required by an academic program.
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: 1000
Total Direct Contact Intervention Hours: Y      Amount: 300
Total Direct Contact Assessment Hours: Y      Amount: 50
Describe any other required minimum criteria used to screen applicants:
Minimum of 10 integrated assessment reports. Applicants are required to submit a current resume or curriculum vitae, all official transcripts, three letters of recommendation, a completed APPIC Application for Psychology Internships (AAPI), and necessary documentation for a Background Criminal Investigation (BCI information required upon acceptance).

## Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$34, 135.92
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	No
Coverage of legally married partner available?	No
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	88 (PTO and sick)
Hours of Annual Paid Sick Leave	N/A (included above)
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	
88-96 hours of annual holiday leave	

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

## Initial Post-Internship Positions

	<b>2020-2023</b>	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who remain in training in the internship program	0	
	PD	EP
Community mental health center	N/A	3
Consortium	N/A	N/A
Health maintenance organization	N/A	N/A
University Counseling Center	N/A	N/A
Veterans Affairs Health Care System	N/A	2
Hospital/Medical Center	1	1
Psychiatric hospital	N/A	1
Academic teaching	N/A	N/A
Correctional facility	N/A	N/A
School district/system	N/A	N/A
Independent practice setting	1	7
Other	N/A	2

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.

## **Training resources and facilities**

Upon orientation, interns are provided with a training manual with the location, schedule, and staff member information for orientation week; agency locations; client population; mission and values statements; mandated services statement; professional training statement, training description, and training faculty information; training goals; supervision information, including supervisor information, expectations, and assignments; administrative assistance information; stipend and benefits information; and relevant policies and forms.

Interns have access to Care Team Assistants (CTAs; i.e., support staff) at each of the WBH clinics. Full-time CTAs are available to provide reception services and scanning services for the electronic health record (EHR). CTAs are able to help with scheduling clients. The Information Technology (IT) department also provides technical support to interns whenever they experience technological problems. IT staff are highly accessible.

All interns utilize an office at their assigned family clinic that is fully equipped with a desk, telephone, and a computer with internet access, intra-agency e-mail system, and electronic scheduling system. WBH utilizes a unique, personalized EHR system for all clinical notes, treatment plans, and intake assessments. WBH provides interns access to real-time data from the Outcome Questionnaire 45 (OQ.45) and Youth Outcome Questionnaire (YOQ) that is typically acquired from the client prior to their appointment, or sometimes in the case of children/youth, the parent or guardian. Client results are synchronized to interns' computers by the time they arrive to their offices with their client, making it easy to retrieve and review OQ.45 results prior to starting their sessions. The Y/OQ.45 is fully integrated in WBH's EHR.

Interns have access to psychological testing resources, including computer documentation, administration, scoring, and interpretative software that is housed in the PAS department for assessment activities. PAS is thoroughly furnished with test and scoring materials that will help answer a diversity of referral questions, including but not limited to, diagnostic clarification and neuro-cognitive functioning.

Didactic trainings and group supervisions are held in a designated training room that is scheduled on a weekly-appointed time throughout the year at Westpark Family Clinic in Provo, UT where WBH's administration is located. The training room includes a white board, media set up with Microsoft Office capability, and video reviewing and streaming ability. Video review is helpful when providing didactic trainings and group supervision using OQ.45/YOQ data to inform session/treatment outcomes.

Interns are placed at one of the four following family clinics as assigned by training faculty, depending on intern preference, training competency, and training needs. The difference in clinics solely varies by location, not service or clientele, EXCEPT for an assessment-focused placement within PAS at the Westpark building.



**Westpark Family Clinic**

750 N Freedom Blvd.,  
Provo, UT 84601



**American Fork Family Clinic**

578 E 300 S, American  
Fork, UT 84003



**Payson Family Clinic**

285 N 1250 E, Payson, UT  
84651



**Provo Family Clinic**

1165 E 300 N, Provo, UT  
84606

## **Supervision and training**

### **Individual supervision**

Interns are required to complete a minimum of two hours of individual supervision per week, one with their clinical supervisor and one with their delegated supervisor. Clinical and delegated supervisors are strongly encouraged to document each supervisory encounter with the provided form. Interns are encouraged to do the same.

### **Group supervision**

Interns are required to complete a minimum of two hours of group supervision per week with the entire cohort. Group supervision topics alternate with one week focusing on psychological testing and the next week focusing on clinical consultation (i.e., therapy case video review) in the format of the WBH Clinical Consultation Model. Two clinical supervisors attend each group supervision. The two supervisors who participate in the psychological testing group supervision will be the supervisors of that focus for the entire year, and the same goes for the clinical consultation group supervision.

### **Peer supervision**

Interns are required to provide and receive peer supervision with another cohort member, following the rotation schedule already in place for delegated supervision. During the peer supervision process, peer supervisors will follow two therapy cases from intake to graduation, as well as one testing case from clinical interview to feedback at a time. Peer supervisory experiences are also encouraged to cover other topics, such as diversity, ethics, interpersonal relationships, professional values, etc. Peer supervision sessions can be facilitated virtually through a HIPAA compliant platform, such as Zoom. Peer supervision is required to be video recorded and turned into the supervisor of peer supervision, as well as documented with the provided form, and each peer supervisee will evaluate their peer supervisor at the end of each rotation. These evaluations will be used for educational purposes. Supervision of peer supervision will be provided by each intern's clinical supervisor. During this experience, it is intended that interns will develop useful supervisory knowledge, skills, and attitudes.

### **Research opportunities**

Interns participate in a Caplanian consultee-centered research project. This research is presented to the WBH Executive Committee and utilized to inform clinical or administrative decisions to enhance client or employee experience. Findings and recommendations of this project are generally presented at the WBH Center-wide Conference.

Scholarly activities are expected when interns provide didactic trainings to their peers and other WBH staff attendees (one to two times per training year, as required by the curriculum). These didactic trainings are evaluated with an Evaluation of Didactic Presentation by all attendees, including the Training Director and non-psychology staff who attend, and then provided to the intern and respective primary Clinical Supervisor.

### **Consultation opportunities**

Interns who express interest in health psychology and integrated healthcare are offered the opportunity to spend a portion of their week working in the Healthcare Integration Program (HIP) which consists of a multidisciplinary team that serves clients who have mental and physical illness that they need professional help managing. Brief interventions, including crisis interventions, assessments, and medically assisted treatment (MAT) are services Interns provide on the HIP team.

The Crisis Intervention Training (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis. CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness and/or addictions. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change. Research shows that communities that prescribe to the CIT Program model, have higher success rates in resolving serious crisis situations.

Basic Goals:

1. Improve Officer and Consumer Safety
2. To help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness related behaviors.

Health Service Psychology Interns spend approximately 8-12 hours helping with the CIT program per year. Primarily, their role is to offer psychoeducation and recommendations on how law enforcement officers can more safely and effectively interact with individuals with mental illness.

