

Policy 5141.5: Mental Health

Status: ADOPTED

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CSBA NOTE: Education Code 49428.2, as added by SB 153 (Ch. 38, Statutes of 2024), mandates the Governing Board of any district serving students in grades 7-12, before January 31, 2026, to adopt a policy on referral protocols for addressing student behavioral health concerns. This mandate is reflected below; see "Mental Health Counseling and Referrals."

Education Code 215 requires the Board to adopt a policy on student suicide prevention, intervention, and postvention (i.e., intervention conducted after a suicide) with specified components; see BP/AR 5141.52 - Suicide Prevention. The following policy is intended to address broader mental health issues facing students and may be revised to reflect district practice.

Pursuant to Education Code 232.7, the California Department of Education (CDE) is required, by June 30, 2025, to develop and post on its website a model policy and resources about body shaming that districts may use to educate staff and students. Districts are encouraged to share these resources with staff, students, and parents/guardians by providing information in student and employee handbooks and making the information available on each school's website.

The U.S. Department of Education's (USDOE), "Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs," provides that a student's unmet mental health treatment needs may result in social, emotional, or behavioral challenges that, in the absence of effective support, may cause a student to experience reactive and exclusionary discipline, such as suspensions and/or expulsions, that further exacerbate mental health concerns, interrupt access to and participation in learning, limit opportunities, and negatively affect outcomes. The guidance explains that school mental health services play an important role by broadening the reach of mental health services and providing an access point for early and effective intervention in everyday environments. Additionally, the guidance articulates several recommendations for how districts can increase the capacity to provide students with social, emotional, and behavioral health support, which includes (1) prioritizing wellness for individuals, (2) enhancing mental health literacy and reducing stigma and other barriers to access, (3) implementing a continuum of evidence-based prevention practices, (4) establishing an integrated framework of educational, social, emotional, and behavioral health support, and (5) using data for decision making to promote equitable implementation and outcomes.

The U.S. Surgeon General's, "Social Connection Advisory," emphasizes the critical role that social connection plays in individual and societal health and well-being, and provides recommendations for how to address the consequences when there is a lack of social connection. Because schools play an important role in facilitating positive social connection, the advisory includes specific actions districts can implement, which include (1) developing a strategic plan for school connectedness and social skills with benchmark tracking, (2) building social connection into the health curriculum, (3) implementing socially based educational techniques, and (4) creating a supportive school environment.

In its advisory, "Social Media and Youth Mental Health," the U.S. Surgeon General describes the positive and negative impacts of social media on children and adolescents, including the impact on mental health and well-being, and recommends that schools develop, implement, and evaluate digital and media literacy curriculum to provide students and staff with the skills to strengthen digital resilience.

Additionally, SchoolSafety.gov is an interagency website created by the U.S. Department of Homeland Security, USDOE, U.S. Department of Justice (DOJ), and U.S. Department of Health and Human Services to provide districts with actionable recommendations to create safe and supportive learning environments for students, including information about mental health. In addition, the Children and Youth Behavioral Health Initiative provides resources for school administrators, school health staff, teachers, students and their families. The California Department of Health Care Services (DHCS) also provides free mental health and wellness resources to schools through its CalHOPE Schools Initiative.

The Governing Board recognizes that students' emotional well-being and mental health are critical to their ability to perform to their full academic and personal potential. The Superintendent or designee shall develop strategies and services to reduce the stigma associated with mental illness, facilitate access to mental health services, and help students build resiliency skills, including digital resilience, increase social connections, and cope with life challenges.

The Superintendent or designee shall consult and collaborate with school-employed mental health professionals, the county mental health department, psychologists and other health professionals, social workers, and/or community

organizations to strengthen local mental health services and develop and implement an integrated plan to support student mental health.

To the extent possible, the district shall focus on preventive strategies which increase students' connectedness to school, create a support network of peers and trusted adults, and provide techniques for conflict resolution. The district shall investigate and resolve any complaint of bullying, intimidation, harassment, or discrimination in accordance with law and district policy.

CSBA NOTE: The state's content standards for health education include voluntary standards pertaining to mental, emotional, and social health at selected elementary and secondary grades and suicide prevention instruction at grade 7 or 8 and in high school.

