



# School-based Mental Health

Staff Roles and Responsibilities in the Education Setting

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A Utah State Board of Education Technical Assistance Document

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Student  
Services

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# Introduction

The Utah State Board of Education (USBE), with the support of the Utah Attorney General's Office, has created this document to provide stakeholders, educational leaders, and school-based mental health professionals with an overview of training, qualifications, roles, and scopes of practice for each identified profession. This includes best practices and guidance about the ways in which each professional may be utilized within their licensing capacity and professional expertise. It also provides guidance on how, through multidisciplinary teaming, they can work together to understand and address the behavioral and mental health needs of all students in Utah. This is a guiding document that will be updated as changes occur in USBE Administrative Rules (Board Rules) and Utah Statute.<sup>1</sup>

School-based mental health (SBMH) provides a multitude of benefits to students by creating a supportive environment that enhances their overall well-being and academic performance. Early identification and intervention of mental health issues allow students to receive timely support, reducing barriers to learning such as anxiety, depression, and behavioral problems. SBMH services also improve attendance and engagement, leading to better academic outcomes, while fostering a positive school culture where students feel safe and valued.

SBMH can be divided into two categories: **counseling services and mental health services** (see Figure 1).

*Counseling helps to promote overall wellness in social, emotional and behavioral health.* It is a method used to assist individuals and groups in learning how to solve problems, develop coping strategies and make decisions about personal health, social, emotional, behavioral, educational, vocational, financial, and other interpersonal concerns. Direct services may include:

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<sup>1</sup> N.B.: Utah Board of Education Administrative Rules (Board Rules) fall under the Utah Admin. Code under title R277. These rules can be found in two places: the [USBE Administrative Rules webpage](#) or the [Utah Office Administrative Rules webpage](#). Therefore, Board Rule R277-609 refers to the same rule as Utah Admin. Code R277-609. Similarly, though the Utah State Board of Education Special Education Rules (SpEd Rules) appear as a separate set of rules distinguished from Board Rules, they are in fact incorporated into Board Rules by reference ([see Board Rule R277-750](#)).

- individual or small group short term solution focused counseling;
- classroom instruction on social, emotional, behavioral, educational, vocational, financial, coping strategies, and interpersonal skills; and
- coordination and participation in crisis intervention and prevention, including assessing students for risk of suicide.

*Mental Health Services are provided to treat or prevent mental illness.* Mental health services, defined in Board Rule R277-313, has the same meaning as mental health therapy as defined in Utah Code § 58-60-102(17). Direct mental health services may include:

- conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized in the professions of mental health therapy;
- establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
- prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and,
- engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.

The provision of mental health therapy is limited to individuals trained as mental health professionals and licensed by Division of Occupational and Professional Licensing (DOPL) to treat and prevent mental illness. SBMH therapy typically involves individual mental health therapy by authorized personnel, along with coordination with community-based mental health services.

SBMH service providers indirectly support students and families offering professional development to staff, providing relevant information about prevention and mental health topics, and joining multidisciplinary teams to develop services for students.

# Key Differences Between Counseling Services and Mental Health Services

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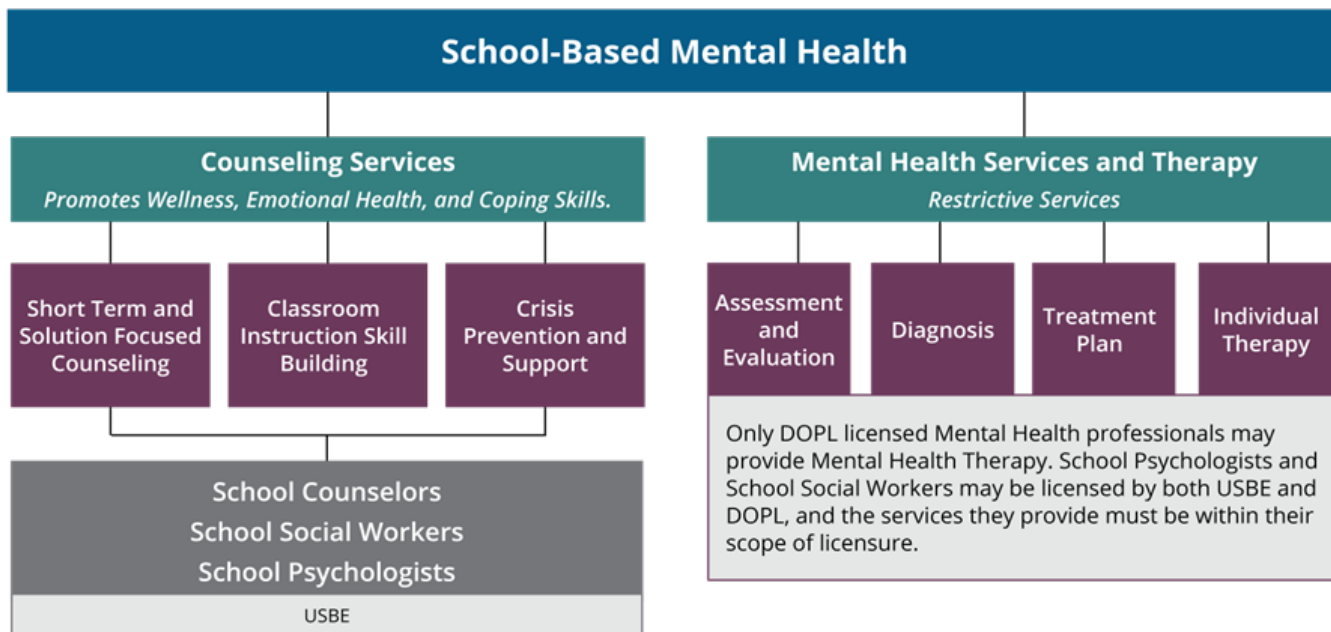
- Scope: Counseling services are broader, aiming to equip all students with essential life skills to address life's challenges, while mental health services are more focused on providing assessment, diagnosis, and treatment of mental health needs.
- Approach: Counseling services are proactive and preventative, fostering a supportive environment, whereas mental health services are often reactive, addressing mental health concerns as they arise.
- Integration: Counseling services are often embedded in daily school activities and lessons, while mental health services are usually provided by mental health professionals through dedicated programs.

Various student support roles exist in schools that are not directly associated with SBMH. These may include licensed and non-licensed positions. Local Education Agencies (LEAs) may hire non-licensed paraprofessionals in behavior support positions with titles such as behavior technician, interventionist, or aide. For all positions, LEAs must provide appropriate supervision to ensure that appropriate services are provided according to each individual's qualifications and training.



Figure 1: Interplay of School-based Mental Health

The content is organized into two main service categories, each with related tasks and personnel.



### Section 1: School-based Mental Health — Counseling Services

This section describes general counseling services provided in school settings, which focus on promoting wellness, emotional health, and coping skills. These services are short-term and solution-focused. The interventions include:

- Short term and solution focused counseling
- Whole-class instruction and skill-building
- Crisis prevention and support

#### Professionals involved:

- School counselors
- School social workers
- School psychologists

### Section 2: Mental Health Services and Therapy — Restrictive Services

This section covers more intensive mental health services that involve formal diagnosis and treatment. These services include:

- Assessment and evaluation
- Diagnosis and treatment planning
- Individual therapy

# Definitions

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**Authorized personnel** means an individual ([Utah Code § 53G-9-901](#)):

1. who holds a license:
  - a. as a school psychologist, as defined in [Utah Code § 53F-5-218](#);
  - b. as a school social worker, as defined in [Utah Code § 53F-5-218](#);
  - c. under [Title 58, Chapter 61, Psychologist Licensing Act](#);
  - d. under [Title 58, Chapter 60, Part 2, Social Worker Licensing Act](#);
  - e. under [Title 58, Chapter 60, Part 3, Marriage and Family Therapist Licensing Act](#); or
  - f. under [Title 58, Chapter 60, Part 4, Clinical Mental Health Counselor Licensing Act](#); or
2. whom an individual described in Subsection (1)(a)
  - a. supervises, to the extent the individual's actions fall within the scope of the supervision; and
  - b. whom an LEA or school employs, engages by contract, or engages by agreement, to support students' mental health through a restricted service in accordance with the scope of the individual's license or certification described in Subsection (1)(a).

**Counseling** is defined as a method used by school counselors, school social workers, and school psychologists to assist individuals and groups in learning how to solve problems, develop coping strategies and make decisions about personal health, social, emotional, behavioral, educational, vocational, financial, and other interpersonal concerns ([Board Rule R277-313](#)).

**Division of Occupational and Professional Licensing (DOPL)** is the legal entity responsible for administering and enforcing professional licensing laws in the State of Utah.

**Individualized Education Program (IEP)** means a written program for a student with a disability that is developed, reviewed, and revised in accordance with Part B of the Individuals with Disabilities Education Act (IDEA) and the Utah Special Education Rules ([SpEd Rules](#)).

**Job description** describes the major responsibilities and essential functions an employer expects an employee to perform. A job description contains the job title, purpose, duties and responsibilities, qualifications, and working conditions. A job description cannot authorize a professional to perform functions beyond the scope of practice authorized by the employee's professional licensure. A job description may limit the duties of an employee to fewer than those authorized by the professional licensure.

