



BRIDGE TO SUCCESS

Transition Back to School

GUIDE FOR PROVIDERS,
EDUCATORS, AND FAMILIES



BRIDGE TO SUCCESS

The Bridge to Success Guide was created by the Project AWARE WV team in collaboration with health care providers and educators throughout the state of West Virginia to assist families, caregivers, and schools in supporting the needs of WV students. This guide was formulated with the understanding that during a time when a child is struggling with mental health needs, parents/caregivers, and health care providers must work together to ensure access to supportive resources and strategies that are essential to healing. The purpose of this guide is to provide recommendations for procedures as well as information on available resources to aid in ensuring access to the continuation of care that is vital to success of the transitions to and from school and inpatient hospitalization.

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Photo credit: Micah Gregory

Frequently Asked Questions/Common Concerns



"I am concerned about protecting the privacy of my child and family. How do I know that what I am telling the school is going to be kept confidential?"

Respecting the privacy of students and their families is a top priority. There are specific laws that the professionals involved must follow to ensure confidentiality. The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. In addition, the Health Insurance Portability and Accountability Act (HIPAA) further ensures the security of patient/student information by providing a standard that all patient/student health information is private and will only be shared with patient consent or knowledge. These two laws work together to provide patient/student confidentiality and only the personnel who will aid in your child's transition back to school will be involved if consent is given.



"My child is worried that I will be talking to the school and the information will not be confidential. What should I do?"

Please share the above information with your child in an age-appropriate way. Also, comfort them by telling them that their educators and healthcare providers are professionals who are held to a standard of privacy and have their best interest at heart. The professionals are there to help them, not harm them. No information will be shared without your permission and the information will only be shared with those who have a direct role of providing services to your child. Additionally, not every detail needs to be shared with all the professionals involved. Only details that have a direct impact on their role will be shared with them if consent is provided. It is also recognized that making the school officials aware of the situation can cause students to worry about their classmates finding out. However, school personnel being aware of the situation can help your child navigate those conversations with their peers without telling their peers the reason for their absence.



“Why should I let the school know about my child’s hospitalization before they return to school?”

It is understandable that when your child is being hospitalized their schooling is not a top priority. However, it is important to communicate with the school before the child is discharged from hospitalization to ease their transition back to school. This will give the school personnel time to work together as a team and develop a plan that will most benefit your child upon their return. This will look differently depending on the child, but it could be an adjusted workload, routine check-ins, or even a plan for your child to attend school for partial days while transitioning. School re-integration, and the amount of stress felt by the student during this process, is one of the biggest determinants of re-hospitalization. Therefore, if the school is aware of your child’s hospitalization, they will be able to better support your child’s return to school and lessen the stress on your child. It is understandable to be hesitant about making the school aware of your child being hospitalized, but having you, the school, and the hospital staff all on the same page will benefit your child.



“My child is really benefiting from hospitalization and learning new skills. However, I am worried my child will struggle when they return to school. What do I do?”

Psychiatric hospitalization is not designed to be long-term and the skills that your child is learning while hospitalized are being taught to them so they can use them once they are discharged. To maintain these skills once your child is discharged, they will need to be in environments that are consistently supporting those skills. The school can be made aware of the skills that your child is learning in the hospital to prepare their staff to encourage those skills once your child returns to school. The school will also have time to adjust the environment and eliminate any triggers the student may experience in the school setting. Consistency for your child is important during this time. Therefore, the adults who interact with your child the most will be able to better care for your child if they are all communicating and on the same page.



“My child is going to be discharged from the hospital. How do I prepare them to go back to school?”

The biggest recommendation to ease the transition of your child returning to school is having the school made aware of the nature of your child’s absence before they are discharged, if you are comfortable with that. The school does not need to know every detail of your child’s hospitalization, but just the information that would most benefit your child when returning to school. Some of this information could be medication your child needs to take during school hours, any triggers your child has, and if your child would benefit from a reduced workload. The hospital personnel, if involved, can also help communicate this information with the school as well. In addition, it is important to talk to your child about their hospitalization to help prepare them to return to school. You can talk to them about how to navigate conversations with their peers and teachers who have questions about their absence. Also, encourage your child to let someone at school know if they are feeling overwhelmed and need extra help. This transition can be a stressful time for everyone involved, especially the child. Allowing for open communication between everyone involved can help ease the transition for your child.

