



Policy Regarding Model Referral Protocols for Addressing Pupil Behavioral Health Concerns

Blue Ridge Academy recognizes its legal responsibility to ensure timely referral systems that support students' behavioral health needs. Developed in accordance with *EC* Section 49428.1, Model Referral Protocols for Addressing Pupil Behavioral Health Concerns ("the Protocols") provide guidance for identifying, referring, and supporting students experiencing behavioral health challenges.

The Protocols promote best practices to enhance collaboration between schools, families, and external service providers. They are grounded in multi-tiered systems of support (MTSS), trauma-informed care, and culturally responsive approaches. The goal is to establish consistent, effective, and accessible referral systems that contribute to positive outcomes for all students.

EC 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.

The purpose of the Blue Ridge Academy Governing Board approving this Policy Regarding Model Referral Protocols for Addressing Pupil Behavioral Health Concerns is to accomplish the following:

1. Provide a Framework Overview of establishing the Protocols
2. Explore Key Considerations taken when establishing the Protocols
3. Identify the Steps Needed to build a productive Protocol
4. Establish Feedback Tools for Stakeholders

1. 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.

2. Key Considerations

- **Intended Audience:** Certificated and classified school employees, administrators, mental health professionals, and preparation programs.
- **Legal Scope:** Per *EC* Section 49428.1(b)(8), 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:** In alignment with *EC* Section 49428.1(b)(7), 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
 - Foster and homeless youth

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. 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. 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 a school's commitment to supporting the unique needs and the holistic well-being of every student.

Additional Considerations

In alignment with *EC* 49428.1(b), these 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 pupil behavioral health concerns. The referral process should actively include parents and guardians, ensuring that families are engaged as collaborative partners in supporting student well-being.

3. Steps to Building the Protocol

A meaningful behavioral health system begins with understanding the community's specific needs. Blue Ridge Academy gathered data across attendance, academic performance, and behavioral indicators, while also engaging diverse stakeholders in order to build the Protocol.

Part 1: Needs Assessment

In order to better understand behavioral health trends and gaps, and therefore provide the most effective support, Blue Ridge Academy will:

- Identify trends and service gaps
- Gather community and student voice
- Analyze local, state, and federal funding sources
- Form cross-disciplinary teams, utilizing third-party support such as law enforcement and psychiatric teams, if necessary

Tools & Resources

The following tools and resources will be used in order to determine student needs:

- California Healthy Kids Survey
- Collaborative for Academic, Social, and Emotional Learning (CASEL) Stakeholder Engagement Toolkit
- Substance Abuse and Mental Health Services Administration (SAMHSA) School Mental Health Implementation Guide
- Merrell Strong Kids SEL Curriculum
- Positive Action Curriculum

- National screener for Threat Assessment

Part 2: Building Capacity

Effective referral systems depend on trained staff and coordinated roles.

Strategies

- Offer training on trauma-informed care, student in crisis needs assessment protocol national training, MTSS, and evidence-based practices
- Clarify staff roles and reduce stigma around behavioral health
- Form multi-disciplinary teams within and beyond the school site

Considerations

- Align training with community needs
- Foster collaboration between education and health partners
- Determine if/when third-party support is needed and conduct the necessary intake evaluation and processes

Part 3: Planning

Effective planning connects assessment results to actionable strategies. Planning should include clearly defined goals and integration with MTSS.

Focus Areas

- Set short- and long-term objectives
- Engage families, students, and community members.
- Develop interagency agreements and memorandums of understanding

Note: Planning should reflect local capacity and available data systems.

Part 4: Implementation

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

Continuous improvement is essential to ensure systems remain relevant and effective.

Key Practices

- Collect and analyze quantitative and qualitative data
- Monitor referral access across student groups
- Schedule regular review cycles (e.g., Plan-Do-Study-Act)

4. Feedback Tools

The Protocols are intended to evolve with user feedback. Stakeholders are encouraged to review, adapt, and improve them based on local context and input from the field. Blue Ridge will gather and analyze stakeholder feedback for process improvement by using the following methods:

- Student and caregiver surveys
- Staff focus groups
- Meeting with external partners