**Mental health** means a person's emotional, psychological, and social well-being which can affect how a person thinks, feels, and acts including how a person handles stress, relates to others, and makes healthy choices ([Board Rule R277-625](#)).

**Mental health services** defined in Board Rule R277-313 has the same meaning as "practicing **mental health therapy**" as defined in [Utah Code § 58-60-102\(17\)](#). For the purposes of this document, mental health services and restricted services are used interchangeably.

**Mental health therapist** means an individual who is practicing within the scope of practice defined in the individual's respective licensing act and [Utah Code § 58-60-102\(17\)](#), including:

- physician, surgeon, osteopathic physician or physician assistant (specializing in mental health care)
- advanced practice registered nurse or nurse intern (specialized in psychiatric mental health)
- psychologist or resident psychologist
- licensed clinical social worker (LCSW), certified social worker (CSW)
- clinical mental health counselor (CMHC), associate clinical mental health counselor (ACMHC)
- marriage and family therapist (MFT), associate marriage and family therapist (AMFT)
- master addiction counselor (MAC), associate master addiction counselor (AMAC)

**Mental health therapy** means treatment or prevention of mental illness, whether in person or remotely, including ([Utah Code § 58-60-102\(17\)](#)):

1. conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized in the professions of mental health therapy;
2. establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
3. prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and,
4. engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.

**Multidisciplinary teaming** means a group of individuals from multiple disciplines who meet to:

1. pursue the common goal of evaluating and triaging the academic, social, emotional, physical, and behavioral needs of a student or group of students; and
2. create individualized strategies and interventions to address identified needs ([Board Rule R277-100\(2\)\(20\)](#)).

An LEA's multidisciplinary school team as described in Subsection (20)(a) of [Board Rule R277-100\(2\)\(20\)](#) may include:

1. administrative personnel;
2. a local law enforcement officer or school resource officer;
3. a mental health professional;
4. a general education or special education teacher; and
5. other community members as determined by the LEA.

**Multi-Tiered System of Supports (MTSS)** is a data-driven, problem-solving framework to improve outcomes for all students. MTSS relies on a continuum of evidence-based practices to support student needs. Schools apply this model as a way to align academic, behavioral, social, and emotional support to improve educational outcomes for all students.

**Psychological services** means services provided by a qualified psychologist or school psychologist and includes:

1. administering psychological and educational tests, and other assessment procedures;
2. interpreting assessment results;
3. obtaining, integrating, and interpreting information about student behavior and conditions relating to learning;
4. consulting with other staff members in planning school programs to meet the special educational needs of students as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
5. planning and managing a program of psychological services, including psychological counseling for students and parent(s); and
6. assisting in developing positive behavior intervention strategies ([Board Rule R277-313-2\(4\)](#)), [Utah Special Education Rules, pg. 30](#).

**Restricted service** means a mental health service that takes place in a school setting. Restricted service does not include:

1. describing basic stress-management strategies;
2. informing students and parents of the availability of a restricted service; or
3. engaging in generalized crisis response, which does not include one-on-one therapy, in accordance with the state board's or the LEA's crisis response protocols ([Utah Code § 53G-9-901](#)).

**Scope of practice** describes the services that a qualified professional is deemed competent to perform and is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency.

**Utah State Board of Education (USBE)** is the legal entity responsible for administering and enforcing the licensing of education professionals.

# Competencies and Qualifications

The following section is designed to provide a snapshot of the competencies and qualifications of school counselors, school psychologists, school social workers, school nurses, and school-based mental health therapists. The information provided in this section may be helpful for the reader to understand the training and licensing required to work in their fields.

All the professionals discussed in this document are highly trained and qualified to support student mental health and wellness. While there are many overlapping roles and responsibilities of the various professionals, each also has unique training and scope of practice. When determining what professionals you might hire to support school-based mental health, it is important to consider the licensing scope of practice and professional expertise of the individual, and how that aligns with your LEA resources and the needs of students.



[Appendix A](#) gives information about additional professionals that may be utilized within a school setting to support student wellness.

# School Counselors

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School counselors are licensed educators who work to improve student success for all students “by offering instruction that enhances awareness of mental health, appraisal and advisement addressing academic, career and social/emotional development; short-term counseling interventions; and referrals to community resources for long-term support.” ([American School Counselor Association](#) (ASCA)).

## Standards For Educator Preparation Program

Standards as outlined in [Board Rule R277-306-6](#) Include:

- collaborating with learners, families, colleagues, and community members to build or implement a shared vision and supportive professional culture focused on student growth and success;
- delivering a sequential school counseling curriculum aligned with the Utah K-12 Comprehensive School Counseling Program Model;
- leading individuals and groups of students and their parents or guardians through the development of educational and career plans;
- counseling individuals and small groups of students with identified needs and concerns;
- developing or maintaining a crisis prevention/youth protection response plan; and
- collecting and analyzing data for the purpose of accountability and program evaluation.

## School Counselor Competencies

Competencies adapted from ASCA's [“The Role of a School Counselor”](#) include:

- facilitating individual and group meetings that provide student academic planning and goal setting;
- teaching classroom lessons based on the [USBE Portrait of a Graduate](#);
- providing short-term counseling to students, and referring students for long-term support;

- collaborating with families, teachers, administrators, and the community for student success;
- advocating for students at all student-focused meetings;
- analyzing data to identify student needs, issues, and challenges;
- assessing the school counseling program to determine its effectiveness in helping all students succeed; and
- acting as a systems change agent to improve opportunities in achievement, attendance, and behavior for all students.



## School Counselor Qualifications

- Complete a minimum of a master's degree in school counseling; and
- Hold a USBE license in the school counselor applicable license area of concentration; and
- Fulfill continuing education requirements through ongoing professional development; and
- Uphold ethical practice standards.

# School Psychologists

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School psychologists are licensed educators who “apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community” ([National Association of School Psychologists](#) (NASP)).

## Standards for Educator Preparation Programs

Standards as outlined in [Board Rule R277-306-2](#) include:

- administering varied models and methods of assessment and data collection for:
  - identifying strengths and needs of students;
  - developing effective services and programs for students; and
  - measuring progress and outcomes for students;
- implementing varied models and strategies for consultation, collaboration, and communication with individuals, families, groups, and systems;
- implementing varied strategies that promote social-emotional functioning and mental health in students; and
- collecting and analyzing data for evaluation and support of effective practices at the individual, group, and systems levels.

## School Psychologist Competencies

Competencies adapted from the [NASP 2020 Domains of Practice](#) include:

- collecting data systematically from multiple sources as a foundation for decision making at the individual, group, and system levels;
- in collaboration with others, designing, implementing and evaluating services that support academic skill development, socialization and adaptive skills, promote resilience and positive behavior, enhance mental and behavioral health, and respond to culture and context;

- in collaboration with others, developing and implementing practices and strategies to create and maintain safe, effective, and supportive learning environments for students and school staff;
- promoting preventive and responsive services, in collaboration with others, that enhance learning, mental and behavioral health, and psychological and physical safety and implement effective crisis prevention, protection, mitigation, response, and recovery;
- facilitating family and school partnerships and interactions with community agencies to enhance academic and social-behavioral outcomes for children;
- implementing evidence-based strategies to enhance services in both general and special education and address potential influences related to diversity; and
- providing psychological services as defined in [SpEd Rules I.E.45.d.\(10\)](#).



## School Psychologist Qualifications

- Have a minimum of a specialist-level degree in school psychology (between a master's degree and a doctorate degree), which combines the disciplines of psychology and education; and
- Hold a USBE license in the School Psychologist license area of concentration; and
- Fulfill continuing education requirements through ongoing professional development; and
- Uphold ethical practice standards.

## School Psychologist Licensure

School Psychologists must be licensed by USBE. In cases where an individual holds **only** the license issued by USBE, the scope of practice is limited to school-based mental health services and will exclude any clinical activities, as they are not authorized to practice as a mental health therapist under DOPL (see [Appendix A](#)).

School Psychologists may also be licensed as a school psychological practitioner by the DOPL to provide services outside of a school setting. In addition, school psychologists may also be certified by the National School Psychology Certification Board (NSPCB).



# School Social Workers

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School social workers are licensed educators and/or mental health professionals who serve as a link between home, school, and community to promote and support students' academic and social success as well as mental wellness.

## Standards for Educator Preparation Programs

Standards as outlined in [Board Rule R277-306-7](#).

The program requires students to demonstrate competency in the following areas:

- knowledge of the role of a school social worker in furthering the educational mission of an LEA;
- applying theoretical social work concepts and practical skills to the k-12 educational setting, including:
  - social, emotional, family, and community assessment;
  - individual, group, and family counseling;
  - casework; and
  - crisis intervention;
- knowledge and application of rules regarding data and record keeping that apply to data available in a school, including:
  - the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g; and
  - Title 53E, Chapter 9, Student Privacy and Data Protection;
- knowledge of laws regarding disabilities and their application to school social worker practices and the school setting, including:
  - the IDEA; and
  - the Americans with Disabilities Act of 1990, 42 U.S.C. 12101;
- utilizing information from assessments in an educational setting to develop student focused programs and interventions;
- implementation of evidence-based curriculum in response to current social and emotional aspects of education;
- providing and advocating for services that support the social and emotional aspects of education;

- counseling individuals and small groups of students with identified needs and concerns;
- implementing varied models and strategies of consultation, collaboration, and communication with teachers, individuals, and families; and
- developing or updating a crisis prevention/youth protection response plan.

