

Veterinarian Board
Investigations Report

January through April

Complaint Numbers

Current Open Cases:	6
Closed Cases:	8
Total Complaints this Calendar year:	25
Complaints not opened for invest:	11

Complaint Types

Unlicensed Practice:	6
Unprofessional Conduct:	5
Incompetence/Negligence:	2
Aiding Unlicensed Practice:	1

Case Dispositions

Letter of Concern:	4
Unfounded:	2
Administrative Action	1
No Jurisdiction:	1

Optimizing Professional Monitoring

Transitioning SUD Probation Monitoring to the UPHP Model



Utah Professionals
Health Program

Presentation Objectives



Understand the Rationale

Review the drivers for transition, including consistency, addressing audit findings, adherence to FSPHP best practices, and alignment with the GRIT initiative.

Explore the Model

Detail key components like rigorous early evaluation, diagnosis establishment, and nimble case management.



Define Collaboration

Establish the new reporting structure and quarterly meeting cadence to foster ongoing partnership.

Background: What is UPHP?

- ✓ **Established in 2020:** Created following an extensive overhaul of the former 'diversion' program.
- ✓ **Dual Role Mission:** Provide support and advocacy for Health Care Professionals (HCPs) with SUDs while prioritizing public safety.
- ✓ **Non-Disciplinary:** Offers confidential monitoring for voluntary participants.
- ✓ **Resource Hub:** Provides referrals for expert evaluations and treatment.



A Proven, Evidence-Based Model

80%

Success Rate

Research (BMJ Cohort Study, McLellan et al.) shows an 80% success rate at 5 years for physicians in PHP monitoring programs.

National Alignment: UPHP is a member of the Federation of State Physician Health Programs (FSPHP).



The UPHP Monitoring Process

1

Evaluation

Independent evaluation determines diagnosis, treatment level, and fitness for duty.

2

Treatment

Referral to approved treatment providers followed by therapy and mutual support.

3

Monitoring

Random toxicology testing, quarterly meetings, and worksite liaison reports.

4

Return to Work

Progressive return to practice once safety is firmly established.

Project Mandate: The GRIT Initiative



What is GRIT?

Government Reform, Innovation & Transparency (GRIT) is a state initiative focused on Government Process Improvement, Efficiency, and Transparency.

The Probation/UPHP transition is a key GRIT project selected to modernize and standardize monitoring of SUD in HCPs.

Alignment with Our Goals

- ✓ **Standardization:** Eliminates inconsistent enforcement by centralizing the monitoring model.
- ✓ **Efficiency:** Reduces time spent by DOPL boards and managers on routine SUD case management.
- ✓ **Accountability:** Establishes clear, measurable standards (FSPHP) for SUD monitoring.

The Vision: A Unified 'Gold Standard'



One Model for All

Integrating probation monitoring into the UPHP framework establishes a single, gold-standard monitoring model.

- ✓ **Evidence-Based:** Adheres to FSPHP 2019 Guidelines.
- ✓ **Validated:** UPHP's alignment confirmed via FSPHP's PEER process.
- ✓ **National Norm:** Most PHPs nationwide monitor both probationary and non-public cases successfully.

Core Components of the Unified Model



Clinical Case Management

A Clinical Coordinator (mental health professional) meets with the licensee quarterly and intervenes rapidly when needed.



Medical Director Oversight

Physician, addiction trained oversight for all probation cases and oversight of complex medical situations.



Adherence Support

Compliance Specialist provides administrative support and adherence verification for all participants.

Two Paths, One Standard

Licensees with public discipline are monitored by the same team and model but are **NOT** classified as UPHP 'participants.'

"Distinctions preserve the 'Safe Haven' firewall, ensuring the confidential, non-disciplinary path remains distinct from the public probationary path."



Key Benefits of the Unified Model

Enhanced Service Delivery

- Ensures even handed application of interventions for both probationary and private cases.
- Reduces the perception of disparity between public and private monitoring.
- Leads to better outcomes for professionals and their communities.