Information adapted with permission from: Heather Byrns, L. M. H. C., & Sarah Rosenthal, L. I. C. S. W. (2022). *Your child’s psychiatric hospitalization: Working with the school*. Your Child’s Psychiatric Hospitalization: Working with the School | William James INTERFACE Referral Service. Retrieved May 18, 2022, from <https://interface.williamjames.edu/guide/your-childs-psychiatric-hospitalization-working-with-school>



Recommendations for Inpatient Treatment Team Providers

Upon Patient's Admission to the Hospital

Ask identified parent(s)/guardian(s) to sign a Release of Confidential Information form at time of admission for communication between the inpatient treatment team and designated school contact. General contact information for WV schools can be found on the WV Department of Education's (WVDE) website, <https://wvde.us/>.

Discuss with patient and parent(s)/guardian(s) the information that they want the inpatient treatment team to share with school contact. Remind them that schools cannot share medical information about a student's admission and related circumstances with teacher or operational staff without consent.

Establish contact with the school on day one of admission and begin coordinating for post-discharge and school re-entry needs. Inform and update designated school staff of the anticipated date of discharge and return to school.

Obtain information from designated school staff regarding the patient's performance, behaviors, and learning needs that can assist with inpatient treatment. Inpatient educational providers can assist with obtaining academic records and evaluate the educational needs of the patient during the admission.

Set realistic expectations for parent(s)/guardian(s) and patient on the school re-entry and inform them of the use of a school re-entry meeting. Encourage parent(s)/guardian(s) to reach out to school staff to schedule the school re-entry meeting on the first day of the student's return to school. The school re-entry meeting may include parent(s)/guardian(s), teachers, school counselor, school administrator, and Project AWARE mental health provider. Defer school-related protocol questions to the school staff.

Discuss with the patient and parent(s)/guardian(s) the information that they may want to share and what is not necessary to share with concerned peers and school staff. Offer tips on how to customize their responses with consideration to student's preferences and privacy.



Provide a letter with general recommendations and updated contact information for the school re-entry meeting along with personalized recommendations for accommodations and modifications to be provided for the student in the educational setting. Remain available to the school for guidance and recommendations regarding school re-entry meetings, especially for those schools that do not have a formalized re-entry process. Remain available to provide recommendations to the school on questions that may arise during school re-entry post-admission.