## School Social Worker Competencies

Competencies adapted from the [National School Social Work Model](#) include:

- providing evidence-based education in social and interpersonal skills, emotional regulation, and behavioral topics by implementing multi-tiered programs and practices, monitoring progress, and evaluating service effectiveness;
- advocating for school policies and procedures that promote a school climate and culture conducive to student learning and overall wellness of staff and students;
- contributing to the professional capacity of school personnel related to behavioral health issues, and facilitating engagement between student, family, school, and community;
- maximizing access to school-based and community-based resources through promoting a continuum of services, mobilizing resources and promoting assets, and providing interdisciplinary collaboration, systems coordination, and professional consultation; and
- providing social work services as defined in [SpEd Rules I.E.45.d.\(14\)](#).



## School Social Worker Qualifications

- Have a minimum of a master's degree in social work; and
- Hold a USBE license in the school social worker license area of concentration;
- Fulfill continuing education requirements through ongoing professional development; and
- Uphold ethical practice standards.

## School Social Worker Licensure

School social workers are licensed by USBE.

Licensed clinical social workers (LCSWs), certified social workers (CSWs), and social service workers are licensed by DOPL ([see School-based Mental Health Therapist section](#) for training and qualifications). The scopes of practice for LCSWs, CSWs, and social service workers are defined by DOPL and referenced in [Appendix A](#). Some school social workers hold both a DOPL and USBE license.

In cases where an individual holds **only** the license issued by USBE, the scope of practice is limited as school social workers and would not be authorized to provide mental health therapy as defined in [Utah Code § 58-60-102\(7\)](#).

# School Nurses

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School nurses play a vital role in the comprehensive support of students' well-being, encompassing both physical and mental health. They often respond first to concerns creating a unique position within the school setting to help aid in early identification for support which makes them invaluable members of the school-based mental health team.

## School Nurse Competencies

Competencies adapted from the [National Association of School Nurses \(NASN\) School Nursing Practice Framework](#) include:

- provide direct care for emergent, episodic, and chronic mental health needs;
- connect student and family to available resources;
- collaborate with families, school communities, and mental health teams;
- facilitate continuity of care with families;
- conduct comprehensive health assessments, including mental health screenings;
- develop and implement health education programs addressing physical and mental health;
- advocate for district or state policies, procedures, programs, and services that promote health, and reduce risk; and
- ensure practice consistent with the scope and standards of school nursing practice, and health and education laws.



## School Nurse Qualifications

- Minimum of one year's prior experience in nursing before becoming a school nurse
- Minimum of a baccalaureate degree in nursing (BSN)
- National certification as a school nurse (NCSN) (recommended)
- Hold an unrestricted license as a registered nurse in the State of Utah
- Certified in cardiopulmonary resuscitation (CPR) or basic life support (BLS)

## School Nurse Licensure

School nurses must be licensed by the DOPL. School nurses must have passed the National Council Licensure Examination (NCLEX) and must hold a minimum of a registered nurse license.

# School-based Mental Health Therapist

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## School-based Mental Health Therapist Competencies

"Practice of mental health therapy", according to [Utah Code § 58-60-102](#), means:

- conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized in the professions of mental health therapy;
- establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
- prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
- engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.



## School-based Mental Health Therapists Qualifications

- Have a minimum of a master's degree in an approved field (psychologists must hold a doctoral degree)
- Hold an applicable DOPL license
- Meet supervision requirements (CSW, ACMHC, AMFT, AMAC licenses require supervision by a fully licensed mental health professional (LCSW, CMHC, MFT, MAC))
- Fulfill continuing education requirements through ongoing professional learning

- Uphold ethical practice standards

## School-based Mental Health Service Provision

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It is important to clearly define the roles of professionals engaged in school-based mental health services. DOPL-licensed mental health therapists are qualified to provide mental health services in schools. When LEAs hire or contract these professionals, they must formally designate them as “authorized personnel” and comply with Utah Codes § 53G-9-901 and 53G-9-902. Other school-based mental health professionals that are licensed by USBE are not “authorized personnel” and cannot offer “restricted services.” [Refer to Appendix A for additional details.](#)

### Additional Roles

There are additional professionals who support within the mental health field. They serve on multidisciplinary teams and may provide direct or indirect services. Examples include behavior analysts, recreational therapists, and others. Additional information about their scope of practice and qualifications is included in [Appendix A](#).



# The Implementation of Multi-Tiered System of Supports by School-based Mental Health Service Providers

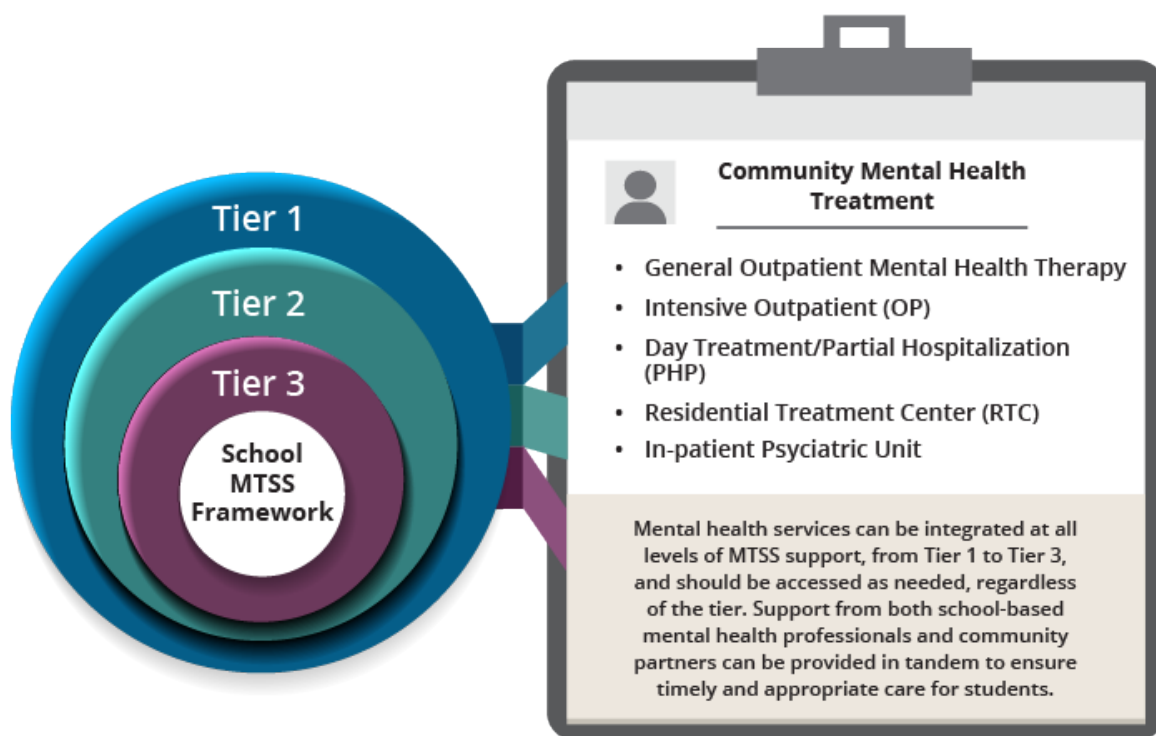
A Multi-Tiered System of Supports (MTSS) is an organizational framework used in educational settings to ensure that all students' needs are met in the areas of academics, behavior, and social emotional development. This framework is useful in helping education staff to identify and use evidence-based practices across three levels, or tiers, of support.

In order to help students achieve academic success, school-based mental health service providers typically focus on behavior and/or social emotional development within an MTSS. Some schools may use interrelated frameworks such as Positive Behavior Interventions and Supports (PBIS) as a proactive approach to promote school safety and prosocial behavior.

An MTSS is designed to identify the level of intensity of services that a student requires to achieve academic success. As the tiers increase, services provided at those tiers also increase in intensity. Utilizing the MTSS framework involves providing the right intensity of services for the student's need, with the goal of transitioning to less intensive activities as the student's outcomes improve.

When implementing an MTSS, it is important to consider the specialized training of each professional to ensure their expertise is fully and appropriately utilized. For example, school psychologists and school social workers are capable of providing services at all tiers, but due to their unique training, they are most effectively utilized in higher level tiers, when other school-based mental health service providers are available to support activities in other tiers. More information about MTSS can be found on the [USB E MTSS website](#).

