

State of Utah
Administrative Rule Analysis
Revised May 2020

NOTICE OF PROPOSED RULE		
TYPE OF RULE: New ___; Amendment XXXX; Repeal ___; Repeal and Reenact ___		
Title No. - Rule No. - Section No.		
Utah Admin. Code Ref (R no.):	R156-60	Filing No. (Office Use Only)
Changed to Admin. Code Ref. (R no.):	R	

Agency Information

1. Department:	Department of Commerce	
Agency:	Division of Occupational and Professional Licensing	
Room no.:		
Building:	Heber M. Wells Building	
Street address:	160 East 300 South	
City, state:	Salt Lake City UT 84111-2316	
Mailing address:	PO Box 146741	
City, state, zip:	Salt Lake City UT 84114-6741	
Contact person(s):		
Name:	Phone:	Email:
Jennifer Falkenrath	801-530-7632	jzaelit@utah.gov
Please address questions regarding information on this notice to the agency.		

General Information

2. Rule or section catchline:
Mental Health Professional Practice Act Rule
3. Purpose of the new rule or reason for the change (If this is a new rule, what is the purpose of the rule? If this is an amendment, repeal, or repeal and reenact, what is the reason for the filing?):
The licensing boards over the professions included in the Mental Health Professionals Practice Act recommend these amendments to better delineate the relationship between mental health supervisors and their supervisees, and to ensure fairness, accountability, and attaining of supervision objectives. This filing also streamlines and updates the continuing education provisions for all of the professions under Title 58, Chapter 60, and conforms the rule to statutory amendments made by 2019 H.B. 366.
4. Summary of the new rule or change:
The amendments to R156-60-102 and R156-60-302 establish definitions and criteria for a written supervision contract and supervision forms for the professions included in the Mental Health Professionals Practice Act, and add specific requirements to ensure that supervision is conducted by a qualified supervisor and appropriately documented.
The amendments to R156-60-105 provide consistency among the mental health and substance use disorder counselor professions by incorporating the continuing education requirements from their various practice act rules into this "umbrella" Mental Health Professional Practice Act Rule.
The amendment to R156-60-205 updates the rule to reference the suicide prevention course required as a condition of license renewal, and clarifies that the required suicide prevention courses can be approved, conducted, or sponsored by the various listed entities, including a mental health agency that provides mental health services.
The amendments to R156-60-502 add to unprofessional conduct "failing to follow the practice, guidelines and standards of the Association of Family and Conciliation Courts (AFCC) 2006" and "violating a provision of R156-60-302 regarding supervised training".

Fiscal Information

5. Aggregate anticipated cost or savings to:

A) State budget:

The changes to Section R156-60-205 may result in a cost savings to state agencies that employ licensees and subsidize their continuing education as it allows the employing agencies to provide the suicide prevention training for their employees instead of sending them to another provider. Quantifying the savings specific to such state agencies is not possible because it will vary widely depending on the characteristics of each employer and employee. The amendment to Section R156-60-502 defining a violation of new Section R156-60-302 as unprofessional conduct is expected to have a zero net impact on state revenues and expenditures because it should not result in any additional complaints, investigations, or disciplinary actions, or any additional licensing issues. Investigations and licensing staff already spend time on these matters under existing provisions, and this definition merely coordinates with the new streamlined procedures that will allow the Division to better manage supervised training issues for these professions. No other impact to the State is expected.

B) Local governments:

The changes to Section R156-60-205 may result in a cost savings to any local government agencies that employ licensees and subsidize their continuing education, as it allows the employer to more easily provide the suicide prevention training for their employees; however, quantifying any savings is not possible because it will vary widely depending on the characteristics of each employer and employee. None of the other proposed changes are expected to impact local government revenues or expenditures because they will not change existing local government practices or procedures.