Education Code 51925 requires districts that offer health education courses to middle or high school students to include mental health instruction, as specified. Pursuant to Education Code 51929, CDE developed the, "Mental Health Instruction Expansion Education Plan," to assist districts in (1) understanding that mental health education is a universal support and part of California health education, (2) identifying resources to analyze, expand, and enhance current mental health education efforts, and (3) making a plan to enhance and expand mental health education.

Additionally, pursuant to Education Code 33546.4, as added by AB 3010 (Ch. 176, Statutes of 2024), when the Health Education Framework for California Public Schools is next revised, the Instructional Quality Commission is required to consider including information on evidence-based schoolwide programs to support students in developing skills in mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation.

Pursuant to Education Code 51225.38, as added by AB 2429 (Ch. 67, Statutes of 2024), if a district requires a course in health education for graduation from high school, the course is required, beginning with the 2026-27 school year, to include instruction in the dangers associated with fentanyl use.

For more information on the required contents of courses, see BP/AR 6143 - Courses of Study.

Instruction provided to students shall promote student health and mental, emotional, and social development. Health education courses shall be aligned with the state content standards and curriculum framework, as specified in Administrative Regulation 6143 - Courses of Study, and shall include, but not be limited to, instruction related to identifying signs of depression and self-destructive behaviors including substance abuse, developing coping skills, and identifying resources that may provide assistance.

Information and Training

CSBA NOTE: Pursuant to Education Code 49428.15, CDE has identified and posted on its website, "Youth Mental Health First Aid," an evidence-based and evidence-informed training program for use by schools to address student behavioral health.

Additionally, the California Surgeon General has developed, "Safe Spaces: Trauma Informed Training," an online training designed to help recognize and respond to signs of student trauma and stress.

The Superintendent or designee shall provide school staff and students with information and training to recognize the early signs and symptoms of an emerging mental health condition or behavioral health disorder, including common psychiatric conditions and substance use disorders such as opioid and alcohol abuse, identify risk factors and warning signs of suicidal intent, respond to students who have been impacted by traumatic stress, safely deescalate crisis situations involving students with a behavioral health disorder, and link students with effective services, referrals, and supports. Additionally, such training shall provide instruction on how to maintain student privacy and confidentiality, and may be provided to parents/guardians and families. (Education Code 49428.15)

CSBA NOTE: Pursuant to Education Code 49428.2, as added by SB 153, the district is required to, by July 1, 2029, certify to CDE that 100 percent of its certificated employees and 40 percent of its classified employees who have direct contact with students in grades 7-12 have received youth behavioral training at least one time, as specified.

The Superintendent or designee shall ensure that all certificated employees and 40 percent of classified employees who have direct contact with students in grades 7-12 receive youth behavioral training at least one time, in accordance with Education Code 49428.2.

The Superintendent or designee shall develop a protocol for identifying and assessing students who may be suffering from an anxiety disorder, depression, eating disorder, or other severe or disabling mental illness. The Superintendent

or designee may establish districtwide or school-site crisis intervention team(s) to respond to mental health concerns in the school setting.

CSBA NOTE: Pursuant to Education Code 218.3, CDE has developed and posted on its website, "Providing Relevant Inclusive Support that Matters for LGBTQ Students (PRISM)," a training curriculum for certificated staff to support lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) cultural competency. Beginning with the 2025-26 school year, through the 2029-30 school year, districts are required to provide at least one hour of training annually to all certificated employees serving students in grades 7-12, in accordance with Education Code 218.3.

Additionally, pursuant to Education Code 219, the State Superintendent of Public Instruction has established the LGBTQ Statewide Advisory Task Force to identify the needs of LGBTQ students and make recommendations to assist in implementing supportive measures including (1) mental health and feelings of safety and support, (2) inclusive and safe access to school facilities, (3) inclusive instructional material and school curriculum, (4) prevention of, response to, and oversight of, bullying and harassment to determine the effectiveness of policies and programs, and (5) inclusive participation in school activities.

