



**FINAL REPORT OF THE
VIRGINIA COMMISSION ON YOUTH**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**

**Discharge Planning from Inpatient
Treatment to a Public School**

**COMMONWEALTH OF VIRGINIA
RICHMOND
2025**

MEMBERS OF THE VIRGINIA COMMISSION ON YOUTH

Senate of Virginia

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Dave W. Marsden
David R. Suetterlein

Virginia House of Delegates

Carrie E. Coyner, Vice-Chair
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Karrie K. Delaney
Holly M. Seibold
Irene Shin
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I. Authority for Study

Section 30-174 of the *Code of Virginia* establishes the Commission on Youth and directs it to “study and provide recommendations addressing the needs of and services to the Commonwealth’s youth and their families.” This section also directs the Commission to “encourage the development of uniform policies and services to youth across the Commonwealth and provide a forum for continuing review and study of such services.” Section 30-175 of the *Code of Virginia* outlines the powers and duties of the Commission on Youth and directs it to “undertake studies and to gather information and data ... and to formulate and report its recommendations to the General Assembly and the Governor.”

During the 2025 General Assembly Session, Senator Mark Obenshain introduced Senate Bill 1143. The bill was passed by indefinitely with a letter to the Commission on Youth from the Chair of the House Education Committee. The Commission adopted a study plan on discharge planning from inpatient treatment to public schools at its May 6, 2025 meeting.

II. Members Appointed to Serve

The Commission on Youth is a standing legislative commission of the Virginia General Assembly. The Commission has twelve member positions: six Delegates, three Senators, and three citizens appointed by the Governor.

Membership of the Virginia Commission on Youth for the 2025 study year is listed below.

Senator Barbara A. Favola, Arlington, Chair
Senator David W. “Dave” Marsden, Fairfax
Senator David R. Suetterlein, Roanoke County
Delegate Carrie E. Coyner, Chesterfield, Vice-Chair
Delegate Joshua G. Cole, Fredericksburg
Delegate Karrie K. Delaney, Fairfax
Delegate Holly M. Seibold, Fairfax
Delegate Irene Shin, Fairfax
Delegate Anne Ferrell H. Tata, Virginia Beach
Mackenzie Babichenko, Mechanicsville
Rita Jones, Chesterfield

III. Executive Summary

During the 2025 General Assembly Session, Senator Mark Obenshain introduced Senate Bill 1143. As introduced, this bill sought to add the following language to the *Code of Virginia* related to the sharing of information with a public elementary or secondary school when a minor is being discharged from inpatient treatment: if the minor is a student at a public elementary or secondary school and the facility deems that (i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed, the portions of the discharge plan related to the threat of violence or physical harm or additional educational services shall be provided to the school's mental health professional or school counselor upon the completion of the discharge plan; and prior to providing any portion of any discharge plan to a school's mental health professional or school counselor in accordance with the provisions of this subsection, each facility shall provide reasonable notice to the parent of such minor student of (a) the type of information that would be included as a part of any portion of the discharge plan provided pursuant to this subsection; (b) the right of the parent to refuse (1) the inclusion of any types of information in any portions of the discharge plan provided pursuant to this subsection or (2) the provision of any or all parts of the discharge plan; and (c) the period of time within which the parent shall provide written notice to the facility of any types of information or portion of the discharge plan the provision of which he refuses to allow in accordance with clause (b).

The bill was passed by indefinitely with a letter to the Commission on Youth from the Chair of the House Education Committee. The Commission adopted a study plan on discharge planning from inpatient treatment to public schools at its May 6, 2025 meeting.

During the 2025 interim, Commission on Youth staff interviewed stakeholders to review the role of discharge planning from inpatient mental health treatment as it related to minors in public schools.

Draft study findings and recommendations were presented at the Commission's September 3, 2025 meeting. The Commission received written public comments through October 15, 2025. After an opportunity for public comment at the October 21, 2025 meeting, the Commission on Youth approved the following recommendations:

Recommendation 1:

Amend the *Code of Virginia* §§ 16.1-346.1, 37.2-505, and 32.1-127.1:03 to direct mental health inpatient facilities to share portions of a minor's discharge plan with the school's mental health professional or school counselor at a public elementary or secondary school under the following circumstances:

Relevant portions of the discharge plan and/or related discharge documents shall be shared only if the facility determines that (i) the minor requires additional

educational services as included in the discharge plan and/or related discharge documents, or (ii) poses a risk of violence or physical harm to self or others at the time of discharge.

This amendment shall include a provision that the facility shall provide reasonable notice to the parent of the minor prior to the release of such information. A parent may refuse disclosure of any or all portions of the discharge plan by providing written notice to the facility. This amendment shall include a remedy for any unauthorized or improper release of the minor's information, consistent with parental notice and refusal provisions. Sharing of information shall be done as permitted by federal law.

Include an enactment clause directing the Department of Education to create guidelines to place safeguards around proper use of the information obtained and to prevent further disclosure of the discharge plan beyond the purpose for which such disclosure was made.

(OR)

Recommendation 2:

Amend the *Code of Virginia* §§ 16.1-346.1, 37.2-505, and 32.1-127.1:03 to direct mental health inpatient facilities to notify the school's mental health professional or school counselor at the student's public elementary or secondary school prior to discharge from the facility if the facility determines that (i) the minor requires additional educational services as included in the discharge plan and/or related discharge documents, or (ii) poses a risk of violence or physical harm to self or others at the time of discharge.

This amendment shall require the facility to give the parent of the minor reasonable advance notice before informing the school and allow the parent to decline such disclosure by submitting a written request to the facility. This amendment shall include a remedy for any unauthorized or improper release of the minor's information, consistent with parental notice and refusal provisions. Sharing of information shall be done as permitted by federal law.

Include an enactment clause directing the Department of Education to create guidelines to place safeguards around proper use of the information obtained and to prevent further disclosure of the discharge plan beyond the purpose for which such disclosure was made.

IV. Study Goals and Objectives

The goal of this study was to conduct an informative analysis of recent legislation on the sharing of minor's discharge plan information from inpatient treatment to public schools under § 16.1-346.1 and § 37.2-505 of the *Code of Virginia*.

During the 2025 General Assembly Session, Senator Mark Obenshain introduced Senate Bill 1143. The bill was passed by indefinitely with a letter to the Commission on Youth from the Chair of the House Education Committee. The Commission adopted a study plan on discharge planning from inpatient treatment to public schools at its May 6, 2025 meeting.

