



# Palisades Charter High School

## Special Board Meeting

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### Date and Time

Friday January 30, 2026 at 5:00 PM PST

### Location

Palisades Charter High School - Library  
15777 Bowdoin Street  
Pacific Palisades, CA 90272

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### *REASONABLE ACCOMMODATION WILL BE PROVIDED FOR ANY INDIVIDUAL WITH A DISABILITY:*

*Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in this meeting of the Governing Board of Palisades Charter High School may request assistance by contacting the Main Office at (310) 230-6623 at least 24 hours in advance.*

### *SUPPORTING DOCUMENTATION:*

*Supporting documentation is available at the Main Office of the School, located at 15777 Bowdoin Street, Pacific Palisades, CA 90272, (Tel: 310- 230-6623) and may also be accessible on the PCHS website at <http://palihigh.org/boardrecords.aspx>.*

### *ALL TIMES ARE APPROXIMATE AND ARE PROVIDED FOR CONVENIENCE ONLY:*

*Notice is hereby given that the order of consideration of matters on this agenda may be changed without prior notice. All items may be heard in a different order than listed on the agenda.*

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### Agenda

	Purpose	Presenter	Time
<b>I. Opening Items</b>			<b>5:00 PM</b>
Opening Items			
<b>A.</b>	Call the Meeting to Order	Maggie Nance	
<b>B.</b>	Record Attendance and Guests		2 m
	Board Members Attending Remotely:		
	Amir Ebtehadj - 234 S. Rimpau Blvd., Los Angeles, CA 90004		
	Negeen Ben-Cohen - 739 Malcolm Ave., Los Angeles, CA 90024		
	Fati Adeli - 2036 London Ln., Whistler, British Columbia		
	Andrew Paris - 20912 Fontaine Rd., Topanga, CA 90290		
<b>C.</b>	Public Comment		30 m
	<p><i>"Public Comment" is available to all audience members who wish to speak on any agenda item or under the general category of "Public Comment." "Public Comment" is set aside for members of the audience to raise issues that are not specifically on the agenda. However, due to public meeting laws, the Board can only listen to your issue, not respond or take action. These presentations are limited to two (2) minutes, per person. A member of the public who requires the use of a translator, in order to receive the same opportunity as others to directly address the Board, shall have twice the allotted time to speak, and the total allocated time shall be appropriately increased as well. Govern Code § 54954.3(b)(2).</i></p> <p><b>Google Form Public Comment Procedure:</b> A Google form is available 24 hours prior to the meeting for Public Comment. Please refer to the Dewey Dolphin email or copy/paste this link <a href="https://forms.gle/kSsxkvL6T9GgXpdEA">https://forms.gle/kSsxkvL6T9GgXpdEA</a>. Your comment will be read aloud by the Board Vice Chair. Public comments submitted through the Google form will be read after the public comments presented live at the meeting. General public comments not read after 60 minutes will be included in the meeting minutes. Due to public meeting laws, the Board can only listen to your comment, not respond or take action. Comments are limited to two (2) minutes, per person and one cannot cede their time to another. A member of the public who requires the use of a translator, in order to receive the same opportunity as others to directly address the Board, shall have twice the allotted time to speak, and the total allocated time shall be appropriately increased as well. Govern Code § 54954.3(b)(2).</p>		

	Purpose	Presenter	Time
<b>II. Behavior Health Policy</b>			<b>5:32 PM</b>
<b>A.</b> Behavior Health Policy	Vote	Dr. Ian Sayer	30 m
<b>III. Consent Agenda</b>			<b>6:02 PM</b>
<b>A.</b> Finance Items: School Organized Conferences/Trips	Vote	Maggie Nance	5 m
Feb. 2-Feb. 5   Hampden-Sydney College Tour, Richmond, VA   Attendee: Karen Ellis			
<b>IV. New Business / Announcements</b>			<b>6:07 PM</b>
<b>A.</b> Announcements / New Business	FYI	Maggie Nance	1 m
Next Regular Board Meeting: Tuesday, February 24, 2026 at 5:00 PM in Gilbert Hall 15777 Bowdoin Street Pacific Palisades, CA 90272			
<b>V. Closing Items</b>			<b>6:08 PM</b>
<b>A.</b> Adjourn Meeting	FYI	Maggie Nance	1 m