Annually, the Superintendent or designee shall provide, and require all certificated employees serving students in grades 7 to 12 to participate in, at least one hour of cultural competency training to support lesbian, gay, bisexual, transgender, queer, and questioning individuals. The district shall maintain records documenting the date that each employee completed the training and the name of the entity that provided the training. (Education Code 218.3)

CSBA NOTE: Each district school is required to notify students and parents/guardians no less than twice per school year with information regarding how to access student mental health services on campus and/or in the community, in accordance with Education Code 49428.

At least twice per school year, the Superintendent or designee shall ensure that each school provides notice regarding how to initiate access to student mental health services on campus and/or in the community. The notification to parents/guardians and to students shall be in at least two of the following methods: (Education Code 49428)

1. Distributing the information, electronically or in hardcopy, in a letter to parents/guardians, and in a school publication or other document to students
2. Including the information, at the beginning of the school year, in the parent/guardian handbook and in student orientation materials or a student handbook
3. Posting the information on the school's website or social media

CSBA NOTE: Pursuant to Education Code 49428.5, each school site serving students in any of grades 6-12 is required to create a poster, as specified below, that identifies approaches and resources about student mental health, and prominently display such poster in public areas that are accessible to and commonly frequented by students at each school site. Pursuant to Education Code 49428.5, CDE has developed model mental health posters, available on its website.

Each school site that serves students in any of grades 6-12 shall create an age appropriate and culturally relevant poster that identifies approaches and shares resources about student mental health, and that includes the following information: (Education Code 49428.5)

1. Identification of common behaviors of those struggling with mental health or who are in a mental health crisis, including, but not limited to, anxiety, depression, eating disorders, emotional dysregulation, bipolar episodes, and schizophrenic episodes
2. A list of, and contact information for, school site-specific resources, including, but not limited to, counselors, wellness centers, and peer counselors
3. A list of, and contact information for, community resources, including, but not limited to, suicide prevention, substance abuse, child crisis, nonpolice mental health hotlines, public behavioral health services, and community mental health centers
4. A list of positive coping strategies to use when dealing with mental health, including, but not limited to, meditation, mindfulness, yoga, breathing exercises, grounding skills, journaling, acceptance, and seeking therapy
5. A list of negative coping strategies to avoid, including, but not limited to, substance abuse or self-medication,

violence and abuse, self-harm, compulsivity, dissociation, catastrophizing, and isolating

The poster shall be displayed in English and any primary language spoken by 15 percent or more of the students at the school site and be no smaller than 8.5 by 11 inches and at least 12-point font. The poster shall be prominently and conspicuously displayed in public areas that are accessible to, and commonly frequented by, students at each school site such as bathrooms, locker rooms, classrooms, classroom hallways, gymnasiums, auditoriums, cafeterias, wellness centers, and offices. Additionally, at the beginning of each school year the poster shall be distributed online to students through social media, websites, portals, and learning platforms. (Education Code 49428.5)

Mental Health Counseling and Referrals

CSBA NOTE: Education Code 49428.2, as added by SB 153, mandates the Board of a district serving students in grades 7-12 to adopt a policy at a regularly scheduled meeting before January 31, 2026, on referral protocols for addressing student behavioral health concerns. A policy addressing referral protocols adopted before June 29, 2024, may be considered to meet the requirements if the contents of the policy fulfill the requirements specified in Education Code 49428.1 and 49428.2.

Pursuant to Education Code 49428.1, as amended by SB 153, CDE is required to develop model referral protocols for addressing student behavioral health concerns and to post the model referral protocols on its website by June 1, 2025.

A school counselor, school psychologist, or school social worker may provide mental health counseling to students in accordance with the specialization(s) authorized on the individual's credential. As needed, students and parents/guardians may be provided referrals to mental health services in the community and/or to mental health services at or near district schools.

The district's referral protocols shall: (Education Code 49428.1)

1. Address the appropriate and timely referral by school staff of students with behavioral health concerns
2. Reflect a multitiered system of support process and positive behavioral interventions and supports, to be used as an alternative to disciplinary action as appropriate

The protocols shall be accessible to students who may be the subject of disciplinary action.

3. Be adaptable to varied local service arrangements for behavioral health services
4. Reflect evidence-based and culturally appropriate approaches to student behavioral health referral without disciplinary actions

"Evidence-based" means peer-reviewed, scientific research evidence, including studies based on research methodologies that control threats to both the internal and the external validity of the research findings.

