

EDUCATION

THE UTAH STATE BOARD OF EDUCATION
Report to the Education Interim Committee

STUDENT HEALTH AND COUNSELING PROGRAM REPORT

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STUDENT HEALTH AND COUNSELING PROGRAM REPORT

The Student Health and Counseling Program Report provides an overview of Utah's state-funded effort to expand school-based mental health supports through qualifying personnel, clinical services, trauma-informed care and partnerships with community mental health providers. Created through House Bill (H.B.) 73 (2019) and governed by [Utah Code Section 53F-2-415](#) and [Board Rule R277-622](#), the program supports local education agencies (LEAs) in hiring or contracting with school counselors, school social workers, school psychologists, school nurses and other qualifying professionals to address student mental health needs and remove barriers to learning. LEAs receiving funds submit three-year implementation plans with board-approved, measurable goals tied to student safety, student engagement, school climate or academic achievement. Funding helps LEAs strengthen service delivery, referral pathways, trauma-informed practices and collaboration with community partners. This report indicates that the program has contributed to increased access to school-based mental health professionals and improved systems of care, while recognizing that multiple funding sources also support these positions. Ongoing challenges include inflation, increased hiring costs, workforce capacity limitations and the need for continued monitoring to sustain progress and support student well-being.

EXECUTIVE SUMMARY

The Student Health and Counseling Program was created by legislation during the 2019 Utah General Legislative Session via H.B. 373 to deliver targeted school-based mental health supports. Its scope includes clinical services and trauma-informed care, provided through hiring or contracting qualifying personnel. The program is regulated under Utah Code Section 53F-2-415 and Board Rule R277-622.

This program helps facilitate initiatives in educational environments, encompassing both prevention and promotion measures, as well as initiatives for mental health service delivery and referral pathways to community mental health partners. "Qualifying personnel" refers to licensed school counselors or other counselors, school psychologists or other psychologists, school social workers or other social workers, or school nurses who collaborate with educators and a student's parent on:

- Early identification and intervention addressing a student's academic and mental health needs; and
- Removing barriers to learning and supporting development of skills and behaviors necessary for the student's academic achievement.

Program funding may also support behavioral health support personnel who work under the direct supervision of qualifying personnel employed by an LEA. Their responsibilities are limited to:

- Supporting and tracking a student's progress and access to the school curriculum.
- Supporting students by prompting, redirecting, encouraging, and reinforcing positive behaviors.

The funding provided through this program is intended to support a wide range of mental health initiatives within schools. Qualifying personnel have varying scopes of practice and deliver different mental health supports and services according to their professional training. Some professionals are trained to provide therapeutic services, while others provide mental health supports. Qualifying personnel such as school counselors, school social workers, school psychologists and school nurses work to identify and address students' mental health needs with an emphasis on prevention, early intervention and connecting appropriate resources. Qualifying personnel with a mental health license from the Division of Occupational and Professional Licensing (DOPL) are qualified to provide treatment of mental health disorders. The program emphasizes fostering a supportive educational environment while building systems of care through community partnerships.

Funding is available to all LEAs and regional education service agencies (RESAs) that apply. Awards are calculated using a formula that includes a base amount plus an additional amount based upon each LEA's student enrollment count.

Originally, LEAs were required to match the state allocation using local or unrestricted state money. In the 2020 Utah General Legislative Session, H.B. 323 removed the matching requirement for any LEAs who applied for the grant after April 1, 2020. Because LEAs had their plans approved for three years, some LEAs continued to match funds until the end of fiscal year (FY) 2022. The matching requirement was removed completely from Statute in the 2023 Utah General Legislative Session with H.B. 411.

The program's funding history is summarized below.

- FY20: \$16 million (matching funds)
- FY21: Increased to \$26 million (matching was removed)
- FY22-25: \$26 million (no funding changes)
- FY26: \$24 million (decreased by \$2 million)
- FY27: \$22.7 million (decreased by \$1.3 million)

MENTAL HEALTH IMPLEMENTATION PLAN

To qualify for funds under this section, an LEA shall submit to the Utah State Board of Education (USBE) a three-year plan that includes:

- Measurable goals approved by the LEA governing board on improving student safety, student engagement, school climate or academic achievement.
- How the LEA intends to meet the goals through qualifying personnel services.