A. IDENTIFIED ISSUES

- The current role of discharge planning as it relates to minors is found in the *Code of Virginia* § 16.1-346.1 as part of the Psychiatric Treatment of Minors Act.
- Under current law, *Code of Virginia* § 16.1-346.1, at a minimum, the discharge plan shall, “(i) specify the services required by the released minor in the community to meet his needs for treatment, housing, nutrition, physical care, and safety; (ii) specify any income subsidies for which the minor is eligible; (iii) identify all local and state agencies which will be involved in providing treatment and support to the minor; and (iv) specify services which would be appropriate for the minor’s treatment and support in the community but which are currently unavailable.”
- Additionally, § 37.2-505 describes the role of the community services board in discharge planning as it relates to state hospitals.
- The Commonwealth Center for Children & Adolescents (CCCA) is presently the only state mental health facility for minors.
- Under current law, *Code of Virginia* § 37.2-505 states that “the plan shall include mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services.”

B. STUDY ACTIVITIES

The Commission on Youth was tasked with carrying out the following study activities according to the study mandate. Given the authority for study outlined above, Commission staff completed the study process, which involved the analysis of relevant statutes and other state laws. The Commission on Youth completed the following study activities:

- Review current discharge planning sharing options in Virginia between inpatient facilities and public schools.
- Interview impacted stakeholders:
 - Legal Aid Justice Center
 - Harrisonburg City Public Schools
 - Inova Hospitals
 - Virginia Association of Community Services Boards
 - Virginia Department of Education

- Virginia Hospital and Healthcare Association
- Virginia School Counselors Association
- Review draft legislation with the Division of Legislative Services.
- Research state and federal laws and regulations on the disclosure of private medical information to outside entities including schools.
- Research and review discharge plan information sharing in other states.
- Develop findings and recommendations.
- Present findings and recommendations to the Commission on Youth.
- Receive public comment.
- Prepare final report.

V. Methodology

The findings and recommendations of this study are based on a number of distinct activities conducted by the Commission on Youth.

A. STAKEHOLDER INTERVIEWS

In order to accomplish the work of this study, the Commission on Youth was directed to interview impacted stakeholders in its review of House Bill 1923, *Minors; admission to mental health facility for inpatient treatment*.

Commission on Youth staff met or corresponded with representatives from the following organizations:

- Legal Aid Justice Center
- Harrisonburg City Public Schools
- Inova Hospitals
- Virginia Association of Community Services Boards
- Virginia Department of Education
- Virginia Hospital and Healthcare Association
- Virginia School Counselors Association

B. RESEARCH AND ANALYSIS

Commission on Youth staff conducted a comprehensive review of current discharge planning sharing in Virginia between inpatient facilities and public schools in its review of Senate Bill 1143 (2025), *Public elementary & secondary schools; copies of minor's discharge plan sent to schools and parents*. Commission staff also reviewed Article 16. Psychiatric Treatment of Minors Act of the *Code of Virginia* and Senate Bill 575 (2024).

These above research activities informed Commission staff in preparing and presenting findings and recommendations to the Commission on Youth.

VI. Background and Analysis

A. DISCHARGE PLANNING UNDER CODE OF VIRGINIA §§ 16.1-346.1 AND 37.2-505

The Commission on Youth reviewed § 16.1-346.1 of the Psychiatric Treatment of Minors Act and § 37.2-505. Under § 16.1-346.1, discharge planning for minors is explained, and under § 37.2-505, discharge planning from a state hospital perspective is explained. Below is a detailed description of these sections.

The Statutes Outlined

The Psychiatric Treatment of Minors Act includes a process of discharge planning from inpatient treatment for minors. The *Code of Virginia* at § 16.1-346.1 states that prior to discharge of any minor from inpatient treatment a discharge plan shall be formulated, provided and explained to the minor. Copies of the discharge plan shall then be sent (i) to the minor's parents or (ii) if the minor is in the custody of the local department of social services, to the department's director or the director's designee or (iii) to the minor's parents and (a) if the juvenile is to be housed in a detention home upon discharge, to the court in which the petition has been filed and the facility superintendent, or (b) if the minor is in custody of the local department of social services, to the department. Upon request, a copy of the discharge plan will be provided to the minor's attorney and guardian ad litem. If the minor was admitted to a state facility, the discharge plan will be within a uniform discharge document from the Department of Behavioral Health and Developmental Services. At a minimum, the discharge plan will (i) specify the services required by the released minor in the community to meet their needs for treatment, housing, nutrition, physical care, and safety; (ii) specify any income subsidies for which they are eligible; (iii) identify all local and state agencies which will be involved in providing treatment and support to the minor; and (iv) specify services which would be appropriate for the minor's treatment and support in the community but which are currently unavailable.

The *Code of Virginia* at § 37.2-505 provides the responsibilities of the community services board for coordinating the community services for effective discharge planning upon discharge from a state hospital. The Commonwealth Center for Children & Adolescents (CCCA) is currently the only state mental health facility for minors. The community services board is responsible for providing, in consultation with the appropriate state hospital, discharge planning for any individual who, prior to admission, resided in city or county served by the community services board. According to the statute, the discharge plan shall be completed prior to discharge with the involvement and participation of the individual or their representative and must reflect the individual's preferences to the greatest extent possible. The plan shall include the mental health,

developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community. The plan should also identify the public or private agencies that have agreed to provide these services.

Additionally, a definition for discharge plan can also be found in current regulations under 12 VAC 35-115-30. Discharge plan is defined as, “the written plan that establishes the criteria for an individual's discharge from a service and identifies and coordinates delivery of any services needed after discharge.”

B. SENATE BILL 1143 PROPOSED AMENDMENTS TO CODE OF VIRGINIA

During the 2024 General Assembly Session, Senator Mark Obenshain introduced Senate Bill 575, *Discharge plans; copies to public elementary and secondary schools*. As introduced, SB 575 sought to amend the *Code of Virginia* to provide that before the discharge of any minor or individual who has been admitted to inpatient treatment and is a student at a public elementary or secondary school, a copy of the student’s entire discharge plan shall be provided to the local school division superintendent and the division safety official of the public school the student attends. The House Committee on Education voted to continue SB 575 into the 2025 session.

During the 2025 General Assembly Session, Senator Obenshain introduced Senate Bill 1143, *Public elementary & secondary schools; copies of minor’s discharge plan sent to schools and parents*. SB 1143 refines and curtails the discharge plan sharing established in SB 575. A detailed explanation of how SB 1143 amends the Code of Virginia can be found in Chart 1 below.

Chart 1: Comparison of SB 575 (Obenshain, 2024) and SB 1143 (Obenshain, 2025)

	SB 575 ¹ , as introduced (Obenshain, 2024)	SB 1143 ² (Obenshain, 2025)
Purpose	To amend §§ 16.1-346.1 and 37.2-505 of the <i>Code of Virginia</i> regarding the provision of minor’s inpatient discharge plans to include public schools.	To amend §§ 16.1-346.1 and 37.2-505 of the <i>Code of Virginia</i> regarding the provision of minor’s inpatient discharge plans to include public schools with a more refined approach to sharing specific information from discharge plans.

