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POLICY ADDRESSING STUDENT BEHAVIORAL HEALTH REFERRAL PROTOCOLS

The Board of Directors of Vaughn Next Century Learning Center (VNCLC, or "Charter School") recognizes the importance of supporting the behavioral health needs of students to promote academic success, social-emotional development, and overall well-being. Behavioral health includes mental health, substance use, stress-related symptoms, and behaviors that impact a student's physical, cognitive, emotional, and social functioning. As defined in Education Code 49428.2(a), youth behavioral health disorders specifically include mental health and substance use disorders, requiring local educational agencies (grades 7-12) to adopt referral protocols for student support.

Pursuant to Senate Bill 153, the Board is committed to establishing clear, consistent, and timely referral procedures that enable school staff to appropriately identify and refer to students experiencing behavioral health concerns in a manner that is preventive, trauma-informed, culturally responsive, and non-disciplinary.

To the extent possible, VNCLC shall emphasize preventive and early-intervention strategies that increase students' connectedness to school, strengthen relationships with trusted adults, and promote positive coping and conflict-resolution skills. Behavioral health referrals shall be implemented, when appropriate, as an alternative to disciplinary action and aligned with VNCLC's Multi-Tiered System of Support (MTSS) and Positive Behavioral Interventions and Supports (PBIS).

VNCLC shall investigate and resolve complaints of bullying, intimidation, harassment, or discrimination in accordance with law and VNCLC policy. VNCLC shall also provide developmentally appropriate instruction that promotes students' mental, emotional, and social well-being, aligned with state content standards and curriculum frameworks.

The Board of Directors of Vaughn Next Century Learning Center adopts the following policy on referral protocols for addressing student behavioral health concerns in grades 7–12. This policy has been developed in consultation with school and community stakeholders and school-linked behavioral health professionals and establishes the adopted procedures relating to referrals to behavioral health professionals and support services.

VNCLC shall comply with all state and federal student data and privacy requirements, including but not limited to the Family Educational Rights and Privacy Act ("FERPA") in the administration of this Policy.

All protocols shall reflect evidence-based and culturally appropriate practices to student behavioral health referrals and emphasize early identification and support.

Addressing the Needs of High-Risk Groups

VNCLC recognizes the importance of ensuring equitable access to behavioral health supports for **all** students, including the unique needs of high-risk student groups, which include but are not limited to the following:

- Students with disabilities, mental illness, or substance use disorders.
- Foster youth and youth placed in out-of-home settings.
- Homeless youth.
- Students experiencing bereavement or loss of a close family member or friend.
- Students for whom there is a concern due to behavioral health disorders, including common psychiatric conditions and substance use disorders such as opioid and alcohol abuse.
- Lesbian, gay, bisexual, transgender, or questioning students.

VNCLC staff who oversee the mental and behavioral health needs of students are responsible for coordinating implementation of these group-specific referral protocols, in collaboration with the Director of Special Education (IEP/ Section 504), Homeless and Foster Youth Liaison, and VNCLC administrators.

VNCLC may also identify additional student groups, such as English learners or recently immigrated students, if local data or partner input show increased behavioral health risks.

Referral Protocols and Procedures

1. Needs Assessment

The Chief Executive Officer or designee shall utilize available data to identify trends, service gaps, and priority student populations. Such data may include, but is not limited to, VNCLC's School Climate Survey, Educators' Handbook, and site-based team data.

Site-level and district-wide teams shall review behavioral, attendance, and academic indicators to guide responsive planning. These teams may include school counselors, school nurses, mental health specialists, school psychologists, administrators, students, parents/guardians, and community partners, as appropriate.

VNCLC shall review referral volume, response times, and outcomes on a quarterly basis for continuous improvement.

2. Capacity Building

VNCLC shall:

- Utilize appropriately credentialed or licensed staff to support student behavioral health needs, including school counselors, mental health specialists (ACSWs, APCCs, LCSWs), school psychologists, and graduate-level interns from related behavioral health and counseling fields. Mental health services shall be delivered only by staff acting within the scope of their credential or license.
- Provide professional development on referral pathways and staff roles;
- Clarify responsibilities among certificated and classified staff; and
- Maintain partnerships with school-linked behavioral health professionals and community providers.

3. Planning

VNCLC shall:

- Define referral pathways for crisis and non-crisis concerns;
- Assign responsible roles for each step in the referral process; and
- Enter into memoranda of understanding with external partners, where appropriate, to support referral handoffs and information-sharing.

Each school shall maintain clearly defined, easy-to-use behavioral health referral procedures that allow for student self-referrals, parent/guardian referrals, and referrals initiated by school staff. Referral procedures shall prioritize timely response and student safety.

When a staff member suspects or becomes aware that a student may need behavioral health support, the staff member shall take reasonable steps to ensure the student's immediate safety and shall promptly notify an appropriate school support provider, consistent with their role and training.

4. *Implementation*

VNCLC shall establish step-by-step procedures to:

- Initiate referrals;
- Document concerns;
- Notify parents/guardians consistent with law;
- Triage level of need;
- Link students to appropriate services; and
- Schedule follow-up checks.

Referrals may be initiated by students, parents/guardians, or staff by completing a request for assistance form to identify concerns and request support. Upon receipt of a request, designated staff shall route the referral to the appropriate staff member for review. The assigned staff member shall assess the concerns, gather additional information and relevant data as needed, and determine the appropriate level of care or support. Staff shall ongoingly monitor the student's progress and need for support and adjust services as appropriate.

For students with IEPs or Section 504 Plans, referrals shall be coordinated with the student's case manager and educational team and implemented in accordance with the student's plan. For students suspected of having a disability, referrals for assessment shall follow Education Code sections 56301–56302 and applicable federal law.

VNCLC shall ensure collaboration among the Director of Special Education, the Homeless and Foster Youth Liaison, school site administrators, and behavioral health providers to coordinate services and reduce barriers to access for these student groups.

5. Evaluation and Continuous Improvement

The Chief Executive Officer or designee shall monitor behavioral health referral systems to promote equity, effectiveness, and positive outcomes. Collected data may include referral volume, services provided, and student outcomes, disaggregated by appropriate student subgroups. Findings from regular evaluations and stakeholder feedback shall be used to support continuous improvement.

A summary of results shall be reported to the VNCLC Board annually to support transparency and continuous improvement.

Legal Compliance
The Chief Executive Officer or designee shall ensure compliance with all applicable state and federal laws related to referrals, consent, and data practices.

Staff Training

VNCLC shall ensure that teachers of students in grades 7–12 receive training at least once on student behavioral health. Training shall include the following:

1. Instruction around the unique risk factors and warning signs of behavioral health problems in adolescents;
2. Understanding the importance of early intervention;
3. How to help an adolescent in crisis or experiencing a behavioral health challenge, including guidance on when to make referrals consistent with this Policy;
4. Instruction on recognizing the signs and symptoms of youth behavioral health disorders, including, but not limited to, psychiatric conditions and substance use disorders such as opioid and alcohol abuse;
5. Instruction on how to maintain student privacy and confidentiality in a manner consistent with federal and state privacy laws; and,
6. Instruction on the safe deescalation of crisis situations involving students with a youth behavioral health disorder.

Training materials approved by VNCLC shall include:

- How to identify appropriate contacts for behavioral health evaluation, services, or both evaluation and services, at both VNCLC and within the larger community;
- When and how to refer students and their families to those services; and,
- Recognizing the signs and symptoms of youth behavioral health disorders.

VNCLC shall provide certification of compliance with staff training requirements to the California Department of Education ("CDE") on or before July 1, 2029.