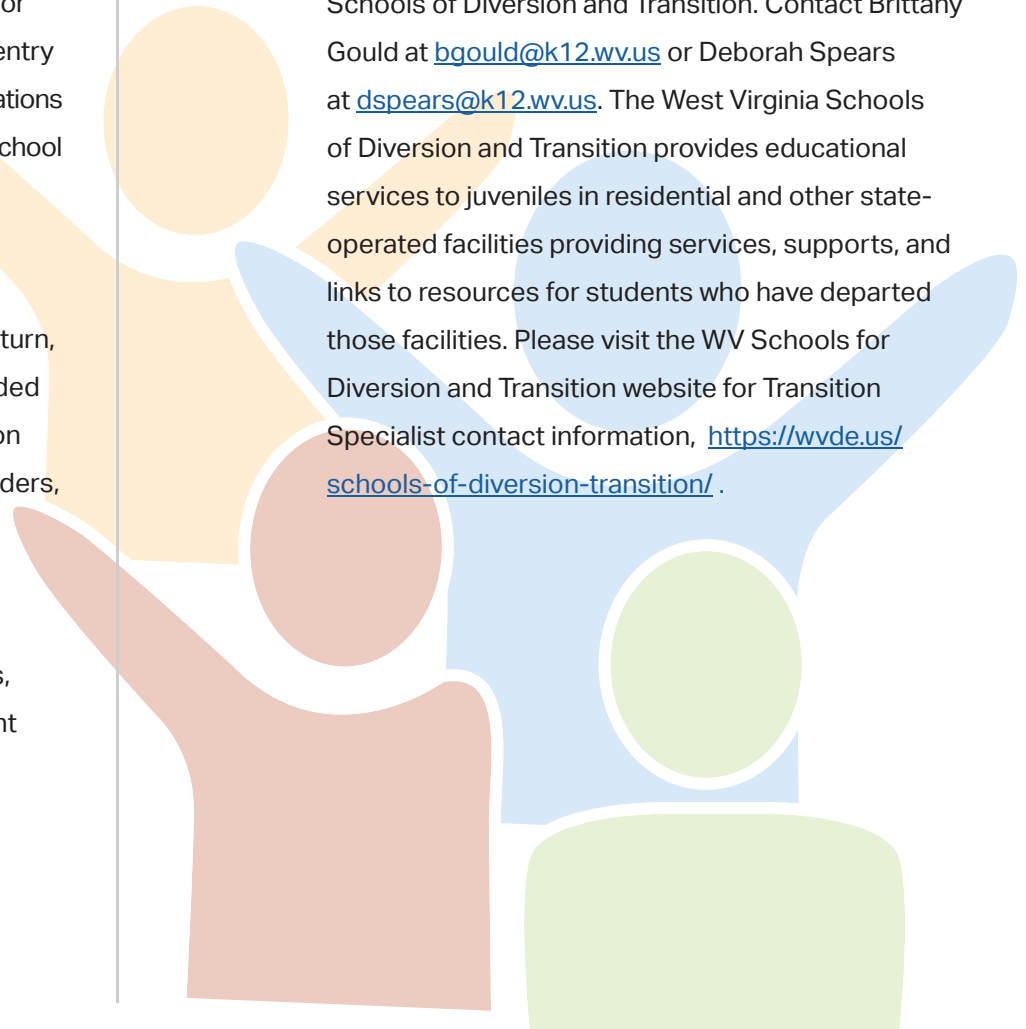
Inform outpatient providers of school re-entry support including anticipated date of school return, re-entry meeting, and recommendations provided for re-entry. Encourage frequent communication between parent(s)/guardian(s), outpatient providers, and school.



Communicate with designated school staff regarding the patient's performance, behaviors, and learning needs that can assist with inpatient treatment. Inpatient educational providers can assist with obtaining academic records and evaluate the educational needs of the patient during the admission.



If applicable, unit teacher (if available) seeks to obtain academic records, evaluates the patient on the Unit, and provides observations and recommendations to the doctor and social worker. Support for WV foster youth is available through the Education Recovery Specialist at WVDE's WV Schools of Diversion and Transition. Contact Brittany Gould at bgould@k12.wv.us or Deborah Spears at dspears@k12.wv.us. The West Virginia Schools of Diversion and Transition provides educational services to juveniles in residential and other state-operated facilities providing services, supports, and links to resources for students who have departed those facilities. Please visit the WV Schools for Diversion and Transition website for Transition Specialist contact information, <https://wvde.us/schools-of-diversion-transition/>.





Checklist for Schools

Upon Student's Release from Hospital

Schedule Return to School meeting with school counselor, parent(s)/guardian, and student on the first day of student's return. Reminder: that schools cannot share medical information about a student's hospitalization and related circumstances with teaching or operational staff without parental consent.

During the Meeting

Review the student's schedule.

Incorporate any recommendations sent from the hospital about the student's return to school.

Discuss what the student/family is willing to share about their support needs.

Inform student/family that letting teachers and staff know that the student has been struggling with symptoms or situations increases likelihood of student stability and success.

Remind student/family that the information shared does NOT need to include diagnosis or details of hospitalization.

Customize the communication plan as student may want different staff to have different levels of information.

Meet face-to-face or virtually with staff members involved in the student's school life to let each staff member know that the student is returning and to share agreed upon information. In-person communication is highly recommended. Avoid electronic written communication for this sensitive communication. This communication may include:

- AM/PM transportation
- Supervisory staff (hall, food services monitors)
- All scheduled teachers
- Extracurricular teacher
- Athletic coach



Send a follow-up email to all communicated staff briefly summarizing the information.