¹ Senate Bill 575, <https://legacylis.virginia.gov/cgi-bin/legp604.exe?ses=241&typ=bil&val=sb575>.

² Senate Bill 1143, <https://lis.virginia.gov/bill-details/20251/SB1143>.

Scope of Information Shared	Mandated that the entire discharge plan be provided to school officials.	Narrows the scope to only “the portions of the discharge plan related to the threat of violence or physical harm or additional educational services.”
Conditions for Sharing	The only stated condition was the minor being a student at a public elementary or secondary school.	Sharing is conditional upon the facility determining that “(i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed.”
Recipient of Information	The discharge plan was to be provided to the “division superintendent and the division safety official.”	The relevant portions of the discharge plan are to be provided to the "school's mental health professional or school counselor."
Timing of Information Sharing	The plan was to be provided “at least 48 hours prior to the discharge of such minor.”	The relevant portions of the plan are to be provided “upon completion of the discharge plan.”
Parental Notification of Rights	No provisions were included for parental notification or the right to refuse the sharing of information.	The facility must provide reasonable notice to the parent, informing them of the type of information to be shared and their right to refuse the inclusion of any or all information in the shared portions by providing written notice.

C. ANALYSIS

Commission staff reviewed the intent and discussed the approaches taken in previously proposed bills on the sharing of discharge plan information.

In general, the concept of providing discharge plan information to a school is described as a best practice to address the information gap that occurs when a minor transitions from an inpatient treatment facility setting back to the school. These transitions are inherently fragile and gaps in

providing services can occur when schools are left to navigate a student's return without insight into the student's educational services' needs as described in the discharge plan.

Commission staff heard from stakeholders on the potential benefits of the formalization of communication from an inpatient facility and the school. One described benefit of sharing the discharge plan information is to ensure that school-based mental health teams, who know the student already and are often the sole providers of mental health services for minority and low-income youth, can move from a reactive to a proactive posture before the student returns to school. Additionally, the supports when a student returns from hospitalization is not limited to counseling, but includes accommodations such as modified instructional environments and schedules and frequent check-ins. Further, the Commission heard that a benefit of shifting the contact point for the release of discharge plan information to the hospital environment instead of the school is to reduce the social stigma parents feel, thereby increasing the likelihood that schools receive information necessary to implement the above-described accommodations and services.

In addition to the information and thoughts shared by stakeholders in interviews, Commission staff reviewed information from a report published by the Virginia Department of Education (VDOE) in 2025 entitled *Local Education Agency Survey on School Mental and Behavioral Health Services In Virginia*.³ In this report, all 131 local education agencies in Virginia responded to a survey that included questions on warm hand offs and return from hospitalization. In the survey, 69% of school divisions reported to VDOE that contacting families to discuss supports was a warm hand-off practice they implemented. Additionally, 57% of school divisions reported that they “request release to receive discharge” plan from the parent and 57% develop a “return to learn” plan.

Further, Commission staff reviewed the Virginia Department of Education's 2020 Suicide Prevention Guidelines and a number of locally adopted guidelines that address return to school after hospitalization. The Suicide Prevention Guidelines published by VDOE has the recommendation that “school division policies should include procedures for holding a re-entry meeting for any student returning to school following a mental health crisis. The meeting should be scheduled prior to or on the day of the student's return to school, which may depend upon hospitalization or other interventions. During this meeting, the school should either revisit or create a safety plan.”⁴ The Department's website also provides sample forms, such as the student support plan that discusses the student strengths and interests, the areas of need or concerns, and an action plan section that addresses monitoring. The ability to hold this meeting is dependent on the school's awareness of the student's discharge from inpatient treatment.

In practice, Alexandria City Public Schools guidelines recommends that parents provide discharge summaries upon a student's return to school but utilizes school-based safety screenings as a

³ <https://rga.lis.virginia.gov/Published/2025/RD737/PDF>.

⁴ <https://www.doe.virginia.gov/home/showpublisheddocument/32845/638047307182900000>.

fallback if the information is withheld.⁵ Another local school division example is from Hampton City Schools where, if possible, prior to a student leaving the school before hospitalization it is recommended that the parent provide consent for release of information from the mental health facility.⁶

The Department's guidelines and forms, survey responses from local education agencies, and school division guidelines show a demonstrated willingness to create a smooth transition from a mental health facility to the school when there is knowledge of the student's hospitalization and the resources available.

In addition to the perceived benefits behind the intent of the previous legislation and the concepts encompassed by it, Commission staff heard from a few stakeholders about concerns regarding the dissemination and safekeeping of this information.

One concern described is regarding sharing discharge plan information specific to situations when a student "poses a threat of violence or physical harm to self or others." The proposed legislation in 2025 stated, "if the minor is a student at a public elementary or secondary school and the facility deems that (i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed, the portions of the discharge plan related to the threat of violence or physical harm or additional educational services shall be provided to the school's mental health professional or school counselor upon the completion of the discharge plan."⁷ Commission staff heard from hospitals that a minor would not be discharged under such conditions, making the previously proposed legislation's threshold difficult to interpret. Another concern from some stakeholder groups is that sensitive discharge plan information could be disseminated beyond the necessary staff and used punitively against the child if safeguards are not put on what type of information is shared and with whom.

Beyond privacy concerns, stakeholders raised the issue of "resource capacity," noting that receiving a discharge plan may create an expectation of care that many schools, particularly those without robust mental health teams, are not equipped or have the resources to provide. Finally, hospitals and other mental health agencies emphasized the importance of not creating administrative burdens in sharing discharge plan information and that any sharing be mindful of established federal Health Insurance Portability and Accountability Act (HIPAA) or Family Educational Rights and Privacy Act (FERPA) standards.

⁵ Alexandria City Public Schools Suicide Prevention/Intervention Guidelines (August 2016), <https://alexandriapublic.ic-board.com/attachments/bfcdf9f3-11b4-4e55-94e3-13f3f6f485e3.pdf>.

⁶ Hampton City Schools (HCS) Suicide Prevention/Intervention Guidelines (April 2014), <https://www.hampton.k12.va.us/staff/Suicide%20prevention.pdf>.

⁷ See supra note 2.

The benefits and concerns with providing discharge plan information to a school from a mental health facility were used to inform in proposing recommendations to the Commission on Youth for this study.

VII. Findings and Recommendations

After presenting draft recommendations at the Commission on Youth's October 21, 2025 meeting, and receipt of public comment, the Commission adopted the following recommendations:

Recommendation 1: Amend the *Code of Virginia* §§ 16.1-346.1, 37.2-505, and 32.1-127.1:03 to direct mental health inpatient facilities to share portions of a minor's discharge plan with the school's mental health professional or school counselor at a public elementary or secondary school under the following circumstances:

Relevant portions of the discharge plan and/or related discharge documents shall be shared only if the facility determines that (i) the minor requires additional educational services as included in the discharge plan and/or related discharge documents, or (ii) poses a risk of violence or physical harm to self or others at the time of discharge.