Figure 2: MTSS Framework



## School-based Mental Health Tiered Supports

### Tier 1

Tier 1, the universal tier, serves as the foundation for behavior, mental health, and academic support. This tier is a preventative school-wide or class-wide system of activities for all students. Strengthening SBMH tier 1 activities can improve overall academic performance and prevent problematic behavioral issues from developing and therefore reduce or prevent the need to provide more intensive supports for some students downstream. Tier 1 strategies are **evidence-based, universal strategies or approaches that benefit all students**. Typically, school counselors lead tier 1 behavioral efforts and services. When a school social worker and/or a school psychologist work alongside a school counselor, they may still be involved at this tier, but the school counselor frequently takes the lead (see the ASCA's ["School Counselor Roles and Ratios"](#)).

The [Utah K-12 Comprehensive School Counseling Program Model](#) is a tier 1, universal approach to serving all students.

School counselors work with teachers, administrators, students, and parents to advocate for and promote wellness for all students to maximize student academic success. Some responsibilities that support student wellness at this tier might include:

<b>Help</b>	Improve equitable access to services, academic achievement, and opportunities for every student.
<b>Develop</b>	Prevention programs and staff in-service training related to classroom management techniques, trauma-informed care, suicide warning signs and parent seminar topics required in Utah Code § 53G-9-703.
<b>Collaborate</b>	With families, teachers, administrators, and community partners to promote student wellness.
<b>Assess</b>	School climate, behavior, safety and mental health data in order to develop positive behavior and school safety plans.
<b>Refer</b>	Students after universal mental health screenings to evidence-based supports and to be assessed for mental health concerns through the SBMH therapist or community mental health partners.
<b>Provide</b>	Whole classroom lessons to help teach all students, interpersonal, behavioral, and emotional regulation skills as part of the Utah K-12 Comprehensive School Counseling Program Model.

While school-based mental health service providers (including school social workers and school psychologists) and are also qualified to provide tier 1 activities to students, it is best practice to utilize their training to serve students needing tier 2 and 3 supports, when possible.

If data indicates students need more intensive services within the school setting, they may be referred to the tier 2 level of support to address their needs. The

multidisciplinary team may also determine that the student requires services beyond their scope and connect them to a school-based mental health therapist to assess the need for school-based mental health therapy or a referral to community resources to meet the student's mental health needs. Community resources may include services offered by the Local Mental Health Authority (LMHA) and/or other community mental health agencies.

## Tier 2

Tier 2, the targeted tier, is a specialized level of support for students who need focused interventions and activities that are supplemental to tier 1 activities. In other words, for tier 2 services to be most effective, there also need to be robust activities at tier 1. This means that all students receiving tier 2 services are also included in all tier 1 supports, and that tier 2 services build on and are inclusive of tier 1 supports. Services at this tier are typically “interventions and supports that have a demonstrated positive effect for desired outcomes” and that address specific skills gaps (from [“Supplemental Interventions at Tier 2”](#) on the *Multi-Level Prevention System* webpage from the Center on MTSS). Tier 2 supports are often delivered to students with social, emotional, or behavioral needs in small groups or individually. In addition, Tier 2 interventions and supports are designed to meet the specific needs of the student when delivered with fidelity and when they are “at an appropriate duration and frequency to ensure students have increased opportunities for practice and corrective feedback” ([Supplemental Interventions at Tier 2](#)).

School social workers, school psychologists, and school counselors are qualified to provide tier 2 supports to students. Due to this tier having the most overlap of responsibilities, it is vital that the multidisciplinary team deliberately determine who will provide which services at this tier, based on the type of support needed, available resources, staff qualifications and capacity, and student needs.

Any services provided on an Individualized Education Program (IEP) are not considered tier 2 services. These services are separate from—but can be aligned with—the MTSS framework and should be designed and implemented by the IEP team. Students with an IEP may receive services simultaneously through the IEP and the MTSS framework.

Some responsibilities that enhance student wellness at this tier might include:

<b>Help</b>	Support responsive services through behavior, safety , and reintegration plans.
<b>Develop</b>	Supports and strategies to address students needs and promote student well-being.
<b>Collaborate</b>	With parents to facilitate support in accessing community resources to help alleviate family stressors.
<b>Assess</b>	Barriers to learning that may include, social, emotional, interpersonal, or those identified through screening with possible mental health concerns.
<b>Refer</b>	Identified students with behavior or truancy concerns to evidence-based supports and services.
<b>Provide</b>	Provide solution-focused group counseling to those that need additional support in developing coping strategies, problem solving, and interpersonal skills.

If data indicates students need more intensive services within the school setting, they may be referred to the tier 3 level of support to address their needs. The multi-disciplinary team may also determine that the student requires services beyond their scope and connect them to a school-based mental health therapist to assess the need for school-based mental health therapy or a referral to community resources to meet the student's mental health needs. Community resources may include services provided by the LMHA and/or other community mental health agencies. For more information on how to assess and inform your SBMH framework please see [Utah's School Behavioral Health Toolkit](#).

## Tier 3

Tier 3 is inclusive of and builds on tier 1 and 2 supports. This tier provides students with the most personalized, intensive, data-driven support. At tier 3, schools implement intensive supports to help students with severe and persistent learning and/or behavioral needs, including students with disabilities.

Tier 3 services build on tier 2 supports, and students receiving tier 3 services should also be included in tier 1 activities when possible. Services at this tier are typically characterized by increased intensity and individualization of supports. Schools should work with multi-disciplinary teams to identify the services and approaches in Tier 3 that best meet the needs of students.

School-based mental health service providers (including school social workers and school psychologists) are the primary service providers at this tier. When LEAs may be lacking in resources or the ability to provide the individual resources a student needs, LEAs may also partner with outside agencies to provide tier 3 support for a student. These outside agencies should be included on the multidisciplinary team as well. [Utah's School Behavioral Health Toolkit](#) provides additional information and resources for collaborating with outside providers.

Please note that school psychologists and school social workers are trained and qualified to provide tier 3 services. However, if the position is funded only through restricted special education funding, the school psychologist or school social worker may only provide services to students with an IEP, so they are providing services within the allowable scope of their funding source.

**Services provided on an IEP are not considered tier 3 services.** These services are separate from tier 3 and can be provided alongside the services and support of an MTSS framework. These services should also be designed and implemented by the IEP team. Students with an IEP may receive services simultaneously through their IEP and the MTSS framework.

Some responsibilities that support student wellness at this tier might include:

<b>Help</b>	Support students with significant mental health concerns and coordinate school & community resources to provide wrap-around services.
<b>Develop</b>	Reintegration or safety plans for students returning after serious offenses or those returning to learn after intensive medical or mental health treatment.
<b>Collaborate</b>	With the multidisciplinary team to determine which service should be provided by each team member to coordinate appropriate services and support.
<b>Assess</b>	Behavioral health needs of students within the purview of their licensure. Conduct threat assessments.
<b>Refer</b>	Students with mental health concerns to the SBMH Therapist or community partners to be further assessed.
<b>Provide</b>	Provide individual solution-focused counseling to address student specific needs.

The multi-disciplinary team may also determine that the student requires services beyond their scope and connect them to a school-based mental health therapist to assess the need for school-based mental health therapy or a referral to community resources to meet the student's mental health needs. Community resources may include services provided by the LMHA and/or other community mental health agencies.

# Multidisciplinary Teams

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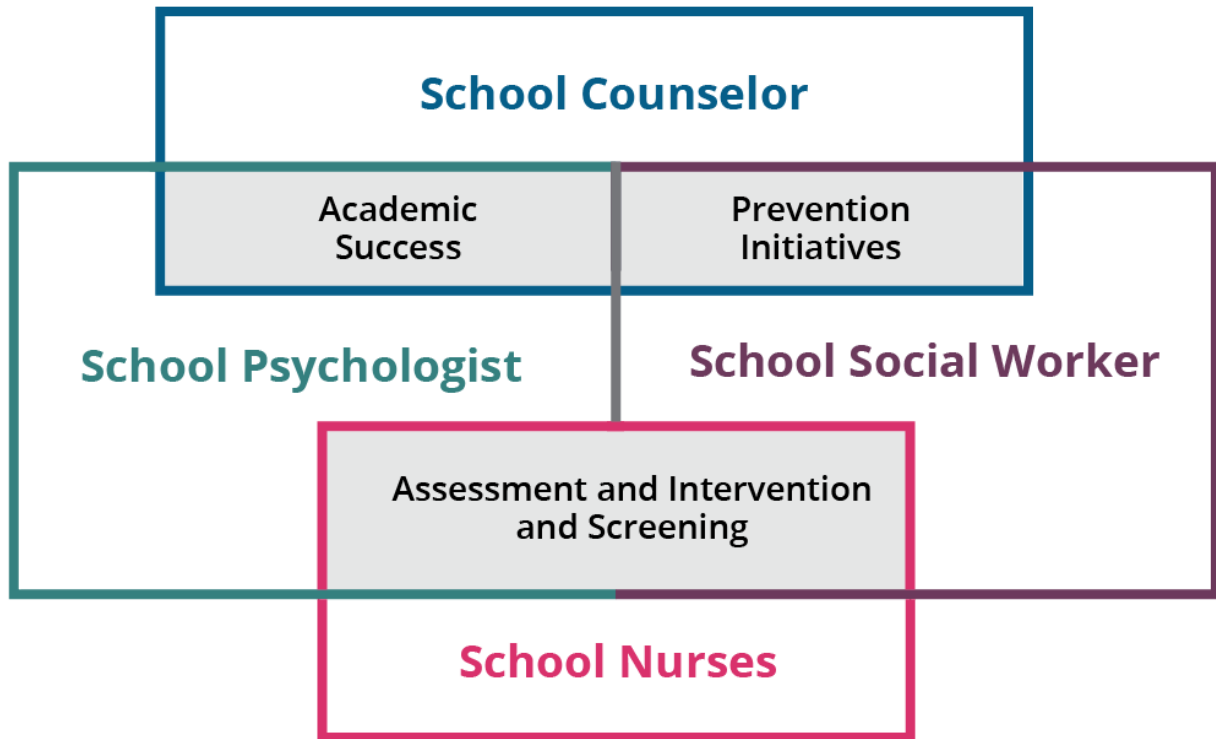
Multidisciplinary teams are vital within the MTSS framework to ensure students receive targeted and/or individualized supports or interventions if they continue to struggle after participating in tier 1 (universal) activities. The purpose of a multidisciplinary team is to brainstorm and identify the activities, supports, or interventions that will be most helpful to improve academic performance and wellness for the student. The team also reviews the effectiveness of any targeted interventions provided.



