



## Bullitt County Public Schools

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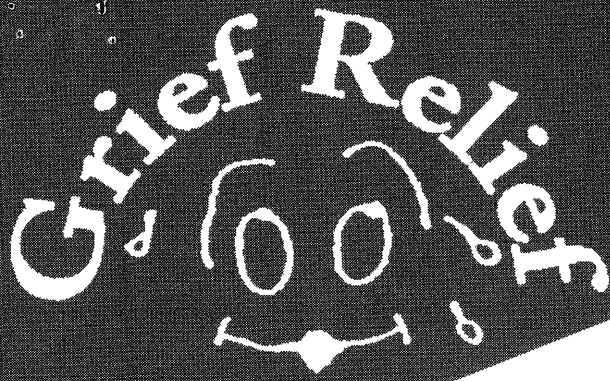
1040 Highway 44 East  
Shepherdsville, Kentucky 40165

502-869-8000  
Fax 502-543-3608  
[www.bullittschools.org](http://www.bullittschools.org)

### Memo

To: Jesse Bacon  
From: Linda Nason *Linda Nason*  
Date: Wednesday, September 12, 2018  
Re: Board consent item for Hosparus grief services

Attached you will find a renewable Memorandum of Agreement for Hosparus of Louisville to provide grief counseling services to Bullitt County students. I am recommending that Hosparus continue to be available to our schools as a provider of services to address grief issues of students for the 2018-2019 school year. Bullitt County is fortunate to benefit from grant funding through Hosparus so there will be no cost to students or to the school system for services. Parent permission will be secured for each student served in this program. It is requested that this service be presented for approval at the September Board of Education meeting.



## Helping grieving students in grades K-12 understand and cope with loss due to death

### About Grief Relief Workshop:

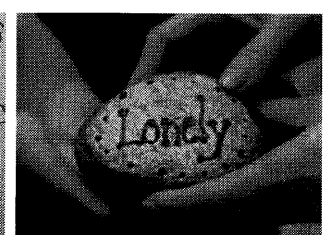
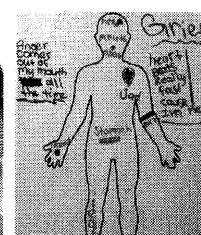
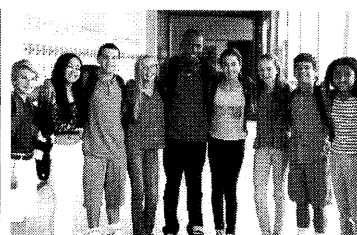
- The Grief Relief Workshop is a 6-week education and support group held in six one hour sessions on site at the school.
- By combining grief education with interactive and expressive techniques, students are able to tell their story, express their thoughts and feelings, and learn healthy ways to cope.
- Grief Relief is officially endorsed by school districts throughout Hosparus service area as an important part of healthy child development.
- Due to generous grant support, Hosparus is able to provide Grief Relief groups in the schools at no charge.

### FOR SCHOOLS:

The number of workshops we can offer is limited. For more information or to schedule a group, please call the Hosparus Grief Counseling Center at 502-456-5451 or 1-888-345-8197 or email [griefrelief@hosparus.org](mailto:griefrelief@hosparus.org).

### FOR PARENTS AND GUARDIANS:

If your child's school is not able to host a Grief Relief Workshop, or to find out about other grief services available, including individual or family counseling, please call the Hosparus Grief Counseling Center directly at 502-456-5451 or 1-888-345-8197 for more information rather than using the grief relief email address.



### Special thanks to our donors:

WHAS Crusade for Children • Sisters of Charity of Nazareth  
Kosair Charities • Lift A Life Foundation • Barth Foundation



**HOSPARUS**  
Grief Counseling Center

The Hosparus Grief Counseling Center provides grief support through counseling, educational classes, and groups for children and adults. The Grief Counseling Center is a program of Hosparus, a non-profit hospice care provider serving Kentucky and Southern Indiana.  
1-888-345-8197 | [hosparus.org](http://hosparus.org)

Dear School Professional:

Thank you for your interest in the Grief Relief Program. This unique opportunity for grieving students combines grief education with interactive sharing and expressive techniques. Through participation in this program, students are provided with safe ways to tell their story and express their thoughts and feelings. Licensed counselors and Master's Level Intern Students facilitate the sessions.

Grief Relief is provided at your school in six, one-hour sessions. We ask that the group size be limited to between **5 to 8 students** who have experienced a loss due to death in the last two years.

Hosparus Grief Counseling Center (HGCC) will provide all forms and materials for the sessions including all handouts for the students and parents/guardians. To schedule a group your school must:

- Print/copy registration packets and distribute to potential participants.
- Fax/scan completed registration (5 packets) to the HGCC at 502-456-9701. Additionally, the number of groups we can provide is limited; we recommend that forms are returned as soon as possible.
- Your school's workshop facilitator will contact you for scheduling once all registration materials received.