# Coversheet

## Behavior Health Policy

<b>Section:</b>	II. Behavior Health Policy
<b>Item:</b>	A. Behavior Health Policy
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	Behavior Health Policy Pali High Draft 1-20-26.pdf COST Referral Form.pdf



# PALISADES CHARTER HIGH SCHOOL

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## DRAFT

Senate Bill 153 led the California Department of Education to initiate the writing of this policy to support the behavioral wellness of our students.

The Governing Board of Palisades Charter High School, at its regularly scheduled meeting held on January 30<sup>th</sup>, 2026, hereby adopts the following policy on referral protocols for addressing pupil behavioral health concerns in grades 9–12. 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.

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

The Governing Board 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.

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.

The District staff who oversees the mental and behavioral health needs of students is responsible for coordinating implementation of these group-specific referral protocols, in collaboration with the Director of Special Education (IEP/504), Foster Youth Liaison, Homeless Liaison, and School site administrators.

District leadership may also identify additional pupil groups at local discretion, such as English learners or recently immigrated students, if local data or partner input show increased behavioral health risks.



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## **Student Privacy**

The [LEA] 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 the [LEA] must comply in connection with its policy on referral protocols for addressing pupil behavioral health concerns and in connection with implementation of its policy and protocols, including but not limited to any of subsets of its policy, such as those listed below.

## **Referral Protocols and Procedures**

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

Upon learning about student behavioral health needs, all LEA staff will know and follow the steps in order to refer students to the Coordination of Services Team (COST) located through Palisades Charter High School Employee Bookmarks page designated as COST/Intervention Referral Form.

## **Needs Assessment**

The Superintendent or designee shall conduct an annual needs assessment to:

Identify behavioral health trends;

Review available resources; and

Detect service gaps within the school community.

The Palisades Charter High School Administration team shall review referral volume, response times, and outcomes on a quarterly basis and shall submit findings to the [LEA] for continuous improvement.

## **Capacity Building**

The [LEA] shall:

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



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## **Planning**

*The Superintendent or designee shall:*

Define referral pathways for crisis and non-crisis concerns;

Establish goals and 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.

## **Implementation**

The [LEA] shall establish step-by-step procedures to:

Initiate referrals;

Document concerns;

Notify parents/guardians consistent with law;

Triage level of need;

Link pupils to appropriate services; and

Schedule follow-up checks.

## **Evaluation and Continuous Improvement**

The [LEA] shall conduct an annual evaluation of referral protocols that includes:

Data collection and analysis;

Input from staff, families, and community stakeholders; and

Targeted improvements based on results.

Evaluation monitors outcomes such as:



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Median time to first contact;

Percentage of follow-ups completed within ten school days;

Referral closure rates; and

Results for the pupil groups identified in EC Section 49428.2(b)(3).

A summary of results is reported to the Governing Board annually to support transparency and continuous improvement.

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

The [LEA] shall ensure that teachers of pupils in grades 9–12 receive training on pupil behavioral health.

Training materials approved by the [LEA] shall include:

How to identify appropriate contacts for behavioral health evaluation, services, or both evaluation and services, at both the schoolsite and within the larger community; and

When and how to refer pupils and their families to those services.

Optional elements may also include:

Recognizing the signs and symptoms of youth behavioral health disorders.

*Subject to EC Section 49428.2(d), the [LEA] 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: the [LEA] 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.)*

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

In order to ensure that all school employees act only within the authorization or scope of their credential or license, the [LEA] shall:





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Provide training and guidance to staff clarifying their roles in the referral process and the limits of their credential or license.

Direct employees to refer pupils to appropriately credentialed or licensed professionals when behavioral health concerns are identified.

Maintain referral protocols that specify which staff positions are authorized to act at each stage of the referral process.

Review job descriptions and assignments to confirm they align with credentialing and licensing requirements.

