BIRCh Project

Hospital to School Transition Protocol

This protocol was developed by the Behavioral health Integrated Resources for Children Project (BIRCh), representing a collaboration between the University of Massachusetts Boston and the University of Massachusetts Amherst and funded by Boston Children's Hospital.

The mission of the BIRCh Project is to provide professional development and resources for schools and strengthen the coordination of behavioral health supports provided by school and community agencies. More information is available at www.umb.edu/birch, or contact us at Birch.project@umb.edu.

UMASS BOSTON

Boston Children's Hospital
Where the world comes for answers

UMass Amherst

Behavioral Health Integrated Resources for Children Project

➤ Procedural Checklist

☑ **Hospital to School Transition Protocol 7-11**

The Hospital to School Transition Protocol is a 4-page document that is to be filled out upon student transition from hospitalization. Stakeholders needed to collaboratively complete this document include the school-based multidisciplinary team, hospital staff, community-based behavioral health providers, student, and family/guardians. Information recorded on this protocol include:

- **Team Contacts** - log for multidisciplinary team contacts & confidentiality considerations.
- **Student Demographics** - name, pronoun, gender identity, language preferences, etc.
- **504 Plan** - considerations for 504 plan eligibility or documentation of existing Individualized Education Plan & 504 plans.
- **Hospital to School Transition Information** - date of Hospital to School Transition meeting, length of absence, date of return to school, planning details to support the student in the areas of school community transition and management of academics, mental health, and behavior.
- **Collaboration with Families** - communication preferences and support services for the student's caregivers.

☑ **Hospital to School Transition Protocol Supplemental Documents 12-17**

These four supplemental documents can be used to inform the Hospital to School Transition Protocol.

☑ **Family Handout: Hospital to School Transition Plan 12**

The Family Handout: Hospital to School Transition Plan is a **one page document that summarizes the key details of the transition plan**. The purpose of this document is to make the Hospital to School Transition plan easily accessible for the student's caregivers on the team. Information recorded in this document includes: team contacts, planned student return date, next meeting date, family support services, academic support plan overview, behavior support plan overview, and mental health support plan overview.

☑ **Hospital to School Accommodations Checklist 13-14**

The Hospital to School Accommodations Checklist is a **staff-oriented tool** that is referred to in the Hospital to School Transition Protocol. Stakeholders needed to collaboratively complete this document and include the school-based multidisciplinary team and hospital staff. The purpose of this checklist is to transition accommodations from the hospital setting to the school setting. Information recorded in this document includes: behavioral health and instructional supports.

☑ **Youth Action Plan 15-16**

The Youth Action Plan is a **student-oriented tool** that is referred to in the Hospital to School Transition Protocol. Stakeholders needed to collaboratively complete this document are the student and the primary school-based behavioral health staff member. The purpose of the Youth Action Plan is to uplift student voice during the initial phase of the hospital to school transition process. The student-oriented questions serve to record student input on navigating their physical space/environment in the school, preferences for communicating details of their absence with teachers and peers, identification of staff and peers that can serve as a support system, and areas in which the student feels they may need more supports (academic, social-emotional, behavior).

☑ **Phases of Hospital to School Transition 17-18**

The Phases of Hospital to School Transition is a **staff-oriented tool** that is referred to in the Hospital to School Transition Protocol. Stakeholders, including the school-based multidisciplinary team and hospital staff, should collaboratively complete this document. The purpose of this document is to collaboratively determine how the student will be supported through the hospital to school transition process. Information recorded in this document includes: phases of hospital to school transition (or intensity of supports needed).

☑ **Hospital to School Transition Team Action Plan..... 19-21**

The Hospital to School Transition Team Action Plan is a **staff-oriented tool** that is referred to in the Hospital to School Transition Protocol and is informed by the Hospital to School Accommodations Checklist. Stakeholders need to collaboratively complete this document. The purpose of the Hospital to School Transition Team Action plan is to further specify school-based transitional supports. Information recorded in this document includes: coping, safety/crisis, and academic support.

Behavioral Health Integrated Resources for Children Project

➤ Introduction

An increasing number of students are hospitalized each year for psychiatric crises, such as suicidality, and eating disorders, as well as psychosis, substance abuse, and mood disorders. With limited follow-up care, students often return to school within 5 to 7 days of experiencing a crisis. Among these students, up to half are re-hospitalized within a year, and most often within the first month back to school. During their return to school, **high-quality and coordinated after-care services are one of the most powerful strategies for preventing further psychiatric challenges.** Together, hospital and school-based clinicians can help students, in collaboration with their families, transition back into the school community to achieve improved short and long-term health outcomes and experiences of success. The BIRCh protocol and accompanying webinar can be helpful resources to support the hospital to school transition process for schools beginning this work without additional financial resources to allocate to the process at this time. There are organizations who provide more intensive support to schools and districts around the hospital to school transition. We encourage schools and districts who are interested in more intensive supports to contact these organizations to learn more, such as Bridge for Resilient Youth in Transition (BRYT), a program of The Brookline Center for Community Mental Health in Massachusetts, as an example (https://www.brooklinecenter.org/services/schoolbased-support/bryt-program/).

➤ Development of Hospital to School Transition Protocol

To address this need, the BIRCh team engaged in a collaborative process to develop a comprehensive tool to help guide the transition process for students returning to school following a psychiatric hospitalization. Beginning with a review of the research literature, the team identified the essential needs of students, families, schools, and hospitals throughout various phases of this transition. In the next stage of protocol development, a series of transition protocols and procedures from districts across the country were collected and reviewed using a comprehensive vetting tool that evaluated the following areas: applicability to K-12 settings, approval by a school district, legal defensibility, integration into a multi-tiered framework, promotion of equitable access to services, cultural responsivity, comprehensiveness, clarity/simplicity, and recency of tool. This same vetting tool was utilized to evaluate the current Hospital to School Transition Protocol. This protocol drew upon the areas of strength identified from the collection of diverse resources reviewed and from the best practices identified in the literature base. Lastly, a team of school-based providers were asked to review, critique, and provide feedback to further inform the refinement of this tool and improve its feasibility and usability in school settings. Components of the Hospital to School Transition Protocol were drawn from exemplar models such as that of the Loudoun County Public Schools Return to Learn Guidelines. If teams are interested in learning more and accessing the resources that informed the development of the current Hospital to School Transition Protocol, please refer to the resource list at the end of this document (p. 21-23).