Additionally, we ask that your school provide the following:

- Provide adequate and private space for the workshop that is free of interruption (ideally furnished with table and chairs allowing students to work individually and in small groups).
- Ensure that students are in the workshop area by the starting time of each session.
- Ensure that teachers are aware of and encourage student's participation.
- Ensure that students are familiar with the workshop content and enroll with a focused attitude.
- Ensure students are aware they are required to complete class work missed by their attendance.

If you have not already done so, consider canvassing your schools' parents, students, teachers, and staff to identify students who have experienced a loss due to death and could benefit from this program. If you are seeking services for individual students or their family, a range of services are available. Please have the parent or guardian call the Hosparus Grief Counseling Center at the number listed below.

Hosparus is dedicated to serving the community and is underwriting this program with assistance from grants and donations. We **currently are not charging a fee for this service**; donations are welcome if your school can afford to contribute any amount.

Thank you for your interest in this opportunity to assist students in your school as they deal with death and grief. We look forward to working with you to meet their needs.

Sincerely,

**The Hosparus Grief Counseling Center**

**502-456-5451 or 888-345-8197**



# HOSPARUS HEALTH<sup>®</sup>

Grief Counseling Center



Dear Parent/Guardian,

Hosparus is pleased to provide the **Grief Relief Workshop** to schools in your community. The Grief Relief Workshop is an education and support group for students who are grieving a loss due to death. The Workshop is provided in six, one hour sessions held at your child's school. Our licensed counselors and/or master's level intern students facilitate the Workshop.

The overall goals of the Workshop are for the student to:

1. Learn factual information about physical and emotional grief
2. Share the story of their loss
3. Express their own unique thoughts and feelings related to their loss
4. Learn age-appropriate, healthy coping skills
5. Recognize and develop a continuing bond to the person who died
6. Reinvest energies into life in a healthy way

Your school's counselor or family resource/youth services coordinator has suggested that your child may benefit from participating in this Workshop. We hope you will agree that this is a wonderful opportunity. It is natural that he/she may be nervous about participating. You may be reassured that we have had very positive feedback from the many students who have participated in the past.

The Workshop is a group experience and does not take the place of individual counseling. If it is determined that your child may benefit from additional sessions of individual counseling, we will call you to discuss. Please complete the enclosed forms and return to the school counselor as soon as possible. Your information will be kept confidential.

Should you wish additional information on options for grief counseling and support or to discuss your child's participation in this program, you may call the Hosparus Grief Counseling Center or contact us at [www.griefrelief@hosparus.org](mailto:www.griefrelief@hosparus.org). Otherwise, just complete the forms as indicated above and return them to your school counselor or family resource/youth services coordinator. We look forward to providing this experience for your child.

Sincerely,

**The Hosparus Grief Counseling Center**

**502-456-5451 or 888-345-8197**

[www.hosparushealth.org](http://www.hosparushealth.org)





### **Registration and Release Agreement**

*To be completed by parent or guardian unless the Student is 18 years of age or older.*

School Name: \_\_\_\_\_

Student's Name (First, Middle and Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male/ Female (circle one)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian(s) Name(s) (First and Last): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/Guardian Phone: (preferred, required) \_\_\_\_\_ (secondary): \_\_\_\_\_

Name of person who died: \_\_\_\_\_ Date of death: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Was the person who died a Hosparus patient? Yes/No (circle one)

Was this your child's first experience with death? Yes/No (circle one)

Please give a brief account of the death (i.e. length of illness, type of accident, etc.):

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If the Student has experienced other losses, please list with dates, relationship and cause of death:

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What would you like for your child to get out of attending this group? What are your concerns for the way he/she is dealing with the loss(es)? \_\_\_\_\_

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Is there anything else that is important for us to know? \_\_\_\_\_

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### **RELEASE AGREEMENT**

The Grief Relief Workshop (GRW) is a service of Hosparus Inc. and is intended to provide grief education and support to students in a group setting. GRW does not include medical services or psychotherapy. GRW does NOT include individualized counseling services, although Hosparus Inc. may provide individualized counseling for students outside of GRW sessions, as appropriate, and at the request of the parent/legal guardian if the student is under the age of 18.

