Antioch Charter Academies Youth Behavioral Health Protocols

Referral Protocols for Addressing Pupil Behavioral Health Concerns

IMPORTANT NOTICE: These protocols are for non-emergency mental health support and intervention planning. **If the student is currently experiencing an immediate mental health crisis, poses a danger to themselves or others, or requires immediate medical attention, do not use this form.** Please utilize emergency services immediately by calling **911** or the **National Suicide & Crisis Lifeline at 988**.

For a suicide prevention referral, contact the School Psychologist or the School Counselor immediately. All Suicide Prevention Procedures are outlined in the Suicide Prevention Policy.

Charter Council Policy Statement (*EC* Section 49428.2(b)(1))

The Charter Council of the Antioch Charter Academies (ACA), at its regularly scheduled meeting held on January 15, 2026 hereby adopts the following policy on referral protocols for addressing pupil behavioral health concerns in grades 7–12.

This policy, developed in consultation with school and community stakeholders and school-linked behavioral health professionals, establishes the adopted procedures for referrals to behavioral health professionals and support services.

Addressing the Needs of High-Risk Groups (*EC* Section 49428.2(b)(3))

The Charter Council recognizes the importance of ensuring equitable access to behavioral health supports for all students. The Charter Council hereby adopts this policy to address the needs of high-risk pupil groups, which include but are not limited to the following:

- Pupils with disabilities, mental illness, or substance use disorders.
- Foster youth and youth placed in out-of-home settings.
- Homeless youth.
- Pupils experiencing bereavement or loss of a close family member or friend.
- Pupils 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 pupils.

Coordination and Responsibility:

The ACA staff (e.g., School Counselor, School Psychologist) 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 Special Education Co-Administrators (for IEP/504 planning).
- The Foster Youth Liaison.
- The Homeless Liaison.
- Other Co-Administrators.

ACA staff may also identify additional pupil groups at the local's discretion, such as English learners or recently immigrated students, if local data or partner input indicate increased behavioral health risks.

Student Privacy

The Antioch Charter Academies recognize and agree to abide by all applicable federal and state student data privacy laws and regulations, including but not limited to the **Family Educational Rights and Privacy Act (FERPA)**, **EC Section 49073**, *et seq.*, and the **Health Insurance Portability and Accountability Act (HIPAA)** when information involves covered entities.

All staff must adhere to established protocols for the documentation, storage, and sharing of confidential student behavioral health information.

Referral Protocols and Procedures

The Charter Council hereby adopts the following referral protocols and procedures relating to referrals to behavioral health professionals and support services:

1. Planning and Capacity Building

The Co-Administrators or designee shall:

- **Needs Assessment (Annual):** Conduct an annual needs assessment to **identify behavioral health trends**, **review available school-linked and community resources**, and **detect service gaps** within the school community.
- **Define Pathways:** Clearly **define step-by-step referral pathways** for both **crisis** (requiring immediate intervention) and **non-crisis** (routine/counseling) concerns.
- **Partnerships:** Enter into formal **Memoranda of Understanding (MOUs)** with external partners to clearly define roles, ensure seamless referral handoffs, and govern confidential information sharing.
- **Staff Roles: Provide professional development** on referral pathways and **clarify responsibilities** among certificated and classified staff (e.g., who makes the initial report, who conducts the triage, who contacts the parent).

2. Implementation: Step-by-Step Procedures

The ACA shall establish clear, documented procedures for all staff to follow:

Step	Action and Documentation	Responsible Staff (Examples)
A. Initiate & Document	Staff recognizes concern and completes a standardized **Referral Initiation Form** within [**24 hours**].	Teacher, Classified Staff, Administrator
B. Notification & Consent	**Notify parents/guardians** in accordance with applicable law, including obtaining necessary consent for external referrals.	School Counselor, Social Worker, Administrator
C. Triage & Assessment	The Behavioral Health Triage Team (BHTT) **triages the level of need** (Crisis/Urgent/Routine).	School Counselor/Psychologist/Social Worker
D. Linkage & Follow-Up	**Link the pupil** to appropriate internal or external services. **Schedule a follow-up check** within ten school days.	School Counselor/Social Worker/Case Manager

3. Evaluation and Continuous Improvement (Annual)

The ACA shall conduct an annual, data-driven evaluation of referral protocols, incorporating input from staff, families, and community stakeholders.

Outcomes to Monitor:

Evaluation shall monitor outcomes such as, but not limited to:

- **Median time to first contact** after referral initiation.
- **Percentage of follow-ups completed** within ten school days.
- **Referral closure rates** (e.g., student linked to service or concern resolved).
    - **Referral volume, response times, and outcomes** for the specific **high-risk pupil groups** identified in **EC Section 49428.2(b)(3)**.

Training (*EC* Section 49428.2(b)(4), (c)-(e))

The ACA shall ensure that all relevant staff receive ongoing, job-specific training on pupil behavioral health.

Required Training Content:

Training materials approved by the ACA shall include:

1. **Referral Identification:** How to **recognize the signs and symptoms** of youth behavioral health disorders (e.g., anxiety, depression, substance abuse).
2. **Resource Mapping:** How to **identify appropriate contacts** for behavioral health evaluation or services at both the **school site** and within the **larger community**.
3. **Referral Process: When and how to refer** pupils and their families to those internal and external services, including the **documentation requirements** for crisis and non-crisis referrals.

Certification Goal (EC Section 49428.2(c)–(e)):

Subject to EC Section 49428.2(d), the ACA shall certify, on or before **July 1, 2029**, to the California Department of Education (CDE) that:

- **100% of its certificated employees** (teachers, counselors, administrators) who have direct contact with pupils in grades 7–12 have received youth behavioral health training at least once.
- **40% of its classified employees** (aides, office staff, security, etc.) who have direct contact with pupils in grades 7–12 have received youth behavioral health training at least once.

  Note: The ACA may meet the requirements of EC Section 49428.2(c) through an alternative approach if a policy is adopted that demonstrates how this approach is consistent with the law's goals and better meets the needs of its pupils.

Authorization and Scope of Practice (*EC* Section 49428.2(b)(5))

To ensure all school employees act only within the **authorization or scope of their credential or license**, the ACA shall:

1. **Clear Guidance:** Provide **mandatory training and guidance** to staff clarifying their specific roles in the referral process and the **limits of their credential or license**.
2. **Required Referral:** Direct all employees to **immediately refer pupils** to appropriately **credentialed or licensed professionals** (e.g., School Psychologist, Licensed Clinical Social Worker) when behavioral health concerns are identified that require professional assessment, diagnosis, or treatment.
3. **Role Specificity:** Maintain **referral protocols that specify which staff positions** are authorized to act at each stage of the referral process (e.g., a teacher may *initiate* a referral, but only a School Counselor may *triage* it).
4. **Job Alignment: Review job descriptions and assignments** annually to confirm they align with credentialing and licensing requirements and prevent scope creep.
5. **Non-Diagnosis Clause:** Inform staff clearly that **only licensed or credentialed professionals** are permitted to **diagnose or treat** behavioral health conditions.

Consistent with EC sections 49428.1(b)(8) and 49428.2(b)(5), nothing in this policy shall be construed as authorizing or encouraging school employees to diagnose or treat youth behavioral health disorders unless they are specifically licensed and employed to do so.