

# Frequently Asked Questions (FAQ)

## School-based Mental Health Screening Program and Grant

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## Record of Determination

1. **Question:** What is the Record of Determination and who should be filling it out?

**Answer:** The Record of Determination must be filled out by the LEA Governing Board, a Representative of the Board, or the Superintendent. This form notifies USBE that the LEA will either participate in the screening program or not. If the LEA chooses to participate, then contact information for the screening program primary contact is required.

2. **Question:** What needs to be done if the LEA determines at a later time that they want to implement a screener?

**Answer:** According to USBE Rule [R277-625](#), LEAs shall notify the Superintendent by July 1 if the LEA elects to be a “participating LEA” or a “non-participating LEA”.

LEAs will need to utilize one of the approved mental health screeners OR receive approval from USBE for the screener that the LEA wants to implement. If LEAs want to implement a screener for the 2024-2025 school year, they will need to submit their Record of Determination before July 1, 2024.

3. **Question:** What does it mean to be a “participating Local Education Agency (LEA)”?

**Answer:** In state statute [53F-2-522](#), the reference to “participating” LEA, means any LEA that is conducting a mental health screening (not conducting assessments or diagnoses).

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## *Designing Implementation Plan*

1. **Question:** What constitutes a “school mental health screening program”?

**Answer:** A “school mental health screening program” is a systematic process for utilizing approved screening tools to identify the possible presence of one of the [“approved mental health conditions”](#).

2. **Question:** If we are a participating LEA, is there a requirement to screen all students?

**Answer:** There is no requirement that you screen all students within your LEA. The decision is left up to the LEA on how they wish to operationalize the implementation of mental health screenings within their schools, meaning, they can choose if they want to offer screenings to specific grades or classrooms specific schools within the LEA, or the entire LEA. There is a requirement that LEAs annually notify all parents of students within the LEA that screening is available and parents can request their student to be screened.

3. **Question:** Is there a timeline for when we can implement a Mental Health Screener?

**Answer:** The timeline will be based on how you are implementing your program and how soon you can get people trained and receive parental consent. Training is required for one or more relevant staff in the LEA who administer a mental health screening before mental health screenings can begin. The training will be available via Canvas for relevant staff to complete at the beginning of each school year.

4. **Question:** How will LEA's identify students to be screened?

**Answer:** LEAs are utilizing a variety of different methods to identify students to be screened. There is no requirement for how this will be done, it is up to the LEA to design this process. Some examples of how this is being done is to offer LEA-wide mental health screening nights, specific grades, or classes.

5. **Question:** We are looking at some mental health screeners and are wondering if we were to use them, could we choose who we administer it to, either by referral or by grade band?

**Answer:** Yes. LEAs may choose to administer mental health screening to specific grade levels as long as it is in line with the requirements in USBE Rule [R277-625](#), and the relevant staff Administrators have attended the required training. All staff need to be in compliance with the requirements and trained on the process of how to conduct mental health screenings. Keep in mind the difference between screening and assessment. Universal screening is a process for those that you have not already identified as having areas of concern.

6. **Question:** If we refer a student to a community mental health agency for services or a contracted mental health professional, and they administer a screening tool, does that still require us to be considered a “participating LEA”?

**Answer:** No. When the LEA refers a student for assessment or services, they are essentially making the determination that there is a mental health concern that requires action, which makes screening unnecessary.

7. **Question:** What is the difference between screening, assessment, and diagnosis?

**Answer:**

Screening is a process for evaluating the possible presence of a particular problem and whether further action needs to be recommended to address the problem.

Assessment is a process for defining the nature of a problem (including frequency, intensity, duration), determining a diagnosis, and developing specific recommendations for treatment of the problem or diagnosis.

Diagnosis is the process of using assessment data to determine if the pattern of symptoms the person presents with is consistent with the diagnostic criteria for a specific mental health disorder set forth in an established classification system such as the DSM-5.

8. **Question:** We are concerned about a specific student due to observable behaviors that indicate the *possible* presence of a mental health challenge. If we utilize a tool on the approved screening tools list to measure the student’s risk, is this considered a screening?

**Answer:** When an LEA is made aware of a *specific* student who is exhibiting concerns, this falls outside the scope of the School-based Mental Health Screening Program. In this case, the tool would be used as part of an assessment. If the LEA is intervening with a student due to an infraction or because of identified behaviors/issues that are ongoing and/or chronic and/or increasing in frequency and duration, and the school has already determined that there is a need for some type of action, then this is considered an "assessment". The school has, in effect, already determined that there is an issue that needs to be addressed with the student, making screening unnecessary.

