



Olive Grove Charter Schools, Inc.

Policy on Referral Protocols for Addressing Pupil Behavioral Health Concerns

Olive Grove Charter Schools, Inc. ("OGCS, Inc.") recognizes that pupil behavioral health is essential to academic success and lifelong well-being. This policy is intended to outline timely referral systems that support students' behavioral health needs as well as to enhance collaboration between schools, families, and external service providers. The policy is 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.

This policy is developed and will be implemented in accordance with EC Section 49428.2, the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and other applicable state and federal laws governing student privacy and data security.

Policy Statement

OGCS, Inc. shall maintain a proactive, multi-tiered system to address pupil behavioral health concerns by:

1. Administering an annual survey to assess student competencies and behavioral health indicators (e.g. California Healthy Kids Survey or similar).
2. Providing ongoing staff development in trauma-informed care, evidence-based practices, and MTSS-aligned interventions.
3. Implementing a structured, documented referral process.
4. Coordinating with external partners (e.g. behavioral health professionals and community providers) for referral handoffs and information sharing.

Addressing the Needs of High-Risk Groups

OGCS, Inc. recognizes the importance of ensuring equitable access to behavioral health supports for all students. The Governing Board 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.
- Unhoused 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.

Additionally, OGCS, Inc. recognizes that 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 unhoused youth

OGCS, Inc. counselors are primarily responsible for coordination of the implementation of these group-specific referral protocols, in collaboration with Learning Center Directors and the Director of Special Education (IEP/504) and/or Foster and Unhoused Youth Liaison, as appropriate.

Referral Protocols and Procedures

The specific steps and resources will vary depending on the situation, but the core protocol includes the following general steps (primarily for **non-crisis** concerns):

1. **Identification of Concerns:** School staff (teachers, counselors, etc.) observe and document concerning behaviors, such as emotional dysregulation, social withdrawal, or changes in academic performance, while being mindful of cultural differences or potential disability-related behaviors.
2. **Initial Interventions & Documentation:** Before a formal referral, staff implement and document basic, school-wide supports (Tier 1), such as social-emotional learning activities and positive behavioral interventions and supports (PBIS), to address the issue.
3. **Initiating the Referral:** If the concern persists, staff escalate the issue to the Student Intervention Team (SIT).
4. **Triage and Assessment:** The SIT team reviews the referral, assesses the level of need, and determines the most appropriate interventions.
 - a. Targeted Supports (Tier 2): Involves targeted interventions, potentially including counseling. Tier 2 supports are accessed through the teacher referral process or SST. Families are engaged in the identification and referral process with informed consent.
 - b. Intensive Supports (Tier 3): Provides intensive, individualized supports with case management and likely collaboration with community agencies.
5. **Parent/Guardian Involvement:** Parents and guardians are actively included as collaborative partners throughout the process, from initial notification to developing a support plan, while adhering to confidentiality and information-sharing laws.
6. **Linking to Services:** The school connects the pupil to appropriate services, which could include on-site school counselors, Care Solace, or external community-based mental health services or county mental health departments.
7. **Follow-up and Monitoring:** The team schedules follow-up checks to monitor the pupil's progress and adjust the support plan as needed.

Prior to a formal referral, staff must document all interventions, all communication with families, and consultation/collaboration with support staff. Documentation must be securely maintained.

All referrals will be logged and monitored for outcomes.

In a **crisis** situation:

Involving a student(s):

- If risk of harm to self or others is emergent, call 911.
- Contact the parent/guardian.
- Conduct/refer the student for a risk assessment.
 - School counselor or contact the appropriate county's behavioral health access line, the Central Coast Hotline, and/or the Suicide & Crisis Lifeline 988.

Involving an adult(s):

- If risk of harm to self or others is emergent, call 911.

- Contact a family member, if possible.
- Refer the individual for a risk assessment.
 - Contact the appropriate county’s behavioral health access line, the Central Coast Hotline, and/or the Suicide & Crisis Lifeline 988.

In a crisis situation involving students or adults:

- Do not leave the person alone; stay on the line if on a phone call or in a virtual meeting. Call or ask for someone on site to either seek help or remain with the person.
- Immediately contact a school counselor and the Learning Center Director and/or Director of Special Education Director (if a student has an IEP/504).
- Document the situation/incident.

Student Privacy and Family Involvement

OGCS, Inc. recognizes and agrees to abide by the variety of 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., etc.) with which OGCS, Inc. must comply.

Parents/guardians shall be involved at all stages of the referral and intervention process. Written consent is required before behavioral health services are provided. Families will receive culturally responsive communication and access to resources.

Evaluation and Continuous Improvement

OGCS, Inc. shall conduct regular evaluation of its referral protocols that includes:

- Data collection and analysis;
- Monitoring referral access across student groups;
- Input from staff, families, and community stakeholders; and
- Targeted improvements based on results.

Training

OGCS, Inc. shall ensure that teachers of pupils in grades 7–12 receive training on pupil behavioral health.¹

Authorization and Scope of Practice

OGCS, Inc. employees must act only within the authorization or scope of their credential or license. 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.

¹ Subject to EC Section 49428.2(d), OGCS, Inc. shall certify, on or before July 1, 2029, to the CDE that 100 percent of its certificated employees and 40 percent of its classified employees who have direct contact with pupils in grades 7–12 have received youth behavioral health training at least once, in accordance with EC Section 49428.2(c)(1)–(5). (Please note: OGCS, Inc. may meet the requirements of EC Section 49428.2(c) through an alternative approach by adopting a policy that describes how this approach is consistent with the goals specified in EC Section 49428.2(c) but better meets the needs of pupils.)