C) Small businesses ("small business" means a business employing 1-49 persons):

There are approximately 1,340 small businesses in Utah comprising establishments of licenses engaged in the practice of mental health therapy and/or substance use disorder counseling who may employ those engaged in the practice of mental health therapy and/or substance use disorder counseling, such as private or group practices, hospitals, or medical centers (NAICS 621112, 621420, 621330, 622210, 623220, 624190, 621420, 622310). These proposed amendments may impact these small businesses. In particular, the amendments to R156-60-102 and -R156-60-302 codify best practices for the profession by providing direction in the process of supervised training that is required for new professionals who are learning proper techniques in a clinical setting. These amendments should allow for greater efficiency in supervision and allow the supervisee to obtain proper documentation of supervision hours. However, these changes are not expected to impact small business revenues or expenditures because they merely establish and clarify definitions, standards, and procedures to encompass current requirements and best practices as well as update the rule to conform to statutory changes enacted by 2019 HB 366. The changes to Section R156-60-205 may result in a cost savings to small businesses that employ licensees and subsidize the employee's continuing education, as it allows the employer to more easily provide the suicide prevention training for their employees; however, quantifying any savings is not possible because it will vary widely depending on the characteristics of each employer and employee.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

There are approximately 86 non-small businesses in Utah comprising establishments of licenses engaged in the practice of mental health therapy and/or substance use disorder counseling who may employ those engaged in the practice of mental health therapy and/or substance use disorder counseling, such as private or group practices, hospitals, or medical centers (NAICS 621112, 621420, 621330, 622210, 623220, 624190, 621420, 622310). These proposed amendments may impact these non-small businesses. In particular, the amendments to R156-60-102 and -R156-60-302 codify best practices for the profession by providing direction in the process of supervised training that is required for new professionals who are learning proper techniques in a clinical setting. These amendments should allow for greater efficiency in supervision and allow the supervisee to obtain proper documentation of supervision hours. However, these changes are not expected to impact small business revenues or expenditures because they merely establish and clarify definitions, standards, and procedures to encompass current requirements and best practices as well as update the rule to conform to statutory changes enacted by 2019 HB 366. The changes to Section R156-60-205 may result in a cost savings to small businesses that employ licensees and subsidize the employee's continuing education, as it allows the employer to more easily provide the suicide prevention training for their employees; however, quantifying any savings is not possible because it will vary widely depending on the characteristics of each employer and employee.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an *agency*):

The amendments to R156-60-102 and R156-60-302 establishing and clarifying supervision standards are expected to impact, but be fiscally neutral for, all licensees in the mental health professions under the Mental Health Professional Practice Act who are providing supervised training, and all individual licensees who will be receiving supervised training. Currently there are approximately 449 substance use disorder counselor licensees who require supervision in order to maintain licensure, and approximately 1,389 certified social worker licensees, 383 associate clinical mental health counselor licensees, and 188 associate marriage and family therapist licensees who require supervision in order to attain full licensure. The financial arrangements for supervision for the supervisors and supervisees are not expected to be impacted by the proposed amendments because the amendments only require that the supervision is documented in a written contract to ensure the supervision is done in a manner that will fulfill the statutory requirements. The rule changes simply codify best practices for the professions by providing direction in the process of supervision that is required for new professionals who are learning proper techniques in a clinical setting. The amendments should allow for greater efficiency in supervision and allow the supervisees to more easily obtain proper

documentation of supervision hours and for the parties to handle issues between supervisors and supervisees.

The amendments to Sections R156-60-105 and R156-60-205 will affect all licensees under the Mental Health Professional Practice Act who requiring continuing education to renew their license; however, these amendments will have no fiscal impact for these persons because the amendments merely clarify existing standards and requirements.

The amendment to Section R156-60-502 defining a violation of new Section R156-60-302 as unprofessional conduct is not expected to impact these other persons as it should not result in any additional investigations or disciplinary actions; the definition encompasses existing practices and merely coordinates with the new procedures that will allow the Division to better manage supervised training issues for these persons. Further, the goal of defining unprofessional conduct is to provide a deterrent, such that there is \$0 net impact on all parties involved and minimal occasions for noncompliance, so for the typical person the amendments would have no direct or indirect fiscal impact.