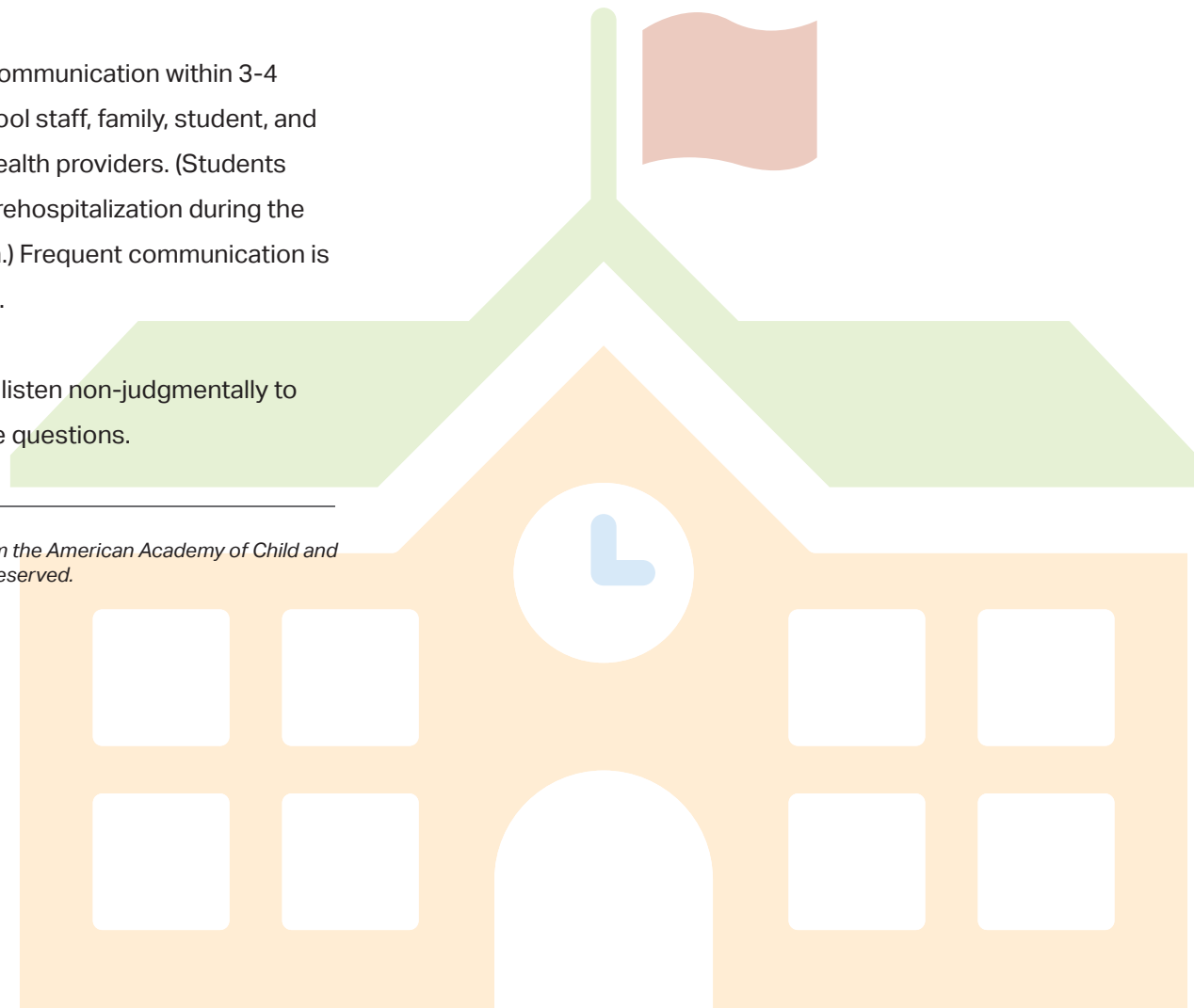
Let parent(s)/guardian know that staff has been notified and is prepared for a successful student return.



Schedule follow-up communication within 3-4 school days with school staff, family, student, and any outside mental health providers. (Students are at highest risk of rehospitalization during the first 10 days of return.) Frequent communication is highly recommended.



Remain available and listen non-judgmentally to school staff who have questions.