SBMH professionals can and should plan to participate in assisting students, education staff, and others that might be affected by a crisis incident at the school in accordance with their training and professional credentials. Mental health therapy may not be provided in times of crisis without informed parental consent. SBMH professionals may perform immediate, short-term actions to help those experiencing acute distress to regain stability and cope with their emotions, such as active listening, safety planning, and basic stress management strategies, etc. SBMH professionals should also be prepared to provide referrals for ongoing therapeutic services to individuals who are significantly impacted by a crisis. If an SBMH professional will be providing ongoing support to a student, please refer to Utah Code § [53G-9-901](#), [53G-9-902](#), and [53E-9-203](#) for parental consent requirements.

For guidance on appropriate response after an incident of suicide or a sudden death, please refer to USBE's [Healing Our Schools After a Loss: A Toolkit for Schools Responding to a Suicide or Sudden Death](#).

Figure 3: Interplay and Overlap of Roles on Multidisciplinary Teams



# Appendix A: DOPL Licensure

The scopes of practice listed below apply to professionals licensed by DOPL. For more information, see the [DOPL Licensure](#) webpage.

## Licensed Clinical Social Worker (LCSW)

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Scope of Practice for an LCSW:

The practice of clinical social work, according to [Utah Code § 58-60-202](#), means:

- the practice of mental health therapy by observation, description, evaluation, interpretation, intervention, and treatment to effect modification of behavior by the application of generally recognized professional social work principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior;
- the application of generally recognized psychotherapeutic and social work principles and practices requiring the education, training, and clinical experience of a clinical social worker; and
- supervision of the practice of a certified social worker or social service worker as the supervision is required under this chapter and as further defined by division rule.

According to [Utah Code § 58-60-207](#):

- A clinical social worker may engage in all acts and practices defined as the practice of clinical social work without supervision, in private and independent practice, or as an employee of another person, limited only by the licensee's education, training, and competence.
- A clinical social worker may not supervise more than six individuals who are lawfully engaged in training for the practice of mental health therapy, unless granted an exception in writing from the division in collaboration with the board.

# Certified Social Worker (CSW)

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Scope of Practice for a CSW:

"Practice of certified social work," according to [Utah Code § 58-60-202](#), means:

- the **supervised practice** of mental health therapy by a clinical social worker by observation, description, evaluation, interpretation, intervention, and treatment to effect modification of behavior by the application of generally recognized professional social work principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunctions, the symptoms of any of these, or maladaptive behavior;
- the supervised or independent and unsupervised application of generally recognized professional social work principles and practices requiring the education, training, and experience of a certified social worker; and
- supervision of the practice of a social service worker as the supervision is required under this chapter and as further defined by division rule.

According to [Utah Code § 58-60-207](#):

- To the extent an individual is professionally prepared by the education and training track completed while earning a master's or doctor of social work degree, a licensed certified social worker may engage in all acts and practices defined as the practice of certified social work consistent with the licensee's education, clinical training, experience, and competence:
  - under supervision of an individual described in Subsection [58-60-205\(2\)\(d\)\(ii\)](#) and as an employee of another person when engaged in the practice of mental health therapy;
  - without supervision and in private and independent practice or as an employee of another person, if not engaged in the practice of mental health therapy;
  - including engaging in the private, independent, unsupervised practice of social work as a self-employed individual, in partnership with other mental health therapists, as a professional corporation, or in any other

- capacity or business entity, so long as he does not practice unsupervised psychotherapy; and
- supervising social service workers as provided by division rule.

## Social Service Worker

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Scope of Practice for a Social Service Worker:

"Practice as a social service worker," according to [Utah Code § 58-60-202](#), means:

- Performance of general entry level services under general supervision of a mental health therapist through the application of social work theory, methods, and ethics in order to enhance the social or psychosocial functioning of an individual, a couple, a family, a group, or a community, including:
  - conducting a non-clinical psychosocial assessment or a home study,
  - collaborative planning and goal setting,
  - ongoing case management,
  - progress monitoring,
  - supportive counseling,
  - information gathering,
  - making referrals, and
  - engaging in advocacy.

"Practice as a social service worker" does not include:

- diagnosing or treating mental illness; or
- providing psychotherapeutic services to an individual, couple, family, group, or community.

## Clinical Mental Health Counselor (CMHC)

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Scope of Practice for a CMHC:

"Practice of clinical mental health counseling", according to [Utah Code § 58-60-402](#) means:

- The practice of mental health therapy by means of observation, description, evaluation, interpretation, intervention, and treatment to effect modification of human behavior by the application of generally recognized clinical mental health counseling principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, symptoms of any of these, or maladaptive behavior.

According to [Utah Code § 58-60-407](#):

- A licensed clinical mental health counselor may engage in all acts and practices defined as the practice of clinical mental health counseling without supervision, in private and independent practice, or as an employee of another person, limited only by the licensee's education, training, and competence.
- A licensed clinical mental health counselor may not supervise more than six individuals who are lawfully engaged in training for the practice of mental health therapy, unless granted an exception in writing from the division in collaboration with the board.

## Associate Clinical Mental Health Counselor (ACMHC)

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Scope of Practice for an Associate CMHC:

Scope of practice for an associate clinical mental health counselor has restrictions as defined in [Utah Code § 58-60-407](#):

- To the extent an individual has completed the educational requirements of Subsection [58-60-305\(1\)\(c\)](#), a licensed associate clinical mental health counselor may engage in all acts and practices defined as the practice of clinical mental health counseling if the practice is:
  - within the scope of employment as a licensed clinical mental health counselor with a public agency or private clinic as defined by division rule; and
  - under supervision of a qualified licensed mental health therapist as defined in [Utah Code § 58-60-102](#).

# Psychologist

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Scope of Practice for a Psychologist:

“Practice of Psychology”, according to [Utah § Code 58-61-102](#) includes:

- the practice of mental health therapy by means of observation, description, evaluation, interpretation, intervention, and treatment to effect modification of human behavior by the application of generally recognized professional psychological principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior;
- the observation, description, evaluation, interpretation, or modification of human behavior by the application of generally recognized professional principles, methods, or procedures requiring the education, training, and clinical experience of a psychologist, for the purpose of assessing, diagnosing, preventing, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health;
- psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning;
- counseling, marriage and family therapy, psychoanalysis, psychotherapy, hypnosis, and behavior analysis and therapy;
- diagnosis and treatment of mental and emotional disorders of disability, alcoholism and substance abuse, disorders of habit or conduct, and the psychological aspects of physical illness, accident, injury, or disability; and
- psychoeducational evaluation, therapy, remediation, and consultation.

An individual practicing psychology may provide services to individuals, couples, families, groups of individuals, members of the public, and individuals or groups within organizations or institutions.

# Marriage and Family Therapist (MFT)

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Scope of Practice for an MFT:

“Practice of marriage and family therapy”, according to [Utah Code § 58-60-302](#) includes:

- the process of providing professional mental health therapy including psychotherapy to individuals, couples, families, or groups;
- utilizing established principles that recognize the interrelated nature of individual problems and dysfunctions in family members to assess, diagnose, and treat mental, emotional, and behavioral disorders;
- individual, premarital, relationship, marital, divorce, and family therapy;
- specialized modes of treatment for the purpose of diagnosing and treating mental, emotional, and behavioral disorders, modifying interpersonal and intrapersonal dysfunction, and promoting mental health; and
- assessment utilized to develop, recommend, and implement appropriate plans of treatment, dispositions, and placement related to the functioning of the individual, couple, family, or group.

# Associate Marriage and Family Therapist (AMFT)

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Scope of Practice for an AMFT:

Practice for an AMFT has restrictions as defined in [Utah Code § 58-60-308](#):

- To the extent an individual has completed the educational requirements of Subsection [58-60-305\(1\)\(c\)](#), a licensed associate marriage and family therapist may engage in all acts and practices defined as the practice of marriage and family therapy if the practice is:
  - within the scope of employment as a licensed associate marriage and family therapist with a public agency or a private clinic as defined by division rule; and
  - under the supervision of a licensed mental health therapist who is qualified as a supervisor as defined by DOPL.