If you are intervening with a student because of intense behaviors that give reason to believe that the student poses a risk of danger to themselves or others and immediate action is required, then this would be considered "crisis intervention". Assessment and crisis intervention are not considered a part of the mental health screening process.

Also excluded are students being assessed for a disability that may qualify them for IEP or section 504 services.

9. **Question:** Is it correct that the screening is not seen as diagnostic, but for students at risk for such diagnosis?

**Answer:** Yes, the purpose of the screening is to help identify students who may be experiencing symptoms associated with anxiety, depression, or suicidal ideation.

10. **Question:** We have a concern about screening students and then parents believing that the school is diagnosing the student, even if they specify that this is not a diagnosis. Some schools do not have access to readily available mental health providers that could provide follow-up. There is concern that this puts school counselors or others that deliver the message in a tough situation.

**Answer:** Best practice indicates that before mental health screening takes place in schools, LEAs should have a plan for addressing any identified potential mental health concerns, as well as an identified process for connecting students and their families with established resources for support. There must be a process for following up with families to ensure that they understand the results of the screening.

If an LEA does not have the capacity to provide the type of support and follow up that a student and family might need, please feel free to contact the USBE school-based mental health team and we can identify other options rather than mental health screening. Also, if a school would like some technical assistance about how to provide support and follow up, we are happy to provide assistance.

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## ***Parent Consent***

1. **Question:** Do we need to get parental permission prior to administering a screener?

**Answer:** Yes, according to USBE Rule [R277-625-3](#) (10)(b)(i), the LEA needs to obtain prior written consent from the parent(s) for the screener within 8 weeks prior to the administration of the mental health screener.

2. **Question:** Do we need to get parental permission if we want to complete a mental health screener with an 18-year-old student?

**Answer:** Yes. The statute requires parents to give consent for mental health screening, regardless of the age of the student.

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## **Annual Training**

1. **Question:** What is the purpose of the required training?

**Answer:** The required training will cover considerations for best practices, requirements for mental health screening, and discuss methods for implementation, including fidelity and data measures.

2. **Question:** Who is considered a relevant person that **must** attend the yearly required training?

**Answer:** USBE Rule R277-625 states that relevant staff are the individuals who will be administering a mental health screener.

3. **Question:** There is confusion about the purpose and intent of the annual training that must be attended before completing a screening. Is that to learn about the approved list and the tools on it, a process for screening, or something else?

**Answer:** The training is not to learn about the list of approved tools and specific tools will not be discussed in detail. The training includes important definitions, requirements from state statute and board rule, and guidance for implementing a comprehensive screening program, including referral pathways for connecting students with services. The training is required annually to ensure new information and updates can be effectively communicated.

## Mental Health Conditions & Screening Tools

1. **Question:** What is the difference between a behavioral screener and mental health screener? Aren't they coexisting? For example, a student may be using illegal substances (behavioral health) to manage their anxiety (mental health). Or a student may exhibit suicidal ideation (behavioral) as a symptom of depression (mental health).

**Answer:** Behavioral health is an umbrella term that encompasses mental health and other issues. Specific behaviors can be understood as contributing risk factors for disruptions in either mental health or behavioral health. The statute [53F-2-522](#) provided the State Board of Education with the authority to make rules in regard to school-based mental health screening. Accordingly, as a part of the rule process, the Board narrowed the conditions that schools can screen to only include the specific mental health conditions of depression, anxiety, and suicidal ideation, because these areas were identified as the areas of greatest need through surveying LEAs across the state.

2. **Question:** Does a mental health screening tool need to require active participation of the student (for example a question/ answer format)?

**Answer:** The tools that are allowed for mental health screening can be found [here](#). Some of the tools are teacher and parent reports which do not require the active participation of the student.

3. **Question:** Can a school decide to do a behavioral health screener with their students without any oversight by USBE due to this mental health screening legislation?

**Answer:** Right now, there is no USBE Rule that regulates behavioral health or risk screeners. If an LEA wants to implement a screener that screens for behavioral health concerns outside of anxiety, depression, and suicide ideation, it is recommended that LEAs work with their legal counsel to determine how to appropriately address issues such as parental consent and data privacy issues. However, behavioral health screeners that include questions specific to diagnosable mental health conditions such as anxiety, depression or suicidal ideation fall under this rule. If a screener includes

questions on anxiety, depression, or suicidal thoughts / behavior, LEAs may not utilize the tool unless it is on the Board approved mental health screener list.