## Additional opportunities for support

The WBH Health Service Psychology Internship Program has always incorporated informal mentorship as part of the onboarding and supervision process, and as part of the culture of the internship. The program has formalize a mentorship process to continue fostering a supportive and inclusive training climate for all interns. For interns seeking professional and personal mentorship during the training year, this program is available on a voluntary basis. Mentorship may involve meetings, exchange of emails, phone calls, etc., or any format that is helpful to the mentor and the mentee. While mentorship is a natural part of the supervision process, intern are not matched with their primary supervisor for the formal mentorship program. Interns are not subject to evaluation within the mentorship relationship, which is held apart from formal supervision.

In addition, as a group supervision once per quarter, two training faculty will hold a Training Climate Pulse Check, allowing the intern cohort an opportunity to discuss their experience of diversity, equality, and inclusivity in the training setting. This will take place in a focus-group format, allowing the interns a safe space to discuss the programs strength's and growth edges, as well as recommendations, regarding efforts to foster a welcoming, comfortable, and inclusive training climate.

Interns participate in an experiential didactic regarding compassion fatigue, burnout, and self-care as an ethical issue during the first two weeks of training to (a) learn about compassion fatigue and burnout research, (b) review self-care as an ethical issue, (c) discuss effective compassion fatigue and burnout prevention methods as defined by research and individual experience, (d) foster group connectedness and intern-faculty relationships, and (e) introduce interns to local resources. Here are some comments made about this training by previous interns.



Intern  
feedback

"I really appreciated that we did this out on a trail which helped reinforce the messages we spoke about. I also liked that the presenters and senior staff shared their experiences with this topic to help normalize it and provide diverse perspectives."

"It was outside! What a way to practice what you preach! There is nothing worse than talking about self-care inside of four walls. It was perfect."

"I very much enjoyed being able to get out of the office to talk about self-care, I thought that was a great part of the didactic."

"I appreciate that the presenters demonstrated how we don't just talk about self care, we work to actively practice it. I also liked that it was mostly discussion-based."

## Training faculty

Clinical supervisors for the internship program are all employees of WBH and have an expectation of providing direct service to the community mental health center clientele in addition to their supervisory responsibilities. All psychologists contribute to the overall mission of the center in providing excellent mental and behavioral health services and making sure that WBH is a financially viable organization. The primary supervising psychologists are extremely well-prepared, having each provided several years of psychology services. All psychologists are available on an as-needed basis for consultation and other support.

Name	Clinical Interests
<b>Shannon Cayer, PsyD</b> Midwestern University	Traumatic stress, mood disorders, women's issues, LGBTQ+ topics, compassion fatigue and burnout, psychodiagnostic assessment
<b>Scott Curry, PhD</b> Fielding Graduate University	Forensic and neuropsychological assessment, adolescents and adults classified as SPMI
<b>Eliza Gedge, PhD</b> University of Detroit Mercy	Psychological assessment in children through adults for a range of emotional and behavioral concerns, research interest in the factors contributing to risk to offend and best practice for assessing and treatment these individuals
<b>Derra Gullickson, PsyD</b> Adler University	Child and adolescent neurocognitive and psychodiagnostic assessment, LGBTQ+ topics
<b>Mitch Harris, PhD</b> Brigham Young University	Serious mental illness and psychosis; homelessness, case management teamwork, and outreach; comparative psychotherapy modalities; neuropsychological assessment
<b>Jaime Houskeeper, PsyD</b> Pacific University School of Professional Psychology	Psychological and neuropsychological assessment, anxiety and depression, LGBTQ+ topics
<b>Juergen Korbanka, PhD</b> California Institute of Integrated Studies	Outcome-informed treatment, access to services for the under-served, Triple Aim (now Quadruple Aim)
<b>Lindsey Marshall, PsyD</b> Northwest University	Autism Spectrum Disorder, neurodevelopmental assessment, foster youth, integrated healthcare, substance misuse
<b>Randy Pennington, PsyD</b> Pacific University School of Professional Psychology	Clinical supervision, psychotherapy outcomes, deliberate practice, psychiatric rehabilitation, chronic pain management psychotherapy, marriage and family therapy
<b>Jennifer Rogers, PsyD</b> Roosevelt University	Neurodevelopmental assessments, the process of psychological assessments to ensure they are useful to referral sources and patients including developing strategies to write strength-based, accessible reports
<b>Stuart Spendlove, PhD</b> Texas Tech University	Autism Spectrum Disorder throughout the lifespan, child and adolescent behavior problems, trauma, evidenced-based treatments, psychological assessment in Spanish and English
<b>Mike Wilkins, PhD</b> Purdue University	Grief and bereavement, complex trauma, mood and anxiety disorders, older adults, psychological assessment

## Example intern schedules

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00 AM</b>	Therapy	Testing / report writing	PAS monthly staff meeting	Testing / report writing	HIP
<b>9:00 AM</b>	Therapy		Delegated supervision		
<b>10:00 AM</b>	PFC staff meeting		Group supervision		
<b>11:00 AM</b>					
<b>12:00 PM</b>	Lunch	Lunch	Lunch	Lunch	Lunch
<b>1:00 PM</b>	Testing / report writing	Therapy	Didactics		HIP
<b>2:00 PM</b>		Therapy			
<b>3:00 PM</b>			Form 20 rotation	Therapy	
<b>4:00 PM</b>				Therapy	

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00 AM</b>	Therapy	Testing / report writing	PAS monthly staff meeting	Testing / report writing	Testing / report writing
<b>9:00 AM</b>	Therapy		Delegated supervision		
<b>10:00 AM</b>	PFC staff meeting		Group supervision		
<b>11:00 AM</b>					
<b>12:00 PM</b>	Lunch	Lunch	Lunch	Lunch	Lunch
<b>1:00 PM</b>	Testing / report writing	Therapy	Didactics		
<b>2:00 PM</b>		Therapy			
<b>3:00 PM</b>			Form 20 rotation	Therapy	Therapy
<b>4:00 PM</b>				Therapy	Therapy

## Test kit list

### INTELLIGENCE TESTS

	<b>AGE</b>
Batería IV Woodcock-Muñoz (Cognitive)	<b>5:0-95:0</b>
Bayley Scales of Infant and Toddler Development Screening Test, Fourth Edition (Bayley-4)	<b>1:0-3:6</b>
Comprehensive Test of Nonverbal Intelligence, Second Edition (CTONI-2)	<b>6:0-89:11</b>
Kaufman Brief Intelligence Test, Second Edition (KBIT-2)	<b>4:0-90:0</b>
Mullen Scales of Early Learning	<b>0-5:8</b>
Peabody Picture Vocabulary Test, Fifth Edition (PPVT-5)	<b>2:6-90+</b>
Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)	<b>16:0-90:11</b>
Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)	<b>6:0-16:11</b>
Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV)	<b>2:6-7:7</b>
Woodcock Johnson Cognitive, Fourth Edition (WJ IV)	<b>2:0-90+</b>