A critical aspect of this program is ensuring that each LEA's goals are closely aligned with the specific requirements and intent of the grant. Funding is dedicated to hiring or contracting with qualifying personnel whose services directly contribute to measurable improvements in student safety, student engagement, school climate and academic achievement. Grant goals include provisions for mental health support, as well as targeted outcomes tailored to individual LEA needs, such as increased attendance, enhanced academic performance, and a reduction in safety-related incidents.

MENTAL HEALTH PERFORMANCE METRICS

During FY26, 37 school districts, 91 charter schools, and 4 regional education service agencies participated in the grant.

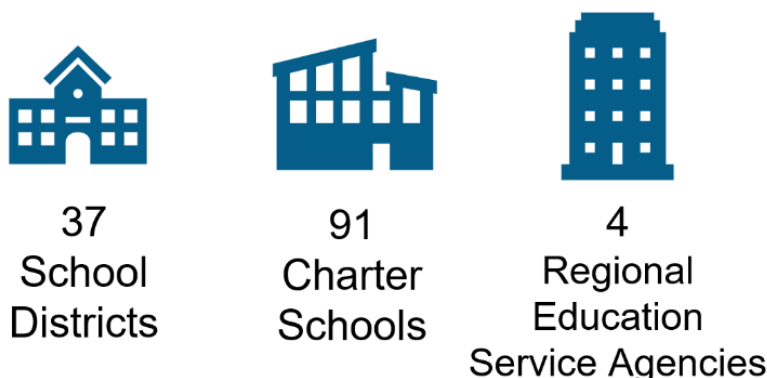


Figure 1

Figure 1 shows the LEA relationship between the local mental health authorities (LMHAs) and community providers. The grant has enabled many LEAs to expand collaboration and contracts with community mental health partners. Although baseline data on partnerships with LMHAs or other providers are unavailable, program data indicates that these partnerships have increased since the grant began (see Figure 2 below). However, some LEAs are not collaborating with the

LMHA.

LEAs identified three common reasons for not collaborating with LMHAs. These are listed below.

Preference for in-house staff: Many LEAs reported that their own qualifying personnel, including licensed clinical social workers, school counselors and other mental health professionals, were already meeting student needs and providing timely, accessible support within the school.

Regulatory and logistical barriers: LEAs cited challenges coordinating with external providers, including differing confidentiality requirements under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA), scheduling constraints and contracting burdens. Some found school-based services more practical because they are integrated into the educational setting.

Limited access or resources: Some LEAs reported that LMHAs were not viable partners because of limited capacity, high demand, long waitlists, and uncertainty about the appropriate local authority or service eligibility requirements such as Medicaid qualification.

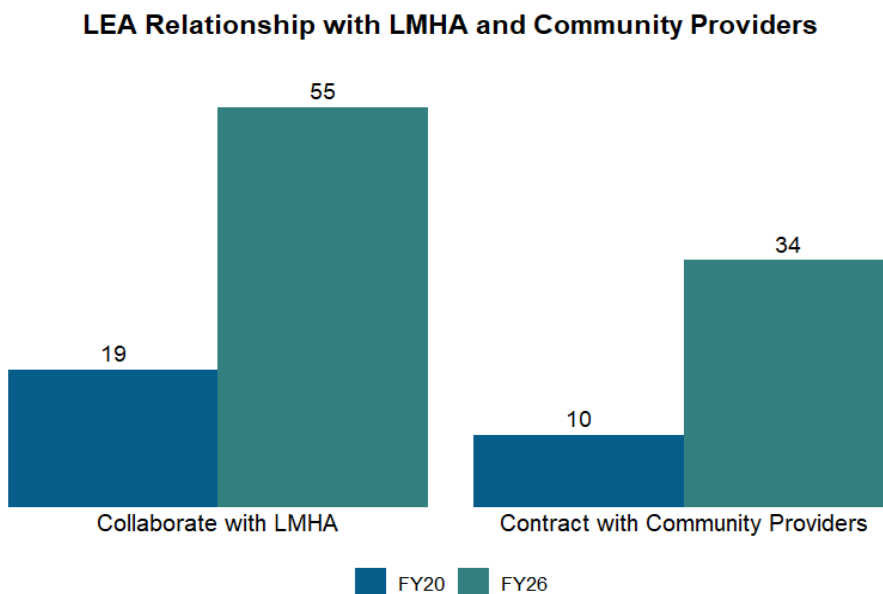


Figure 2

Figure 2 illustrates the type of personnel LEAs hired and the number of full-time equivalent (FTE) in each category of qualifying personnel. Contracted personnel are not separated by type, so it is important to be aware that all contracted

personnel are verified to fall under the qualifying personnel requirements. Nine LEAs reported discontinuing qualifying personnel positions, primarily due to staffing restructuring and funding constraints.