➤ Important Considerations

This protocol integrates multiple elements of recommended practice guidelines for school transition post-hospitalization. It should be noted that many students in need of hospitalization do not have access to higher levels of care, and for those who do, “hospitalization” can take many forms (i.e., hours or nights in the Emergency Room, Partial Hospitalization, acute residential, CBAT, etc.). We also acknowledge that various stakeholders will come to this process with different viewpoints about where to start the conversations, the aspects of the process that should be prioritized, and what supports should look like over time. This is challenging and important work, which will require collaboration from all team members, a commitment to valuing all perspectives and all voices, and a willingness to monitor progress, revisit plans, and make modifications or adjustments to ensure student success. This process should be considered within your

existing Multi-Tiered Systems of Support framework. This tool should be utilized in the manner that is most **responsive, relevant, and feasible** for your school community. The BIRCh team recognizes the limitations of and the negative impact language can have on perpetuating inequitable systems. Please feel free to rename the titles of the documents and make other adjustments in language throughout the protocol if you team feels it would be more culturally responsive to the needs of your school community. We acknowledge that this is hard work, but know that student outcomes will be enhanced through our efforts to work through this process together.

➤ Helpful Tips

- Please engage in an ongoing discussion regarding confidentiality to ensure that all sensitive information is kept private, shared in a student and family-centered manner, and is HIPPA and FERPA compliant. Feel free to make use of your district's existing guidelines and tools for releases of information.

- It may be helpful to review the Hospital to School Transition Webinar and Training Module to inform implementation of these tools.

- Keep in mind that behavioral health crises and "hospitalization" take many forms. The case studies presented in the Webinar and Training Module, address the complexity and necessity of caring for students struggling in school due to a mental health crisis, regardless of their access to higher levels of care.

- Consider translating or using alternative formats of this protocol to ensure accessibility. These considerations will be dependent on student and family needs (i.e. translation, large print, etc.).

- This protocol is intended to be utilized flexibly within your current school systems and processes to support successful hospital to school transition for students following psychiatric hospitalization (i.e. district crisis plan, emergency management system, etc.). Please consider your local context and access to local resources throughout implementation.

- This is not intended to be a solely linear process. Hospital to school transition planning should be based on each student and family's individual transition needs and in collaboration with your schools' team.

- Teaming is an integral part of supportive student hospital to school transitions. It may be useful to keep your teams to a reasonable number of participating stakeholders, to enhance efficient and effective decision making.

- It may be helpful to refer to the *Considerations for Teaming and Planning Timeline* and *Suggested Use of Hospital to Transition Protocol Tools* throughout this transition process, to orient your team to the best ways to complete the protocol and supplementary documents.

- Teams should continuously monitor data to evaluate the overall effectiveness of its effort, as well as to determine individual student level responses to the hospital to school transition plan. Such data sources may include both overall group data and individual student level data such as the number of re-hospitalizations, number of crisis calls, number of school counselor/school psychologist visits, number of nurse visits, discipline referrals/data, school attendance records, academic/assignment records, time on task/school assignment completion, family/team transition meeting attendance, Subjective Units of Distress Scale (SUDS) ratings, and Check-in Check-Out data.

➤ Considerations for Teaming and Planning

Please be advised that the following timeline is a suggested guideline for organizing your school's multiple disciplinary team throughout the hospital-to-school transition process. This timeline may be used flexibly and/or adapted to align with your school's procedures, timelines, and systems for teaming, planning, monitoring, and evaluating student progress.

Planning

Decide who should be on the Hospital to School transition team (consider including 504 coordinator (or a special education case manager if the student receives special education services)

A student who has been hospitalized should be considered as requiring Tier 3 social, emotional, & behavioral supports

Welcome Back Team Meeting

Some teams may consider holding more than one initial hospital to school transition team meeting to obtain the necessary information based on the functioning and the stamina of the student. Consider 504 eligibility at this meeting if the student does not have a 504 plan.

Hospital to School Transition Plan Implementation: 6-8 weeks

Implement and monitor the Hospital to School Transition Team Action Plan interventions.

Progress Monitoring Team Meeting

Reconvene the Hospital to School transition team to discuss progress in response to interventions.

If making progress, continue intervention. Reassess student's phase on the Phases of Hospital to School Transition. If not making progress, adjust interventions.

Hospital to School Transition Plan Implementation & Monitoring: 6-8 weeks

Implement and monitor the Hospital to School Transition Team Action Plan intervention

Planning Next Steps Team Meeting

Specify dates for follow up meetings. Assign a primary lead personnel for the team.

Implement and monitor the Hospital to School Transition Team Action Plan interventions. If making progress, continue intervention. Reassess student's phase on the Phases of Hospital to School Transition. If not making progress, consider referral for special education evaluation.

➤ Suggested Use of Hospital to School Transition Protocol Tools

Please be advised that the following recommendations for completing the Hospital to School Transition Protocol and supplementary documents are meant to serve as one example of the way this tool can be used. It is up to your team to decide how to best collaborate and obtain the information in each section of the overall Hospital to School Transition Protocol. Please refer to this suggested sequence and adapt and align these procedures and documents with those currently in place in your school.

Planning & Initial Review of Hospital to School Transition Protocol

- Review Hospital to School Transition Protocol & Supplemental Documents
- Coordinate completion of protocol sections. Many sections require input from different individuals supporting the student.
- Ensure team has access to necessary data from the past 12 weeks for the student prior to hospitalization: attendance, discipline, assignment completion, academic assessment data, response to previous interventions attempted, etc.

Hospital to School Accommodations Checklist

- Collaborate with hospital to ensure this document is completed, preferably while the student is still hospitalized.

(Obtain appropriate releases of information)

Youth Action Plan

- Complete Youth Action Plan with student.

(The Youth Action Plan can be completed with or after the Phases of Hospital to School Transition & Hospital to School Transition Team Action Plan if necessary)

Phases of Hospital to School Transition & Hospital to School Transition Team Action Plan

- Complete Phases of Hospital to School Transition form with team.
- Complete Hospital to School Transition Team Action Plan with team.

Hospital to School Transition Protocol

- Review Hospital to School Transition Protocol to ensure that all sections are comprehensively completed to the best of the team's ability.

(Please note that various sections of the Hospital to School Transition Protocol correspond to the Hospital to School Transition Supplemental Documents)

Hospital to School Transition Protocol

TEAM CONTACTS

Family, student, and school staff should collaboratively build the following team contact list (e.g. school nurse, school psychologist, teacher, principal/department head, etc.). Attention should be paid to the level of information needed to know by each member.