Time & Cost Savings

- Reduces routine case reviews in Board meetings, freeing members to focus on policy.
- Transfers complex SUD management to specialized UPHP team.
- Leaves DOPL managers to focus on regulatory oversight.

Enhanced Public Safety



Rapid Response Capability

- Moving from 'Periodic Review' to 'Immediate Intervention.'
- We intervene in **One Business Day** at the first sign of non-adherence or toxicology findings.
- The ability to instantly escalate treatment or enact practice restrictions without waiting for a board meeting.

Professions Currently Transferred & Monitored (July 2025)

Transition completed for individuals with SUD diagnosis or related facts/findings in:

- ✓ Utah Medical & Osteopathic Practice Acts (1)
- ✓ Nurse Practice Act (37)
- ✓ Pharmacy Practice Act (0)
- ✓ Dentist and Dental Hygienist Practice Act (4)

- ✓ Physician Assistant Act (0)
- ✓ Veterinary Practice Act (0)
- ✓ Podiatric Physician Licensing Act (0)
- ✓ Psychologist & Mental Health Professional Practice Acts (4)

Governing Policies and Oversight

Policy 1: Return to Use Behavior

- Outlines a graduated, four-level protocol for intervening in non-adherence or return to unapproved substance use.
- Defines criteria for 'Immediate Division Notification Event' (e.g., Level III incidents requiring immediate action).

Policy 2: Communication & Reporting

- Licensees will no longer make routine appearances before the Board.
- Licensees only required to appear before Board after a formal Notice of Agency Action (NOAA).
- UPHP provides a programmatic update (adherence status) and detailed program metrics to the board.

Goal: Recovery & Public Safety-Intervention Protocol for Level I & Level II Incidents

Level I: Behavioral Warning Signs

Incident Examples: Missed check-in, missed therapy, worksite liaison concerns (no substance use confirmed).

UPHP Action: Intervention within ****1 business day****.
Increased testing, meetings, and case management focus.

Board Notification: ***None*** (Unless persistent nonadherence, licensee refuses intervention/safety cannot be guaranteed).

Level II: Return to Use (Non-Workplace)

Incident Examples: Confirmed positive test or self-report of use outside of the practice setting.

UPHP Action: Intervention within ****1 business day****.
Immediate cessation of practice until a safety plan is established. Clinical evaluation.

Board Notification: ****None**** (Unless licensee refuses intervention/safety cannot be guaranteed).

**Clinical management focuses on immediate stabilization without triggering public discipline or action against the license, as long as patient safety is not compromised.*

Division Notification Event: Level III Incidents



Level III: High-Risk Incident

Incident Examples:

**-Impairment or use in
the workplace.**

-Drug Diversion

**-Any incident placing a
patient at direct risk of
harm.**


Mandatory and Immediate Reporting

Any Level III incident is classified as a **Division Notification Event** and requires immediate reporting to the DOPL Manager.

- ✔ **Action:** Licensee must immediately cease practice.
- ✔ **Outcome:** Division takes over necessary action, which could lead to filing of a Notice of Agency Action (NOAA) for Licensee's on public Probation or an order to show cause for UPHP participants or Emergency Hearing for UPHP/Probation participants.
- ✔ **Threshold:** This is the firm line where although clinical management continues the disciplinary process begins.

Questions?

Thank you for your partnership

STATE OF UTAH DEPARTMENT OF COMMERCE	Division: DOPL	Page: No. 1 of 4
	Original Issue Date: November 13, 2025	Revision Date: Not Applicable
POLICIES & PROCEDURES	Authorized By:  <small>Deborah BLACKBURN (Nov 13, 2025 10:06:14 MST)</small> Deborah Blackburn, J.D., Assistant Division Director	
Subject: Incidents of Return to Use Behavior: Intervention and Division Notification		

This policy establishes a framework for UPHP to manage the health and safety of both the licensee and the public. It outlines a graduated protocol for notification to the Division and intervention based on the severity of a licensee’s return-to-use behavior and non-adherence. This protocol applies both to confidential UPHP participants and to public probation licensees with public disciplinary orders. “Licensee” as used in this policy means a UPHP participant licensee or a public probation licensee.