- A licensed associate marriage and family therapist may not engage in the independent practice of marriage and family therapy.

## Behavior Analyst

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Scope of Practice for a Behavior Analyst:

Practice of behavior analysis, according to [Utah Code § 58-61-702](#), means:

- The design and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior and includes the following:
  - the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis;
  - interventions based on scientific research and the direct observation and measurement of behavior and environment; and
  - utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

Practice of behavior analysis does not include:

- diagnosis of a mental or physical disorder;
- psychological testing;
- neuropsychology;
- neuropsychological testing;
- mental health therapy;
- psychotherapy;
- counseling;
- biofeedback;
- cognitive therapy;
- sex therapy;

- psychoanalysis; or
- hypnotherapy.

## Master Therapeutic Recreation Specialist

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Scope of Practice for a Master Therapeutic Recreation Specialist:

"Practice of recreational therapy", according to [Utah Code § 58-40-102](#), means:

- To engage in the paid performance of providing recreational therapy services according to the therapeutic recreation process to a person with an emotional, social, intellectual, or physical pathology.
- "Recreational therapy services" include:
  - assessing a person's need for recreational therapy treatment or intervention;
  - developing an individualized treatment or intervention plan that identifies goals, objectives, and treatment strategies for a person;
  - implementing the individualized treatment or intervention plan;
  - documenting a person's response to the individualized treatment or intervention plan, including documenting the overall outcome of the person's treatment;
  - regularly evaluating a person's response to the individualized treatment or intervention plan and modifying the plan when appropriate;
  - in collaboration with a person, the person's family, or other team members, developing a discharge or transition plan for the person;
  - serving as a resource to help a person find recreation opportunities that will promote the person's physical, cognitive, social, behavioral, emotional, or spiritual health and well-being; and
  - organizing and managing recreational services according to a written plan of operation as defined by rule of the division.

A master therapeutic recreation specialist, according to [Utah Code § 58-40-601](#), may:

- practice recreational therapy:
  - as an employee of a hospital, clinic, agency, or other facility;

- in private practice; or
- as a consultant; and
- supervise and train other licensees under this chapter.

## Therapeutic Recreation Specialist

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Scope of Practice for a Therapeutic Recreation Specialist:

"Practice of recreational therapy", according to [Utah Code § 58-40-102](#), means:

- to engage in the paid performance of providing recreational therapy services according to the therapeutic recreation process to a person with an emotional, social, intellectual, or physical pathology.
- "Recreational therapy services" include:
  - assessing a person's need for recreational therapy treatment or intervention;
  - developing an individualized treatment or intervention plan that identifies goals, objectives, and treatment strategies for a person;
  - implementing the individualized treatment or intervention plan;
  - documenting a person's response to the individualized treatment or intervention plan, including documenting the overall outcome of the person's treatment;
  - regularly evaluating a person's response to the individualized treatment or intervention plan and modifying the plan when appropriate;
  - in collaboration with a person, the person's family, or other team members, developing a discharge or transition plan for the person;
  - serving as a resource to help a person find recreation opportunities that will promote the person's physical, cognitive, social, behavioral, emotional, or spiritual health and well-being; and
  - organizing and managing recreational services according to a written plan of operation as defined by rule of the division.

A therapeutic recreation specialist, according to [Utah Code § 58-40-601](#), may:

- practice recreational therapy as the employee of a hospital, clinic, agency, or other facility;
- not practice recreational therapy in private practice or as a consultant; and
- supervise other licensees under this chapter.

## Speech-Language Pathologist

Scope of Practice for a Speech-Language Pathologist:

"Practice of speech-language pathology", according to [Utah Code § 58-41-2](#), means:

- rendering, prescribing, or offering to render to individuals, groups, agencies, organizations, industries or the public any service in speech-language pathology.

"Speech-language pathology" means the application of principles, methods, and procedures for the examination, measurement, prevention, testing, identification, evaluation, diagnosis, treatment, instruction, modification, prescription, restoration, counseling, habilitation, prediction, management, and research related to the development and the disorders or disabilities of human communication, speech, voice, language, cognitive communication, or oral, pharyngeal, or laryngeal sensorimotor competencies, for the purpose of identifying, evaluating, diagnosing, prescribing, preventing, managing, correcting, ameliorating, or modifying those disorders and their effects in individuals or groups of individuals ([Utah Code § 58-41-2](#)).

## Occupational Therapist

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Scope of Practice for an Occupational Therapist:

"Practice of occupational therapy", according to [Utah Code § 58-42a-102](#), means:

- the therapeutic use of everyday life activities with an individual:
  - that has or is at risk of developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction; and

- to develop or restore the individual's ability to engage in everyday life activities by addressing physical, cognitive, psychosocial, sensory, or other aspects of the individual's performance.
- "Practice of occupational therapy" includes:
  - establishing, remediating, or restoring an undeveloped or impaired skill or ability of an individual;
  - modifying or adapting an activity or environment to enhance an individual's performance; Utah Code Page 2;
  - maintaining and improving an individual's capabilities to avoid declining performance in everyday life activities;
  - performance-barrier prevention for an individual, including disability prevention;
- Evaluating factors that affect an individual's activities of daily living in educational, work, play, leisure, and social situations, including:
  - body functions and structures;
  - habits, routines, roles, and behavioral patterns;
  - cultural, physical, environmental, social, virtual, and spiritual contexts and activity demands that affect performance; and
  - motor, process, communication, interaction, and other performance skills;
- Providing interventions and procedures to promote or enhance an individual's safety and performance in activities of daily living in educational, work, and social situations, including:
  - the therapeutic use of occupations and exercises;
  - training in self-care, self-management, home-management, and community and work reintegration;
  - the development, remediation, or compensation of behavioral skills and physical, cognitive, neuromuscular, and sensory functions;
  - the education and training of an individual's family members and caregivers;
  - care coordination, case management, and transition services;
  - providing consulting services to groups, programs, organizations, or communities;

- modifying the environment and adapting processes, including the application of ergonomic principles;
- assessing, designing, fabricating, applying, fitting, and providing training in assistive technology, adaptive devices, orthotic devices, and prosthetic devices;
- assessing, recommending, and training an individual in techniques to enhance functional mobility, including wheelchair management;
- driver rehabilitation and community mobility;
- enhancing eating and feeding performance; and
- applying physical agent modalities, managing wound care, and using manual therapy techniques to enhance an individual's performance skills, if the occupational therapist has received the necessary training as determined by division rule in collaboration with the board.

## Nurse

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Scope of Practice for a nurse:

"Practice of registered nursing", according to [Utah Code § 58-31b-102](#), means:

- Performing acts of nursing as provided in this Subsection (14) by an individual licensed under this chapter as a registered nurse within the generally recognized scope of practice of registered nurses as defined by division rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act. Registered nursing acts include:
  - assessing the health status of individuals and groups;
  - identifying health care needs;
  - establishing goals to meet identified health care needs;
  - planning a strategy of care;
  - prescribing nursing interventions to implement the strategy of care;
  - implementing the strategy of care;
  - maintaining safe and effective nursing care that is rendered to a patient directly or indirectly;
  - evaluating responses to interventions;

- teaching the theory and practice of nursing; and
- managing and supervising the practice of nursing.

Advanced practice registered nurses (APRN) may have additional specialized education and training in mental health and can provide mental health therapy if under their scope licensure.

## Master Addiction Counselor

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Scope of Practice for a master addiction counselor

“Practice as a Master Addiction Counselor” according to [Utah Code § 58-60-502](#):

- Practice of mental health therapy by means of observation, description, evaluation, interpretation, intervention, and treatment to effect modification of human behavior by:
  - the application of generally recognized substance use disorder counseling and addiction counseling principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness, or dysfunction, symptoms of any of these, or maladaptive behavior; and
  - the supervision of an advanced substance use disorder counselor or a substance use disorder counselor.

# Appendix B: Parent Consent and Disclosure Guidance

The following is reproduced from the [USBE Parent Consent and Disclosure Guidance for School-based Mental Health](#) technical assistance document.

## Disclaimer

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This information is provided to align with the current Federal law, Utah State Code, and Board Rule as of May 26, 2025. Please be aware that this information may be subject to change after this date. It is the responsibility of Local Education Agencies (LEAs) to ensure that local policies and practices are compliant with law and rule, and they are advised to consult with their own legal counsel regarding these matters.

## Purpose

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This document was created to provide guidance for LEAs regarding when SBMH staff can and should disclose confidential information to other school staff, parents, law enforcement, or other third parties. It outlines the federal and state laws and Board rules regarding requirements for parental consent and when to disclose confidential information in the school setting.

## Guidance

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LEAs must follow all applicable federal and state laws and Board Rules regarding requirements for disclosing information to parents. LEAs should design policies, procedures, and/or protocols for sharing confidential information disclosed to a school-based mental health professional during a confidential session. In addition to these requirements, LEAs should collaborate with school-based mental health professionals and should consider the professionals' licensing requirements and ethical guidelines related to confidentiality. LEAs should also collaborate with parents and consider their parental rights and responsibilities to and for their children. LEAs must also follow federal and state laws regarding maintaining and

releasing confidential information that is noted during the provision of school-based mental health services.