Name and Position	Phone #	Email	Release	What information should be shared?
Grey Ramirez (Student) Valerie Ramirez (Mom) Chris Ramirez (Dad) *ALL INDIVIDUALS SIGN* Signature	111-222-3333 (home phone number for family)	GRamirez@gmail.com VRamirez@gmail.com CRamirez@gmail.com	◉ Yes ☐ No	☑ Medical ☑ Academic ☑ Mental Health ☑ 504 Plan ☑ IEP
Dominique Brown (Dean of Students) Mary Rivers (Vice Principal) Tony Love (504 Coordinator) *ALL INDIVIDUALS SIGN* Signature	111-343-1212 111-213-4545 111-648-0020	DBrown@Greenville.edu MRivers@Greenville.edu TLove@Greenville.edu	◉ Yes ☐ No	☑ Medical ☑ Academic ☑ Mental Health ☑ 504 Plan ☑ IEP
Kristina Rose (School Counselor) Felix Osario (School Nurse) Stephen Young (School Liaison) Craig Jones (Hospital Clinician) Signature	111-313-2323 111-909-0101 111-314-5719 111-432-3478	KRose@Greenville.edu FeOsario@Greenville.edu SYoung@Greenville.edu CJones@GVHospital.org	◉ Yes ☐ No	☑ Medical ☑ Academic ☑ Mental Health ☑ 504 Plan ☑ IEP
Layla Burgess (Homeroom Teacher) *ALL INDIVIDUALS SIGN* Signature	111-212-3432	LBurgess@Greenville.edu	☐ Yes ◉ No	☐ Medical ☑ Academic ☐ Mental Health ☑ 504 Plan ☑ IEP

STUDENT DEMOGRAPHICS

Student Legal Name: **Grey Ramirez**	Date of Birth: **01/01/2005**	Age: **16 years old / 11th grade**
Student Preferred Name: **Grey**	Gender Identity: **Non-Binary**	Preferred Pronouns: **They/Them**
Language(s) Spoken: **English(primary); Spanish(secondary)**	Preferred Language: **English**	Interpreter Needed: **No**
School: **MLK Jr. High School**	District: **Greenville School District**	Does the student have an IEP? **No**

Disclaimer: This tool should be utilized in the manner that is **most responsive, relevant, and feasible** for your school community. The BIRCh team recognizes the limitations of and the negative impact language can have on perpetuating inequitable systems. Please feel free to rename the titles of the documents and make other adjustments in language throughout the protocol if you team feels it would be more culturally responsive to the needs of your school community.

504 PLAN

Any student returning to school following psychiatric hospitalization may be eligible for a 504 plan. A diagnosed mental health condition is no different than any other chronic health condition. Accommodations are frequently needed, and medications may need to be taken at school.

504 Planning Team members:

Attach 504 plan

n/a - Grey does not presently have a 504 or IEP plan

HOSPITAL TO SCHOOL TRANSITION INFORMATION

School transition meeting date:	Length of absence from school:	Date returning to school:
2/4/2021	5 days (acute - inpatient	**2/11/21 (partial day schedule)**

Community Integration	
What communication plan is in place?	Specify communication plan: (or see Youth Action Plan attachment) See Youth Plan - Ms. Rose (school counselor) will develop a communication plan with Grey
What social support plan is in place for the student?	Specify social support plan: (or see Youth Action Plan & Hospital to School Transition Team Action Plan attachments): See Youth Plan/Hospital to School Transition Team Action Plan - Ms. Rose (school counselor)
Academics	
Key Academic Personnel/Support Person	Personnel Assigned: **Layla Burgess (Homeroom Teacher)**
What, if any, essential curricular content was missed?	Specify curricular content missed (or see Hospital to School Transition Team Action Plan attachment): See Hospital to School Transition Team Action
What, if any, state/district testing did the student miss?	Specify testing missed: None - student did not miss any state or district testing.
IEP, 504, or individualized academic support considerations	IEP or 504 Plan (attach IEP or 504 plan): None
Modifications or reduced course schedule considerations	Specify hospital to school transition schedule (see Phases of Hospital to School Transition): See Hospital to School Transition Document - The
What plan has been developed for making up missed work/ course modifications?	Make-up work plan (or see Hospital to School Transition Team Action Plan attachment): See Attached Hospital to School Transition Team
Additional Considerations	Specify: Grey and Grey's family have been working closely with school teams throughout middle school and high school to support Grey throughout their

Mental Health	
Key Mental Health Personnel/Support Person	Personnel Assigned : **Kristina Rose (School Counselor)**
What plan is in place to assess the student's mental health needs? (school-based)	Specify MH Assessment Plan: (or see Hospital to School Transition Team Action Plan attachment) See Hospital to School Transition Team Action Plan. Ms. Rose will conduct Child Depression
In what ways is the student utilizing non-school based mental health/counseling services? If not, what plan is in place to link resources/provide support?	Specify non-school based MH supports: On wait list for therapeutic / psychiatric services at Riverside Counseling Services
What is the coping plan specified for the student?	Specify Coping Plan (or see Hospital to School Transition Team Action Plan attachment): See Hospital to School Transition Team Action Plan / Youth Action Plan. Ms. Rose and Grey will
What is the crisis/safety plan specified for the student?	Specify Crisis/Safety Plan (or see Hospital to School Transition Team Action Plan): See Hospital to School Transition Team Action Plan / Youth Action Plan. Ms. Rose, Grey, and the school team will develop a safety plan
Additional Considerations:	Specify: Triggers, emotional regulation, coping strategies strategies were identified as critical skill areas based on the student/family concerns, and
Behavior	
Key Behavioral Personnel/Support Person	Personnel Assigned: **Tony Love (504 Coordinator)**
Functional Behavior Assessment (FBA) and a Behavior Intervention Plan (BIP) for the student	FBA and BIP (attach existing FBA and BIP): N/A - Grey does not presently have an FBA or BIP
In what ways is the student utilizing non-school based behavioral support services? If not, what plan is in place to link resources/provide support?	Non-school based behavioral supports: Grey is on wait-list for therapeutic / psychiatric services at Riverside Counseling Services. Grey will also continue to work with their mentor, Ollie, at the local Boys & Girls Club & will continue to
Additional Considerations:	Specify: No present behavior plan. Grey does not have any office discipline referrals during time at MLK Jr High. Teaching team noted that the student has been becoming more disengaged/withdrawn and has been participating less during

