

Policy 5141.5: Mental Health

Status: Adopted

Original Adopted Date: 05/01/2020 | **Last Revised Date:** 03/01/2025 | **Last Reviewed Date:** 02/24/2026

Purpose and Legislative Intent

The Governing Board recognizes the critical importance of supporting Students’ behavioral health, including mental health and substance-use concerns, to promote student well-being, academic achievement, and school safety. Behavioral health is an integral part of student safety, engagement and academic success. The Board is committed to ensuring that students in grades 7-12 have timely, equitable access to appropriate behavioral health supports and services. The purpose of this policy is to ensure that students in grades 7-12 are supported through timely, equitable and appropriate identification, referral and follow-up when behavioral health concerns arise.

This policy is adopted in compliance with Senate Bill 153 and Ed. Code Section 49428.1 and establishes referral protocols for identifying, referring, and following up on student behavioral health concerns. It is intended to align with state guidance developed by the California Department of Education.

Scope

This policy applies to all Gold Oak District schools serving grades 7-12 and to all certificated and classified staff who have regular contact with students.

Referral Protocols

The Superintendent or designee shall develop, implement, and maintain written referral protocols to address student behavioral health concerns designed to:

1. **Support early identification:** Promote the timely identification of students who may be experiencing mental health or substance-use challenges through observation, communication and appropriate screening practices, consistent with the law. Students experiencing behavioral health concerns shall be identified and supported as early as practicable.
2. **Ensure equitable access:** Provide equitable referral processes that are culturally responsive, trauma-informed, and accessible to all students, including students with disabilities, foster youth, homeless youth, English learners, and students from historically underserved communities.
3. **Promote collaboration and coordination:** Encourage appropriate communication and all collaboration with parents/guardians, consistent with student privacy rights

and all applicable confidentiality laws. Referral efforts shall promote collaboration among school staff, families, and when appropriate, community based service providers.

4. Establish clear referral pathways: Clearly define procedures for referring students to appropriate school based or community based behavioral health supports, including the roles and responsibilities of school staff involved in the referral process.
5. Provide follow-up and monitoring: Include procedures for follow-up and documentation to ensure that referred students receive appropriate support and that referrals are monitored for effectiveness, as appropriate.
6. Student privacy: All actions shall respect student confidentiality, privacy rights and dignity in accordance with the law.

Pupils of Particular Consideration

Consistent with state guidance, the District's referral protocols shall include specific consideration for pupils who may be at increased risk of experiencing behavioral health challenges, including but not limited to:

1. Pupils with disabilities.
2. Pupils experiencing substance use or substance use disorders.
3. Foster youth and pupils in out-of-home placement,
4. Homeless children and youth
5. Pupils experiencing grief or bereavement.
6. Lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) pupils
7. Pupils who have experienced trauma or adverse childhood experiences.

Referral Protocol Components

The Superintendent or designee shall develop, implement, and maintain written referral protocols that include, at a minimum, the following components:

1. Identification and Recognition: Procedures to assist staff in recognizing signs of behavioral health concerns, including changes in behavior, mood, attendance, or academic performance, consistent with staff training and scope of responsibilities.
2. Referral Procedures: Clear steps for initiating a referral, including:
 - a. Identification of appropriate school-based points of contact (e.g., counselors, psychologists, administrators);
 - b. Criteria for determining the urgency and type of referral; and

- c. Procedures for referring pupils to school-based supports and, when appropriate, external behavioral health services.
3. Family Engagement and Communication: Guidelines for communicating with parents/guardians regarding behavioral health concerns and referrals, consistent with pupil privacy rights, parental rights, and applicable confidentiality laws.
4. Follow-Up and Monitoring: Processes for documenting referrals and conducting appropriate follow-up to ensure that pupils receive timely support, while maintaining confidentiality and limiting access to pupil information to authorized personnel.
5. Coordination with Existing Systems: Alignment with District frameworks, including multi-tiered systems of support, school counseling programs, school safety planning and crisis response procedures.

Scope of Practice and Role Limitations

District employees shall act within the scope of their credential, license, training, and assigned duties. Nothing in this policy authorizes school staff to diagnose mental health or substance use disorders or to provide clinical treatment unless otherwise authorized by law. Referral protocols shall emphasize that staff responsibilities are limited to recognition, referral, and support coordination.

Staff Training

The District shall support staff awareness and competency in recognizing and responding to student behavioral health concerns. The Superintendent or designee shall:

1. Encourage staff participation in evidence-based behavioral health training aligned with trauma-informed practices.
2. Encourage staff training related to recognizing signs of pupil behavioral health concerns, understanding referral pathways and procedures, identifying appropriate school based and community based behavioral health resources and implementation of trauma informed and culturally responsive practices.
3. Ensure compliance with the statutory requirement that applicable staff complete behavioral health training certification by July 1, 2029 in accordance with SB 153 and any subsequent state guidance from the California Department of Education.
4. The District may utilize state-recommended or state-developed training resources including trainings focused on recognizing, responding to, and connecting students to behavioral health supports.

Alignment with State Guidance

In developing and implementing referral protocols, the District may utilize and adapt the California Department of Education’s Model Referral Protocols for addressing pupil behavioral health concerns. Use of the state model is voluntary and may be adapted to meet local needs, resources and community partnerships.

Confidentiality and Student Rights

All referral activities shall be conducted in compliance with applicable state and federal laws governing student privacy, confidentiality and parental rights including laws related to pupil records and mental health information (including but not limited to Family Educational Rights and Privacy Act [FERPA], Educ. Code Section 49073, et. seq., etc.).

Implementation and Review

The Superintendent or designee shall ensure that this policy and the accompanying referral protocols are implemented districtwide and made available to staff. The policy shall be reviewed periodically and updated as necessary to reflect changes in the law, regulations, or best practices related to student behavioral health.

Effective Date of Adoption

This policy shall be adopted by the Governing Board no later than March 10, 2026 in accordance with SB 153.