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.*

# COST Referral Form

This form goes to the Cost Team. The COST Team is comprised of a member of the following departments: Counseling, Attendance, Mental Health, Deans, Nurse.

Please complete this form for students who are in need of intervention. Intervention includes issues/concerns in regards to academics, mental health, behavior, technology, attendance, etc.

## PLEASE NOTE:

IF THIS IS A CURRENT MENTAL HEALTH AND/OR SAFETY EMERGENCY HAPPENING IN YOUR CLASSROOM, PLEASE DO NOT SEND STUDENT UNESCORTED. PLEASE DIAL 1234 TO ACCESS THE FIRST AVAILABLE OFFICE EXTENSION.

\*\*\*\*Teachers are mandated reporters, which means they have a legal and ethical obligation to report any suspected cases of child abuse or neglect to the appropriate authorities. Reporting child abuse can be a difficult and emotional process, but it is essential to protect the safety and well-being of the child. Here are some steps to follow if you suspect a child is being abused or neglected:

- Identify the signs of abuse or neglect. These can include physical injuries, behavioral changes, emotional distress, poor hygiene, or academic problems.
- Document your observations and concerns. Write down the date, time, location, and details of what you saw or heard. Keep your records confidential and secure.
- Report your suspicions to the child protection agency in your state or county. You can find the contact information online at [Home - Electronic Mandated Reporter \(mandreportla.org\)](https://www.mandreportla.org) or by calling the Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). You do not need to have proof or evidence of abuse, only a reasonable suspicion.
- Reach out to counselors, administrators or mental health providers for support with making the report. It is best to do in pairs.
- Support the child and yourself. Reporting child abuse can be stressful and traumatic for both you and the child. Seek professional help if you need it and maintain a positive and caring relationship with the child.

**\*\*\*\*\*PLEASE BE SURE THAT PRIOR TO COMPLETING THIS REFERRAL FORM YOU HAVE CONTACTED PARENT(S) REGARDING YOUR CONCERN**

isayer@palihigh.org [Switch account](#)



Not shared

\* Indicates required question

# **COST**

## **Step by Step Guide**

### **TEACHER CHECK IN**

- Teacher implements interventions
  - Student conference
  - Differentiated instruction
  - Identify Resources- Study Center, Math Lab, Office hours
  - Collaborate with IEP Case Managers
  - Implement 504 accommodations
  - Identify issues and Outreach
    - Technology
    - Attendance
    - Organization
    - Mental Health

**1**

### **PARENT OUTREACH**

- Make Parent contact- email, telephone, Parent Square, etc.
  - Schedule parent teacher conference
    - History of academic struggles?
    - Recent changes/mental health concerns?

**2**



### **COST FORM**

- Teacher fills out Cost Google Form
  - Form goes to Cost Team

**3**

### **COST TEAM REVIEW**

- Form goes to COST Team for Review in weekly meetings to determine next steps
- Triage Concerns
- Refer students to appropriate department

**4**

### **REFFERALS**

- COST Team coordinates interventions
- Possible Referrals

**5**

**Support Classes/Programs**

- **504/IEP (Special Education Assessment)**
- **Mental Health Referral**
- **Attendance Contract**



## FOLLOW UP

- **COST Team follows up with students**
  - **Check in with students**
  - **Parent/Teacher contact**
  - **Additional referrals as needed**

Student Last Name \*

Your answer

Student First Name \*

Your answer

Grade Level \*

- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

Counselor \*

- ☐ Syndia Olmos, A-Cap
- ☐ Adelina Aleman, Car-Fri
- ☐ Nicole Newble, Fro-Jea
- ☐ Catalina Martin, Jef - Max
- ☐ Elva Pouya, May-Pow
- ☐ Heather Schon, Pra-Sin
- ☐ Allison Rayner, Sir-Z
- ☐ Kim Theard, Pali Academy

Referring Party [First and Last Name] \*

Your answer

Reason for Referral \*

- ☐ Attendance Issues (frequent tardies/absences/truancies)
- ☐ Academic Problems (low grades, recent drop in grades, missing assignments, technology issues)
- ☐ Home Concerns (family issues, recent loss)
- ☐ Classroom Behavior Issues (defiant, withdrawn, inattentive, lack of motivation)
- ☐ Health/Physical (hygiene, tired/lethargic, lack of concentration, weight gain/loss)
- ☐ Mental Health Concerns (worried, sad, loss of interest, changes in demeanor/mood)
- ☐ Other:

### Concerns \*

Briefly describe your concerns regarding this student.

