Purpose:

To comply with state requirements for Comprehensive Counseling and Guidance Programs as outlined in R277-462.

Definitions:

1. "LEA" means, for purposes of this rule, an LEA that serves students in any grades
2. "Program" means an LEA's school counseling program that shall be consistent with the program model described in Section R277-462-3.
3. "School Counselor" means an educator licensed as a school counselor consistent with R277-506 and assigned to provide direct and indirect services to students consistent with the program.
4. "Mental Health Specialist" means a professional licensed as a social worker, licensed professional counselor, or licensed mental health counselor consistent with R277-506 and assigned to provide direct and indirect services to students consistent with the program.
5. "School Psychologist" means an educator licensed as a school psychologist consistent with R277-506 and assigned to provide direct and indirect services to students consistent with the program.

Policy:

1. Incorporation of College and Career Readiness School Counseling Program Model
2. Spectrum Academy incorporates the College and Career Readiness School Counseling Program Model (2nd Edition) in order to ensure compliance with State regulations and to ensure Best Practice for Student progress: [Link](https://schools.utah.gov/file/5ff1f145-c2c4-4fe5-b8bc-61c744a27f51)
3. Overall assurances:
   a. Spectrum Academy ensures compliance with Section 52E-2-3-4 of Utah Administrative Code (Plan for College and Career Readiness) by:
i. Integrating technology into curriculum, instruction, and student assessment through the use of Chromebooks/computers and iPads/tablets in every classroom.

ii. Encouraging teacher/parent involvement in policymaking through Parent Empowerment Nights, public Board meetings, surveys, and focus groups

iii. Ensuring educational choice through a variety of educational paths within Spectrum Academy

iv. Implementing Strategic Planning meetings at the team, campus, and LEA level

v. Providing rigorous coursework for all students, regardless of academic or developmental level

vi. Participating in research and data collection and analysis aimed at systemic improvement

vii. Partnering with community stakeholders to provide opportunities for student growth

b. Accreditation

i. Spectrum Academy completes an onsite program review conducted by the director of academics at least once every six years that assesses:
   1. Collaborative classroom instruction
   2. Implementation of the plan for College and Career Readiness
   3. Program contribution to achieving the student success framework
   4. Systemic dropout prevention
   5. Overall administration of the program

ii. Spectrum Academy completes an internal review once every 3 years in compliance with R277-410:
   1. ensure school's program is self-evaluated annually;
   2. participate in statewide trainings provided by USBE;
   3. provide adequate resources and program management to each program within the LEA;
   4. conduct a program needs assessment with relevant stakeholders at least once every three years including school-based data projects demonstrating program or intervention effectiveness;
   5. provide evidence of LEA governing board approval of the program;
   6. demonstrate parental involvement in the program including advisory committee participation;
   7. integrate collaborative classroom instruction consistent with student success framework and standards identified by the program model;
   8. maintain the required school counselor to student ratio described in Section R277-462-6;
9. design a program that includes the needs of diverse students; and
10. provide assistance for students in career literacy and future decision-making skills.

c. To qualify for funding described in Section R277-462-4 Spectrum Academy has at least one school counselor for every 350 students in grades 7-12.

4. Duties and Responsibilities of the School Counselor:
   a. Develop an individual student 4-year plan for College and Career Readiness (CCR) in collaboration with each student and his/her parents that is:
      i. Initiated at the beginning of a student's seventh grade year; or
      ii. Within the first year the student is enrolled in grades 7-12
      iii. Updated during the students’:
           1. Grades 7 and 8
           2. Grades 9 and 10
           3. Grades 11 and 12
           4. As needed
   b. Ensure that a student’s course registration and class schedule is consistent with the student’s plan for CCR
   c. Ensure parental involvement in the development of the CCR is documented
   d. Develop and consult regarding a systemic approach to addressing barriers and challenges in order to provide students with equitable opportunities for student growth
   e. Assist with the development of rigorous paths of coursework for all students in preparation for CCR
   f. Evaluate school data to order to identify academic and social deficiencies that impede student success
   g. Evaluate school data to identify and address barriers to student achievement, such as absences, drop-outs, etc.
   h. Advocate for student needs in relation to CCR
   i. Provide direct, proactive services to address systemic issues, such as:
      i. substance abuse,
      ii. bullying (including hazing, bullying, cyber-bullying, and harassment)
      iii. school safety,
      iv. and individual safety.
   j. Provide immediate, temporary interventions to build skills in resiliency and social/emotional skills
   k. Assist with crisis intervention/counseling
   l. Assist students to transition between programs
   m. Collaborate with Special Educators to develop IEPs that address CCR
   n. Provide referrals to appropriate agencies, when appropriate
   o. Identify students in need of more intensive services