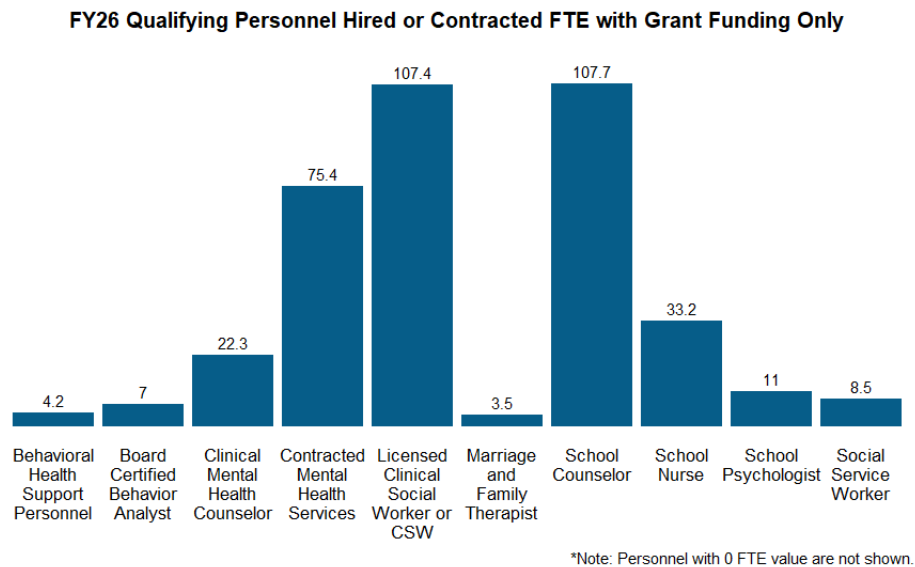


Figure 3

Figure 3 displays the top ten most utilized services reported by LEAs. Addressing behaviors that impact academic success followed by teacher consultation to support student mental wellness was FY26's most-reported service. Because an LEA may provide more than one type of service, the service counts may exceed the total number of participating LEAs when combined.

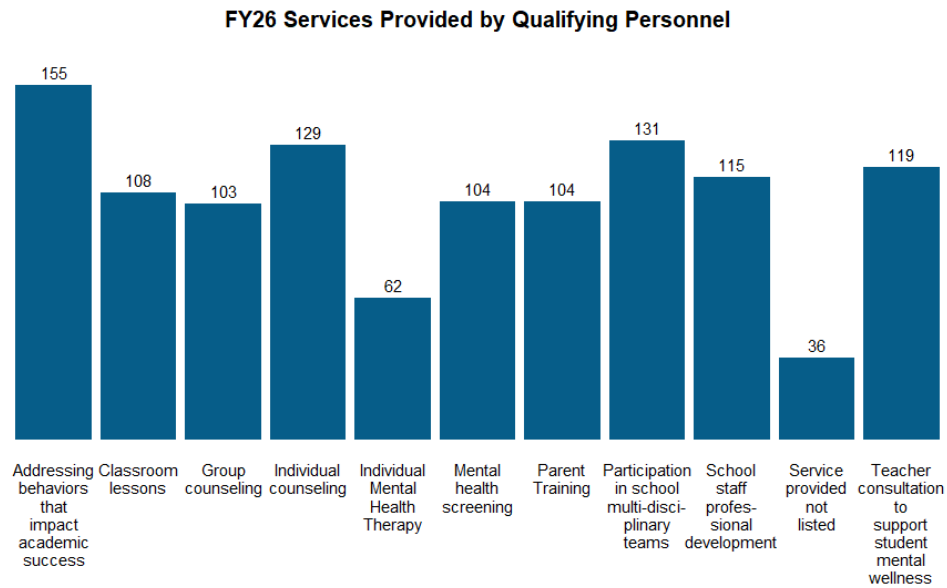


Figure 4

For this grant, LEAs created their own goals from four categories and can submit up to three goals. LEAs must also obtain approval for these goals from their governing board. Figure 4 highlights which categories LEAs most often selected.