COLLABORATION WITH FAMILIES

Communication with Families

Parent/Caregiver Names & Pronouns:	Preferred Language:	Language(s) Spoken:
Valerie Ramirez (Mom - She/Hers) Chris Ramirez (Dad - He/Him)	English	English & Spanish
Interpreter Needed:	**Preferred Communication Method:**	**Best time of day to contact:**
No	Phone-Call / Emails	Afternoons 3-6 pm

Name of school-based contact/point person for family:

Stephen Young (School Liaison)

Name(s) of team members (refer to above contact list):

Dominique Brown (Dean of Students), Mary Rivers (Vice Principal), Tony Love (504 Coordinator), Kristina Rose (School Counselor), Felix Osario (School Nurse), Layla Burgess (Homeroom Teacher), Stephen Young (School

Are there cultural, family, or other background factors to consider in supporting the hospital to school transition?

Family (Mom, Dad, Grey, and two siblings) identify as Latinx. Grey's caregivers would like the team to be especially mindful of Grey's pronouns (they/them) and gender-identity related challenges. Grey has been a strong advocate for themselves at school, however, peer/teacher relationships and mental health have been a challenge at times. Currently, due to employment challenges and changes in insurance it has been extremely

What kind of information does the family find most helpful, and how often would the family/team like that information shared?

Regular updates on Grey's social/emotional/behavioral and academic progress. Parents would like at least 1 x weekly by phone-call or email (Thursday or Friday updates are preferred). Mr. Young (Family-School Liaison) and/or Ms. Rose (school counselor) will facilitate these contacts for the first 10 weeks following Grey's return to school. Contact information for Grey's parent are listed again below.
111-222-3333

Supporting Families
Were information and opportunities for caregiver support shared with the family? Yes/No? If yes, specify below:
Have all service areas been addressed? ☑ Mental Health/Emotional Support ☑ Education ☑ Medical ☑ Behavioral ☑ Insurance ☑ Advocate/Advocacy services ☑ Subsequent family action steps/plan ☑ Transportation For Students ☑ Resources (Access to technology, books, learning materials)
Which support services have been requested by the family? Insurance supports (i.e.,, help finding therapy/psychiatric providers in area) - School Family Liaison Stephen Young will reach out to family with this information later this week. Mental Health/Emotional Support for parents (Transgender Parent Information & Suicide Awareness Parent
Specify additional considerations: No other concerns were noted by the family
Date of Next Meeting: **2/29/21 (Re-Convening in 2 weeks in person in conference room or via google me**

Attachments:

1. Hospital to School Accommodations Checklist
2. Youth Action Plan
3. Phases of Hospital to School Transition
4. Hospital to School Transition Team Action Plan
5. Family Handout: Hospital to School Transition Plan
6. 504 Plan or IEP (if applicable)
7. Existing youth FBA and BIP (if applicable)
8. Medical information/discharge summary (if applicable)

Family Handout: Hospital to School Transition Plan

TEAM CONTACTS			
Support Personnel Role	Name	Phone Number	Email
School-Based Contact/ Point Person	Stephen Young (School Li	111-314-5719	SYoung@Greenville.edu
Key Academic Personnel/ Support Person	Layla Burgess (Homeroom Teacher)	111-212-3432	LBurgess@Greenville.edu
Key Behavioral Personnel/ Support Person	Tony Love (504 Coordinat	111-648-0020	TLove@Greenville.edu
Key Mental Health Personnel/Support Person	Kristina Rose (School Counselor)	111-212-3432	KRose@Greenville.edu

HOSPITAL TO SCHOOL TRANSITION INFORMATION		
School transition meeting date: 2/4/2021	Next meeting date: 2/29/21 (Re-Convening in 2 weeks in	Date returning to school: 2/11/21

Academics

Ms. Layla Burgess will coordinate with Grey and their teacher team to identify missed exams, assignments, and projects. Ms. Burgess will first work with World History teacher and English teacher to support creating a modified assignment that will match Grey's current academic stamina and mental health needs. They will also work together to figure out an appropriate timeline for these missed assignments. Ms. Burgess will monitor Grey's

Behavior

Mr. Love (504 coordinator) will observe Grey and develop an observation checklist for teaching staff to monitor Grey's overall participation and engagement. These behaviors will be monitored closely and communicated to Ms. Rose (school counselor) and family. Grey will use a non-verbal break card to signal when they need a break from class. This card will allow them to go to the guidance office to work with Ms. Rose (school counselor), Mr.

Mental Health

Grey will have daily check-ins (daily check-in/check-out sheets 2-3 min / 5 x per week) and a weekly DBT counseling session on Wednesdays (30 min / 1x per week) with Ms. Rose (school counselor). During these sessions, Grey will work to build coping skills to manage anxiety, self-harm impulses, and triggers. Ms. Rose and the school nurse Mr. Osario will coordinate and collaborate with Grey's outpatient therapist and psychiatrist to

Family Support Services

Insurance supports: Family school liaison, Mr. Young, will provide help finding therapy/psychiatric providers in area)

Mental Health/Emotional Support for parents: School counselor, Ms. Rose, will provide parents with a transgender parent affinity groups/information as well as support group information for parents supporting students struggling

Hospital to School Accommodations Checklist

Please discuss which accommodations will be most beneficial to the student upon their return to school. It is recommended that hospital and school staff have a phone conversation or meeting if possible to allow for a more detailed conversation around the rationale for accommodations selected by hospital staff and their feasibility in the school setting. Accommodations may need to be adapted depending on the school resources available. It is also important to note that students may need different accommodations at different points during the transition process. This checklist can be sent to hospital staff electronically to be completed if it is not possible for hospital and school staff to collaborate in the completion of this form. If completing electronically, hospital staff should write in the notes sections which of the accommodations are most essential for the student's success.

Any support recommended for the student in this checklist should supplement any accommodations already outlined in the student's Individualized Education Program (IEP; if the student is eligible under the Individuals with Disabilities Education Act) or 504 plan. Students returning to school following psychiatric hospitalization may be eligible for a 504 plan as a diagnosed mental impairment or psychological disorder that may substantially limit their functioning in school. Consider Attendance and Stamina (e.g. the student's capacity to participate in school and persist in various school-based environments), Academic and School-Based Engagement (e.g. the student's capacity to successfully complete work, engage in the classroom/school setting, and navigate the school environment), and Level of Support (e.g. necessary supports required by the student to increase attendance and improve stamina and engagement) in a variety of contexts pertinent to each individual student.