## Special Considerations

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School-based mental health service providers include a variety of professionals with varying licensing requirements, ethical boundaries, and laws that govern their practice.

Professionals who hold a license issued by DOPL as mental health therapists are governed by the Mental Health Professional Practices Act ([Utah Code § 58-60](#)). House Bill (H.B.) 281 (2025) amended Utah Code § 53G-9-214, 53G-9-901, and 53G-9-902 and added additional specifications related to authorized personnel, confidentiality, and what constitutes a “restricted service” (see section below).

Professionals who are not licensed by DOPL, such as school counselors, school social workers and school psychologists, are not governed by the Mental Health Professional Practices Act but are governed by the same laws that educators are required to uphold related to confidentiality as well as exceptions to that law. These laws are outlined within FERPA, Utah Statute, and Board Rule (see below).

Some professionals are dual licensed by DOPL and USBE. These professionals must have clearly defined job descriptions that explain their duties and responsibilities, including whether or not their job description requires them to provide mental health services or counseling services. These individuals who are dual licensed are governed by both DOPL and USBE.

## Applicable Federal Laws

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[Family Educational Rights and Privacy Act \(FERPA\)](#): Parents have access to any and all education records. FERPA also allows for sharing school records with other school personnel under certain circumstances and defines education records.

[Section 504 of the Rehabilitation Act of 1973 34 Code of Federal Regulations \(CFR\) Part 104](#): Outlines the regulations for implementing Section 504, ensuring that individuals with disabilities have equal access to education and other services.

[Individuals with Disabilities Education Act \(IDEA\) Part B](#) as amended (20 United States Code (USC) §1401 et. seq.), and its implementing regulations, 34 CFR § 300.1 et. Seq., [Utah Code § 53E-7-204](#): Ensures that children with disabilities receive a Free Appropriate Public Education (FAPE) tailored to their individual needs. This part covers children aged 3 to 21 and mandates special education and related services.

## Applicable State Statutes

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[Utah Code § 53E-9-202](#): This statute mandates that employees of educational entities must protect the privacy of students, their parents, and their families.

[Utah Code § 53E-9-203](#): Requires that schools obtain prior written consent from a student's parent before administering any psychological or psychiatric examination, test, or treatment, or any survey that reveals personal information about the student or their family. It also outlines the requirement to inform parents of the risk of suicide or harming others.

[Utah Code § 53G-9-203](#): Allows school personnel to provide information and observations to a student's parents in four areas: progress, health and wellness, social interactions, or behavior.

[Utah Code § 53G-9-901](#): This statute regulates restricted services (mental health services) and who can provide a restricted service as "authorized personnel." It also outlines specific parameters for parent notification and consent regarding a restricted service.

[Utah Code § 58-60-102](#): Mental Health Professional Practice Act defines "client" and "confidential information."

[Utah Code § 58-60-114](#): The Mental Health Professional Practice Act outlines confidentiality requirements of mental health professionals.

## Applicable Board Rules

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[R277-217](#): Prohibited conduct of an educator includes knowingly violating student confidentiality; required conduct of an educator includes notifying parents of risk of suicide or self-harm.

[R277-313](#): Defines mental health services, and outlines the competencies for school counselors, school social workers, and school psychologists.

[R277-487](#): Outlines the standards for protecting student data and ensuring that information is only shared with authorized individuals who have a legitimate educational interest.

[R277-609](#): LEA requirements for parent notification and court referrals.

[R277-750](#): Outlines standards and procedures for special education programs.

## Applicable Professional Ethical Standards

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School-based mental health professionals such as school counselors, school psychologists, and school social workers are required to protect student confidentiality.

[School Counselors](#): The American School Counselor Association (ASCA) states that school counselors must “recognize their primary ethical obligation for confidentiality is to the students but balance that obligation with an understanding of parents’/guardians’ legal and inherent rights to be the guiding voice in their children’s lives. School counselors understand the need to balance students’ ethical rights to make choices, their capacity to give consent or assent, and parental or familial legal rights and responsibilities to make decisions on their child’s behalf.”

[School Psychologists](#): The National Association of School Psychologists (NASP) states that “school psychologists respect the right of persons to choose for themselves whether to disclose their private thoughts, feelings, beliefs, and behaviors...[and they] use a problem-solving model to consider

carefully whether to share with third parties information that could put the student, family, or others at legal, social, or other risk.”

[School Social Workers](#): The School Social Work Association of America (SSWAA) states that “school social workers are obligated to follow local, state, and federal laws and policies related to education records access and disclosure. In addition to these laws, school social workers must consider ethical obligations, such as the responsibility to maintain client confidentiality and encourage client self-determination. As laid out in the [National Association of Social Workers \(NASW\) Code of Ethics 1.07\(c\)](#), ‘social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons.’ This expectation does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others, including the mandated reporting of child abuse and neglect. Parents and guardians generally have the right to access education records, though this does not include sole possession records or personal memory aids not revealed to others (34 CFR 99.3 and 34 CFR 99.4).”

**Specific Circumstances that require consent, parent notification, or reporting:**  
[SBMH Requirements Document](#).

## Consent Requirements for Authorized Personnel

The following are the consent requirements for authorized personnel when conducting mental health services (see “Restricted Services” in Utah Code § 53G-9-902):

- "Restricted service" means a mental health service that takes place in a school setting.
- Mental health service as defined in R277-313 has the same meaning as mental health therapy as defined in [Utah Code § 58-60-102\(17\)](#).
- Only authorized personnel who are employed, contracted, or formally agreed upon by the LEA are permitted to provide a restricted service within the school setting.

- Authorized personnel are those that are licensed by DOPL as a mental health professional, as well as school psychologists or school social workers who may be licensed by DOPL as a mental health professional.
- Before the initial session of a restricted service in a given school year, the appropriate LEA, school, or authorized personnel must acquire informed written parental consent using a standardized form.
- The standardized form must include: the name of the student.
  - the name of the individual giving informed consent (parent or guardian).
  - the name(s) of the authorized personnel that will be providing the mental health services (i.e. restricted service).
  - a statement that the authorized personnel will provide information about the mental health service, to the parent within one business day after each session has taken place, including a statement that the parent/guardian has the right to opt out of receiving these notifications at any time.
- When obtaining consent, the LEA, school, or authorized personnel must consult with the parent and give them the opportunity to identify topics or issues to address or not address with the student.
- The requirement to obtain prior informed written parental consent before providing a restricted service may be postponed if waiting to contact a parent would put the student or another person at immediate risk of serious bodily injury or suicide, as defined in [Utah Code § 76-1-101.5](#).
- A student's Individual Education Program (IEP) or Section 504 Plan that includes a mental health service (restricted service) satisfies the informed parental consent requirement. Mental health services must be provided solely by authorized personnel, and only within the scope of their relevant licenses. Restricted services required by an IEP or Section 504 Plan may be provided in the presence of others, such as other students in a group setting, if required in the IEP or Section 504 Plan. Unless restricted services are provided as part of an IEP or Section 504 Plan, they must be provided individually (not in the presence of others).
- Authorized personnel may not address a topic or issue with a student when a parent/guardian has expressly stated not to address the topic or issue with

the student. An exception to addressing banned topics would include instances where:

- An omission would compromise the student's immediate safety.
- The student discloses information that creates a duty for authorized personnel to make a mandatory report; in this case, the authorized personnel may further discuss the topic only to the extent necessary to make the report.
- The student disclosed information that makes the authorized personnel suspect there may be a case of child abuse or neglect under [Utah Code § 80-2-602](#); or any other legally mandated duty to report an incident.

## Restricted Services Frequently Asked Questions (FAQ)

- **Question (Q).** What information must be included when notifying a parent that a restricted service has been provided?
  - **Requirement:** The following information must be included in parental notification:
    - notice that the restricted service took place; and
    - the topic of the restricted service.
    - It is important to note if the student discloses information that creates a duty on the authorized personnel to make a mandatory report, disclosure of the topic would not be required under Utah Code § [58-60-114](#) and [53E-9-203\(7\)](#).
  - **Best Practice:** Providers should consult with parents and students to collaborate on what information will be communicated during the parent notification. Parents should be informed of progress towards therapy goals, coping strategies, and/or conflict resolution plans that were developed. Any pertinent information should be shared that the parent needs to help support the student in the home and at school.
- **Q.** What should authorized personnel do if a student receiving mental health services brings up a topic in the session that the parent has identified as a banned topic?