To ensure a consistent and supportive process, UPHP uses a specific framework for managing an incident of a licensee’s non-adherence with their UPHP program contract or Division public disciplinary order. This framework is built on four key definitions.

DEFINITIONS

As used in this policy:

1. **Return to Use Behavior (R156-4a-102(20)):** “A spectrum of thoughts and behaviors suggestive of increased risk for the use of or actual use of an unapproved substance, and is also known as a relapse.” Any such behavior by a licensee is a signal that requires immediate, tailored intervention with the dual goals of supporting the licensee and protecting the public.
2. **Adherence:** A licensee is considered "in adherence" if they are actively fulfilling all requirements of their program contract/disciplinary order or are engaged in UPHP's efforts to improve adherence.
3. **In Adherence but Not Endorsed:** This status applies to a licensee who is adhering to their program contract/disciplinary order or is engaged in UPHP’s efforts to improve adherence but is not currently approved (endorsed) by UPHP to practice. This is typically used following a licensee’s return to unapproved substance use to accurately report the licensee's positive engagement in recovery while their clinical stability is being re-established.

4. **Division Notification Event:** Any event or pattern of behavior by the licensee that requires an immediate, mandatory notification to the Division. This includes all Level III incidents, as well as any Level I or Level II incidents where (a) the licensee is persistently non-adhering or refuses to engage in interventions to improve adherence; or (b) the licensee's health condition is not responding to treatment, and UPHP can no longer credibly advocate for the licensee's ability to practice with reasonable skill or safety.

POLICY:

1. Introduction:

1.1 UPHP will manage all licensee incidents internally. UPHP will only send a formal notification to the DOPL manager overseeing the licensee's profession when the licensee's incident meets the criterion of a Division Notification Event. When a Division Notification Event occurs, UPHP will treat the licensee's incident as a substantial violation of the program contract/disciplinary order and will trigger an immediate, mandatory notification to the Division.

2. Procedure: Intervention Levels and Notification

2.1. Level I: Return to use behavior without use of unapproved substance

2.1.1. **Examples of Level I Incidents:** Licensee has unexcused missed toxicology testing, missed check-ins, diluted or invalid toxicology test results, unexcused absences from therapy, violating practice restrictions, or failure to respond to contact from UPHP.

2.1.2. **UPHP Intervention and Support:** UPHP staff will communicate with the licensee within one (1) business day to review the licensee's behaviors, express concern, and implement clinical interventions to increase support to the licensee and to reduce risk. Licensee may be allowed an opportunity to correct such non-adherence, as this behavior can be predictive of a licensee's pending or potential lapse. The extent of UPHP's intervention is determined by the licensee's particular circumstances and with consideration for all data available to UPHP. Examples of UPHP interventions may include, but are not limited to: increased and/or additional toxicology testing, increased frequency of meetings with UPHP staff, practice restrictions, referral for an evaluation, increased treatment requirements or support group meetings, referral to vocational rehabilitation, or a request to refrain from practice.

2.1.3. **Notification Protocol:** UPHP will notify the Division when the licensee's incident meets the criterion of a Division Notification Event:

(a) persistent non-adherence or refusal to engage in interventions to improve adherence;

or

(b) the licensee's health condition is not responding to treatment, and UPHP can no longer credibly advocate for their ability to practice with reasonable skill or safety.

2.2. Level II: Use of unapproved substance, without workplace involvement.

2.2.1. Examples of Level II Incidents: Licensee's use of an unapproved substance outside the workplace, confirmed by self-reporting or a positive test.

2.2.2. UPHP Intervention and Support: UPHP staff shall contact the licensee within one (1) business day to arrange a meeting with the licensee to review behaviors, express concern about use, seek the licensee's perspective, and discuss possible interventions to increase support to the licensee and to reduce risk. If there are concerns for impairment, UPHP may recommend that the licensee cease practice in accordance with the program contract/disciplinary order until the licensee completes an additional evaluation and completes any subsequent recommendations. Level II incidents may also result in review of the case with the Clinical Advisory Committee. The licensee may resume practice once UPHP determines the licensee is capable of practicing with reasonable skill and safety, and UPHP has approved their return to practice.