Copies of the Hospital to School Accommodations Checklist may also be shared with teachers and staff after the meeting.
*(*modeled from LCPBS Return to Learn Guidelines)*

Academic Stamina/Engagement Level of Support (check **one** option)

- ☐ 1 Minimal Supports
- ☑ 2 Moderate Supports
- ☐ 3 Maximum Supports

Academic Stamina/Engagement Support Examples (check which are ***most* beneficial**)

- ☐ No school (minimal homework, assignments, tests, quizzes; rest at home only)
- ☑ Shortened school days (e.g., 1⁄2 day or partial day) for gradual transition back into school routines
- ☐ Full time/Attends all classes

Academic Stamina/Engagement Supports Notes

(list **priority** accommodations to be implemented in ***school-setting***):

Grey will attend school part time (9am-1:30pm) for 2 weeks in order to allow more flexibility in attending hospital outpatient services and to support gradual return to school schedule. Accommodations will include preferred seating, breaks from class as needed, and waiving of non-essential work as these were priority suggestions made by the in-patient hospital providers that worked with Grey during their hospitalization. The school team will continue care coordination with outpatient services, reconvene and reassess school-day length at next team meeting scheduled on for 2/29/21.

Disclaimer: This tool should be utilized in the manner that is **most responsive, relevant, and feasible** for your school community. The BIRCh team recognizes the limitations of and the negative impact language can have on perpetuating inequitable systems. Please feel free to rename the titles of the documents and make other adjustments in language throughout the protocol if you team feels it would be more culturally responsive to the needs of your school community.

Behavioral Health Level of Support (circle ***one*** option):

☐ 1 Minimal Supports ☐ 2 Moderate Supports ☑ 3 Maximum Supports

Behavioral Health Supports Examples (check which are ***most* beneficial**):

- ☑ Case Management with treatment team (e.g., outpatient)
- ☑ Transition meeting with counselor on day of return to school
- ☑ Shortened school days (e.g., 1⁄2 day or partial day) for gradual transition back into school routines
- ☐ Built in breaks during a regular length school day
- ☑ Scheduled and regular check-ins with school counselor/ staff
- ☐ Modified environment (e.g., no hallways or cafeteria; or separate work space needed)
- ☑ Counseling (including coping skill instruction, please specify coping skills practiced in the hospital in thenotes section)

Behavioral Health Supports Notes (list **priority** accommodations to be implemented in **school-setting**):

Grey will have daily check-ins, weekly DBT counseling sessions, partial school days, use of a break-card for safe space use, option to each lunch in alternative setting, and extra time to transition during arrival/dismissal times. The school counselor, Ms. Rose, family-school liaison, Mr. Young, and school nurse, Mr. Ocasio will facilitate case management/care coordination with outpatient therapeutic staff to align

Instructional Supports Level of Support (circle **one** option):

☐ 1 Minimal Supports ☑ 2 Moderate Supports ☐ 3 Maximum Supports

Instructional Supports Examples (check which are ***most* beneficial**):

- ☐ No homework, assignments, tests, quizzes; rest at home only
- ☐ Short periods of sustained work in home-setting
- ☐ Limited homework
- ☐ Alternative grading strategies
- ☑ Extra time, assistance and/or modification of assignments as needed

Instructional Supports Notes (list **priority** accommodations to be implemented in ***school-setting***):

Upon returning to school, Grey will have a partial school day schedule from 9 am - 1:30 pm. The partial school schedule will be in place for the next two weeks. They will be provided with modified assignments for missed assignments in World History (missed exam) and ELA (missed research project). The academic key personnel, Grey's homeroom teacher, Ms. Burgess, will support

Specify education program as well as additional accommodations provided in hospital setting and/or additional accommodations to be provided in school setting:

Grey does not presently have an IEP or 504 plan. Academically, the Grey presently has grades ranging from A to B- averages. However, recent disengagement, social withdrawal, and lack of participation was noted for Grey. Academic supports provided in the hospital setting included small group instruction, extended time, and opportunities for one-on-one tutoring supports. After 10-12 weeks of intervention implementation, the team will reconvene to evaluate Grey's progress and supports. If there

Youth Action Plan

In collaboration with the student, please complete the following questionnaire. This document can be filled out directly by the student or in an interview format. Please consider adapting questions to be developmentally appropriate for your student. Please consider that the student may not be able to answer all of the questions within the youth action plan document, however, their responses may be useful indicators for hospital to school transition team planning. Similarly, all of the students' requests may not be able to be accommodated within your school setting. Please consider how to incorporate student input into the hospital to school transition planning process as much as possible.

(**A copy of the Youth Action Plan may be shared with the student after their meeting**)

My space (Environment)	
Where in the school building do I feel safest? (i.e. particular offices, library, etc.)	My safe spaces in the building: School Counselor's Office Library Office
Are there changes in my classroom environment that will help me to get through the school day? (i.e. which classes am I most comfortable in, changes in classroom seating, sitting with certain peer mentors, etc.)	My classroom space: Sitting next to my teachers might be helpful so I can give them my safe space pass without people noticing
Are there changes in my lunchroom environment that will help me get through the school day? (i.e. changes in lunch seating, changes in what time I enter or exit the lunchroom, etc.)	My lunch space: Prefer to eat in the school counselor small group room with one or two friends (when needed and when space is available).
Are there any changes during my transitions between classes or when I arrive and leave school that can help me to get through the school day? (i.e. transitioning early between classes, using a different entry for school arrival and dismissal, etc.)	My transition space: Would like to transition to pick-up/drop-off area before the rest of my classmates (modified arrival/dismissal times once returning to a full day schedule)
Are there any changes to my transportation to and from school that can help me to get through the school day? (i.e. bus pick-up/drop off, seating on the bus, etc.)	My transportation space: Picked up and dropped off by parents Would like to transition to pick-up/drop-off area before the rest of my classmates
Are there any changes to my free time during the day that can help me get through the school day? (i.e. different space for recess, different space for enrichment block, etc.)	My free time space: School library or School counselor small group space for study hall period

Disclaimer: This tool should be utilized in the manner that is **most responsive, relevant, and feasible** for your school community. The BIRCh team recognizes the limitations of and the negative impact language can have on perpetuating inequitable systems. Please feel free to rename the titles of the documents and make other adjustments in language throughout the protocol if you team feels it would be more culturally responsive to the needs of your school community.