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Considerations and Recommendations for Families & Caregivers

Communication: A letter from the doctor that explains your child's current needs while at school is very helpful to school staff. It is important to have a way to inform everyone who works with your child throughout the day, including substitute teachers.

Health care needs at school: Are there specific care tasks that need to be done by school staff while your child is at school? What medicines will your child need, and how should they be given? What are expected side effects? Who should be contacted if there are problems at school? Will your child need occupational, physical or speech therapy? Are there any changes in your child's ability to think and concentrate? This includes their ability to learn new things, their memory and ability to plan and finish projects.

Has your child had any change in their ability to communicate? Does your child have mobility issues? Will your child need help moving about the school? Is involvement in PE class appropriate? Will your child need help during emergency drills?

Does your child have hearing or vision needs? Will this impact where they should sit in the classroom?

Are there emotional or behavior changes to be aware of?

Are there any situations, events, topics that may be stressful to your child?

Is your child worried about going back to school? Will they need help with schoolwork or social situations? Be alert to changes in your child's or teen's emotional state after a prolonged absence. This may affect their desire to go back to school.

What are your child's physical abilities, such as strength, balance and endurance? Is there a need to shorten or modify the school day? Does your child need rest periods during the day? If so, is there a safe, supervised place for rest?

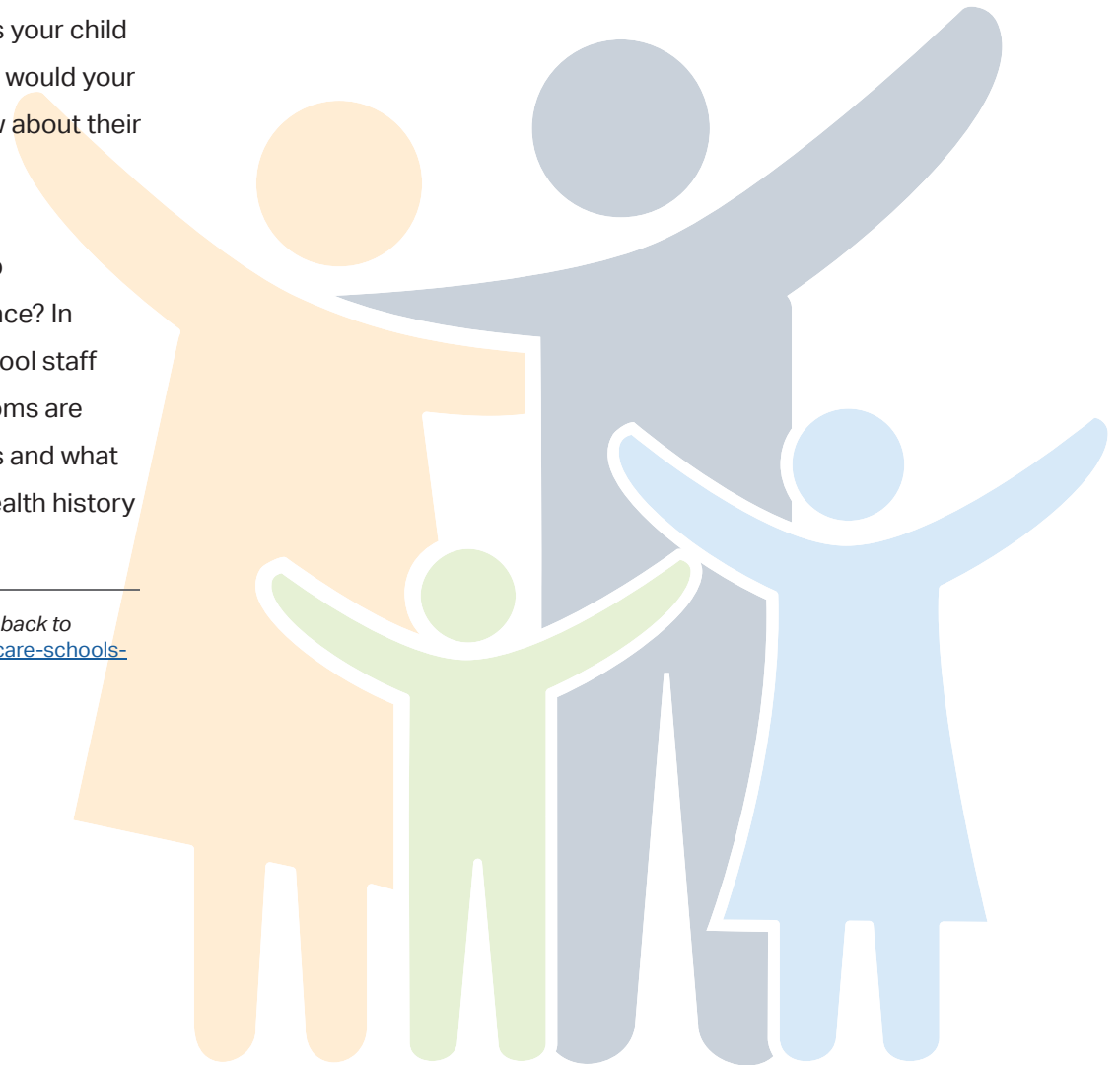
Will the bus schedule need to be adjusted? Will your child need more frequent bathroom breaks, permission to carry a water bottle, or need frequent snacks?