Your answer

### Steps Taken \*

Initial intervention steps taken.

(Please attempt two interventions. If this is a non-life-threatening emergency during the school day, please call x1234).

- ☐ Student Conference
- ☐ Parent email
- ☐ Parent phone call
- ☐ Change seats
- ☐ Pali Period
- ☐ Office Hours
- ☐ Tutoring
- ☐ Referral to Dean, Counselor, etc.
- ☐ Detention
- ☐ Other:

### Interventions \*

What interventions have you tried?

Your answer

IEP/504 \*

Does this student have an IEP or 504 plan?

- ☐ Yes
- ☐ No
- ☐ N/A

Case Carrier \*

If the student has a IEP plan, have you communicated with the student's Special Education Case Manager?

- ☐ Yes
- ☐ No
- ☐ N/A

504 Plan \*

If the student has a 504 plan, have you implemented all of the listed accommodations?

- ☐ Yes
- ☐ No
- ☐ N/A

# Coversheet

## Finance Items: School Organized Conferences/Trips

<b>Section:</b>	III. Consent Agenda
<b>Item:</b>	A. Finance Items: School Organized Conferences/Trips
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	Karen Ellis_Conference Request_01_31_2026.pdf





# Palisades Charter High School

15777 Bowdoin St. • Pacific Palisades • California 90272

(310) 230-6623 • FAX (310) 454-6328

## CONFERENCE/TRAVEL REQUEST FORM

Employee Attendee(s) Name(s): <u>Karen Ellis</u>			
Department/Site: <u>College CTR</u>		Date of Request: <u>Jan. 25, 2026</u>	
Name of Conference/Activity: <u>Hampden-Sydney College Tour</u>			
Organization/Company Holding the Conference/Activity: <u>Hampden-Sydney College</u>			
Location of Conference/Activity: <u>Richmond, VA</u>		Date(s) of Conference/Activity: <u>Feb 2-5</u>	
Purpose/Rationale (How will this conference/activity be of value to the school?): <u>To learn more about this college and the "fit" for Palisades students.</u>			
Cost Estimate (if one form is being submitted for multiple people, be sure to include all costs for all individuals):			
Estimated Expenditures			Cost
Conference Registration	_____ people @ \$ _____ per person	Pali to Pay Directly	Reimbursement Requested
Certificated Substitute(s)	_____ days @ _____ per day (sal. & stat. ben.)		
Travel - Mileage	_____ miles @ \$ 0.625 per mile		
Travel - Airfare	_____ people @ \$ _____ per person		
Travel - Ride Sharing Svs/Taxi/Shuttle	Type total amount into "cost" cell		
Lodging	_____ nights @ \$ _____ per night		
Meals	Breakfasts @ \$ 10.00 per meal Lunches @ \$ 10.00 per meal Dinners @ \$ 20.00 per meal		
Other (Parking, Tolls, Conference Materials, etc.) - please list below:			
TOTAL APPROXIMATE COST			\$ _____
AMOUNT APPROVED			\$ _____
without prior approval from an administrator. Upon returning from an approved event, attendee must submit an itemized Request for Reimbursement and/or a Mileage Report & Reimbursement Claim form with a copy of this form, the activity agenda/program, and all original itemized receipts for any out of pocket expenses to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed.			
Requestor Signature: <u>Karen Ellis</u>			
Executive Director Approval: _____		Date: _____	
Funding Source: _____		SACS Code: _____	
Will costs be reimbursed by another organization?		Yes/No If so, what organization?	
Board of Trustee/Designee Approval: _____		Date: _____	
Board Approval Date (if applicable): _____		Business Office Review	
		(initial)	(date)