### ATTENTION AND EXECUTIVE FUNCTION TESTS

	<b>AGE</b>
Brief Test of Attention (BTA)	<b>17:0-82:0</b>
Conners Auditory Test of Attention (CATA)	<b>8+</b>
Conners Continuous Performance Test, Third Edition (CPT 3 / K-CPT)	<b>8+</b>
Conners Kiddie Continuous Performance Test, Second Edition (K-CPT 2)	<b>4:0-11:0</b>
Delis-Kaplan Executive Functioning System (D-KEFS)	<b>8:0-89:0</b>
Wisconsin Card Sorting Test (WCST) & (M-WCST)	<b>6:6-89:0</b>

### NEURO TESTS

	<b>AGE</b>
Beery-Buktenica Visual-Motor Integration, Sixth Edition (Beery VMI)	<b>0-6:0</b>
Developmental Neuropsychological Assessment for Children, Second Edition (NEPSY-II)	<b>3:0-16:0</b>
Kaplan Baycrest Neurocognitive Assessment (KBNA)	<b>20:0-89:0</b>
Neuropsychological Assessment Battery (NAB)	<b>18:0-97:0</b>
Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)	<b>12:0-89:11</b>

### MEMORY AND LEARNING TESTS

	<b>AGE</b>
Auditory Verbal Learning Task (AVLT)	<b>16+</b>
California Verbal Learning Task, Third Edition (CVLT-3)	<b>16+</b>
California Verbal Learning Task for Children (CVLT-C)	<b>5:0-16:0</b>
Child and Adolescent Memory Profile (ChAMP)	<b>7:0-11:0</b>
Rey-Osterrieth Complex Figure Test and Recognition Trial (RCFT) & Boston Qualitative Scoring System for Rey Complex Figure (BQSS)	<b>6:0-89:0</b>
Test of Memory and Learning, Second Edition (TOMAL-2)	<b>5:0-59:11</b>
Wechsler Memory Scale, Fourth Edition (WMS-IV)	<b>16:0-90:0</b>
Wide Range Assessment of Memory and Learning, Third Edition (WRAML3)	<b>5:0-90:0</b>

### ADAPTIVE FUNCTIONING MEASURES

	<b>AGE</b>
Adaptive Behavior Assessment System, Third Edition (ABAS-3)	<b>0-89:0</b>
Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)	<b>3:0-90:0</b>

<b>ASD MEASURES</b>	<b>AGE</b>
Autism Diagnostic Interview, Revised (ADI-R)	2:0+
Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)	1+
Social Communication Questionnaire (SCQ)	4:0-40:0
Social Responsiveness Scale, Second Edition (SRS-2)	2:6+

<b>ACHIEVEMENT MEASURES</b>	<b>AGE</b>
Wide Range Achievement Test, Fifth Edition (WRAT5)	5:0-85+
Batería IV Woodcock-Muñoz (Achievement)	5:0-95:0
Wechsler Intellectual Achievement Test, Fourth Edition (WIAT-IV)	4:0-50:11

<b>EFFORT MEASURES</b>	<b>AGE</b>
Miller Forensic Assessment of Symptoms Test (M-FAST)	18+
Structured Inventory of Malingered Symptomatology (SIMS)	18:0-99:0
Test of Memory Malingered (TOMM)	16:0-84:0

<b>OBJECTIVE PERSONALITY TESTS</b>	<b>AGE</b>
Million Adolescent Clinical Inventory, Second Edition (MACI-II)	13:0-18:0
Million Clinical Multiaxial Inventory, Fourth Edition (MCMI-IV)	18+
Million Pre-Adolescent Clinical Inventory (M-PACI)	9:0-12:0
Minnesota Multiphasic Personality Inventory, Adolescent version (MMPI-A)	14:0-18:0
Minnesota Multiphasic Personality Inventory, Adolescent version, Restructured Format (MMPI-A-RF)	14:0-18:0
Minnesota Multiphasic Personality Inventory, Second Edition, Restructured Format (MMPI-2-RF)	18:0-80:0
Minnesota Multiphasic Personality Inventory, Third Edition (MMPI-3)	18+
Personality Inventory for Children, Second Edition (PIC-2)	5:0-19:0
Structured Clinical Interview for DSM-5 Screening Personality Questionnaire (SCID-5-SPQ)	18+
Multiphasic Sex Inventory, Second Edition (MSI-II)	12:0-19:0

<b>PROJECTIVE PERSONALITY TESTS</b>	<b>AGE</b>
Roberts Apperception Test for Children: 2 (Roberts-2)	6:0-18:0
Rorschach Inkblot Test (Exner & RPAS)	5+
Thematic Apperception Test (TAT)	5+

<b>SYMPTOM AND BEHAVIOR INVENTORIES</b>	<b>AGE</b>
Beck Anxiety Inventory (BAI)	17:0-80:0
Beck Depression Inventory, Second Edition (BDI-II)	13:0-80:0
Behavior Assessment System for Children, Third Edition (BASC-3)	2:0-21:0
Child Depression Inventory, Second Edition (CDI-2)	7:0-17:0
Conners, Fourth Edition (Conners 4)	6:0-18:0
Dementia Rating Scale, Second Edition (DRS-2)	56:0-105:0
Jesness Inventory, Revised (JI-R)	8+
Mood Disorder Questionnaire (MDQ)	12+

\*Public domain

Revised Children's Manifest Anxiety Scale, Second Edition (RCMAS-2)	<b>6:0-19:0</b>
State-trait Anger Expression Inventory, Second Edition (STAXI-2)	<b>9:0-18:0</b>
Substance Abuse Subtle Screening Inventory, Adolescent Version, Second Edition (SASSI-A2)	<b>12:0-18:0</b>
Substance Abuse Subtle Screening Inventory, Fourth Edition (SASSI-4)	<b>18+</b>
Trauma Symptom Checklist for Children (TSCC)	<b>8:0-16:0</b>
Trauma Symptom Checklist for Young Children (TSCYC)	<b>3:0-12:0</b>
Trauma Symptom Inventory, Second Edition (TSI-2)	<b>18+</b>

**PARENTING MEASURES**

**AGE**

Parent-Child Relationship Inventory (PCRI)	<b>3:0-15:0</b>
Parenting Stress Index, Fourth Edition (PSI-4)	<b>1:0-12:0</b>

## **Cultural diversity and statement of nondiscrimination**

WBH's Health Service Psychology Internship Program values diversity, equity, and inclusivity, which enriches the training experience by providing meaningful opportunities to learn from others and appreciate their contributions to the culture at WBH.

WBH encourages staff, clinicians, and psychology interns to develop cultural and intellectual humility. The development of such humility is not a one-time event, but something that we strive to develop and enhance throughout lifelong work as psychologists. WBH's New Employee Orientation includes a training course about multiculturalism and diversity as it relates to clinical and administrative work. Developing sensitivity and competency is a vital part of training and supervision at WBH. The training program recognizes that culturally responsive requires a lifelong learning commitment and a willingness to self-reflect and learn from others.