F) Compliance costs for affected persons:

There are not expected to be any compliance costs for any affected persons except as described above.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	FY2021	FY2022	FY2023
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0
Fiscal Benefits			
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0

H) Department head approval of regulatory impact analysis:

The head of the Department of Commerce, Chris Parker, has reviewed and approved this fiscal analysis.

6. A) Comments by the department head on the fiscal impact this rule may have on businesses:

The Division of Occupational and Professional Licensing proposes amendments to update the Mental Health Professionals Practice Act Rule in accordance with 2019 HB 366 and recommendations made by the licensing boards over the professions included in the Mental Health Professionals Practice Act. The revisions establish criteria for supervision for a substance use disorder counselor and an advanced substance use disorder counselor obtaining hours toward licensure. There are also substantive provisions that have been incorporated into the Mental Health Professional Practice Act Rule through other rule filings connected with 2019 HB 366 to harmonize the continuing education requirements for all of the professions regulated under the Mental Health Professional Licensing Act. Amendments are also made to update references and make non-substantive formatting changes for clarity.

Small Businesses (less than 50 employees):

In Utah, there are approximately 1,340 small businesses comprised of licensees practicing mental health therapy and substance use disorder counseling, such as private or group practices, hospitals, or medical centers (NAICS 621112, 621420, 621330, 622210, 623220, 624190, 621420, 622310). These amendments together with similar rule filings connected with 2019 HB 366 will codify best practices for the profession by providing direction in the process of supervision that is required for new professionals who are learning proper techniques in a clinical setting. Thus, all amendments as a whole should allow for greater efficiency in supervision and documentation of hours. Accordingly, no fiscal impact is expected for small business over and above any fiscal impact described in the Legislative fiscal note for 2019 HB 366 as these costs are either inestimable or there is no fiscal impact.

Regulatory Impact to Non-Small Businesses (50 or more employees)

In Utah, there are approximately 86 non-small businesses comprised of establishments engaged in the practice of mental health therapy and substance use disorder counseling who may employ those engaged in the practice of substance use disorder

counseling, such as private or group practices, hospitals, or medical centers (NAICS 621112, 621420, 621330, 622210, 623220, 624190, 621420, 622310). These amendments together with the other rule filings connected with 2019 HB 366 will codify best practices for the profession by providing direction in the process of supervision that is required for new professionals who are learning proper techniques in a clinical setting. These changes will allow greater efficiency in supervision. Thus, these changes are not expected to impact non-small business revenues or expenditures because they establish and clarify definitions, standards, and procedures to incorporate current requirements and update the rule to conform to statutory changes. Any fiscal impact beyond those described in the Legislative fiscal note for 2019 HB 366 are either inestimable or there is no fiscal impact.

B) Name and title of department head commenting on the fiscal impacts:

Chris Parker, Executive Director

Citation Information

7. This rule change is authorized or mandated by state law, and implements or interprets the following state and federal laws. State code or constitution citations (required):

Subsections 58-1-106(1)(a)	Subsection 58-1-202(1)(a)	Section 58-60-101

Incorporations by Reference Information

(If this rule incorporates more than two items by reference, please include additional tables.)

8. A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

	First Incorporation
Official Title of Materials Incorporated (from title page)	Model Standards of Practice for Child Custody Evaluation of the Association of Family and Conciliation Courts (AFCC)
Publisher	Association of Family and Conciliation Courts
Date Issued	May 2006
Issue, or version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

	Second Incorporation
Official Title of Materials Incorporated (from title page)	
Publisher	
Date Issued	
Issue, or version	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. The agency is required to hold a hearing if it receives requests from ten interested persons or from an association having not fewer than ten members. Additionally, the request must be received by the agency not more than 15 days after the publication of this rule in the Utah State Bulletin. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until (mm/dd/yyyy): 11/02/2020

B) A public hearing (optional) will be held:

On (mm/dd/yyyy):	At (hh:mm AM/PM):	At (place):
10/05/2020	9:00 AM	Rule hearing will be held before the Division electronically only. Meeting ID meet.google.com/cwk-sgez-hny <input type="checkbox"/>

		Phone Numbers (US)+1 302-846-7685 PIN: 165 425 131#

10. This rule change MAY become effective on (mm/dd/yyyy): 11/09/2020

NOTE: The date above is the date on which this rule MAY become effective. It is NOT the effective date. After the date designated in Box 10, the agency must submit a Notice of Effective Date to the Office of Administrative Rules to make this rule effective. Failure to submit a Notice of Effective Date will result in this rule lapsing and will require the agency to start the rulemaking process over.