5. Duties and Responsibilities of the Mental Health Specialist
a. Develop and consult regarding a systemic approach to addressing barriers and challenges in order to provide students with equitable opportunities for student growth

b. Provide direct, proactive services to address systemic issues, such as:
   i. substance abuse,
   ii. bullying (including hazing, bullying, cyber-bullying, and harassment),
   iii. school safety,
   iv. and individual safety.

c. Provide referrals to appropriate agencies, when appropriate

d. Crisis intervention, including but not limited to:
   i. Counseling
   ii. Referrals to school and community resources
   iii. Postvention

e. Liaise with community agencies/providers

f. Contribute to the development of Functional Behavior Assessments and Behavior Intervention Plans

g. Consult with the Special Education Team to develop IEPs that support the mental health needs of students in order to ensure equitable educational access

h. Evaluate school data to order to identify academic and social deficiencies that impede student success

i. Direct provision of services:
   i. Proactive, preventative services via assemblies, classroom lessons, or online modules to support social-emotional skills, resiliency, bullying, safety, substance abuse prevention, etc.
   ii. Small group and individual counseling to address mental health needs as outlined in the IEP

j. Consult with teachers, administrators, and related services staff to support student needs

k. Collaborate with Child Study Teams to identify students at risk at to implement tiered levels of support

l. Evaluate individual student data to determine intervention needs and measure outcomes

m. Develop social histories and psycho-social assessments

n. Conduct staff education/in-service on topics related to mental health, including but not limited to:
   i. Child abuse, sexual abuse, neglect
   ii. Suicide prevention
   iii. Substance abuse prevention
   iv. School safety

 o. Collect and maintain HB-134 forms

6. Duties and Responsibilities of the School Psychologist

   a. Develop and consult regarding a systemic approach to addressing barriers and challenges in order to provide students with equitable opportunities for student growth
b. Provide direct, proactive services to address systemic issues, such as:
   i. substance abuse,
   ii. bullying (including hazing, bullying, cyber-bullying, and harassment),
   iii. school safety,
   iv. and individual safety.
c. Provide referrals to appropriate agencies, when appropriate
d. Assist with crisis intervention/counseling
e. Contribute to the development of Functional Behavior Assessments and Behavior Intervention Plans
f. Consult with the Special Education Team to develop IEPs that support the mental health needs of students in order to ensure equitable educational access
g. Evaluate school data to order to identify academic and social deficiencies that impede student success
h. Direct provision of services:
   i. Proactive, preventative services via assemblies, classroom lessons, or online modules to support social-emotional skills, resiliency, bullying, safety, substance abuse prevention, etc.
   ii. Small group and individual counseling to address mental health needs as outlined in the IEP
i. Consult with teachers, administrators, and related services staff to support student needs
j. Collaborate with Child Study Teams to identify students at risk at to implement tiered levels of support
k. Evaluate individual student data to determine intervention needs and measure outcomes
l. Complete psychological and psycho-educational assessments and intervention, including all areas of exceptionality
m. Conduct staff education/inservice on topics related to mental health, including but not limited to:
   i. Child abuse, sexual abuse, neglect
   ii. Suicide prevention
   iii. Substance abuse prevention
   iv. School safety
7. Crisis Intervention Requirements: Utah law dictates that both of these incidents must be reported immediately:
a. HB134: requires schools to notify parents of a threat of suicide, bullying, cyberbullying, harassment, hazing, or retaliation acts. A school must also document the notification outside of a student's educational or SPED file.
   i. Refer to Sections 8 and 9 of this document for additional information.
   ii. Mental Health Specialist should be notified and is responsible to collect forms
b. 62A-4a-403: requires any person who has reason to believe that a child
has been subjected to abuse or neglect to immediately notify the nearest office of Child and Family Services, a peace officer, or a law enforcement agency. Abuse, neglect, or dependency of a child can be physical, emotional, or sexual. The following protocol should be followed when reporting abuse:

i. School Counselor, Mental Health Specialist, or Administration should be contacted to inform them of concerns and receive a Child Concern Reporting form. Individuals may report the abuse directly to the appropriate authority if they so choose.

ii. The first party witness must make the call. Mental health staff is always available to assist with the call, but the direct line of contact must be the main reporter.

iii. Child Concern Reporting form has all the information needed to be completed and should be filled out prior to calling.

iv. At the end of reporting, you must get a case number and assigned priority

v. Reporting form will be turned into mental health staff member once call has been completed

vi. Mental health staff sends a copy ito administration and Academic Director and is filed in a separate file from SPED

8. Suicidal Statements/Ideation: If at anytime a Spectrum Academy staff member is concerned about a student’s safety related to suicide:
   a. Take the concern, comment, or threat seriously.
   b. Do not leave the student alone or unsupervised
   c. Notify and escort the student to the School Counselor as soon as possible. (Administrator or Mental Health Specialist if counselor is not available)
   d. The student’s risk will then be assessed to decide if they can return to class or need to be taken home or to another resource
   e. Provide appropriate hand-off communication when transferring to another staff (ie. escort needs)
   f. Follow FERPA confidentiality protocols
   g. Complete HB134 reporting, including parent contact

9. Self-Harm: It is important to note that the presence of self-harming behaviors (such as cutting, burning, head banging/hitting self, etc.) does not indicate that a person is suicidal. However, this is a highly dangerous and negative coping mechanism that requires intervention as soon as possible. If there are concerns of self harm or self injury:
   a. Take the concern seriously
   b. Inform the School Counselor as soon as possible, no later than the end of the day
i. Preferred contact is in-person or by phone. The level of intervention (emergency, high-risk, low-risk, etc.) should be communicated.

c. The student’s risk will then be assessed to decide if they can return to class or need to be taken home or to another resource.

d. Follow FERPA confidentiality protocols

e. Complete HB134 reporting, including parent contact

### Levels of Intervention for Mental Health Needs

<table>
<thead>
<tr>
<th>Level 1 (student wants to talk, but is calm)</th>
<th>Level 2 (non-emergency, but student is in distress and needs support)</th>
<th>Level 3 (immediate safety concern, severe trauma being discussed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- First intervention: Classroom management strategies.</td>
<td>- First intervention: Classroom management strategies</td>
<td>- Is the student currently safe?</td>
</tr>
<tr>
<td>- Second Intervention: Staff can have student sign up to meet with school counselor (see your counselor for preferred method)</td>
<td>- Second intervention: CRT or behavior team called</td>
<td>Yes: follow protocol for suicide comments or self-harm</td>
</tr>
<tr>
<td>- <strong>Counselor</strong> can refer student to Mental Health Specialist, if needed</td>
<td>- If <strong>CRT/Behavior staff</strong> feels additional intervention is needed, they will refer to School counselor or Mental Health Specialist</td>
<td>No: call for CRT member for immediate safety needs for student or others</td>
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<tr>
<td>- Regular counseling requests should move to CST</td>
<td></td>
<td>- Referrals will come to Mental Health Specialist or Psychologist from <strong>Behavior Team, Administration, or School Counselor</strong></td>
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