WBH is aware of the unique demographics of Utah County primarily consisting of members of the Church of Jesus Christ of Latter-day Saints. Due to this unique aspect of the area, the internship program provides ample trainings specific to the culture of the Church of Jesus Christ of Latter-day Saints and how to provide culturally responsive care to clients of this faith tradition.

WBH does not adhere to a religious affiliation or purpose that would impact admission or employment policies.

## Policies and procedures

A Training Manual with relevant policies and procedures is provided to interns during orientation, as are directions to find the complete collection of WBH policies and procedures. Policies and procedures are available for internship applicants upon request. To ensure the intern is well informed, all policies are reviewed and any resulting questions of the intern are addressed at the initiation of their internship.

### Program-level policies:

#### Admission requirements and selection process for psychology interns – HR – 3.15

##### **Purpose:**

To identify admission requirements and define the procedures for selecting Health Service Psychology interns who best fit with Wasatch Behavioral Health Special Service District ("WBH").

##### **Policy:**

Health Service Psychology interns accepted by WBH must be academically and experientially qualified to participate in the educational and training internship program.

##### **Definitions:**

- A. APPIC: Association of Psychology Postdoctoral and Internship Centers.
- B. Candidacy: After completion of the required course work comprehensive examinations, and upon recommendation of the appropriate university authorities, a doctoral student is "advanced to doctoral candidacy."
- C. Dissertation: An extended study in which a doctoral student conducts, reports, and defends an original research-based product or comparable project under the supervision and guidance of their academic committee.
- D. Graduate Education: A pre-approved course of study including post-baccalaureate coursework leading to completion of a Ph.D or Psy.D. in clinical or counseling psychology from a regionally accredited university or professional school.
- E. Interview Committee: A committee composed of the Chief Psychologist, the Health Service Psychology Internship Program Training Director, and other psychologists and interns. During the selection period, there may be more than one Interview Committee participating in the interview process.
- F. Practicum: Psychological services provided by a doctoral student under the supervision of a licensed psychologist. Practicum is treated as a class and is completed during the course of doctoral education and training.
- G. Selection Committee: The selection committee is composed of the Chief Psychologist, the Health Service Psychology Internship Program Training Director, and other psychologists and interns.

##### **Procedures:**

- A. Admission Requirements:
  - 1. Advancement to candidacy;
  - 2. Successful completion of comprehensive examinations;
  - 3. Approval of dissertation proposal (Preference may be given to applicants who have defended the dissertation.);
  - 4. A minimum of 300 direct intervention hours;
  - 5. A minimum of 50 assessment hours (Preference may be given to applicants who have an excess of 100);
  - 6. A minimum of 10 integrated testing reports (Preference may be given to applicants who have an excess of 10);
  - 7. At least 1000 total practicum hours;
  - 8. Successful completion of at least three (3) years of graduate education;
  - 9. Submission of a current resume or curriculum vitae;
  - 10. Submission of an official transcript;
  - 11. Submission of three (3) letters of recommendation;
  - 12. Completion of the APPIC Application for Psychology Internships (AAPI);
  - 13. Successfully pass Background Criminal Investigation.
- B. The selection process includes the following steps:

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1. Each year, upon the recommendation of the Chief Psychologist, the Executive Committee shall authorize between four (4) and seven (7) internships for the coming year (A minimum of two (2) is required to maintain APA accreditation).
2. The Selection Committee, formed each year, shall include the Chief psychologist, the Health Service Psychology Internship Program Training Director, and designee(s).
3. The Selection Committee shall receive applications via the APPIC Portal website and notify applicants that they are invited to an interview by the APPIC notification deadline.
4. The Selection Committee shall review and rank applications based upon quality of achievement of the items listed in "A," above.
5. Applicants who are selected for interviews may be interviewed by arrangement. The Interview Committee is composed of the Chief Psychologist, the Health Service Psychology Internship Program Training Director, and other psychologists and interns. The Selection Committee shall rank each applicant based on interview performance, information indicated on their AAPI, and their response to ancillary interview components (e.g., writing prompt).
6. The Selection Committee shall make the final ranking. This rank is submitted by the Health Service Psychology Internship Program Training Director on the National Matching Service website.
7. Upon completion of the above, the Health Service Psychology Internship Program Training Director shall enter the rankings on the National Matching Service (NMS) website. WBH abides by the NMS selection rules.

### **Right to Change and/or Terminate Policy:**

Reasonable efforts shall be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

### **Psychology intern grievance procedure**

**PURPOSE:** To provide a reporting method for intern grievances. To assure a consistent and effective method of addressing intern grievances, including and not limited to complaints about evaluations, supervision, and stipends/salary.

#### **PROCEDURE:**

Intern Grievance Reporting Methods

If the intern feels they have a valid grievance:

1. An intern may submit, in writing, the problem to their primary clinical supervisor within two (2) working days after the intern becomes aware of the problem.
2. The clinical supervisor will review the intern's grievance, investigate said grievance and meet with the intern to discuss and attempt to resolve it. If they are unable to resolve the grievance the intern may request to meet with the Training Director and/or Psychological Assessment Services Program Manager or designee.
3. If the intern wants to meet with the Training Director and/or Psychological Assessment Services Program Manager or designee, the intern will contact them and set up a meeting to discuss the grievance. The Clinical Supervisor will forward the written grievance and minutes from their meeting with the intern to the Training Director and/or Psychological Assessment Services Program Manager.
4. The Training Director and/or Psychological Assessment Services Program Manager will review the grievance, investigation notes, and minutes from the meeting with the clinical supervisor. The Training Director and/or Psychological Assessment Services Program Manager may conduct their own investigation if so needed. They will then meet with the intern and come up with a resolution. This decision will be final with no other appeal process or rights.

Note: If this pertains to corrective action or disciplinary action, then this process should be followed in adherence with those applicable policies.

### **Psychology intern telesupervision policy**

**PURPOSE:** To provide guiding principles for provision of telesupervision in keeping with APA telesupervision guidelines. Telesupervision is a necessary resource for provision of supervision services in some circumstances, such as in a telecommuting environment and when the supervisee and supervisor are working in different job sites. Telesupervision

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can be an important component of essential internship training, yet additional benefits of in person supervision must also be preserved.

### **DEFINITIONS:**

Telesupervision: supervision of psychological services through an audio-visual format where the supervisor is not in the same physical location as the trainee.

In-person supervision: supervision of psychological services where the supervisor and the trainee are in the same physical room.

### **GUIDELINES AND LIMITS:**

1. Telesupervision may not account for more than 50% of an intern's individual supervision time. In other words, no more than one hour of the intern's required two hours of individual supervision may be devoted to this format.
2. Telesupervision may not account for more than 50% of an intern's total supervision time (at least 4 hours weekly) per week.
3. Exceptions to the aforementioned guidelines may be allowed in exceptional circumstances and when approved by APA.
4. Additional guidelines:
  - a. Generally speaking, in person supervision is preferred with exceptions being made on an as-needed basis not to exceed limits imposed by APA guidelines. Provision of excellent clinical supervision must guide the decision to provide telesupervision.
  - b. Trainees and supervisors are recommended to communicate an interest in telesupervision to the training director, so the general guidelines and principles can be enforced.
  - c. Telesupervision is not a substitute for crisis supervision. Supervisors must remain accessible for crisis supervision needs by phone or in person. When they cannot be available, it is essential that a clear plan is communicated to the intern about the appropriate resources available to them.
  - d. Telesupervision should take place using a HIPAA compliant format and with privacy and confidentiality considerations for the clients and the trainees in mind.