Will your child need a 504 accommodation plan or special education support with an Individualized Education Program (IEP)? Talk with your school team about which plan will meet your child's needs.

Talking about their condition: What does your child understand about their condition? What would your child like for peers and teachers to know about their condition?

On-going treatment: Are there follow-up appointments that may impact attendance? In an emergency, what information will school staff need? Inform school staff which symptoms are concerning, which are true emergencies and what to do for each. It may help to create a health history form to travel with your child.

Adapted with permission from, *Making the transition from hospital back to school*. (n.d.). Retrieved May 23, 2022, from <https://cshcn.org/childcare-schools-community/from-hospital-to-school/>





Resources for Students & Families

WVDE Student Support & Well-Being County Snapshots

<https://wvde.us/county-snapshots-student-support/>

Information organized by county related to social-emotional and mental health supports in WV schools.

WVDE Schools of Diversion and Transition

<https://wvde.us/schools-of-diversion-transition/transition/map-contacts/>

1-833-627-2833

Transition Specialists

The Office of Transition and Diversion is now WVDE is WV Schools of Diversion and Transition (WVSDT) serves students who face unique educational challenges because they are placed in facilities out of their home for adjudicated and status-related offenses, mental health services, or specialized medical needs. WVSDT Transition Specialists work closely with these students to ensure they are able to enroll in public school or higher education, complete their high school graduation tracks, obtain employment, and develop essential skills needed to function productively in society. Education Recovery Specialists are available to assist students in foster care in education related needs.

WV Positive Behavior Support Program

<http://pbs.cedwvu.org/>

Positive behavior support (PBS) is a package of evidence-based strategies to improve quality of life and decrease challenging behaviors. It teaches people new skills and alternative responses to replace challenging behaviors. This approach is positive, proactive and focuses on preventing challenging behaviors before they occur.

West Virginia Autism Training Center

<https://www.marshall.edu/atc/register-for-direct-services/>

The West Virginia Autism Training Center (WV ATC) is a statewide technical assistance and direct service agency providing specialized training and support to individuals with autism spectrum disorder (ASD), their families, educators, and other professionals and community members throughout the state of West Virginia. The center's mission is to provide support to individuals with ASD as they pursue a life of quality.

West Virginia 211

<https://wv211.org>

Search for resources across the state of WV using the WV 211 database.

HELP4WV

<https://www.help4wv.com/>

Help4WV offers a 24/7 call, chat, and text line that provides immediate help for any West Virginian struggling with an addiction or mental health issue. This resource is available 24 hours a day and 7 days a week to assist in finding appropriate and available treatment for behavioral health needs.

The Children's Crisis & Referral Line is available 24/7 to assist in finding the most appropriate available treatment for youth behavioral health needs. The Children's Crisis and Referral Line can provide parenting support, crisis counseling, and local resources for the family. The goal is to offer support that facilitates children staying in their homes, schools, and communities. The Children's Crisis and Referral Line can provide information on a wide array of services and resources for children relating to:

- Mental health disorders
- Behavior concerns
- Substance use
- Intellectual and developmental delays
- Emotional well-being









American Academy of Pediatric Psychiatrist, Supporting School Success

This resource shares tips for sharing information, talking with teachers, the importance of structure and helping your student stay organized, and more.

