**MISSION VIEW PUBLIC CHARTER SCHOOL**

# POLICY ON REFERRAL PROTOCOLS FOR ADDRESSING STUDENT BEHAVIORAL HEALTH CONCERNS

The Board of Directors of Mission View Public Charter School ("School") adopts this policy as required by Senate Bill 153 (Education Code section 49428.2) to provide protocols for identifying, referring, and supporting students experiencing behavioral health challenges ("Protocols"). The Protocols promote best practices to enhance collaboration between the School, families, and external service providers and are grounded in multi-tiered systems of support (MTSS), trauma-informed care, and culturally responsive approaches. In adopting this policy, the Board of Directors' goal is to establish consistent, effective, and accessible referral systems that contribute to positive outcomes for all students.

## Definitions

Education Code section 49428.2(a) defines "youth behavioral health disorders" as "pupil mental health and substance use disorders."

The Protocols use the term "behavioral health" as an umbrella term for factors that influence an individual's overall health, including mental health, substance use, stress-related symptoms, and actions or habits that impact physical, mental, and social emotional well-being.

## Framework Overview

The Protocols are structured around five key components:

1. **Needs Assessment**: Understand behavioral health trends, gaps, and available supports.
2. **Building Capacity**: Strengthen internal and community-based systems.
3. **Planning**: Develop coordinated strategies based on assessed needs.
4. **Implementation**: Execute referral protocols through a collaborative model.
5. **Evaluation**: Assess system impact and make continuous improvements.

## Key Considerations

- **Intended Audience**: Certificated and classified School employees, administrators, mental health professionals, and preparation programs.
- **Legal Scope**: The Protocols must not be interpreted to authorize staff to diagnose or treat behavioral health conditions unless they are licensed and employed to do so.
- **Differentiated Referrals**: The Protocols reflect differentiated processes for students with disabilities and other distinct populations. A single standard referral pathway may not be appropriate for all students. Groups that may require unique approaches include, but are not limited to:
    - Students with Individualized Education Programs (IEPs)
    - Students with Section 504 Plans
    - English learners
    - Students bereaved by death or loss of a close family member or friend.
    - Students for whom there is concern due to behavioral health disorders, including common psychiatric conditions and substance use disorders such as opioid and alcohol abuse.

- Students with disabilities, mental illness, or substance use disorders.
- Students experiencing homelessness or placed in out-of-home settings, such as foster care.
- Lesbian, gay, bisexual, transgender, or questioning students.

Students may experience behavioral health needs shaped by disability status, prior adversity, or other challenges. For students with disabilities, referrals may need to incorporate existing supports outlined in their IEP or 504 Plans. Collaborating with special education teams helps prevent misinterpretation of behaviors or redundant referrals. Observable behaviors like emotional dysregulation or social withdrawal may be directly linked to a disability rather than an additional behavioral health concern. School staff should consult with case managers or special education professionals before initiating new referrals.

Referral systems should also account for language needs, cognitive processing styles, sensory sensitivities, and diverse family dynamics. Principles of universal design, cultural responsiveness, and trauma-informed care should guide referral environments. School staff training should support the ability to discern when behavior stems from disability-related or intersecting challenges such as trauma or poverty. Embedding differentiated pathways reflects the School's commitment to supporting the unique needs and the holistic well-being of every student.

**Additional Considerations**
The Protocols are intended to promote the use of positive behavioral intervention supports, and to be considered for use in lieu of disciplinary action when addressing student behavioral health concerns. The School's referral process includes parents and guardians, ensuring that families are engaged as collaborative partners in supporting student well-being.

**Part 1: Needs Assessment**
A meaningful behavioral health system begins with understanding community-specific needs. The School shall gather data across attendance, academic performance, and behavioral indicators, while also engaging diverse stakeholders.

**Key Steps**
- Identify trends and service gaps
- Gather community and student voice
- Analyze funding sources
- Form cross-disciplinary teams

**Tools & Resources**
- Utilize a comprehensive student data collection system that addresses school climate, health risks, behaviors, and resiliency
- Assess student and school social-emotional climate baseline data
- Develop effective systems to refer students to mental health service providers and related supports through improved coordination and collaboration within the School and outside agencies

**Part 2: Building Capacity**
Effective referral systems depend on trained School staff and coordinated roles.

**Strategies**

- Provide required training on trauma-informed care, MTSS, and evidence-based practices to certificated and classified School staff
- Clarify School staff roles and reduce stigma around behavioral health
- Form multi-disciplinary teams within and beyond the School

**Considerations**

- Align training with community needs
- Foster collaboration between education and health partners

**Part 3: Planning**

Effective planning connects assessment results to actionable strategies. The School's planning shall include clearly defined goals and integration with MTSS.

**Focus Areas**

- Set short- and long-term objectives
- Engage families and students
- Enhance interagency collaboration and resource development for students

**Part 4: Implementation**

The School will put strategies into action using evidence-based tools and clear workflows.

**Steps**

- Prepare by documenting pre-referral efforts
- Develop a case management system for referrals
- Involve families and obtain consent
- Track referrals and follow-ups through secure systems

**Data Practices**

- Comply with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA)
- Establish protocols for safe data sharing
- Train staff in responsible data use

**Part 5: Evaluation**

The School believes continuous improvement is essential to ensure systems remain relevant and effective. The Protocols shall be reviewed and updated as necessary based on tools such as quantitative and qualitative data, surveys, and stakeholder input.

**Staff Training Requirements**

The Board of Directors acknowledges that on or before July 1, 2029, the School shall certify to the California Department of Education that 100 percent of its certificated employees and 40 percent of its classified employees, who have direct contact with pupils in any of grades 7 to 12, have received youth behavioral health training at least one time, in accordance with the training requirements specified in Education Code section 49428.2.