5. Address the inclusion of parents/guardians in the referral process
6. Be written to ensure clarity and ease of use by certificated and classified school employees
7. Reflect differentiated referral processes for students with exceptional needs and other populations for whom the referral process may be distinct
8. Be written to ensure that school employees act only within the authorization or scope of their credential or license

School employees are not authorized or encouraged to diagnose or treat youth behavioral health disorders unless they are specifically licensed and employed to do so.

9. Be consistent with state activities conducted by the California Department of Education in the administration of federally funded behavioral health programs

CSBA NOTE: Pursuant to Family Code 6924, a student 12 years of age or older is legally authorized to consent to mental health treatment or counseling if the student, in the opinion of the mental health professional, is mature enough to participate intelligently in the services. However, such mental health treatment or counseling authorized

by Family Code 6924 requires involvement of the minor's parent/guardian unless the mental health professional determines, after consulting with the minor, that the involvement of the parent/guardian would be inappropriate.

A student 12 years of age or older may consent to mental health treatment or counseling if the student, in the opinion of the attending mental health professional, is mature enough to participate intelligently in the services. Additionally, the student's parent/guardian shall consent to student's treatment, unless the mental health professional determines, after consulting with the student, that the involvement of the parent/guardian would be inappropriate. (Family Code 6924)

CSBA NOTE: Pursuant to Education Code 49429, CDE has developed, "Telehealth Guidance for School Districts," to provide guidelines for the use of telehealth technology in schools, including mental health and behavioral health services to students on school campuses, and guidelines for securing telehealth systems. Telehealth services may include live counseling, mental health, or therapeutic sessions between a student or group of students and a licensed clinician delivered through a virtual platform. The following four paragraphs reflect CDE's 2024 guidance.

For more information regarding school health services, including telehealth services, see BP/AR 5141.6 - School Health Services. It is recommended that districts with questions regarding the provision of telehealth services, consult district risk management and/or insurance, and CSBA's District and County Office of Education Legal Services or district legal counsel, as appropriate.

In delivering mental health and behavioral health services to students, the district may use telehealth or other information and communication technologies that facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a student's health while the student is on campus and the health care provider is at a distant location. (Education Code 49429)

Prior to utilizing telehealth technology to manage a student's mental health or behavior, the mental health professional shall consult with the student, parent/guardian, and/or the student's individualized education program team, as required by law, unless the mental health professional determines that the involvement would be inappropriate pursuant to Family Code 6924.

CSBA NOTE: CDE, in its 2024, "Telehealth Guidance for School Districts," provides numerous recommendations related to using telehealth services, including the creation of a district "emergency response plan" for telebehavioral health, as described below. Since an "emergency response plan" for telebehavioral health is not defined in law, it is recommended that districts with questions about developing such a plan consult CSBA's District and County Office of Education Legal Services or district counsel.

In using telehealth technology to provide mental health services to students, the Superintendent or designee shall ensure that mental health professionals comply with applicable professional codes of ethics and legal authority. Additionally, space that affords privacy and confidentiality of telehealth sessions shall be provided for students and an emergency response plan shall be put in place that lays out all legally-mandated steps to take when a student suddenly begins to exhibit suicidal ideation or other potentially dangerous behavior during a telehealth session.

CSBA NOTE: Pursuant to 28 CFR 35.108, a student should be evaluated in accordance with Section 504 of the Rehabilitation Act (29 USC 794) if the student has a disability, including a mental impairment, that substantially limits a major life activity, has a record of such impairment, or is regarded as having such impairment. See BP/AR 6164.6 - Identification and Education Under Section 504. Districts also have an affirmative, ongoing duty to actively and systematically seek out, identify, locate, and evaluate all children with exceptional needs who may be in need of special education and related services (Education Code 56171, 56300-56385; 20 USC 1412; 34 CFR 300.111). See BP/AR 6164.4 - Identification and Evaluation of Individuals for Special Education.

USDOE and DOJ's joint publication, "Supporting and Protecting the Rights of Students at Risk of Self-Harm in the Era of COVID-19," provides that a student with anxiety, depression, or a substance use disorder may be considered a mental health disability that entitles the student to special education or related services in accordance with Section 504 of the Rehabilitation Act or the federal Individuals with Disabilities Education Act. While this is written in response to the pandemic, the guidance may be interpreted as having a more general applicability.