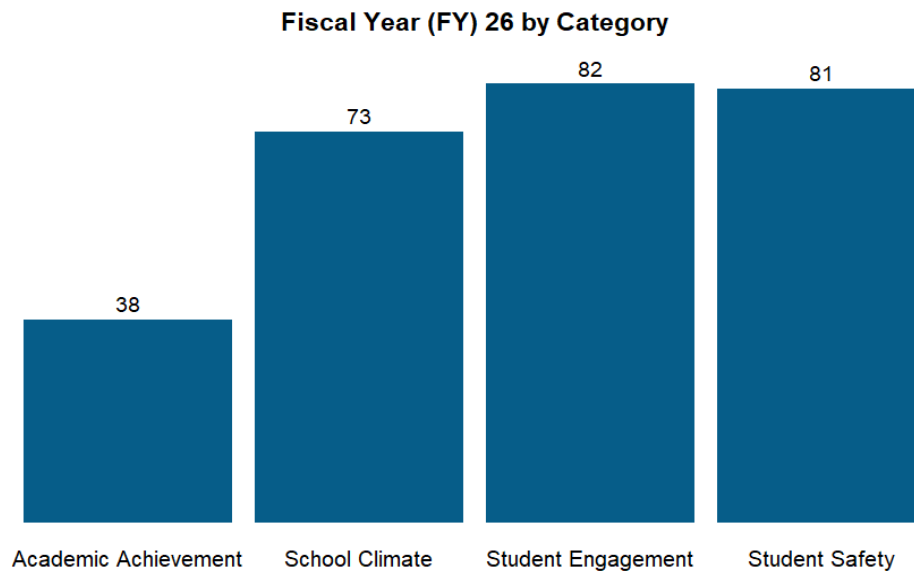


Figure 5

LEAs are grouped into three-year cohorts, with new applications accepted annually. Each LEA is at a different stage in its grant cycle based on its initial application year. Figure 5 shows how many LEAs achieved their goals by the end of their three-year plan.

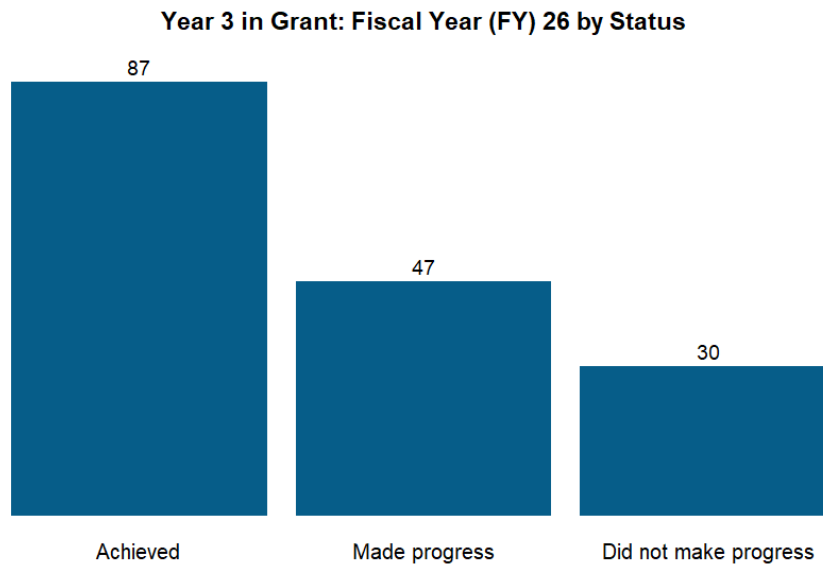


Figure 6

Figure 6 displays the reported progress for all LEAs, regardless of their current cohort. It includes progress data from both second- and third-year LEAs, whether they are in the middle or at the end of their three-year cycle.