My communication and support	
What do I want to tell my peers/friends about my absence?	My message for friends: I do not want my friends/classmates to know that I was at the hospital. I would like it to be private. We can tell them that I was sick.
What do I want to tell my teachers about my absence?	My message for teachers: I want my teachers to know that I was in the hospital. We can tell them I was having a hard time emotionally. But I don't want them to know the specifics about why
Is there anything important I want my support team to communicate to my peers/friends, teachers, or family?	My message for the team: I feel like I am not getting better. I just want the people around me to know that I'm having a hard time and to
When I am not feeling my best, how will I communicate what I need to my peers/friends and my teachers?	Communicating what I need: Use the safe space card, ask for help, tell someone I trust I am not feeling ok.
What kind of support do I have at school and home/community? (i.e. counseling, Big Brother/Big Sister program, after school program, sports, extracurricular activities, etc.)	My supports at home/community & at school: Hanging out with my mentor Ollie at the Boys and Girls club every afternoon after school. And playing soccer at the rec center.
At school, who can I go to for support? (i.e. which teachers and friends?)	Supportive people at my school: Ms. Burgess (homeroom teacher) and Ms. Love (school counselor) and Mr. Young (school liaison); My
Outside of school, who can I go to for support? (i.e. family, friends, mentor, counselor)	Supportive people at home and in my community: My mentor Ollie and my big brother Kyle

My school work	
What school work/classes do I feel most confident in? Algebra II and Chemistry	Strengths in school: Work hard. Good at math and science. I like solving problems and
What school work/classes do I feel I need the most help in? World History.	Challenges in school: I get overwhelmed when I have a lot of work. I need to catch up on my
My thoughts, feelings and behaviors	
How do I know when I am starting to feel stressed? What do I notice in my body when I am starting to have big feelings? (i.e. sad, upset, angry, etc.)	My thoughts, feelings, & behaviors: Heart racing, sweaty, feel alone. Anxious, sad, depressed, act like a loner, won't talk or participate in my
What can I do when I am having these feelings? (i.e. coping strategies: deep breathing, ask for a break, have lunch with a friend, talk to my teacher)	My coping strategies: 4-6 breath, ask to go see Ms. Rose in her office, take a break from my
Date of Next Meeting: 2/18/21 (in one week)	

Phases of Hospital to School Transition

It is expected that many students will need the support of a transition plan for several weeks or more as they transition back into the school environment. Every student's progression through the phases of transition will be different-every student will start at a different point, progress at a different rate, and in a different order. Not all students will progress through each of the following phases outlined in this document.

An effective and developmentally appropriate student hospital to school transition plan can be utilized to increase attendance and participation in classrooms and various school settings, to improve student engagement broadly, and to decrease the necessity of accommodations/school-based supports as the student progresses in their school transition process, with respect to academic, behavioral, and social emotional functioning. This plan should consider **Attendance and Stamina** (e.g. the student's capacity to participate in school and persist in various school-based environments), **Academic and School-Based Engagement** (e.g. the student's capacity to successfully complete work, engage in the classroom/school setting, and navigate the school environment), and **Level of Support** (e.g. necessary supports required by the student to increase attendance and improve stamina and engagement) in a variety of contexts pertinent to each individual student.

The phases of hospital to school transition described below provide a framework for team planning around the hospital to school transition. Please select the phase that most accurately describes the level of support currently needed by the student and describe the signs the team will see when the student is ready to transition to the next phase. Consider student and family collaboration when completing this document when appropriate.

(The language used to describe student levels of functioning & the phases of the transition process were modeled from LCPBS Return to Learn Guidelines)

No School or Work; Maximum School-Based Behavioral Health Supports • No homework, assignments, tests, quizzes; rest at home only • Maximum/intensive counseling, check-ins, and case management	☐ Student currently needs this level of support **Signs the student is ready to move to the next phase:**
No School; Minimal Work; Maximum School-Based Behavioral Health Supports • Short periods of sustained work in home-setting • Maximum/intensive counseling, check-ins, and case management	☐ Student currently needs this level of support **Signs the student is ready to move to the next phase:**
School Part-Time with Maximum Instructional Supports; Maximum School-Based Behavioral Health Supports • Shortened days with built-in breaks • Modified environment (e.g., no hallways or cafeteria & work in library) • Exclusion from standardized and classroom testing • Extended time to complete assignments • Rest and recovery when out of school • Maximum/intensive counseling, check-ins, and case management	☑ Student currently needs this level of support **Signs the student is ready to move to the next phase:** **Less frequent use of safe space pass (Weekly Freq)** **Increase in coping skill strategy use (DBT session)** **Decrease in self-harm thoughts/impulses (Children's Depression Inventory)** **Increase in participation/social-engagement in classes (engagement observation checklists)**

Disclaimer: This tool should be utilized in the manner that is **most responsive, relevant, and feasible** for your school community. The BIRCh team recognizes the limitations of and the negative impact language can have on perpetuating inequitable systems. Please feel free to rename the titles of the documents and make other adjustments in language throughout the protocol if you team feels it would be more culturally responsive to the needs of your school community.

Full-Time School Attendance; Moderate Instructional Supports; Moderate School-Based Behavioral Health Supports ☐ Built-in breaks ☐ Limited homework ☐ Alternative grading strategies ☐ Modified or limited classroom testing ☐ Exclusion from standardized testing ☐ Moderate level of extra time, assistance and/or modification of assignments as needed ☐ Counseling, check-ins, and case management	☐ Student currently needs this level of support **Signs the student is ready to move to the next phase:**
Full-Time School Attendance; Minimal Instructional Supports; Minimal School-Based Behavioral Health Supports • Built-in breaks • Limited formative and summative testing • Exclusion from standardized testing • Minimal level of extra time, assistance and/or modification of assignments as needed • Continuation of instructional modification and supports academically • Limit on challenging subjects that require cognitive overexertion and stress • Weekly or twice per month counseling • Check-ins as needed	☐ Student currently needs this level of support **Signs the student is ready to move to the next phase:**
Full-Time School Attendance; No Instructional Supports; Minimal School-Based Behavioral Health Supports • Attends all classes • Maintains full academic load/homework • Check-ins and counseling as needed	☐ Student currently needs this level of support **Signs the student is ready to move to the next phase:**