This amendment shall include a provision that the facility shall provide reasonable notice to the parent of the minor prior to the release of such information. A parent may refuse disclosure of any or all portions of the discharge plan by providing written notice to the facility. This amendment shall include a remedy for any unauthorized or improper release of the minor's information, consistent with parental notice and refusal provisions. Sharing of information shall be done as permitted by federal law.

Include an enactment clause directing the Department of Education to create guidelines to place safeguards around proper use of the information obtained and to prevent further disclosure of the discharge plan beyond the purpose for which such disclosure was made.

(OR)

Recommendation 2: Amend the *Code of Virginia* §§ 16.1-346.1, 37.2-505, and 32.1-127.1:03 to direct mental health inpatient facilities to notify the school's mental health professional or school counselor at the student's public elementary or secondary school prior to discharge from the facility if the facility determines that (i) the minor requires additional educational services as included in the discharge plan and/or related discharge documents, or (ii) poses a risk of violence or physical harm to self or others at the time of discharge.

This amendment shall require the facility to give the parent of the minor reasonable

advance notice before informing the school and allow the parent to decline such disclosure by submitting a written request to the facility. This amendment shall include a remedy for any unauthorized or improper release of the minor's information, consistent with parental notice and refusal provisions. Sharing of information shall be done as permitted by federal law.

Include an enactment clause directing the Department of Education to create guidelines to place safeguards around proper use of the information obtained and to prevent further disclosure of the discharge plan beyond the purpose for which such disclosure was made.

VIII. Acknowledgments

The Virginia Commission on Youth extends appreciation to the numerous stakeholders who were interviewed for their assistance on this study. A list of stakeholders is found in the methodology section of this report and in the Commission's presentation on this topic in Appendix C.

Also, the Commission on Youth would like to recognize its legal intern, Annie Scholz, American University Washington College of Law, for her assistance on this study.

SENATE BILL NO. 575

Offered January 10, 2024

Prefiled January 10, 2024

A BILL to amend and reenact §§ [16.1-346.1](#) and [37.2-505](#) of the Code of Virginia, relating to discharge plans; copies to public elementary and secondary schools.

Patron-- Obenshain

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ [16.1-346.1](#) and [37.2-505](#) of the Code of Virginia are amended and reenacted as follows:

§ [16.1-346.1](#). Discharge plan.

Prior to discharge of any minor admitted to inpatient treatment, including a minor in detention or shelter care pursuant to an order of a juvenile and domestic relations district court, a discharge plan shall be formulated, provided and explained to the minor, and copies thereof shall be sent (i) to the minor's parents or (ii) if the minor is in the custody of the local department of social services, to the department's director or the director's designee or (iii) to the minor's parents and (a) if the juvenile is to be housed in a detention home upon discharge, to the court in which the petition has been filed and the facility superintendent, or (b) if the minor is in custody of the local department of social services, to the department. *If the minor is a student at a public elementary or secondary school, the discharge plan shall be provided to the division superintendent and the division safety official designated pursuant to subsection F of § [22.1-279.8](#) in the local school division in which the minor attends such public elementary or secondary school at least 48 hours prior to the discharge of such minor.* A copy of the plan shall also be provided, upon request, to the minor's attorney and guardian ad litem. If the minor was admitted to a state facility, the discharge plan shall be contained in a uniform discharge document developed by the Department of Behavioral Health and Developmental Services. The plan shall, at a minimum, ~~(i)~~ (1) specify the services required by the released minor in the community to meet his needs for treatment, housing, nutrition, physical care, and safety; ~~(ii)~~ (2) specify any income subsidies for which the minor is eligible; ~~(iii)~~ (3) identify all local and state agencies which will be involved in providing treatment and support to the minor; and ~~(iv)~~ (4) specify services which would be appropriate for the minor's treatment and support in the community but which are currently unavailable. A minor in detention or shelter care prior to admission to inpatient treatment shall be returned to the detention home, shelter care, or other facility approved by the Department of Juvenile Justice within 24 hours by the sheriff serving the jurisdiction where the minor was detained upon release from the treating facility, unless the juvenile and domestic relations district court having jurisdiction over the case has provided written authorization for release of the minor, prior to the scheduled date of release.

§ [37.2-505](#). Coordination of services for preadmission screening and discharge planning.

A. The community services board shall fulfill the following responsibilities:

1. Be responsible for coordinating the community services necessary to accomplish effective preadmission screening and discharge planning for persons referred to the community services board. When preadmission screening reports are required by the court on an emergency basis pursuant to Article 5 (§ [37.2-814](#) et seq.) of Chapter 8, the community services board shall ensure the development of the report for the court. To accomplish this coordination, the community services board shall establish a structure and procedures involving staff from the community services board and, as appropriate, representatives from (i) the state hospital or training center serving the board's service area, (ii) the local department of social services, (iii) the health department, (iv) the Department for Aging and Rehabilitative Services office in the board's service area, (v) the local school division, and (vi) other public and private human services agencies, including licensed hospitals.

2. Provide preadmission screening services prior to the admission for treatment pursuant to § [37.2-805](#) or Article 5 (§ [37.2-814](#) et seq.) of Chapter 8 of any person who requires emergency mental health services while in a city or county served by the community services board. In the case of inmates incarcerated in a regional jail, each community services board that serves a county or city that is a participant in the regional jail shall review any existing Memorandum of Understanding between the community services board and any other community services boards that serve the regional jail to ensure that such memorandum sets forth the roles and responsibilities of each community services board in the preadmission screening process, provides for communication and information sharing protocols between the community services boards, and provides for due consideration, including financial consideration, should there be disproportionate obligations on one of the community services boards.

3. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any individual who, prior to admission, resided in a city or county served by the community services board or who chooses to reside after discharge in a city or county served by the board and who is to be released from a state hospital or training center pursuant to § [37.2-837](#). Upon initiation of discharge planning, the community services board that serves the city or county where the individual resided prior to admission shall inform the individual that he may choose to return to the county or city in which he resided prior to admission or to any other county or city in the Commonwealth. If the individual is unable to make informed decisions regarding his care, the community services board shall so inform his authorized representative, who may choose the county or city in which the individual shall reside upon discharge. In either case and to the extent permitted by federal law, for individuals who choose to return to the county or city in which they resided prior to admission, the community services board shall make every reasonable effort to place the individuals in such county or city. The community services board serving the county or city in which he will reside following discharge shall be responsible for arranging transportation for the individual upon request following the discharge protocols developed by the Department.