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin*, and delaying the first possible effective date.

Agency head or designee, and title:	Mark B. Steinagel, Director	Date (mm/dd/yyyy):	09/14/2020
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R156. Commerce, Occupational and Professional Licensing.

R156-60. Mental Health Professional Practice Act Rule.

R156-60-102. Definitions.

In addition to the definitions regarding mental health professional practice in Title 58, Chapters 1 and 60, as used in Title 58, Chapters 1 and 60, the following [or this] rule definitions supplement the statutory definitions:

(1) "Approved diagnostic and statistical manual for mental disorders" means the following:

(a) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5 published by the American Psychiatric Association;

(b) 2015 ICD-10-CM for Physicians, Professional Edition published by the American Medical Association; or

(c) ICD-10-CM 2019: The Complete Official Draft Code Set published by the American Medical Association.

(2) "Client" or "patient" means an individual who ~~[, when]~~ if competent requests, or ~~[when]~~ if not competent to request is lawfully provided professional services by a mental health therapist when the mental health therapist:

(a) agrees verbally or in writing to provide professional services to that individual ~~[,]~~; or

(b) without an overt agreement does in fact provide professional services to that individual.

(3) (a) "Conversion therapy" means any practice or treatment that seeks to change the sexual orientation or gender identity of a patient or client, including mental health therapy that seeks to change, eliminate, or reduce behaviors, expressions, attractions, or feelings related to a patient or client's sexual orientation or gender identity.

(b) "Conversion therapy" does not mean a practice or treatment that does not seek to change a patient or client's sexual orientation or gender identity, including mental health therapy that:

(I) is neutral with respect to sexual orientation and gender identity;

(ii) provides assistance to a patient or client undergoing gender transition;

(iii) provides acceptance, support, and understanding of a patient or client;

(iv) facilitates a patient or client's ability to cope, social support, and identity exploration and development;

(v) addresses unlawful, unsafe, premarital, or extramarital sexual activities in a manner that is neutral with respect to sexual orientation; or

(vi) discusses with a patient or client the patient or client's moral or religious beliefs or practices.

(4) "Direct supervision" of a supervisee in training, as used in Subsections 58-60-205(1)(f), 58-60-305(1)(f), ~~[and]~~ 58-60-405(1)(f), and 58-60-502(3) means the supervisor meets with the supervisee:

(a) ~~[a supervisor meeting with the supervisee]~~ when both are physically present in the same room at the same time; or

(b) ~~[a supervisor meeting with the supervisee]~~ remotely via real-time electronic methods that allow for visual and audio interaction between the supervisor and supervisee, in accordance with the requirements

of their supervision contract. [~~under the following conditions:~~

~~(i) the supervisor and supervisee shall enter into a written supervisory agreement which, at a minimum, establishes the following:~~

~~(A) frequency, duration, reason for, and objectives of electronic meetings between the supervisor and supervisee;~~

~~(B) a plan to ensure accessibility of the supervisor to the supervisee despite the physical distance between their offices;~~

~~(C) a plan to address potential conflicts between clinical recommendations of the supervisor and the representatives of the agency employing the supervisee;~~

~~(D) a plan to inform a supervisee's client or patient and employer regarding the supervisee's use of remote supervision;~~

~~(E) a plan to comply with the supervisor's duties and responsibilities as established in rule; and~~

~~(F) a plan to physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision or at a lesser frequency as approved by the Division in collaboration with the Board;~~

~~(ii) the supervisee submits the supervisory agreement to the Division and obtains approval before counting direct supervision completed via live real-time methods toward the 100 hour direct supervision requirement; and~~

~~(iii) in evaluating a supervisory agreement, the Division shall consider whether it adequately protects the health, safety, and welfare of the public.]~~

(5) "Employee" means [an individual who is or should be treated as] a W-2 employee as defined by the Internal Revenue Service.