- **Requirement:** Providers must consult with the parents when receiving consent on how they would like the authorized personnel to respond when the student brings up a banned topic. Providers should not ask the student questions about the topic or provide additional information about the topic. If child abuse or neglect is suspected, under [Utah Code § 80-2-602](#) providers can inquire only to the extent necessary to gain information for mandatory reporting.
- **Best Practice:** Providers should inform the parent of the topic and the response to the topic (only if notification would not compromise the student's immediate safety). The focus should be on validating the student's feelings and redirecting the conversation to focus on the root cause of the issue they may be struggling with. Providers should explain to the student that their parent has requested that this topic not be discussed and that additional information about the topic cannot be provided. The student should be encouraged to discuss this topic with their parent(s) or guardian(s). Providers may not provide additional information on or give opinions about the topic.
- **Q. Can authorized personnel conduct mental health services in front of other students?**
  - **Requirement:** It depends on the circumstances. If the student receives mental health services as part of their IEP or Section 504 Plan, services can be provided in front of other students or individuals if the IEP or 504 plan requires such. If mental health services are NOT part of a student's IEP or Section 504 Plan, then services can only be provided individually, not in the presence of other students or individuals.
  - **Best Practice:** Mental health services should be outlined in the IEP or Section 504 Plan. When working with a student in a group setting or with other individuals present, remember to respect confidential information concerning the student or family. The services provided in front of other individuals and students should focus on conflict resolution strategies, practicing coping strategies in the larger setting, reinforcing positive behaviors, and/or observing the student for the purpose of conducting a mental health assessment or evaluation.

- **Q.** When providing mental health services, can properly licensed and authorized personnel provide a diagnosis?
  - **Requirement:** Properly licensed and authorized personnel can provide a diagnosis. If a diagnosis is provided from another agency or therapist, personnel can make a treatment plan from that diagnosis, if such is within the scope of practice for their applicable license and the LEA's policies. Personnel should refer to their school/LEA's policy on providing a diagnosis in an educational setting to determine the best course of action.
  - **Best Practice:** Students who are exhibiting mental health concerns and who have been referred to a mental health therapist, whether in the school setting or through community partners, should be assessed (with parent consent) to inform short-term therapy goals and treatment plans. A formal diagnosis may be needed to address intensive treatment needs and medication management.
- **Q.** Who can ask a student about suicide?
  - **Requirement:** For the purposes of referring the student to appropriate prevention services and informing the student's parents, any school employee, agent, or school resource officer who believes a student is at risk of attempting suicide, physical self-harm, or harming others may intervene and ask a student questions regarding the student's suicidal thoughts, physically self-harming behavior, or thoughts of harming others (Utah Code § 53E-9-203(7)).
  - **Best Practice:** When possible, make the best effort to notify and get consent from the parent before conducting a suicide risk assessment.

## Releasing Confidential Information in Education Records

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**Family Educational Rights and Privacy Act (FERPA):** [FERPA](#) is a federal law that applies to “educational agencies or institutions” that receive federal funds under programs administered by the United States (U.S.) Secretary of Education. Student health records created or maintained by a licensed medical professional employed

by or acting on behalf of a school or district are part of the education record because they (1) contain information related to a student and (2) were created and are being maintained by a school employee or agent. This means the health records created by a school employee are subject to the same confidentiality protections.

### **Basic FERPA Rule:**

- Parents are entitled to access their students' education records until the student reaches the age of 18.
- Without parental consent, other individuals in very limited circumstances are entitled to access a student's education record. Examples include school officials with the need to know in order to carry out their job duties, and law enforcement officials in the case of a health or safety emergency.
- Educational Records are defined as records that are directly related to students and are maintained by the school or district.

\*Exclusion: "sole possession" records (notes kept in the sole possession of the maker, usually made as "memory aids" for the person who created the record.) If SBMH staff keep notes solely in their possession, to refresh their memory of their meetings with students, these would not be considered education records. If, however, SBMH staff share their notes with ANYONE, they must be made available to parents.

## **Releasing Confidential Information FAQ**

- **Q.** Are my records as a mental health provider protected by FERPA?
  - Yes. "Many schools are not required to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule because the school maintains health information only in student health records that are "education records" under FERPA and, thus, not "protected health information" under HIPAA. Because student health information in education records is protected by FERPA, the HIPAA Privacy Rule excludes such information from its coverage" (Evidence-Based Practice in School Mental Health, 2019).
- **Q.** If I am contracted by the school to provide mental health services, are my records still considered a part of the educational record?

- Yes, you are considered an agent of the school, which makes your records part of the educational record.
- Q. Where should I document my services provided to students?
  - Your school/district should have a secure platform where your records can be kept.
- Q. Can my records be subpoenaed in legal proceedings?
  - Yes, any records you keep can be subpoenaed in the event of legal proceedings. Any formal notes could be requested as well as any personal notes kept in a private notebook. FERPA requires that parents be notified when records are subpoenaed, and parents have the right to have information removed from the record if it is misleading or inaccurate.
- Q. Who should/can I share my records with?
  - You should ensure that you have authorization to release information signed by a parent/guardian before releasing any information to any outside entities. When considering sharing information with individuals within the school/district, you should consider whether the information is required for the individual to do their job. Provide only the minimum amount of information needed for them to support the student within the scope of their work. When considering what information to share with a parent/guardian, you should consider the privacy and confidentiality agreements you have made with the student and what information would be helpful for the parent to support their child. Parents/guardians have a right to access any information documented in their child's record.

- Q. Should my mental health records include a diagnosis?
  - If you are a licensed mental health therapist (i.e. licensed by DOPL) and are authorized personnel to provide mental health services in the school setting, then you can provide a diagnosis, and you may include that in your clinical notes. You should refer to your school/district policy on providing a diagnosis in an educational setting to determine the best course of action.
  - If you are not a licensed mental health professional or authorized personnel, you may only make a note of a previous diagnosis.
  
- Q. What should I include in my mental health records?
  - If you provide counseling services, your progress notes should be brief and related to aspects of the student's progress. You may include important issues or concerns related to the services being provided. You may consider using the **SOAP** method:
    - **S**ubjective—The student's perspective on the problem
    - **O**bjective—Provider's observations and data obtained
    - **A**ssessment—Providers analysis of the subjective and objective components
    - **P**lan—including frequency of visits, recommendations, etc.
  - Authorized personnel providing mental health services may consider including:
    - Diagnosis(es) and/or documented history of diagnoses
    - Treatment modality/evidence-based intervention used
    - Progress or lack of progress
    - Treatment plan (as well as any modifications to the plan)
    - Clinical impressions
    - Relevant psychosocial information
    - Safety issues
    - Clinical emergencies/actions taken
    - Any known medications taken by the student
    - Consultations/collaborations with other professionals
    - Recommendations
    - Referrals made
    - Information about abuse/suspected abuse

# The Therapeutic Relationship

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A therapeutic relationship is a professional, interpersonal alliance between a healthcare provider (such as a therapist, counselor, or doctor) and a client or patient. This relationship is characterized by trust, respect, and collaboration, with the primary goal of supporting the client's well-being and facilitating positive change. The therapeutic relationship is crucial for students because it fosters a safe and supportive environment where they can openly discuss their thoughts, feelings, and challenges. Here are a few key reasons why trust and confidentiality are so important in this context:

- **Building Trust:** Trust is the foundation of any therapeutic relationship. When students feel they can trust their therapist or counselor, they are more likely to share personal and sensitive information, which is essential for effective therapy.
- **Ensuring Confidentiality:** Confidentiality assures students that their disclosures will be kept private. This is vital for creating a safe space where they can express themselves without fear of judgment or repercussions.
- **Promoting Emotional Safety:** A strong therapeutic relationship provides emotional safety, allowing students to explore their feelings and experiences without feeling vulnerable or exposed.
- **Facilitating Growth and Healing:** When students trust their therapist and feel confident that their information is confidential, they are more likely to engage fully in the therapeutic process, leading to better outcomes in terms of personal growth and healing.
- **Encouraging Open Communication:** Trust and confidentiality encourage students to communicate openly, which is essential for identifying and addressing the root causes of their issues.

Overall, the therapeutic relationship is a cornerstone of effective therapy and helps students feel supported and understood as they navigate their personal challenges.

## Collaboration with Parents

Balancing the therapeutic relationship and respecting the student's confidentiality with the need to inform parents about a student's progress can be challenging, but

it is essential for effective therapy. Some strategies that may help therapists better collaborate with parent(s) and guardian(s) include:

- At the beginning of therapy, therapists should clearly explain the limits of confidentiality to both the student and their parent(s)/guardian(s). This includes discussing what information the parent wants to be shared with them, as well as topics the parent would not like to be addressed in therapy. Also, discuss what can be shared and under what circumstances according to legal requirements. Make a plan for therapy goals and discuss what will be shared and under what circumstances.
- When communicating with parents/guardians, therapists can focus on general progress and topics discussed rather than specific details. This helps maintain confidentiality while keeping parents well informed.
- Therapists can offer educational sessions for parents/guardians to help them understand the therapeutic process and the importance of confidentiality. This can foster a supportive environment for the student at home and school.
- Therapists can schedule regular check-ins with the student and their parents/guardians to discuss progress. These meetings can be structured to ensure the student's privacy is maintained while providing parents with the information and updates they need to help support the student at home and school.
- Therapy progress notes should be documented in a safe, secure platform, and parents/guardians have access to these as part of their student's education records. Readily make them available during your regular check-ins or whenever a parent requests them.
- Keeping detailed records of what has been shared with parents will help ensure transparency and accountability.