The discharge plan shall be completed prior to the individual's discharge. The plan shall be prepared with the involvement and participation of the individual receiving services or his representative and must reflect the individual's preferences to the greatest extent possible. The plan shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services. *If the individual is a student at a public secondary school, the discharge plan shall be provided to the division superintendent and the division safety official designated pursuant to subsection F of § [22.1-279.8](#) in the*

local school division in which the individual attends such public secondary school at least 48 hours prior to the discharge of such individual.

No individual shall be discharged from a state hospital or training center without completion by the community services board of the discharge plan described in this subdivision. If state hospital or training center staff identify an individual as ready for discharge and the community services board that is responsible for the individual's care disagrees, the community services board shall document in the treatment plan within 72 hours of the individual's identification any reasons for not accepting the individual for discharge. If the state hospital or training center disagrees with the community services board and the board refuses to develop a discharge plan to accept the individual back into the community, the state hospital or training center or the community services board shall ask the Commissioner to review the state hospital's or training center's determination that the individual is ready for discharge in accordance with procedures established by the Department in collaboration with state hospitals, training centers, and community services boards. If the Commissioner determines that the individual is ready for discharge, a discharge plan shall be developed by the Department to ensure the availability of adequate services for the individual and the protection of the community. The Commissioner also shall verify that sufficient state-controlled funds have been allocated to the community services board through the performance contract. If sufficient state-controlled funds have been allocated, the Commissioner may contract with a private provider, another community services board, or a behavioral health authority to deliver the services specified in the discharge plan and withhold allocated funds applicable to that individual's discharge plan from the community services board in accordance with subsections C and E of § [37.2-508](#).

4. Provide information, if available, to all hospitals licensed pursuant to Article 1 (§ [32.1-123](#) et seq.) of Chapter 5 of Title 32.1 about alcohol and substance abuse services available to minors.

B. The community services board may perform the functions set out in subdivision A 1 in the case of children by referring them to the locality's family assessment and planning team and by cooperating with the community policy and management team in the coordination of services for troubled youths and their families. The community services board may involve the family assessment and planning team and the community policy and management team, but it remains responsible for performing the functions set out in subdivisions A 2 and A 3 in the case of children.

SENATE BILL NO. 1143

Offered January 8, 2025

Prefiled January 7, 2025

A BILL to amend and reenact §§ [16.1-346.1](#) and [37.2-505](#) of the Code of Virginia, relating to discharge plans; copies to public elementary and secondary schools.

Patrons—Obenshain and Favola

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ [16.1-346.1](#) and [37.2-505](#) of the Code of Virginia are amended and reenacted as follows:

§ [16.1-346.1](#). Discharge plan.

A. Prior to discharge of any minor admitted to inpatient treatment, including a minor in detention or shelter care pursuant to an order of a juvenile and domestic relations district court, a discharge plan shall be formulated, provided and explained to the minor, and copies thereof shall be sent (i) to the minor's parents or (ii) if the minor is in the custody of the local department of social services, to the department's director or the director's designee or (iii) to the minor's parents and (a) if the juvenile is to be housed in a detention home upon discharge, to the court in which the petition has been filed and the facility superintendent, or (b) if the minor is in custody of the local department of social services, to the department.

B. If the minor is a student at a public elementary or secondary school and the facility deems that (i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed, the portions of the discharge plan related to the threat of violence or physical harm or additional educational services shall be provided to the school's mental health professional or school counselor upon the completion of the discharge plan. Prior to providing any portion of any discharge plan to a school's mental health professional or school counselor in accordance with the provisions of this subsection, each facility shall provide reasonable notice to the parent of such minor student of (a) the type of information that would be included as a part of any portion of the discharge plan provided pursuant to this subsection; (b) the right of the parent to refuse (1) the inclusion of any types of information in any portions of the discharge plan provided pursuant to this subsection or (2) the provision of any or all parts of the discharge plan; and (c) the period of time within which the parent shall provide written notice to the facility of any types of information or portions of the discharge plan the provision of which he refuses to allow in accordance with clause (b).

C. A copy of the plan shall also be provided, upon request, to the minor's attorney and guardian ad litem. If the minor was admitted to a state facility, the discharge plan shall be contained in a uniform discharge document developed by the Department of Behavioral Health and Developmental Services. The plan shall, at a minimum, (i) specify the services required by the released minor in the community to meet his needs for treatment, housing, nutrition, physical care, and safety; (ii) specify any income subsidies for which the minor is eligible; (iii) identify all local and state agencies which will be involved in providing treatment and support to the minor; and (iv) specify services which would be appropriate for the minor's treatment and support in the community but which are currently unavailable. A minor in detention or shelter care prior to admission to inpatient treatment shall be returned to the detention home, shelter care, or other facility approved by the Department of Juvenile Justice within 24 hours by the sheriff serving the jurisdiction where the minor was detained upon release from the treating facility, unless the juvenile and domestic relations district court having jurisdiction over the case has provided written authorization for release of the minor, prior to the scheduled date of release.

§ 37.2-505. Coordination of services for preadmission screening and discharge planning.

A. The community services board shall fulfill the following responsibilities:

1. Be responsible for coordinating the community services necessary to accomplish effective preadmission screening and discharge planning for persons referred to the community services board. When preadmission screening reports are required by the court on an emergency basis pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8, the community services board shall ensure the development of the report for the court. To accomplish this coordination, the community services board shall establish a structure and procedures involving staff from the community services board and, as appropriate, representatives from (i) the state hospital or training center serving the board's service area, (ii) the local department of social services, (iii) the health department, (iv) the Department for Aging and Rehabilitative Services office in the board's service area, (v) the local school division, and (vi) other public and private human services agencies, including licensed hospitals.

2. Provide preadmission screening services prior to the admission for treatment pursuant to § 37.2-805 or Article 5 (§ 37.2-814 et seq.) of Chapter 8 of any person who requires emergency mental health services while in a city or county served by the community services board. In the case of inmates incarcerated in a regional jail, each community services board that serves a county or city that is a participant in the regional jail shall review any existing Memorandum of Understanding between the community services board and any other community services boards that serve the regional jail to ensure that such memorandum sets forth the roles and responsibilities of each community services board in the preadmission screening process, provides for communication and information sharing protocols between the community services boards, and provides for due consideration, including financial consideration, should there be disproportionate obligations on one of the community services boards.

3. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any individual who, prior to admission, resided in a city or county served by the community services board. In the case of any individual to be discharged from Central State Hospital, Southwestern Virginia Mental Health Institute, or Southern Virginia Mental Health Institute in 30 days or less after admission, the appropriate community services board shall implement the discharge plan developed by the state facility. Upon initiation of discharge planning, the community services board that serves the city or county where the individual resided prior to admission shall inform the individual that he may choose to return to the county or city in which he resided prior to admission or to any other county or city in the Commonwealth. If the individual is unable to make informed decisions regarding his care, the community services board shall so inform his authorized representative, who may choose the county or city in which the individual shall reside upon discharge. In either case and to the extent permitted by federal law, for individuals who choose to return to the county or city in which they resided prior to admission, the community services board shall make every reasonable effort to place the individuals in such county or city. The community services board serving the county or city in which he will reside following discharge shall be responsible for arranging transportation for the individual upon request following the discharge protocols developed by the Department.