### **Maintenance of training program and intern records**

All health service psychology internship program evaluations, grievances, supervision records, supervision contracts, and other relevant documentation (e.g., certificates of completion, correspondence with academic programs, etc.) are accurately labeled and maintained on a shared computer drive accessible only to the Training Director, the Assistant Training Director, and the Division Director.

### **Agency-level policies:**

#### **WBH Code of Conduct – HR – 1.11**

**Purpose:** The rights of the clients and co-workers of Wasatch Behavioral Health Special Service District (WBH), as guaranteed by the Constitution of the United States of America and the State of Utah, and other specific state and federal statutes and regulations, are fundamental to the operation of WBH. WBH will therefore not discriminate in the provision of mental health services on the basis of race, color, national origin, sex, religion, sexual orientation, gender identity, age, or disability. Further, WBH is bound to maintain the safety and well-being of all those entrusted to its care.

Willful or inadvertent discrimination, mistreatment, abuse, neglect, exploitation, or disrespect of any client runs directly counter to the goals and objectives of WBH and will not be tolerated.

#### **Policy:**

A. As a supplier of contracted services to the Department of Human Services and the Department of Workforce Services of the State of Utah, WBH adopts and will comply with those Department's Provider Code of Conduct. (See Attachments A & E; Attachments A & E are considered an official part of this policy.)

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- B. Employees are expected to perform their assigned duties for the full work period for which they are scheduled and/or compensated. They are also expected to bring to the immediate attention of their supervisor any conditions, which would prevent or interfere with the accomplishment of those duties. Failure to perform duties is unacceptable personal conduct and constitutes non-feasance-in-office. Non-feasance-in-office is omission or failure to do what is expected as outlined in the employee's job description and pertinent to all applicable laws, policies, rules, and procedures. Non-feasance-in-office will result in disciplinary action.
- C. Employees are expected to treat clients and co-workers with respect, to abide by the personnel policies, and all other WBH policies and procedures.
- D. Employees of WBH shall not abuse, neglect, or exploit any client.
- E. Employees shall not be prohibited from advising or advocating on behalf of the client for the following:
- The client's health status, medical care, or treatment options—including any alternative treatments that may be self-administered.
  - Any information the client needs in order to decide among all relevant treatment options.
  - The risks, benefits, and consequences of treatment or nontreatment.
  - The client's right to participate in decisions regarding his or her health care, including the right to refuse treatment and to express preferences about future treatment decisions.
- F. Any employee of WBH who has reason to believe that any client has been subject to abuse, neglect, or exploitation shall immediately notify their supervisor or Division Director. Any employee of WBH who willfully fails to report the abuse, neglect, or exploitation of any client is guilty of a Class B misdemeanor and will be subject to administrative action as well as a possible legal action.
- G. WBH is a "Drug-Free Workplace" employer and prohibits the possession, use, and distribution of illegal drugs in the workplace. All WBH employees shall comply with the Drug-Free Workplace policy (HR 3.20). Any employee found to be in violation of this policy will be subject to appropriate disciplinary action up to and including termination.
- H. Unauthorized electronic surveillance of employees is inconsistent with the respectful treatment expected of our employees. For this reason, no employee may record, by any means, the conversation of another employee without their full knowledge and consent unless the following criteria are met; a legitimate purpose for the recording, recording device is in plain view, written authorization from the supervisor of the employee who wishes to record the conversation, and notification of all parties involved in the conversation.
- I. Compliance with the Code of Conduct policy is the responsibility of all employees; including client care staff, non-client care staff, interns, and volunteers.

### **Procedures:**

- A. All employees are expected to comply with the Department of Human Services Provider Code of Conduct in its entirety. (See Attachment A)
- B. General Guidelines 1. Employees may be disciplined for conduct which violates WBH rules, policies, procedures, or the professional code of ethics/conduct espoused by that employee's profession; or when such conduct adversely affects the efficiency, harmony, or good order of WBH; or when the employee's conduct could reasonably cause the public to lose confidence in WBH. Employees will also be disciplined for conduct that violates federal or state statutes, rules, or procedures.
2. Although the following list is not all inclusive, employees found to have committed any of the following offenses are subject to severe discipline up to and including immediate termination:
- Insubordination; refusal to comply with lawful and reasonable instructions from a supervisor or WBH administrator, unless such instruction is injurious to the employee, a client, or the health and safety of the public.
  - Commission of a felony or certain misdemeanors while an employee of WBH. Failure to report within 24 hours any criminal charge(s) (felonies, misdemeanors, or traffic violations in a center vehicle) that occurs while the employee is on duty. The outcome of any criminal charge must be provided to WBH within 24 hours of final disposition.
  - Perpetrating or threatening violence in the workplace, such as assaulting an employee, client, or other person, illegal possession of a weapon, threats of physical violence, or the destruction of property. Using abusive, profane or threatening language toward any employee or client.
  - Engaging in sexual misconduct with a client or co-worker, as defined in the Provider Code of Conduct or WBH policies.
  - The use, sale, transfer or possession of alcohol, drugs or controlled substances while on the job or on company property. Reporting to work under the influence of alcohol, drugs or controlled substances.
  - Inducing or attempting to induce any employee or client to commit an unlawful act.
  - Theft of WBH, another employee's, or a client's property.

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- h. Falsification of any WBH document or record. These documents would include, but are not limited to, applications, personnel records, patient charts, incident reports, insurance forms, workers compensation reports, accounting records, time sheets, or payroll records, etc.
  - i. Failure to comply with privacy and security policies, procedures and practices; violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, any unauthorized use and/or disclosure of Protected Health Information (PHI).
  - j. Employees are expected to make prudent use of WBH funds, buildings, equipment, and supplies. Unauthorized use or misuse of WBH funds will be grounds for immediate termination.
  - k. Verbally giving information known to be false or misleading.
  - l. Failure to report an accident, incident or vehicle accident within 24 hours as required by Administrative Policy A – 1.09 Accident / Incident reporting.
3. Employees are expected to be respectful, courteous, and civil with clients, the public, and co-workers.
- a. Disruptive conduct while on duty or on company property
  - b. Openly making or publishing false malicious statements concerning WBH, any employee, or client.
  - c. Unprofessional or rude conduct toward any client, employee or the public.
4. Employees shall not engage in behavior, which may endanger staff or clients.

**Right to Change and/or Terminate Policy:** Reasonable efforts will be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

### **Corrective Actions and Termination of Interns – HR – 7.13**

**Purpose:** To provide policy and procedures for fair and effective supervision of student interns including corrective action, discipline and termination when necessary.