4. **Question:** If a tool is being used by educators to observe behaviors of students using an evidence-based checklist, is that considered a mental health screening?

**Answer:** Observations of student behaviors are not considered mental health screenings. The tool is considered a “mental health screener” if the intended purpose of the tool is to effectively determine whether a student may have mental health conditions that require mental or behavioral health interventions. If the tool is a behavior monitoring and observation tool with a purpose to assist educators in determining what educational interventions a child may need based on their behaviors and/or there does not appear to be any aspect of the tool that identifies or attempts to identify mental health conditions and whether mental health interventions are required, then it is not considered a “mental health screener.”

5. **Question:** If an LEA contracts with an outside provider or agency to conduct mental health screenings for students, does the provider / agency need to use a screener on the approved list of tools?

**Answer:** If an LEA is contracting with a community mental health provider to implement a mental health screening program, then this would be considered a school-based mental health screening. The following indicators need to be considered and analyzed when determining whether a screening is a school-based mental health screening (rather than a community-based screening) and would therefore fall under the purview of USBE Rule [R277-625](#).

- The services are being provided through a contract and funding or resources are being provided by the school to provide/supplement the service.
- The services are being provided at the school, with the knowledge, consent, and approval of the parent/guardian.
- The service provider is providing information and records to the school regarding the results of the screening.

When an LEA decides to contract with a mental health provider for these services, it is the responsibility of the LEA to provide clarity in the contract or MOU about how these services are to be provided and what requirements



the contractor must follow, including those established in USBE Rule. We realize that there are many other factors that need to be taken into consideration and this answer is not comprehensive for all situations. Due to the varying needs of LEAs and for the desire for consistency statewide on this issue, we ask that any LEA that has additional questions about this to contact USBE and allow the school-based mental health screening team to discuss the circumstances in detail, in order to assist the LEA and USBE in determining whether the situation falls within the purview of the statute and USBE Rule regarding school-based mental health screenings.

6. **Question:** How is suicidal ideation a mental health condition, not a behavioral health condition?

**Answer:** While suicidal ideation is not a diagnosable mental health condition, Board members chose to include this as one of the conditions for which to screen.

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## Funding

1. **Question:** How much funding is associated with the Mental Health Screening Grant?

**Answer:** The total amount for the grant appropriated by the Utah State legislature is \$1,000,000. 90% is allocated as a formula grant, the participating LEAs will be funded based on the previous year's average daily membership count. 10% will be provided as an additional allocation to LEAs that exhaust all funding. The 10% will be awarded based on a competitive process. Please contact the screening team if you exhaust all funds and want to apply for additional funding.

2. **Question:** Can a computer program collect information during the screening process be funded with the grant?

**Answer:** It depends; if the computer program you are referring to uses one of the screening tools on the approved list then it may be eligible. If it falls outside the approved conditions list (or the associated tools list) then it would not be eligible for funds.

3. **Question:** What criteria should be used to determine what a "qualifying parent" is?

**Answer:** [Utah Code Section 53F-2-522](#) states that a “qualifying parent” means a parent: of a participating student who, based on the results of a screening program, would benefit from resources that cannot be provided to the participating student by the school mental health professional in the school setting; and who qualifies for financial assistance to pay for the resources under rules made by the state board.

R277-625 defines “qualifies for financial assistance” as:

- a. having a student who receives free or reduced lunch;
- b. as recommended by the local mental health authority, demonstrates need including being:
  - i. Uninsured;
  - ii. Underinsured;
  - iii. ineligible for Medicaid to cover part or all of any recommended mental health treatments; or
  - iv. demonstrates a high need for interventions based upon results of the LEA's mental health screener.

4. **Question:** What are allowable uses of funds in this grant?

**Answer:** There are two types of allowable uses of funds for this grant, applicants may apply for **one or both** types:

- *Type 1: Mental Health Screening Implementation*
  - Allowable expenses for the Mental Health Screening Program include:
    - Salary, benefits, contracting, and materials. Funding restrictions include: incentives and travel
- *Type 2: Relevant Mental Health Services*
  - Allowable expenses for the Mental Health Services Support include:
    - Reimbursement for qualifying parents for relevant mental health services as a result of screening. Funding restrictions include: inpatient services

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