The discharge plan shall be completed prior to the individual's discharge. The plan shall be prepared with the involvement and participation of the individual receiving services or his representative and must reflect the individual's preferences to the greatest extent possible. The plan shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services. *If the minor is a student at a public elementary or secondary school and the facility deems that (i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed, the portions of the discharge plan related to the threat of violence or physical harm or additional educational services shall be provided to the school's mental health professional or school counselor upon the completion of the discharge plan. Prior to providing any portion of the discharge plan to a school's mental health professional or school counselor in accordance with the provisions of this subsection, the community services board shall provide reasonable notice to the parent of such minor student of (a) the type of information that would be*

included as a part of any portion of the discharge plan provided pursuant to this subsection; (b) the right of the parent to refuse (1) the inclusion of any types of information in any portions of the discharge plan provided pursuant to this subsection or (2) the provision of any or all parts of the discharge plan; and (c) the period of time within which the parent shall provide written notice to the facility of any types of information or portions of the discharge plan the provision of which he refuses to allow in accordance with clause (b).



No individual shall be discharged from a state hospital or training center without completion by the community services board of the discharge plan described in this subdivision. If state hospital or training center staff identify an individual as ready for discharge and the community services board that is responsible for the individual's care disagrees, the community services board shall document in the treatment plan within 72 hours of the individual's identification any reasons for not accepting the individual for discharge. If the state hospital or training center disagrees with the community services board and the board refuses to develop a discharge plan to accept the individual back into the community, the state hospital or training center or the community services board shall ask the Commissioner to review the state hospital's or training center's determination that the individual is ready for discharge in accordance with procedures established by the Department in collaboration with state hospitals, training centers, and community services boards. If the Commissioner determines that the individual is ready for discharge, a discharge plan shall be developed by the Department to ensure the availability of adequate services for the individual and the protection of the community. The Commissioner also shall verify that sufficient state-controlled funds have been allocated to the community services board through the performance contract. If sufficient state-controlled funds have been allocated, the Commissioner may contract with a private provider, another community services board, or a behavioral health authority to deliver the services specified in the discharge plan and withhold allocated funds applicable to that individual's discharge plan from the community services board in accordance with subsections C and E of § [37.2-508](#).

4. Provide information, if available, to all hospitals licensed pursuant to Article 1 (§ [32.1-123](#) et seq.) of Chapter 5 of Title 32.1 about alcohol and substance abuse services available to minors.

B. The community services board may perform the functions set out in subdivision A 1 in the case of children by referring them to the locality's family assessment and planning team and by cooperating with the community policy and management team in the coordination of services for troubled youths and their families. The community services board may involve the family assessment and planning team and the community policy and management team, but it remains responsible for performing the functions set out in subdivisions A 2 and 3 in the case of children.



COMMONWEALTH OF VIRGINIA
Commission on Youth



Discharge Planning from Inpatient Treatment to a Public School

Will Egen
September 3, 2025

Study Mandate

- The Commission on Youth shall review current discharge planning sharing options in Virginia between inpatient facilities and elementary and secondary public schools. The Commission shall consider Senate Bill 1143 (Obenshain) and the concepts it addresses and make recommendations for the 2026 Session of the General Assembly.

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Study Activities



- Identified Virginia statutes, regulations, and practices on inpatient discharge planning and information sharing with public schools.
- Reviewed Virginia Psychiatric Treatment of Minors Act.
- Researched other states and federal laws and regulations on the disclosure of private medical information to outside entities including schools.
- Analyzed legislative history of SB 575/ HB 1017 (2024) and SB 1143/HB 2353 (2025).
- Met with staff from Division of Legislative Services to discuss the drafting process of prior legislation.
- Interviewed Stakeholders.

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Stakeholder Interviews



- Legal Aid Justice Center
- Harrisonburg City Public Schools
- Inova Hospitals
- Virginia Association of Community Services Boards (VACSB)
- Virginia Department of Education
- Virginia Hospital and Healthcare Association (VHHA)
- Virginia School Counselors Association (VSCA)

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Bill text – 2025 legislation



Senate Bill 1143 (2025) sought to add the following language to §§ 16.1-346.1 and 37.2-505 of the *Code of Virginia*:

- If the minor is a student at a public elementary or secondary school and the facility deems that (i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed, the portions of the discharge plan related to the threat of violence or physical harm or additional educational services shall be provided to the school's mental health professional or school counselor upon the completion of the discharge plan.

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Bill text – 2025 legislation (cont.)



Senate Bill 1143 (2025) sought to add the following language to §§ 16.1-346.1 and 37.2-505 of the *Code of Virginia*:

- Prior to providing any portion of any discharge plan to a school's mental health professional or school counselor in accordance with the provisions of this subsection, each facility shall provide reasonable notice to the parent of such minor student of (a) the type of information that would be included as a part of any portion of the discharge plan provided pursuant to this subsection; (b) the right of the parent to refuse (1) the inclusion of any types of information in any portions of the discharge plan provided pursuant to this subsection or (2) the provision of any or all parts of the discharge plan; and (c) the period of time within which the parent shall provide written notice to the facility of any types of information or portion of the discharge plan the provision of which he refuses to allow in accordance with clause (b).

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Definitions



- A mental health **facility** means a state or licensed hospital, training center, psychiatric hospital, or other type of residential or outpatient mental health or developmental services facility.
- Acute **inpatient care** for mental health treatment needs occurs at a public or private acute care psychiatric unit of a hospital or free-standing psychiatric hospital. Substance abuse detox or substance abuse residential treatment can occur here.
- A **discharge plan** means the written plan that establishes the criteria for an individual's discharge from a service and identifies and coordinates delivery of any services needed after discharge.

Facility definition: § 37.2-100, Discharge plan definition: 12VAC35-115-30.

7

Discharge Planning Overview – Code Sections



- The current role of discharge planning as it relates to minors is found in the *Code of Virginia* § 16.1-346.1 as part of the Psychiatric Treatment of Minors Act. This section states that the plan shall, at a minimum, specify the services required by the released minor in the community to meet his needs for treatment, housing, nutrition, physical care, and safety.
- A separate section, § 37.2-505 describes the role of the community services boards in discharge planning as it relates to state hospitals.
 - The Commonwealth Center for Children & Adolescents (CCCA) is presently the only state mental health facility for children.
- *Code of Virginia* § 37.2-505 states that “the plan shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services.”