(6) "General supervision" means that the supervisor is available for consultation with the supervisee by personal face to face contact, or direct voice contact by telephone, radio, or some other means within a reasonable time consistent with the acts and practices in which the supervisee is engaged.

(7) "On-the-job training program" means a program that:

(a) [~~is applicable~~] applies to individuals who have completed [all] courses required for graduation in a degree or formal training program that would qualify for licensure under this chapter;

(b) starts immediately upon completion of [all] courses required for graduation;

(c) ends 45 days from the date it begins, or upon licensure, whichever is earlier, and may not be extended or used a second time;

(d) is completed while the individual is an employee of a public or private agency engaged in mental health therapy or substance use disorder counseling; and

(e) is [~~under supervision~~] supervised by a qualified individual licensed under this chapter, and [~~which~~] includes supervision meetings on at least a weekly basis [~~when~~] with the supervisee and supervisor [~~are~~] physically present in the same room at the same time.

(8) "Supervision contract" means a written, signed contract between a supervisor and a supervisee to complete supervised training requirements for licensure, which includes the provisions required by Subsection R156-60-302(1).

(9) "Supervision form" means the form provided by the Division to

document ongoing supervision, which at minimum includes:

- (a) the dates and duration of supervisory meetings;
- (b) the format of supervisory meetings;
- (c) the location of supervisory meetings;
- (d) an evaluation of supervisee performance; and
- (e) confirmation that the meetings took place.

(10) "Verification of supervision form" means the form provided by the Division to document who is providing supervision to the supervisee, which at minimum includes:

- (a) the name and license number of the supervisee;
- (b) the name and license number of the supervisor; and
- (c) the supervisee's place of employment.

R156-60-105. Continuing Education.

~~[— A licensee, as part of the continuing education requirement, shall complete two hours of suicide prevention training that meets the requirements of this section.~~

~~(1) The course provider shall be one of the following:~~

- ~~(a) a recognized accredited college or university;~~
- ~~(b) a county, state, or federal agency; or~~
- ~~(c) a professional association or similar body involved in mental health therapy.~~

~~(2) A course provider shall document and verify attendance and completion.~~

~~(3) The content of the course shall be relevant to mental health therapy, consistent with the laws of this state, and include one or more of the following components:~~

- ~~(a) suicide concepts and facts;~~
- ~~(b) suicide risk assessment, crisis intervention, and first aid;~~
- ~~(c) evidence-based intervention for suicide risk;~~
- ~~(d) continuity of care and follow-up services for suicide risk; and~~
- ~~(e) therapeutic alliances for intervention in suicide risk.~~

~~(4) A licensee shall be responsible for maintaining competent records of completed education for a period of four years following the date of completion.~~

~~(5) Each hour of education shall consist of 50 minutes of education in the form of classroom lectures and discussion, workshops, webinars, online self-paced modules, case study review, and simulations.~~

~~(6) Licensees who lecture in continuing education courses meeting these requirements shall receive two hours of continuing education for each hour spent lecturing. However, no continuing education credit will be given for participation in a panel discussion.]~~

In accordance with Section 58-60-105, the continuing professional education (CE) requirements for each two-year renewal cycle commencing on October 1 of each even-numbered year, are established as follows:

(1) An individual licensed under Title 58, Chapter 60 shall complete at least 40 CE hours, or 20 hours for an SSW or CSW, to include:

- (a) six hours of education in ethics, law, or technology;
- (b) two hours of training in suicide prevention in accordance with Section R156-60-205; and

(c) for a marriage and family therapist, the following required hours under this subsection shall be directly related to marriage and

family therapy:

(i) at least 15 hours of the 40 CE hours; and
(ii) at least three hours of the six hours in ethics, law, or technology.