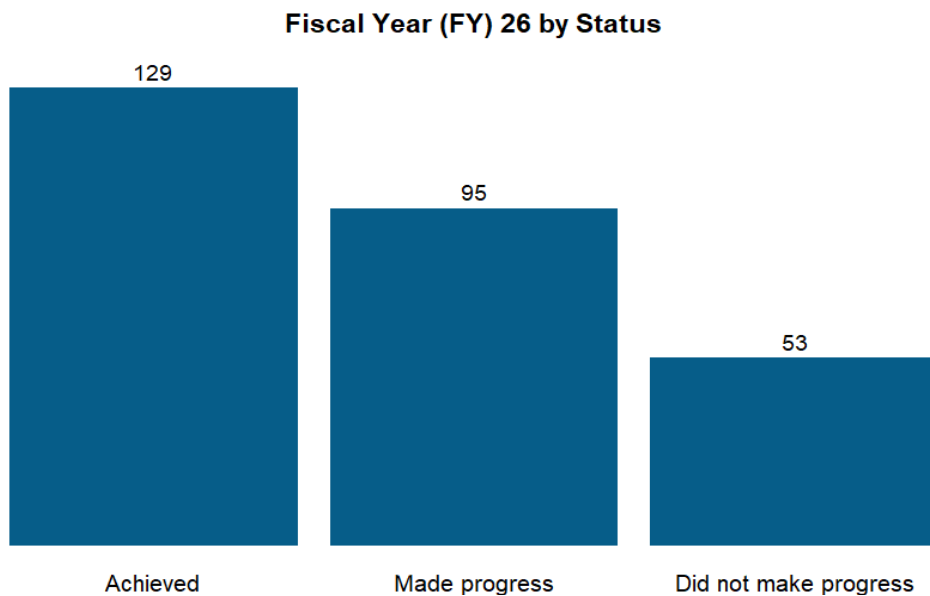


Figure 7

Figure 7 shows all qualifying personnel reported by participating in LEA grantees regardless of funding source. Because multiple funding sources support these positions, the Student Health and Counseling Program likely contributed to

improved school-based mental health professional ratios but was not the sole contributor. USBE tracks ratios for school counselors, school social workers and school psychologists who hold educator licenses only, therefore, school social worker ratios exclude professionals working in schools solely under a DOPL license. School nurses do not hold educator licenses; their data is tracked through the Workforce Health Report in collaboration with the Utah Department of Health and Human Services (DHHS).

FY26 Qualifying Personnel Hired or Contracted FTE Regardless of Funding

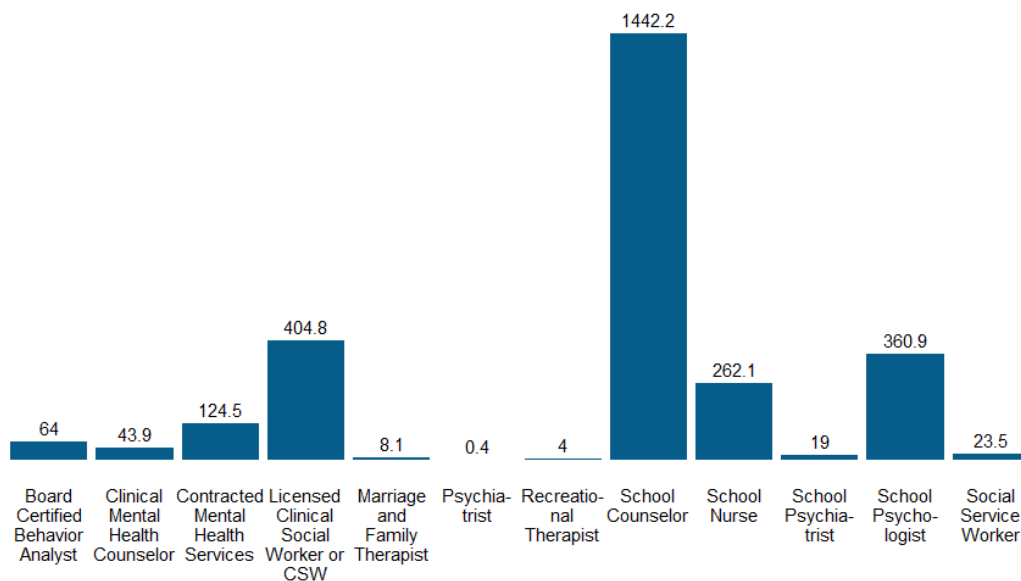


Figure 8

FY19 Ratios (Grades K-12)	FY26 Ratios (Grades K-12)
School Counselors 1:631	School Counselors 1:331
School Social Workers 1:3926	School Social Workers 1:2388
School Psychologists 1:2234	School Psychologists 1:1969
School Nurses 1:3595	School Nurses 1:2307

Figure 9

SUMMARY

The Student Health and Counseling Program has strengthened LEA partnerships with community mental health providers and increased the number of qualifying personnel in schools. Changes to funding requirements have reduced local burdens and supported continued progress; however, inflation, higher hiring costs, reduced funding and workforce capacity challenges may limit future growth. Continued monitoring and responsive support will be important to sustain the program's effectiveness in supporting student well-being.