Hospital to School Transition Team Action Plan

Based on the student's phase in the **Phases of Hospital to School Transition** process and using accommodations identified in the **Hospital to School Accommodations Checklist** that are feasible for the school to implement and relevant for the student and family, develop the student's Hospital to School Transition Team Action Plan. Any support provided to the student as part of the **Hospital to School Transition Team Action Plan** should supplement any accommodations already outlined in the student's Individualized Education Program (IEP) or Section 504 Plan if the student is eligible under the Individuals with Disabilities Education Act or Section 504, respectively. The school team may need to consider further evaluation through the Student Support/Success Team if the student's functioning in the school environment does not improve over time. *Consider student and family collaboration when completing this document when appropriate.*

COPING SUPPORT PLAN (ensure this is integrated with existing systems of tiered supports that exist in the school)	
What symptoms and triggers have been identified?	Specify: Exam days; loud/unstructured times
What supports have been identified to put in place to help students through challenging social situations? (i.e. buddy, peer mentor, peer support group)	Specify: Peer support for lunch - Brian; modified arrival/dismissal times; alternative lunch space, when available
What coping skills and strategies have been identified for the student? (breathing, music, breaks, etc.)	Specify: 4-6 breathing, mindfulness, music, body scan, breaks in quiet calm spaces (library or Ms. Rose's small group space)
Is social and communication skills development needed? If so, what types of school-based supports will be needed? (social skills group, counseling, etc.)	Specify: Yes. Counseling targets will include focus on advocating for needs and confiding in trusted peers/adults.
SAFETY SUPPORT PLAN (ensure this is integrated with existing safety protocols/procedures that exist in the school)	
What school-based staff member and/or crisis team has been identified to support the student during crisis situations?	Specify Staff/Team: Ms. Rose (school counselor) will be team lead for any crisis situations that occur. Mr. Ocasio, Mr. Young, and Mr. Love will
What is the specified plan for how to best respond and support the student during crisis or challenging situations?	Specify response plan (de-escalation strategies): Student will isolate/disengage/shut down/will not respond. Close proximity of one staff, reassurance, relational contact, providing time for student to initiate conversation, validate/connect, and
What is the plan for a follow up risk assessment to ensure the safety of the student?	Specify follow-up/risk assessment plan: Self-harm/Suicidal Ideation Assessment Questionnaire must be completed by student and preferred/available crisis team member
What plan has been identified for following up with student's home/community support following a crisis situation?	Specify contacts for home/community supports: Mom & Dad will be contacted by phone-call immediately following crisis situation; outpatient clinicians will be contacted prior to student leaving school grounds.

Disclaimer: This tool should be utilized in the manner that is **most responsive, relevant, and feasible** for your school community. The BIRCh team recognizes the limitations of and the negative impact language can have on perpetuating inequitable systems. Please feel free to rename the titles of the documents and make other adjustments in language throughout the protocol if you team feels it would be more culturally responsive to the needs of your school community.

ACADEMIC SUPPORT PLAN (ensure this is integrated with existing academic supports that exist in the school)	
How much school missed? (total days, total for each course if rotating schedule)	Specify amount of school missed: 5 school days
What was the student's education program while in treatment/hospitalized?	Specify education program received: While hospitalized, Grey worked on assignments provided by the MLK Jr. staff (2-5 worksheets per academic period). Grey was able to complete assignments at an individualized pace in a small group
Is there any academic intervention or specific skill development needed to complete assignments? (generalization to all classes)	Specify academic intervention/skill development plan: Grey needs additional time/modifications to assignments to catch up on school work missed while hospitalized. Academic support to ensure Grey understands missed content and has the time/space
Were educational/cognitive abilities/ psychological/psychiatric evaluations completed during treatment?	If yes, please provide a copy as an attachment No additional educational, cognitive evaluations. Psychological and
Does an evaluation seem appropriate? Re-evaluation? Review of education needs?	Specify: At this time, the team will continue to monitor Grey's academic progress and social/emotional/behavioral needs. Prior to hospitalization, Grey was in strong academic standing for all of
Were there any major behavior management programs that should be considered/continued?	Specify: The school counselor, Ms. Rose, will provide DBT lessons during weekly counseling block. Ms. Rose will check in with Ms. Burgess (homeroom teacher/academic point person) and Mr. Love (504
How will student be provided with: (1) instruction on content missed, (2) support with assignments needed to check their understanding, and (3) modifications to required assignments to fit within students' phased hospital to school transition plan?	Specify Accommodations/Supports: 2x per week one-on-one tutoring opportunities with Ms. Burgess or peer tutor (20 min each tutoring session)

Date of Next Meeting:
2/29/21

Academic Subject (specify subjects below)	Key Instruction Missed
World History	Midterm Exam
English	Research Project Assignment/Presentation

References

Bardach, N. S., Coker, T. R., Zima, B. T., Murphy, J. M., Knapp, P., Richardson, L. P., Edwall, G., Mangione-Smith, R. (2014). Common and costly hospitalizations for pediatric mental health disorders. *Pediatrics, 133*(4), 602–609. https://doi.org/10.1542/peds.2013-3165

Bechberger, A. M. (2012). *The role of school psychologists in partial hospitalization program-to-school transitions* (Order No. 3493891). [Doctoral Dissertation, Temple University]. ProQuest Dissertations Publishing.

Best, K. M., Hauser, S. T., Gralinski-Bakker, J. H., Allen, J. P., & Crowell, J. (2004). Adolescent psychiatric hospitalization and mortality, distress levels, and educational attainment: Follow-up after 11 and 20 years. *Archives of Pediatrics & Adolescent Medicine, 158*, 749–752.