(2) A licensee who completes more than the required number of CE hours during a two-year renewal cycle may carry over excess hours to the next two-year renewal cycle, as follows:

(a) for an SSW or CSW, up to five hours of the excess; and

(b) for other licensees, up to ten hours of the excess.

(3) A licensee may not carry forward any CE hours received prior to being granted a license, including professional upgrades.

(4) If a licensee first becomes licensed during the two-year renewal period, the licensee's required number of CE hours shall be decreased proportionately according to the date of licensure.

(5) The Division may defer or waive CE requirements in accordance with Section R156-1-308d.

(6) CE shall:

(a) be relevant to the licensee's scope of practice;

(b) have a method of verification of attendance and completion;

(c) be prepared and presented by individuals who are qualified by education, training, and experience to provide CE; and

(d) be approved by, conducted by, or under the sponsorship of one of the following:

(i) a recognized accredited college or university;

(ii) a county, state, or federal agency;

(iii) a professional association or similar body involved in mental health therapy;

(iv) a mental health agency that provides mental health services; or

(v) the Division.

(7) A licensee may recognize CE credit as follows:

(a) for the following forms of education, one CE hour for each 50 minutes of education:

(i) lectures;

(ii) seminars;

(iii) conferences;

(iv) training sessions;

(v) real-time, interactive distance learning courses that are clearly documented as real-time and interactive; and

(vi) specialty certifications;

(b) for college or university credit courses directly related to the licensee's scope of practice, three CE hours per semester hour, or 1.5 CE hours per quarter hour;

(c) for distance learning courses that are not real-time and interactive, one hour of CE for each hour, up to a maximum of:

(i) 15 CE hours for an LCSW;

(ii) eight hours for an SSW or CSW;

(iii) 15 CE hours for an MFT;

(iv) ten CE hours for a CMHC; and

(v) 15 CE hours for a SUDC;

(d) (i) for each hour of lecturing or instructing a CE course or teaching in a college or university in the licensee's profession, two CE hours, or one hour for an SW, up to a maximum of:

- (A) ten CE hours for an LCSW;
- (B) five CE hours for an SSW or CSW;
- (C) 14 CE hours for an MFT;
- (D) ten CE hours for a CMHC; and
- (E) ten CE hours for a SUDC;
- (ii) credit may be granted for lecturing or instructing the same course up to two times;
- (e) for each hour of certifiable clinical readings, one CE hour, up to a maximum of:
 - (i) 15 CE hours for a MFT;
 - (ii) 15 CE hours for a SUDC; and
 - (iii) ten hours for a CMHC;
- (f) for each hour of direct supervision of an individual completing the experience requirement for licensure in a mental health therapist classification under Title 58, Chapter 60, one CE hour, up to a maximum of:
 - (i) 14 CE hours for a MFT; and
 - (ii) ten CE hours for a CMHC; and
- (g) for each hour of volunteer service on boards, committees, or in leadership roles in any state, national, or international organization for the development and improvement of the licensee's profession, one CE hour, in whole or part of which may be counted as regular credit or ethics, law, or technology credit, up to a maximum of six CE hours during each two-year period.
- (8) A licensee shall maintain adequate documentation as proof of compliance with this section for a period of two years after the end of the renewal cycle for which the CE is due. At minimum, the documentation for each course taken shall include:
 - (a) name of attendee;
 - (b) name of course provider;
 - (c) name of instructor;
 - (d) date of course;
 - (e) title of course;
 - (f) number of CE hours;
 - (g) course objectives; and
 - (h) type of CE albeit a seminar, real-time interactive distance learning, teaching.

R156-60-205. Qualifications for Licensure [as a Clinical Social Worker, Marriage and Family Therapist, Clinical Mental Health Counselor, or Substance Use Disorder Counselor] and License Renewal - Suicide Prevention Course.