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Discharge Planning Overview – Code Sections



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 - The Commonwealth Center for Children & Adolescents (CCCA) is presently the only state mental health facility for children.
- *Code of Virginia* § 37.2-505 states that “the plan shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services.”

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Discharge Planning - Current Law - § 16.1-346.1



***Code of Virginia* § 16.1-346.1 Discharge plan.**

- Prior to discharge of any minor from an inpatient facility, a discharge plan shall be formulated, provided and explained to the minor.
- Copies shall be sent to
 - The minor’s parents; or
 - The director or designee of the local department of social services if the minor is in the custody of the local department of social services; or
 - The minor’s parents; and
 - a. If the minor is to be housed in a detention home, to the court in which the petition was filed and the facility superintendent.
 - b. If the minor is in custody of the local department of social services, to the department.
 - A copy shall be provided, upon request, to the minor’s attorney and guardian ad litem.

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Discharge Planning - Current Law - § 16.1-346.1



Code of Virginia § 16.1-346.1 Discharge plan.

- The plan shall, at a minimum,
 - i. Specify the services required by the released minor in the community to meet his needs for treatment, housing, nutrition, physical care, and safety;
 - ii. Specify any income subsidies for which the minor is eligible;
 - iii. Identify all local and state agencies which will be involved in providing treatment and support to the minor;
 - iv. Specify services which would be appropriate for the minor's treatment and support in the community but which are currently unavailable.

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Discharge Planning - Current Law - § 37.2-505



Code of Virginia § 37.2-505 Coordination of services for preadmission screening and discharge planning.

- The community services board is responsible for providing, in consultation with the appropriate state hospital, discharge planning for any individual who, prior to admission, resided in city or county served by the community services board.
- The discharge plan shall be completed prior to discharge with the involvement and participation of the individual or their representative and must reflect the individual's preferences to the greatest extent possible.
- The plan shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community.
 - And identify the public or private agencies that have agreed to provide these services.

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Senate Bill 575 (As Introduced in 2024) Compared with Senate Bill 1143 (2025)

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Senate Bills Comparison



	Senate Bill 575 (Obenshain, 2024)	Senate Bill 1143 (Obenshain, 2025)
Purpose	To amend §§ 16.1-346.1 and 37.2-505 of the <i>Code of Virginia</i> regarding the provision of minor's inpatient discharge plans to include public schools.	To amend §§ 16.1-346.1 and 37.2-505 of the <i>Code of Virginia</i> regarding the provision of minor's inpatient discharge plans to include public schools with a more refined approach to sharing specific information from discharge plans.
Scope of Information Shared	Mandated that the entire discharge plan be provided to school officials.	Narrows the scope to only "the portions of the discharge plan related to the threat of violence or physical harm or additional educational services."

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Senate Bills Comparison



	Senate Bill 575 (Obenshain, 2024)	Senate Bill 1143 (Obenshain, 2025)
Conditions for Sharing	The only stated condition was the minor being a student at a public elementary or secondary school.	Sharing is conditional upon the facility determining that “(i) the discharge of such minor poses a threat of violence or physical harm to self or others or (ii) additional educational services are needed.”
Recipient of Information	The discharge plan was to be provided to the “division superintendent and the division safety official.”	The relevant portions of the discharge plan are to be provided to the “school’s mental health professional or school counselor.”

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Senate Bills Comparison



	Senate Bill 575 (Obenshain, 2024)	Senate Bill 1143 (Obenshain, 2025)
Timing of Information Sharing	The plan was to be provided “at least 48 hours prior to the discharge of such minor.”	The relevant portions of the plan are to be provided “upon completion of the discharge plan.”
Parental Notification of Rights	No provisions were included for parental notification or the right to refuse the sharing of information.	The facility must provide reasonable notice to the parent, informing them of the type of information to be shared and their right to refuse the inclusion of any or all information in the shared portions by providing written notice.

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Mental Health Inpatient Psychiatric Service for Children and Adolescents in Virginia



Provider Name	Provider Number	Status	Service	Location Name	Location City	Location Zip	Region
Carilion Clinic Roanoke Memorial Hospital	039	Active	04.005	Roanoke Memorial Hospital	Roanoke	24014	Region 3 Southwest
Centra Health, Inc.	052	Active	04.005	VBH-Krise 6	Lynchburg	24503	Region 1 Western
Children's Hospital Of the King's Daughters, Incorporated	4380	Active	04.005	Children's Pavilion	Norfolk	23507	Region 5 Eastern
CJW Medical Center	959	Active	04.005	Child/Ado Inpatient Psy	Richmond	23225	Region 4 Central
Cumberland Hospital, LLC	549	Active	04.005	Inpatient Unit 7	New Kent	23124	Region 4 Central
Dominion Hospital	962	Active	04.005	Dominion Hospital	Falls Church	22044	Region 2 Northern
Inova Health Care Services	033	Active	04.005	Inova Fairfax Hospital	Falls Church	22042	Region 2 Northern
Inova Health Care Services	033	Active	04.005	Inova Mt. Vernon Hospital	Alexandria	22306	Region 2 Northern
Kempesville Center for Behavioral Health	2172	Active	04.005	Kempesville Center	Norfolk	23502	Region 5 Eastern
Mary Washington Hospital, Inc.	004	Active	04.005	Inpatient-Adolescent	Fredericksburg	22401	Region 1 Western
Newport News Behavioral Health Center	841	Active	04.005	Acute Care Unit	Newport News	23603	Region 5 Eastern
North Spring Behavioral Healthcare, INC.	2171	Active	04.005	North Spring Psychiatric Unit	Leesburg	22075	Region 2 Northern
Poplar Springs Hospital	986	Active	04.005	Poplar Springs- West Campus-Adolescent Acute Unit	Petersburg	23805	Region 4 Central
Riverside Mental Health & Recovery Center	2713	Active	04.005	Riverside Behavioral, Inc.	Hampton	23666	Region 5 Eastern
Virginia Commonwealth University Health System Authority	142	Active	04.005	VTCC Inpatient Unit	Richmond	23220	Region 4 Central

- In addition to these private providers, Virginia has one state operated mental health facility: Commonwealth Center for Children & Adolescents (CCCA) in Staunton.
- These facilities are the entities that would have been impacted by SB 1143.

Source: <https://vadbhds7prod.glsuite.us/GLSuiteWeb/Clients/VADBHDS/Public/ProviderSearch/ProviderSearchSearch.aspx>.

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Intent of legislation



- Promote planning, communication, and support for additional educational services that are needed for the student post discharge. Especially helpful when a student is new to the school.
- Facilitate the smooth transition for student back to the school environment.
- Creates safety and awareness at the school by ensuring that a student who may pose a threat of violence or physical harm to self or others does not “fall through the cracks.”
- Allows parents’ input.