2.2.3. Notification Protocol: UPHP will notify the Division when the licensee's incident meets the criterion of a Division Notification Event:

(a) persistent non-adherence or refusal to engage in interventions to improve adherence;

or

(b) the licensee's health condition is not responding to treatment and UPHP can no longer credibly advocate for the licensee's ability to practice with reasonable skill or safety.

2.3. Level III: Use of unapproved substances with workplace involvement.

2.3.1. Examples: Licensee's use of unapproved substances while on duty; evidence of workplace impairment; diversion of medications; or any behavior that suggests a potential for imminent patient harm or actual patient harm, including the licensee practicing despite a prior agreement to refrain from practice.

2.3.2. UPHP Intervention and Support: UPHP staff shall contact the licensee within one (1) business day to arrange a meeting to review the licensee's behaviors, express concern about use, seek the licensee's perspective, and discuss possible UPHP interventions to increase support to the licensee and reduce risk. During this meeting, UPHP will inform the licensee of the mandatory notification to the Division. Additionally, the licensee shall be required to refrain from practicing if they are still doing so. The licensee shall also be required to undergo a clinical evaluation in accordance with the program contract/disciplinary order. UPHP may continue to require the licensee to refrain from practice until the Division has made a determination in the case.


2.3.3. **Notification Protocol:** UPHP will make an immediate and mandatory notification to the DOPL manager overseeing the licensee's profession.

2.4. **Level IV: Division Action Following Formal Notification**

2.4.1. **Division Action:** Upon notification by UPHP (Division Notification Event), the Division may proceed with any agency action determined necessary or advisable by the DOPL manager overseeing the licensee's profession.

2.4.2. Under Section 58-1-401, the Division may issue a notice of agency action commencing informal or formal adjudicative proceedings to take disciplinary action against the licensee's license, up to and including suspension or revocation of licensure.

2.4.3. Under Sections 63G-4-502 and 58-1-108, if the facts presented to the Division show that an immediate and significant danger to the public health, safety, or welfare exists and the threat requires immediate action by the Division, then the Division may commence emergency adjudicative proceedings against the licensee for issuance of an emergency order as necessary to prevent or avoid the danger to the public health, safety, or welfare.

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POLICIES & PROCEDURES	Authorized By:  <small>Deborah BLACKBURN (Nov 13, 2025 10:55:30 MST)</small> Deborah Blackburn, J.D., Assistant Division Director	
Subject: Communication and Oversight Between UPHP and Professional Licensing Boards		

This policy outlines the procedures for communication and oversight between the Utah Professionals Health Program (UPHP) and professional licensing boards. This policy applies only to a licensee with a public disciplinary order who is being monitored by UPHP. This policy does not apply to a UPHP participant whose enrollment is confidential and not known to their professional licensing board.

POLICY

1. Licensee Interaction with the Board: A licensee with a public disciplinary order will only be required to appear before a professional licensing board as follows:

1.1. after the Division has commenced informal or formal adjudicative proceedings by filing a Notice of Agency Action (NOAA); or

1.2 on a case-by-case basis as may be requested by UPHP in collaboration with the manager over the licensee’s profession.

2. UPHP Reporting to Division Boards: To ensure that the Division’s licensing boards remain informed of UPHP program activities and the progress of monitored licensees, UPHP shall provide the following reports to the applicable board:

2.1 **Quarterly Updates:** Once per quarter, or at a frequency determined by the board, UPHP will provide a programmatic update to each participating board. This update may be delivered as a formal compliance letter or through an in-person discussion. The report will indicate each licensee’s adherence status. At the request of the board, UPHP may provide additional information on a licensee.

2.2 **Program Metrics:** UPHP may supplement a board’s quarterly update report on monitored licensees, or provide one or more additional reports, to inform the board about relevant program metrics, monitoring trends, and any proposed or recent policy changes.