The minimum two-hour [pre-licensure] suicide prevention course required as a qualification for licensure by Subsections 58-60-205(1) (e) (iii) for a social worker, 58-60-305(1) (e) (iv) for a marriage and family therapist, 58-60-405(1) (e) (iv) for a clinical mental health counselor, and 58-60-506(5) (b) (ii) for a substance use disorder counselor, and the minimum two-hour suicide prevention course required as a condition of license renewal by Subsection 58-60-105(3), shall meet the following standards:

- (1) The course [provider shall meet the requirements of this section and] shall be approved by, conducted by, or under the sponsorship of one

of the following:

- (a) a recognized accredited college or university;
 - (b) a county, state, or federal agency; ~~[-or]~~
 - (c) a professional association or similar body involved in mental health therapy; or
 - (d) a mental health agency that provides mental health services.
- (2) The content of the course shall be relevant to mental health therapy, suicide prevention, consistent with the laws of this state, and include one or more of the following components:
- (a) suicide concepts and facts;
 - (b) suicide risk assessment, crisis intervention, and first aid;
 - (c) evidence-based intervention for suicide risk;
 - (d) continuity of care and follow-up services for suicide risk; and
 - (e) therapeutic alliances for intervention in suicide risk.
- (3) Each hour of education shall consist of 50 minutes of education in the form of classroom lectures and discussion, workshops, webinars, online self-paced modules, case study review, ~~[and]~~or simulations.
- (4) ~~[A]~~The course provider shall document and verify course attendance and completion.
- (5) (a) An applicant for licensure ~~[is responsible for submitting]~~shall submit evidence of course completion to the Division as a prerequisite for licensure.
- (b) A licensee renewing their license shall maintain adequate documentation of course completion as required by Subsection R156-60-105(8).

R156-60-302. Supervised Training Requirements - Supervision Contract - Duties and Responsibilities of Supervisor and Supervisee.

The supervised training qualifications for licensure required by Subsections 58-60-204(1)(e)(ii) and (1)(f) for a social worker, Subsections 58-60-305(1)(e)(ii) and (1)(f) for a marriage and family therapist, Subsections 58-60-405(1)(d)(ii) and (1)(e) for a clinical mental health counselor, and Subsections 58-60-506(2)(c) and (5)(c) for a substance use disorder counselor, are established and clarified as follows:

- (1) Prior to beginning supervised training:
 - (a) the prospective supervisor and supervisee shall enter into a written supervision contract signed by both parties; and
 - (b) the prospective supervisor shall submit to the Division:
 - (i) a complete verification of supervision form; and
 - (ii) certification that the supervision contract meets the requirements of Section R156-60-302.
- (2) A supervisee may not count any supervised training towards their supervision requirement until the Division notifies the supervisor it has received the verification of supervision form.
- (3) A supervision contract shall include at least the following provisions:
 - (a) duties and responsibilities of the supervisor;
 - (b) duties and responsibilities of the supervisee;
 - (c) a plan to ensure accessibility of the supervisor to the supervisee;
 - (d) a plan for meetings between the supervisor and supervisee,

addressing:

- (i) frequency;
- (ii) duration;
- (iii) objectives;
- (iv) format, such as individual or small group; and
- (v) location, such as face-to-face or remotely;
- (e) a plan for documenting the ongoing supervision using the Division-provided supervision form, including objective and measurable circumstances where the supervisor will sign supervision forms;
- (f) a plan to address potential conflicts between the clinical recommendations of the supervisor and those of the representatives of the agency employing the supervisee;
- (g) remedies in the event of breach of contract by either the supervisor or supervisee, including procedures for contract termination;
and
- (h) if any part of the supervision will be conducted remotely, plans for:

- (i) how the supervisor and supervisee will meet via real-time electronic methods allowing visual or audio interaction, and protect the security of electronic, confidential data and information;
- (ii) how the supervisor will comply with the supervisor's duties and responsibilities as established in rule;
- (iii) how the supervisor will physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision, or at such lesser frequency as is approved in advance by the Division in collaboration with the Board; and
- (iv) how notice will be provided to the supervisee's clients or patients and employer regarding the supervisee's use of remote supervision.