#### **Definitions:**

Bachelor-level intern: A student enrolled in a Bachelor degree program.

Masters- level Intern: A student pursuing a Masters Degree in Psychology, Social Work, Professional Counseling or Marriage and Family Therapy who is employed as an intern with Wasatch Behavioral Health.

Psychology Intern: A doctoral student in psychology who has been advanced to candidacy and is enrolled in an academic graduate program who is employed by *Wasatch Behavioral Health* on a contractual basis for the purpose of completing experiential and educational requirements for completion of a degree and who requires supervision.

**Policy:** Corrective action, discipline or termination of students and interns working for the organization on a contractual or voluntary basis is part of the organization's commitment to promoting the professions of psychology, social work, professional counseling, marriage and family therapy, psychiatric nursing and other related fields. If possible, the goal is to restore the student or intern to conduct consistent with Utah State law, professional ethics, and organizational policy.

#### **Procedure:**

##### 1. Satisfactory Performance

If an intern is not performing at a satisfactory level of performance, the immediate supervisor within the program shall discuss the issues with the intern and enact one or more of the following:

- a. Review and establish clear expectations
- b. Increase supervision and feedback
- c. Increase didactic instruction
- d. Review and document other alternative ways to remediate the problem

##### 2. Corrective Actions

a. The clinical supervisor shall consult with the training director, program manager or division director. Together they shall develop a plan for remediation. If the problem involves a serious lack of performance not resolved by following one or more of the steps listed above, the intern shall be notified in writing that they are on corrective action status and that their educational experience is at risk of termination.

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b. If no progress has been realized during the corrective action period, the program manager may terminate the internship in consultation with the HR director and division director. The university shall be notified by the program manager or the division director of the disposition of the internship.

c. If the issue is of a serious legal, ethical, or moral nature such as harm to patients or staff, the student shall be notified in writing that the training experience is immediately terminated. In such a case, the student's university and the Wasatch Behavioral Health Human Resources Department must be immediately notified.

**Right to Change and/or Terminate Policy:** Reasonable efforts shall be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

### **Employee Progressive Discipline – HR – 7.11**

**Purpose:** To establish guidelines for Wasatch Behavioral Health Special Service District ("WBH") in assisting employees and management when performance issues meet, and dictates progressive disciplinary action consistent with merit principles of Utah Code § 17B-1-803.

**Policy:** Progressive disciplinary action will be implemented when non-compliance with personnel rules, departmental safety policies, professional standards adopted by a department, workplace policies, and such matters occur. Other issues covered by this policy, include but are not limited to inefficiency, incompetence, failure to maintain skills or adequate performance levels, insubordination, failure to follow instructions of a supervisor or manager, misfeasance, malfeasance, or nonfeasance in office or to advance the good of the public interest shall be cause for progressive disciplinary action.

#### **Procedures:**

- A. It is the policy of WBH that management shall reasonably inform its employees about what is expected at work, what constitutes employee performance issues or misconduct, and what the employee's rights are, if disciplined.
- B. All WBH employees are responsible to be familiar with and observe all rules of conduct necessary for the proper operation of WBH. This policy establishes administrative procedures for handling disciplinary measures when required.
- C. It is the policy of WBH that progressive disciplinary action imposed on an employee is intended to change negative employee behavior and/or improve job performance. Such action taken shall typically be progressive in nature. However, some actions of an employee are serious enough that they can have an immediate and serious impact on WBH and justify more severe discipline without progressing through each level of disciplinary action, up to and including termination.
- D. Disciplinary action may be imposed for unsatisfactory performance or misconduct as established by this policy, but only after presentation of the charges to the employee and providing the employee a reasonable opportunity to be heard.
- E. Written documentation concerning employee progressive disciplinary action imposed shall become a permanent part of an employee's personnel record.

#### **Levels of Disciplinary Action**

##### A. Documented Counseling (Level 1)

- (1) Whenever the potential for correction or discipline exists, and the manager determines more severe action is not immediately necessary, the deficiency demonstrated shall be communicated to the employee and documented.
- (2) Whenever possible, reasonably sufficient time for improvement should precede additional disciplinary action.
- (3) Delivery of the counseling shall be documented by the manager.
- (4) An unsatisfactory performance evaluation also serves as a documented counseling and notification of deficiency. Repeated unsatisfactory performance evaluations may result in more severe progressive disciplinary action up to and including termination.

##### B. Written Warning (Level 2)

The recipient is being notified in writing of misconduct or performance issues with specific expectations for improvement including a disciplinary action plan. At this level for the duration of the written warning any extraordinary payments (bonuses, retro COLA, and any other one time payments) earned during the duration of this written warning will be forfeited. COLA's going forward and merit increases would still be issued.

##### C. Written Reprimand (Level 3)

- (1) A Written Reprimand serves as final warning of a serious misconduct or performance issue. The manager shall set forth in the Written Reprimand the reason(s), and consequences of failure to achieve expectations.

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(2) All Written Reprimands shall be reviewed and approved by the Human Resources Director and Division Director or Associate Director prior to being presented to the employee.

(3) The manager in consultation with the Human Resources Director shall establish the Written Reprimand duration (from 3 to 12 months) based upon the severity of the violation. For the duration of the written reprimand any extraordinary payments (bonuses, retro COLA, and any other one time payments earned during the duration of this written reprimand will be forfeited. The employee's merit date will be permanently delayed by the number of months the written reprimand is active, and the merit date will be permanently reassigned to this delayed date. COLA's going forward would still be issued.

(4) A copy of the Written Reprimand, signed by the manager and the employee shall be permanently placed in the employee's Personnel Record. If the employee refuses to sign, the manager shall have a witness sign.

### D. Suspension (Level 3)

(1) The Associate Director or Division Director, with approval of the Human Resources Director and the Executive Director, may suspend an employee without pay for up to, but not exceeding, thirty (30) calendar days in accordance with this policy.

(2) The Associate Director or Division Director shall furnish the employee with a written suspension notification setting forth the reason(s) for suspension and provide the employee with a reasonable opportunity to be heard. The exact dates of the suspension shall be determined by the Associate Director or Division Director taking into consideration the best interests of WBH.

(3) A copy of the suspension notification, signed by the Division Director, or designee, and the employee, shall be permanently placed in the employee's Personnel Record.

(4) An employee on unpaid suspension shall be responsible for the full cost of medical, dental and vision benefits (total of employer and employee contribution). Failure to make the necessary premium payments shall result in cancellation of benefits. During unpaid suspension the employee shall not accrue nor can they use any paid leave time.

### E. Demotion (Level 3)

(1) The Associate Director or Division Director with approval of the Human Resources Director and Executive Director, may demote, or reduce pay of an employee in accordance with this policy.

(2) On or before the effective date of the demotion, the Associate Director or Division Director shall furnish the employee with a written demotion notification setting forth the reason(s) for demotion and provide the employee a reasonable opportunity to be heard.