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Feedback



- If a minor is still deemed at risk to themselves or others they would not be let out of the facility.
- Concern that information from the plan may be further disseminated past original recipients and that information will be “used against the child.”
- Unaware of any others states that have similar provisions in their laws.
- Potential legal and administrative burden to hospitals and schools.
- Do schools actually have the ability to provide additional care or services?

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Elements of Hospital-to-School Transition



Article published in *School Mental Health* identified nine steps for successful school reintegration after psychiatric hospitalization:

- (1) promptly addressing reintegration,
- (2) evaluating students’ needs during the hospitalization,
- (3) providing academic and psychosocial supports,
- (4) ensuring school leadership in coordinating a school re-entry plan,
- (5) evaluating the student’s needs prior to their return,
- (6) developing a plan for re-entry,
- (7) intervening to address the social environment
- (8) intervening with family, and
- (9) complementing the plan with additional supports as needed.

Source: Henderson Smith, L., Hendrickson, N., Warren, E. et al. Training Needs for School Staff Supporting Students Returning to School After a Psychiatric Hospitalization. *School Mental Health* 17, 19–31 (2025). <https://doi.org/10.1007/s12310-024-09717-y>. 19

Virginia Initiative



- Department of Behavioral Health and Developmental Services hosted an online two-part school based mental health conversation in 2023.
- Attendees included school counselors and CSB/BHA clinicians and professionals.
- Focused on strategies schools can implement including, training and professional development and developing formal transition protocols and resources.

School Re-Entry Starts at Admission



If they feel comfortable, have parents/guardians to sign a release of information so that school personnel and hospital staff can communicate regarding the hospitalization.

Pro-tips:

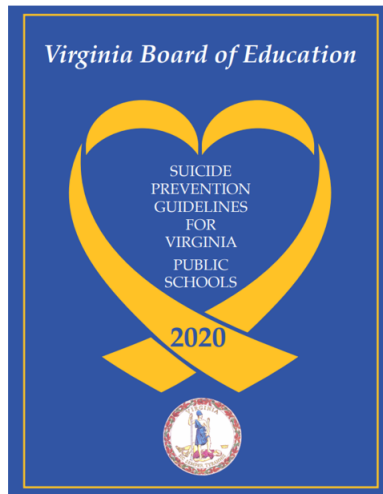
- Schedule time to speak with hospital staff instead of cold calling
- If possible, communicating via email with quick questions may yield a faster response.



Source: <https://www.youtube.com/watch?v=DAC28FYxSlc> (part one), <https://www.youtube.com/watch?v=LiQOpF7O9Fk> (part two).

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Suicide Intervention Guidelines, Example



- VDOE published suicide prevention guidelines in 2020. These guidelines focus on suicide prevention specifically and encourage larger scale prevention efforts that occur more broadly across a school.
- VDOE's website includes resources and sample forms, including a suicide risk assessment form.

Source: <https://www.doe.virginia.gov/home/showpublisheddocument/32845/638047307182900000>

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Suicide Intervention Guidelines, Example



Some schools have adopted their own version of these guidelines.

- City of Alexandria: “If the student is returning after inpatient hospitalization: It is recommended that the parent/guardian provide a copy of the discharge summary from the hospital before the student reenters the school setting. . . In the event that the aforementioned documentation is not provided by a parent upon student re-entry and concerns about their safety continue another suicide risk screening shall be conducted.”
- Hampton City: “A Plan of Action shall be developed to provide a support system at school and help minimize stressors for the returning student. . . The student’s records may be made available at this meeting and a release of information shall be completed in order for the school to communicate with other service providers.”

Sample Return to Learn Support Plan

Date of Meeting	
Name	Attendance
Student's Name	Is the student in attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s), Guardian(s), or Family Member(s) in attendance:	
Assigned Case Manager:	
School Personnel in Attendance:	
Other:	

Updates:

Update on the student's status including any current mental health treatments or counseling:

Have the parent/guardian been offered the release of confidential information form to allow the school to communicate with outside mental health providers or doctors?

Are there any recommendations by outside mental health agency, therapist, doctor, etc.?

Assistance Planning:

Assistance plan for student:

Strategies and considerations for handling questions about the student's absence, missed work, communication with staff members not at the meeting.

Assistance plan for parents/guardians:

Referrals to community based teams or service providers:

Action Planning

After the meeting what needs to be done to ensure the plan is implemented?

Action/Task	Who is responsible:	Completion Date:

Follow-up Meeting Date:

Copy the signed form and give copies to the parent/guardian and case manager. The original should be maintained in a confidential location by the school; it should NOT be kept in the student's cumulative file.

Source: <https://alexandriapublic.ic-board.com/attachments/bfcd9f3-11b4-4e55-94e3-13f3f6f485e3.pdf>, <https://www.hampton.k12.va.us/staff/Suicide%20prevention.pdf>

Draft Recommendations

Draft Recommendations



Recommendation 1: Amend the *Code of Virginia* §§ 16.1-346.1, 37.2-505, and 32.1-127.1:03 to direct mental health inpatient facilities to share portions of a minor's discharge plan with the school's mental health professional or school counselor at a public elementary or secondary school under the following circumstances:

Relevant portions of the discharge plan shall be shared only if the facility determines that (i) the minor requires additional educational services as included in the discharge plan, or (ii) the minor was originally admitted because the minor posed a threat of violence or physical harm to self or others.

This amendment shall include a provision that the facility shall provide reasonable notice to the parent of the minor prior to the release of such information. A parent may refuse disclosure of any or all portions of the discharge plan by providing written notice to the facility.

Include an enactment clause directing the Department of Education to create guidelines to place safeguards around proper use of the information obtained and to prevent further disclosure of the discharge plan beyond the purpose for which such disclosure was made.

(or)

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Draft Recommendations



Recommendation 2: Amend the *Code of Virginia* §§ 16.1-346.1, 37.2-505, and 32.1-127.1:03 to direct mental health inpatient facilities to notify the student's public elementary or secondary school prior to discharge from the facility if the facility determines that (i) the minor requires additional educational services as included in the discharge plan, or (ii) the minor was originally admitted because the minor posed a threat of violence or physical harm to self or others.

This amendment shall require the facility to give the parent of the minor reasonable advance notice before informing the school and allow the parent to decline such disclosure by submitting a written request to the facility.

Public schools that wish to request further information from the student's discharge plan to develop a support plan shall have guidelines in place for obtaining a written release from a parent.

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PUBLIC COMMENT



- The Commission will be accepting written public comment through October 15.
- Directions for submitting public comment are posted on the Commission's website (<https://vcoy.virginia.gov>).
- The Commission will receive in person public comment and vote on draft recommendations at the October 21 Commission meeting, at 1:00 p.m. at the General Assembly Building.