If a student has an emotional or mental illness that limits a major life activity, has a record of such impairment, or is regarded as having such impairment, or may need special education and related services, the student shall be referred for an evaluation for purposes of determining whether any educational or related services are required in accordance with Section 504 of the Rehabilitation Act or the federal Individuals with Disabilities Education Act, as applicable. (Education Code 56301-56302; 29 USC 794; 28 CFR 35.108)

Funding Resources

CSBA NOTE: In addition to using district funds for mental health programs or services, districts may apply for grant funds administered by the county mental health agency or other sources.

The Behavioral Health Services Act, formerly the Mental Health Services Act, established by Proposition 63 in 2004 and revised by Proposition 1 in 2024, provides funding, personnel, and other resources to support county mental health programs, including, but not limited to, prevention and early intervention programs and treatment for substance abuse disorders. Funding may be allocated for outreach to families and others to recognize the early signs of potentially severe and disabling mental illnesses, access and linkage to medically necessary care for children with severe mental illness, reduction in stigma and discrimination against people with mental illness, and strategies to reduce negative outcomes that may result from untreated mental illness. Half of early intervention funding is required to be directed to individuals 25 years of age and younger, and include early childhood (0-5) mental health consultation, school-based services, and expanding early psychosis and mood disorder detection and intervention.

Welfare and Institutions Code 5886 established the Mental Health Student Services Act, a competitive grant program to award funds to county mental health or behavioral health departments for the purpose of creating mental health partnerships with school districts, charter schools, and county offices of education.

DHCS launched the Children and Youth Behavioral Health Initiative Fee Schedule program to create a reimbursement pathway for districts to receive funding for services provided at schools or school-linked sites by setting the reimbursement rate for a certain set of outpatient, school-linked services rendered to children and youth who are (1) under 26 years old, (2) enrolled in public Transitional Kindergarten-12 schools, and (3) covered by Medi-Cal managed care plans, Medi-Cal Fee-for-Service, health care service plans, and disability insurers. For more information about the Children and Youth Behavioral Health Initiative, see DHCS's website.

The Superintendent or designee shall explore potential funding sources for district programs and services that support student's mental health. In accordance with local plans and priorities, the district may apply to the county for grants for prevention and early intervention activities that are designed to prevent mental illness from becoming severe and disabling and to improve timely access for underserved populations.

Policy Reference Disclaimer: These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the Governing Board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State	Description
Ed. Code 215-216	Student suicide prevention
Ed. Code 218.3	Lesbian, Gay, Transgender, Queer, and Questioning Student Resources; online training delivery platform
Ed. Code 219	Lesbian, Gay, Transgender, Queer, and Questioning Student Resources; advisory task force
Ed. Code 232.7	Body shaming; model policy and resources
Ed. Code 234.6	Bullying and harassment prevention information
Ed. Code 32280-32289.5	School safety plans
Ed. Code 33546.4	Instructional Quality Commission; consideration of skills related to mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation when Health Education Framework next revised
Ed. Code 49060-49079	Student records
Ed. Code 49428	Telehealth technology in schools
Ed. Code 49428.1	Student mental health referral protocols
Ed. Code 49428.15	Identification of evidence-based and evidence-informed training programs for schools to address youth behavioral health
Ed. Code 49428.2	Requirement for policy on referral protocols
Ed. Code 49428.5	Student mental health poster
Ed. Code 49600	Responsibilities of school counselors
Ed. Code 49602	Counseling and confidentiality of student information
Ed. Code 49604	Suicide prevention training for school counselors

State

Ed. Code 51225.38

Ed. Code 56171

Ed. Code 56300-56385

Family Code 6924

W&I Code 5698

W&I Code 5840-5840.8

W&I Code 5850-5883

Description

Instruction regarding the dangers associated with fentanyl use

[Duty to identify and assess children in private schools who need special education services](#)[Identification and referral; assessment, instructional planning](#)

Consent by minor

[System of care for children and youth with serious emotional disturbance](#)[Prevention and early intervention programs](#)[Mental Health Services Act](#)**Federal**