(3) A copy of the demotion notification, signed by the Associate Director or Division Director and the employee, shall be permanently placed in the employee's personnel file. If the employee refuses to sign, then a witness shall sign.

### F. Transfer (Level 3)

(1) When a disciplinary transfer (not related to a reduction in force) affects the employee's pay and benefits, then the Associate Director or Division Director, with approval of the Human Resources Director and Executive Director, may transfer an employee by furnishing the employee with a written transfer notification and provide the employee a reasonable opportunity to be heard.

(2) Notification of the transfer, signed by the Associate Director or Division Director and the employee, shall be permanently placed in the employee Personnel Record. If the employee refuses to sign the form, then a witness shall sign.

### G. Termination (Level 4)

(1) The Associate Director or Division Director, with approval of the Human Resources Director and Executive Director, may terminate an employee in accordance with this policy and the HR Termination Policy 7.13.

(2) By the effective date of the termination, the Associate Director or Division Director, or designee, shall furnish the employee with a written termination notification setting forth the reason(s) for termination after following the Predetermination Hearing process proceedings set forth in this policy.

(3) A copy of the termination notification, signed by the Associate Director or Division Director shall be permanently placed in the employee's personnel record. If the employee refuses to sign the form, then a witness shall sign.

(4) The Associate Director or the Division Director, in the employee's chain of command may in consultation with the Human Resources Director and the Executive Director, dismiss an employee having other than career service status, without right of appeal, upon providing written notification to the employee specifying the reasons for the dismissal and the effective date.

## Conducting an Investigation

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A. In the event of allegations that form the grounds for progressive disciplinary action, the Program Manager shall inform the Human Resources Director. A preliminary investigation shall be conducted by the Program Manager, Division Director, or Associate Director. Further investigation may be conducted by the Human Resources Director to examine the allegations and/or policy violations.

B. All investigations shall be conducted in a fair and consistent manner.

C. During an investigation to determine the facts upon which progressive disciplinary action may be imposed, the Program Manager, Division Director or Associate Director, may place an employee on paid administrative leave, with approval of the Human Resource Director.

D. If the investigation indicates that there is evidence of misconduct that warrants potential termination of employment, the investigation shall include an opportunity for the employee to respond to the allegations in the form of a Predetermination Hearing (For Merit Employees Only)

1. Subject to the terms and conditions of this and other applicable policies, WBH intends to provide employees in eligible employment classifications a Predetermination Hearing to review with the employee certain actions that may be taken against the employee. Eligible employment classifications are career service employees (full-time benefited employees who have satisfied the 12-month probationary period). Part-time employees, employees with other than career status and appointed employees shall not be afforded a Predetermination Hearing.

2. Eligible employees shall be informed of the purpose of the Pre-determination hearing and shall be provided written information about the hearing procedures

3. A Predetermination Hearing shall be conducted after advance notice to the employee of the reason for, and date, time and location of the hearing. The hearing officer shall be the employee's Manager (Program Manager, Division Director or Associate Director). The Manager shall allow the affected employee to present witnesses and/or exhibits to provide additional context to the reason(s) for potential discipline action.

4. An employee may have counsel present at the Pre-determination Hearing; however, counsel is allowed to witness only, and not present a defense on behalf of the employee.

5. An audio recording of the Predetermination Hearing shall be made and sent to the Human Resource Director for recordkeeping.

E. Prior to a Predetermination Hearing, the Executive Director, at his/her sole discretion, may take action to reassign, restructure or otherwise change the conditions and function of the job or duties of the employee, subject to WBH policies governing such changes.

### **Determination of Discipline**

A. In determining the type and severity of the disciplinary action, the Human Resources Director, in conjunction with the Program Manager and Division Director or Associate Director may consider aggravating and mitigating circumstances which include, but are not limited to, the repeated nature of misconduct or performance issue; prior disciplinary action imposed; the severity of the misconduct; the employee's work record; the effect on WBH operations; and/or the potential of the misconduct to harm person(s) or property.

B. Within fifteen (15) calendar days of the Predetermination Hearing, the Program Manager shall notify the employee in writing, of the findings of the investigation. The decision shall include Post Determination Appeal rights. The written disciplinary action shall include:

(1) The grounds for the action, including a description of the specific misconduct for which the disciplinary action is being imposed.

(2) Any prior related disciplinary actions imposed.

(3) The type of disciplinary action to be imposed.

(4) The effective date and duration of the disciplinary action.

(5) The terms between the employee and WBH for the employee to avoid further disciplinary action.

### **Post Determination Appeal Procedures**

Subject to the terms and conditions described in this policy, WBH intends to provide a final review upon request, for employees in eligible employment classifications, who are the subject to termination. The Executive Director, in consultation with one or both Associate Directors, shall review all appeals.

A. Appeals must be filed in writing with all supporting documentation to the Executive Director, with a copy to the Human Resources Director, within 10 days from the date of the decision after the Predetermination Hearing. Failure to timely file an appeal shall exhaust all appeals of the matter.

B. Upon receipt of the appeal notification, the Executive Director shall respond, in writing, within 10 working days. Note: 10 working days means Monday through Friday, excluding holidays.

C. Within ten (10) working days after the conclusion of the appeal, the Executive Director shall issue written findings to the appealing employee. The decision of the Executive Director is final.

### **Causes for Disciplinary Action**

The following list of causes for disciplinary action is intended to be a general guide and is not exhaustive:

1. Violation of Utah or Federal laws, other than minor traffic offenses, except those that result in the loss of a driver's license in positions where driving is an essential function.
2. Violation of the Department of Human Services Code of Conduct or WBH Code of Conduct.
3. Violation of HIPAA or Compliance policies.
4. Violations of any WBH policy, procedure, rule or regulation.
5. Unjustified interference with work of other WBH employees.
6. Criminal conduct that is wrongful and gives rise to, or somehow contributes to, the injury of another person (Malfeasance).
7. Affirmative acts that, though wrongful use of legal authority, causes harm to WBH or to another party. (Misfeasance).
8. Failure to act that results in harm to another party (Nonfeasance) or negligence.
9. Incompetence.
10. Insubordination.
11. Failure to maintain skills and/or certifications or licenses.
12. Failure to attend mandatory training.
13. Inadequate performance of duties.
14. Unauthorized absence or tardiness.
15. Falsification or unauthorized alteration of any WBH records, including, but not limited to, clinical notes, timesheets and/or any employment record.
16. Discrimination in hiring, assignment, promotion, or any employment decision.
17. Sexual harassment, including sexual orientation and gender identity discrimination.
18. Engaging in sexual misconduct with a client or co-worker, as defined in the Provider Code of Conduct or WBH policies.
19. Use of alcohol or drugs, other than medication prescribed by a physician, that affect job performance.
20. Unauthorized possession of firearms, weapons, or explosives on WBH owned property, with the obvious exception of security officers, or other designated employees.
21. Carelessness which affects the safety of personnel.
22. Threatening, intimidating, coercing, or interfering with fellow employees on the job, or the public.
23. Theft or removal of any WBH property or the property of any employee from the work area premises without proper authorization.
24. Gambling or engaging in a lottery at any WBH work area.
25. Failure to report a work related injury or incident or vehicle accident within 24 hours.
26. Misusing, destroying, or damaging any WBH property or the property of any employee.
27. Deliberately restricting work output of themselves or others.
28. Openly making or publishing false malicious statements concerning WBH, any employee, or client.
29. Drinking any alcoholic beverage during the workday, or being under the influence of illicit drugs or alcohol during the workday.
30. Sleeping during working hours.
31. Unprofessional, disruptive or rude conduct toward any client, employee or the public.
32. Intentionally giving information known to be false or misleading.
33. Fighting (verbal or physical), perpetrating violence or threatening to perpetrate violence, such as assaulting an employee, client or other person, possession of a weapon, threats of physical violence, or the destruction of property.
34. Failure by manager or other to report or take appropriate action after having knowledge of a violation of this policy.
35. Outside employment of WBH employees without an approved conflict of interest form.
36. Any act which is of a sufficient magnitude to impact the ability of WBH to conduct its business, cause disruption of work, or cause discredit to the organization.