Blader, J. C. (2004). Symptom, Family, and Service Predictors of Children's Psychiatric Rehospitalization Within One Year of Discharge. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*(4), 440–451. https://doi.org/10.1097/00004583-200404000-00010

Blader, J. C. (2011). Acute Inpatient Care for Psychiatric Disorders in the United States, 1996 Through 2007. *JAMA Psychiatry, 68*(12), 1276–1283. https://doi.org/10.1001/archgenpsychiatry.2011.84

Blizzard, A. M., Weiss, C. L., Wideman, R., & Stephan, S. H. (2016). Caregiver Perspectives During the Post Inpatient Hospital Transition: A Mixed Methods Approach. *Child & Youth Care Forum, 45*(5), 759–780. https://doi.org/10.1007/s10566-016-9358-x

Case, B. G., Olfson, M., Marcus, S. C., & Siegel, C. (2007). Trends in the inpatient mental health treatment of children and adolescents in US community hospitals between 1990 and 2000. *Archives of General Psychiatry, 64*(1), 89–96. https://doi.org/10.1001/archpsyc.64.1.89

Clemens, E. V., Welfare, L. E., & Williams, A. M. (2010). Tough Transitions: Mental Health Care Professionals' Perception of the Psychiatric Hospital to School Transition. *Residential Treatment For Children & Youth, 27*(4), 243–263. https://doi.org/10.1080/0886571X.2010.520631

Clemens, E. V., Welfare, L. E., & Williams, A. M. (2011). Elements of Successful School Reentry After Psychiatric Hospitalization. *Preventing School Failure: Alternative Education for Children and Youth, 55*(4), 202–213. https://doi.org/10.1080/1045988X.2010.532521

Daniel, S. S., Goldston, D., Harris, A., Kelley, A., Palmes, G. (2004) Review of literature on aftercare services among children and adolescents. *Psychiatric Service*s, 55, 901–912. https://doi.org/10.1176/appi.ps.55.8.901

Fontanella, C. A. (2008). The influence of clinical, treatment, and healthcare system characteristics on psychiatric readmission of adolescents. *American Journal of Orthopsychiatry*, 78(2), 187–198. https://doi.org/10.1037/a0012557

General, S. (2001). Mental health: Culture, race, and ethnicity. Supplement to mental health: A report ofthe Surgeon General. Washington (DC): Government Printing Office. (n.d.).

Horwitz, A. G., Czyz, E. K., & King, C. A. (2015). Predicting future suicide attempts among adolescent and emerging adult psychiatric emergency patients. *Journal of Clinical Child & Adolescent Psychology, 44*(5), 751–761. https://doi.org/10.1080/15374416.2014.910789

James, S., Charlemagne, S., Gilman, A., Alemi, Q., Smith, R., Tharayil, P., & Freeman, K. (2010). Post-discharge services and psychiatric rehospitalization among children and youth. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(5), 433–445. https://doi.org/10.1007/s10488-009-0263-6

Kalb, L. G., Stapp, E. K., Ballard, E. D., Holingue, C., Keefer, A., & Riley, A. (2019). Trends inPsychiatric Emergency Department Visits Among Youth and Young Adults in the US. *Pediatrics*, 143(4), e20182192. https://doi.org/10.1542/peds.2018-2192

Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: variation by ethnicity and insurance status. *The American journal of psychiatry*, 159(9), 1548–1555. https://doi.org/10.1176/appi.ajp.159.9.1548

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593

Luthar, S. S., & Becker, B. E. (2002). Privileged but Pressured? A Study of Affluent Youth. *Child Development, 73*(5), 1593–1610. https://doi.org/10.1111/1467-8624.00492

Marraccini, M. E., Lee, S., & Chin, A. J. (2019). School reintegration post-psychiatric hospitalization: protocols and procedures across the nation. *School Mental Health*, 11(3), 615–628. https://doi.org/10.1007/s12310-019-09310-8

Preyde, M., Parekh, S., Warne, A., & Heintzman, J. (2017). School reintegration and perceived needs: The perspectives of child and adolescent patients during psychiatric hospitalization. *Child and Adolescent Social Work Journal, 34*(6), 517–526. https://doi.org/10.1007/s10560-017-0490-8

Return to Learn Guidelines. (2019). *Loudoun County Public Schools*. https://www.lcps.org/Page/226104

Savina, E., Simon, J., & Lester, M. (2014). School reintegration following psychiatric hospitalization: An ecological perspective. *Child & Youth Care Forum*, 43(6), 729–746. https://doi.org/10.1007/s10566-014-9263-0

Sheridan, D. C., Spiro, D. M., Fu, R., Johnson, K. P., Sheridan, J. S., Oue, A. A., et al. (2015).Mental health utilization in a pediatric emergency department. *Pediatric Emergency Care*, 31, 555–559.

Simon, J. B., & Savina, E. A. (2010). Transitioning children from psychiatric hospitals to schools: The role of the special educator. *Residential Treatment For Children & Youth, 27*(1), 41–54. https://doi.org/10.1080/08865710903508084

Simone, D. J. (2017). *Getting back to school: Understanding adolescents' experience of reentry into school after psychiatric hospitalization* (Order No. 10681567). [Doctoral Thesis, Northeastern University]. ProQuest Dissertations Publishing.

Supporting High School Completion: A Tool Kit for Success: Re-Entry Planning Checklist for Students Returning to School.(2016). *Alberta Regional Professional Development Consortia.* https://arpdcresources.ca/wp-content/uploads/2017/10/Reentry-Planning-Checklist-for-Students-Returning-to-School2.pdf

Student Re-Entry Plan Checklist (2020). *Albuquerque Public Schools*. https://www.aps.edu/nursing/nursing-forms/re-entry-planning/re-entry-plan-checklist

Student Re-Entry Plan. (2020). *Delaware Valley Regional High School.* https://www.dvrhs.org/Page/5487

Student Re-Entry Plan. (2020). *Oklahoma State Department of Education*. https://sde.ok.gov/sites/ok.gov.sde/files/STUDNET%20RE-ENTRY%20PLAN%20OSDE.pdf

Tisdale, J. M. (2014). *Psychiatric hospitalization to school transitions: Examining professional perceptions of effectiveness and fidelity* (Order No. 279). [Doctoral Dissertation, University of Rhode Island]. Open Access Dissertations.

Supporting Hospital to School Transitions. (2020). *University of Maryland School of Medicine*. https://mdbehavioralhealth.com/training

U.S. Department of Health and Human Services. (2001). Mental Health: culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Weiss, C. L., Blizzard, A. M., Vaughan, C., Sydnor-Diggs, T., Edwards, S., & Hoover Stephan, S. (2015). Supporting the Transition from Inpatient Hospitalization to School. *Child and Adolescent Psychiatric Clinics of North America,* 24(2), 371–383. https://doi.org/10.1016/j.chc.2014.11.009

White, H., LaFleur, J., Houle, K., Hyry-Dermith, P., & Blake, S. M. (2017). Evaluation of a school-based transition program designed to facilitate school reentry following a mental health crisis or psychiatric hospitalization. *Psychology in the Schools, 54*(8), 868–882. https://doi.org/10.1002/pits.22036