20 USC 1400-1482

28 CFR 35.101-35.190

29 USC 794

34 CFR 300.1-300.818

Description[Individuals with Disabilities Education Act](#)

Americans with Disabilities Act

[Rehabilitation Act of 1973; Section 504](#)[Individuals with Disabilities Education Act](#)**Management Resources**

California Department of Education Publication

California Department of Education Publication

California Department of Education Publication

California Department of Education Publication

California Department of Education Publication

CDC and Prevention Publication

CDC Publication

CSBA Publication

Nat. Child Traumatic Stress Network Publication

US Department of Education Publication

US Department of Health and Human Services
Pub.US Dept of Health and Human Services
PublicationUS Dept of Health and Human Services
PublicationUSDOE Ofc for Civil Rights, USDOJ Civil Rights
PubUSDOE Ofc of Special Edu & Rehabilitative Svcs
Pub

Website

Website

Website

Description[Mental Health Instruction Expansion Education Plan, rev. March 2024](#)[Telehealth Guidance for School Districts, July 2024](#)Health Education Content Standards for California Public Schools:
Kindergarten Through Grade Twelve, 2008[Youth Behavioral Health Training Programs](#)[Health Education Framework for California Public Schools, Kindergarten
Through Grade Twelve, May 2019](#)[School Connectedness: Strategies for Increasing Protective Factors Among
Youth, 2009](#)[Promoting Mental Health and Well-Being in Schools, December 2023](#)[Safe Schools Toolkit: Bullying and Cyberbullying, July 2024](#)[Child Trauma Toolkit for Educators, 2008](#)[Bipartisan Safer Communities Act Stronger Connections Grant Program,
Frequently Asked Questions, April 2023](#)[Social Media and Youth Mental Health: The U.S. Surgeon General's
Advisory, 2023](#)[Creating an emergency plan for telebehavioral health, September 2024](#)[Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's
Advisory on the Health Effects of Social Connection and the Community,
2023](#)[Supporting and Protecting the Rights of Students at Risk of Self-Harm in the
Era of COVID-19, October 2021](#)[Supporting Child and Student Social, Emotional, Behavioral, and Mental
Health Needs, 2021](#)[Mental Health Evaluation, Training, Research, and Innovation Center for
Schools \(METRICS\)](#)[CalHOPE Schools Initiative](#)[California Surgeon General, Safe Spaces: Trauma-Informed Training](#)

Management Resources

Website	Children and Youth Behavioral Health Initiative
Website	Schoolsafety.gov
Website	CSBA District and County Office of Education Legal Services
Website	National Child Traumatic Stress Network
Website	National Council for Behavioral Health, Mental Health First Aid
Website	Suicide Prevention Lifeline
Website	Suicide Prevention Resource Center
Website	Substance Abuse and Mental Health Services Administration
Website	American Association of Suicidology
Website	American Psychological Association
Website	California Department of Education, Mental Health
Website	Centers for Disease Control and Prevention, Mental Health
Website	National Association of School Psychologists
Website	National Institute for Mental Health
Website	American Foundation for Suicide Prevention
Website	American School Counselor Association
Website	U.S. Department of Health and Human Services
Website	California Department of Health Care Services
Website	Office of the Surgeon General

Description**Cross References**

1113	District And School Websites
1113	District And School Websites
1113-E(1)	District And School Websites
3515.3	District Police/Security Department
3515.3	District Police/Security Department
3515.31	School Resource Officers
4131	Staff Development
5131.2	Bullying
5131.2	Bullying
5141.22	Infectious Diseases
5141.22	Infectious Diseases
5141.4	Child Abuse Prevention And Reporting
5141.4	Child Abuse Prevention And Reporting
5141.52	Suicide Prevention
5141.52	Suicide Prevention
5141.6	School Health Services
5141.6	School Health Services
6142.8	Comprehensive Health Education
6142.8	Comprehensive Health Education

Description

Cross References

6143

6143

6164.2

6164.5

6164.5

6173.4

Description[Courses Of Study](#)[Courses Of Study](#)[Guidance/Counseling Services](#)[Student Success Teams](#)[Student Success Teams](#)[Education For American Indian Students](#)