(4) A supervisor shall have the following duties and responsibilities:

- (a) prior to beginning any supervised training:
 - (i) ensure that the supervisor and supervisee:
 - (A) are both appropriately licensed;
 - (B) enter into a written supervision contract together in accordance with Subsection (3);
 - (ii) submit to the Division the verification of supervision form;
and
 - (iii) receive notice from the Division that it has received the supervision form;
- (b) ensure that during the period of supervised training:
 - (i) the supervisee is employed as a W-2 employee by a public or private mental health agency;
 - (ii) the supervisor and supervisee remain appropriately licensed;
and
 - (iii) the supervisor supervises no more than the maximum number of supervisees allowed by the licensee's licensing act or rule;
- (c) comply with the terms of the supervision contract;
- (d) maintain a relationship with the supervisee in which the supervisor is independent from control by the supervisee, and in which the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(e) be available to the supervisee for advice, consultation, and direction consistent with the standards and ethics of the profession and the requirements suggested by the total circumstances, including consideration of the supervisee's level of training, diagnosis of patients, and other factors known to the supervisee and supervisor;

(f) periodically review the client records assigned to the supervisee;

(g) comply with the confidentiality requirements of Section 58-60-114;

(h) monitor the supervisee's performance for compliance with the laws, rules, standards, and ethics of the profession, and report violations to the Division; and

(i) upon completion of the supervised training, submit to the Division on the Division-provided supervision forms:

(i) documentation of the training hours completed by the supervisee; and

(ii) an evaluation of the supervisee with respect to the quality of the work performed and the supervisee's competency to practice in the profession.

(5) A supervisee shall have the following duties and responsibilities:

(a) prior to beginning any supervised training:

(i) enter into a written supervision contract with the supervisor in accordance with Subsection (3); and

(ii) ensure the required verification of supervision form is received by the Division;

(b) maintain required licensure;

(c) maintain employment as a W-2 employee with a public or private mental health agency;

(d) comply with the terms of the supervision contract;

(e) maintain a relationship with the supervisor in which the supervisor is independent from the supervisee's control, and in which the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(f) be professionally responsible for the acts and practices of the supervisee that are a part of the required supervised training;

(g) comply with the confidentiality requirements of Section 58-60-114; and

(h) comply with applicable laws, rules, standards, and ethics of the profession.

(6) A supervisor shall notify the Division in writing of any of the following changes, within 30 days of the change:

(a) termination of a supervision contract; or

(b) a change in the supervisee's placement of employment.

(7) (a) If a supervisor does not support issuance of a license to a supervisee to practice unsupervised, or if the supervisor has other concerns regarding the supervisee that the supervisor believes requires input from the Division and Board, the supervisor shall submit to the Division a written explanation outlining the supervisor's concerns.

(b) Upon receipt of written concerns from a supervisor with respect to a supervisee, the Division:

(i) shall provide the supervisee an opportunity to respond in

writing to the Division regarding the supervisor's concerns;

(ii) shall review the written statements from the supervisor and supervisee with the Board; and

(iii) in consultation with the Board, may require the supervisee to obtain additional supervised hours, education, and training.

R156-60-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) ~~when~~if providing services remotely:

(a) failing to practice according to professional standards of care in the delivery of services remotely;

(b) failing to protect the security of electronic, confidential data and information; or

(c) failing to appropriately store and dispose of electronic, confidential data and information; ~~or~~

(2) (a) providing conversion therapy to a patient or client who is younger than 18 years old; and

(b) Subsection (2) (a) does not apply to:

(i) a clergy member or religious counselor who is acting substantially in a pastoral or religious capacity and not in the capacity of a mental health therapist; or

(ii) a parent or grandparent who is a mental health therapist and who is acting substantially in the capacity of a parent or grandparent and not in the capacity of a mental health therapist;

(3) failing to follow the Model Standards of Practice for Child Custody Evaluation of the Association of Family and Conciliation Courts (AFCC) May 2006, which is incorporated by reference; or

(4) violating a provision of Section R156-60-302 regarding supervised training.

KEY: licensing, mental health, therapists

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