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/ADHD_A_Guide_for_Families/Supporting_School_Success.aspx



UNDERSTANDING HIPAA and FERPA

	Who must comply?	Protected information	Permitted disclosures ¹	
FERPA	<p>The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the privacy of student education records.</p> <p>The Act serves two primary purposes:</p> <ol style="list-style-type: none"> 1. Gives parents or eligible students more control of their educational records 2. Prohibits educational institutions from disclosing “personally identifiable information in education records” without written consent 	 <ul style="list-style-type: none"> • Any public or private school: <ul style="list-style-type: none"> – Elementary – Secondary – Post-secondary • Any state or local education agency <p>Any of the above must receive funds under an applicable program of the US Department of Education</p>	 <p>Student Education Record: Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution</p>	 <ul style="list-style-type: none"> • School officials • Schools to which a student is transferring • Specified officials for audit or evaluation purposes • Appropriate parties in connection with financial aid to a student • Organizations conducting certain studies for or on behalf of the school • Accrediting organizations • Appropriate officials in cases of health and safety emergencies • State and local authorities, within a juvenile justice system, pursuant to specific state law • To comply with a judicial order or lawfully issued subpoena
HIPAA	<p>The Health Insurance Portability and Accountability Act (HIPAA) is a national standard that protects sensitive patient health information from being disclosed without the patient’s consent or knowledge. Via the Privacy Rule, the main goal is to</p> <ul style="list-style-type: none"> • Ensure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being. 	 <ul style="list-style-type: none"> • Every healthcare provider who electronically transmits health information in connection with certain transactions • Health plans • Healthcare clearinghouses • Business associates that act on behalf of a covered entity, including claims processing, data analysis, utilization review, and billing 	 <p>Protected Health Information²: Individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records</p>	 <ul style="list-style-type: none"> • To the individual • Treatment, payment, and healthcare operations • Uses and disclosures with opportunity to agree or object by asking the individual or giving opportunity to agree or object • Incident to an otherwise permitted use and disclosure • Public interest and benefit activities (e.g., public health activities, victims of abuse or neglect, decedents, research, law enforcement purposes, serious threat to health and safety) • Limited dataset for the purposes of research, public health, or healthcare operations

1. Permitted disclosures mean the information can be, but is not required to be, shared without individual authorization.

2. Protected health information or individually identifiable health information includes demographic information collected from an individual and 1) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse and 2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and

- (i) That identifies the individual, or
- (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

For more information, please visit the Department of Health and Human Services’ [HIPAA website](#) and the Department of Education’s [FERPA website](#).



Resources for Providers

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Information organized by county related to social-emotional and mental health supports for students and families in WV schools. <https://wvde.us/county-snapshots-student-support/>

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Project AWARE Partners and Contacts

WVDE, Office of Student Support & Well-Being

<https://wvde.us/student-support-well-being/>
David Lee, Director david.lee@k12.wv.us

Marshall University Center of Excellence for Recovery

Amy Knicely, State Education Agency Project AWARE Coordinator knicely7@marshall.edu

WV Bureau for Behavioral Health

Tahnee Bryant, MA, Project AWARE State Mental Health Agency Co-Coordinator,
Tahnee.I.Bryant@wv.gov

West Virginia Expanded School Mental Health

<https://wvesmh.org/>

West Virginia Behavior/Mental Health Technical Assistance Center

<https://www.marshall.edu/bmhtac/>

Christy Fubio, Behavior Support Specialist
kroll3@live.marshall.edu

- Early Childhood Positive Behavioral Interventions and Supports
- School-Wide Positive Behavioral Interventions and Supports
- Youth Mental Health First Aid Training
- Training related to other behavioral and mental health topics

WV Prevention Research Center

<https://prc.hsc.wvu.edu/>

Traci Jarrett, Co-Director, West Virginia Prevention Research Center, tjarrett@hsc.wvu.edu

WV Recovery & Life Coach Academy

<https://www.strengtheninggrace.com/wvrca>

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