**Right to Change and/or Terminate Policy:** Reasonable efforts shall be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

**Americans with Disabilities Act – HR – 2.40**

**Policy:** Wasatch Behavioral Health Special Service District (WBH) shall provide equal employment opportunities to all individuals, including those with disabilities. WBH shall provide reasonable accommodations to qualified job applicants and employees when:

- A. an applicant requests an accommodation during the application process;
- B. an employee requests an accommodation to enable him or her to perform essential job functions or gain access to company facilities;
- C. an employee asks for an accommodation to enjoy equal benefits and privileges of employment.

WBH shall process requests for reasonable accommodations in a timely manner. WBH’s HR department shall administer this program. Employees needing reasonable accommodations should contact their immediate supervisors or the HR department for assistance.

**Procedures:**

WBH shall provide reasonable accommodations to qualified applicants and employees with disabilities, unless doing so would result in an undue hardship to the agency.

The HR department shall provide reasonable accommodations in response to requests from qualified job applicants. Accommodations may include such things as assistance in filling out forms, additional time for test taking, interpreters or readers, etc. The HR department reserves the right to request documentation of hidden conditions to verify that the applicant has a disability under the Americans With Disabilities Act.

Employees with disabilities may request reasonable accommodations to assist in performing the essential functions of their jobs. Requests must be submitted in writing to the HR department. Requests should include an explanation of how the disability affects job duties and the accommodations the employee is seeking. The HR department reserves the right to request documentation of hidden conditions to verify that the employee has a disability under the Americans With Disabilities Act and the limitations that disability imposes on the employee’s ability to perform essential job functions.

When the HR department receives a reasonable accommodation request, it may contact the employee’s program manager and/or supervisor as necessary to determine the practicality of the proposed accommodation and whether it would create an undue hardship. The HR department shall notify the employee of the decision on the request. If the request is denied, the HR department shall discuss alternatives with the employee and make a reasonable effort to assist the employee in finding ways to successfully perform the essential functions of the job.

The HR department shall keep confidential files documenting accommodation requests and their disposition that are separate from other personnel records.

**Right to Change and/or Terminate Policy:** Reasonable efforts shall be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

**Personnel Records – HR – 1.40**

**Policy:** It is the policy of Wasatch Behavioral Health Special Service District (WBH) to retain in employee files only that information which is necessary to conduct business properly and to comply with the law. All employee records will be treated as confidential and every reasonable effort will be made to protect each employee’s right to privacy.

**Provisions:**

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A. No information regarding the employee's work performance or other information of an evaluative nature will be placed in an employee's file without the prior knowledge of the employee.

B. Records concerning employees may exist outside of the personnel file. These may include data processing information, required management reports, and medical records.

### **Security:**

All information about employees in personnel files will be considered confidential and will be kept in locked storage cabinets. Access will be granted only under the circumstances listed below.

### **Internal Access:**

Within WBH, information from an employee's file will be released only to those WBH individuals who have a legitimate "need to know" as determined by the Human Resource Manager or Executive Director, or with the employee's written consent. Access to an employee's file will be restricted to those items that are pertinent to the situation at hand. A record of those reviewing personnel files and information shall be maintained together with the reasons for access to the records.

### **External Access:**

With the exception of items A and B below, no information from an employee file will be released to any outside individual or agency without prior and specific written consent of the employee. The Human Resources Department must handle all such releases of employee information.

A. Records will be released to comply with Equal Employment Opportunity Commission (EEOC) or Immigration and Naturalization Service (INS) investigations, organizational audits, authorized court or government subpoenas, and other agency reviews requiring no subpoenas.

B. WBH Human Resources Department may verify employment information and references in accordance with policy (# HR – 1.50 Verification of References).

### **Employee Access:**

Employees desiring to inspect their personnel files should make a request to the Human Resources Manager or designate. The employee may, in the presence of a human resources representative, review the contents and make notes if he or she wishes. The employee may request copies be made of the file. However, under no circumstances may the file be removed from the Human Resources Department or any of the contents removed from the file.

### **Changes or corrections in Personnel Files**

An employee may correct, amend, or challenge any information in his/her personnel file, the employee shall request, in writing, that such changes occur and the author of the challenged information shall be given an opportunity to respond. A final written joint-decision shall be made by the Human Resource Manager and the Executive Director. A record of the employee's letter, the department response and joint-decision shall be included in the personnel file.

### **GRAMA:**

Utah Code Annotated, Section 62-2 et al, (GRAMA) indicates that the citizens of Utah have a right to "easy and reasonable access to unrestricted public records". The premise that the public has a vested interest in the activities of government is recognized and supported by this law and other regulations of the state. Utah Code Annotated, Section 63-2-85.4 indicates that Utah also recognizes the individual's right of privacy when WBH collects information on its employees. It is the intent of these rules to adhere to a similar policy. Citizen's rights of access to government information must be balanced with the rights of privacy. According to policy and procedures established by WBH, the following information concerning current and former public employees, volunteers, independent contractors, and members of advisory boards or commissions may be given to the public through an appropriate GRAMA request or by written authorization of the employee.

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- A. the employee's name
- B. actual gross salary, when requested in writing and with the effected employee's approval. Such written request shall contain the reason(s) such information is being requested and the purpose for which it will be used.
- C. Salary range
- D. Contract fees
- E. The nature of employer-paid benefits
- F. The basis for and the amount of any added remuneration, including expense reimbursement, in addition to salary
- G. Job title
- H. Job description
- I. Education and training background as it relates to qualifying the individual for the position-without divulging where or when such education or training were received.
- J. Previous work experience as it relates to qualifying the individual for the position-without divulging past employers, positions held or dates of service.
- K. Dates of employment with WBH
- L. Work location
- M. A work telephone number
- N. Honors and awards as they relate to WBH employment

**Right to Change and/or Terminate Policy:** Reasonable efforts will be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.