*I agree to notify GRW's group facilitator if I desire individual counseling for the above-named Student. I also acknowledge and agree the GRW facilitator may, at the GRW's professional discretion, perform an individual assessment in the event the GRW facilitator determines the Student may benefit from additional, individual counseling sessions.*

*I understand the GRW may include some light physical activity and agree the Student may participate in such activity. I acknowledge and agree it is my responsibility to obtain information on such physical activity and determine whether it is appropriate for the Student.*

*I hereby release Hosparus Inc., its directors, officers, employees, volunteers, and agents from and against any and all losses, causes of action, claims for damages, demands, judgments, and liability that is associated with the Student's participation in GRW. If any portion of this Release Agreement is determined to be invalid or prohibited, it is agreed that this shall not invalidate the other terms, which shall continue in full legal force and effect under applicable law.*

***I HAVE READ THIS RELEASE, I UNDERSTAND ITS TERMS AND I HAVE SIGNED VOLUNTARILY.***

\_\_\_\_\_  
Student's Signature (if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if Student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name





OPTIONAL- Hosparus collects demographic information to assist us applying for financial support to make the Grief Relief Workshop accessible to everyone. Please check all that apply. The following information will never be shared in connection with your name.

About you:

<b>Marital Status:</b>  <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Work Status:</b>  <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Working P/T <input type="checkbox"/> Working F/T <input type="checkbox"/> No longer working <input type="checkbox"/> Disabled	<b>Annual Household Income:</b>  <input type="checkbox"/> \$15,000 or less <input type="checkbox"/> \$16,000-\$30,000 <input type="checkbox"/> \$31,000-\$50,000 <input type="checkbox"/> \$50,000 and above	<b>Insurance:</b>  <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicare and private <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured	<b>Education:</b>  <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Technical
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About your child:

<b>Ethnicity:</b>  <input type="checkbox"/> American Indian/Alaska Native/ First Nation <input type="checkbox"/> Black/African American (not Hispanic) <input type="checkbox"/> Black-Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White (not Hispanic)		      <input type="checkbox"/> White- Hispanic <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other
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Thank you for taking the time to provide this information. It will help enhance the services we provide to your child. If you have any questions or concerns, please call the Hosparus Grief Counseling Center at 502-456-5451 or at 1-888-345-8197.



## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("MOA") entered into this 7-15, 2013 (the "Effective Date"), by and between Hosparus Inc. ("Provider") and Bullitt County Public Schools ("School District").

WHEREAS, Provider is a 501(c)(3) nonprofit corporation organized and existing under the laws of the Commonwealth of Kentucky that provides grief counseling services;

WHEREAS, School District recognizes the need for students in grades Kindergarten through 12 and their families to receive grief counseling services from time to time;

NOW, THEREFORE, the parties desire to enter into this MOA for purposes of fulfilling the need of such students.

1. Obligations of Provider. Provider shall:

- a) Upon availability, make a Grief Counselor (the "Counselor") available to provide group, individual and family bereavement counseling ("Services") within the school setting;
- b) Determine, in Provider's sole discretion, the appropriate type of counseling for each individual student's need (i.e., group individual, or family sessions), the appropriate size of any group counseling sessions and the frequency of all sessions;
- c) Collaborate with School District to identify and contact students and their parents who may benefit from grief counseling services;
- d) Obtain written permission and student information from students and parents/guardians using the Hosparus Grief Counseling Center forms;
- e) Assess students' needs with respect to grief and loss, including risk and resiliency factors;
- f) Provide all materials for group, individual and family counseling;
- g) Communicate with parents and guardians regarding students' counseling needs and progress, as well as facilitate family sessions and parental coaching, as needed;
- h) Act in accordance with any and all applicable laws and regulations pertaining to the performance of Services hereunder, including but not limited to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated thereunder, including the Standards for Privacy of Individually Identifiable Health Information at 45 Code of Federal Regulations Parts 160 and 164 ("Privacy Regulations") and the Security Standards at 45 Code of Federal Regulations Parts 160, 162 and 164 ("Security Regulations"), and certain provisions of the Health Information Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Action of 2009, Public Law 111-5 (the "HITECH Act") and the regulations promulgated thereunder;



- i) Carry and maintain professional and general liability insurance in amounts not less than One Million Dollars per occurrence, Three Million Dollars aggregate; and
- j) Provide a certificate of insurance evidencing the required coverage to School District upon request.

2. Obligations of School. School shall:

- a) Identify students who are in need of Services and make referrals to Provider;
- b) Collaborate with Provider to schedule mutually convenient counseling sessions;
- c) Provide adequate, private space that is free from interruption for individual and family counseling sessions;
- d) Provide adequate, private space that is free from interruption for group counseling sessions (ideally furnished with tables and chairs allowing students to work individually and in small groups, as appropriate);
- e) Ensure students are in the designated counseling area by the starting time of each session;
- f) Ensure teachers are aware of and encourage students' participation, as needed; and
- g) Ensure students are aware they are required to complete any and all class work missed as a result of their attendance.

3. No Compensation. The parties acknowledge and agree that the Services delineated hereunder shall be provided without compensation.

4. Term and Termination. The term of this MOA shall be twelve (12) months, commencing on the Effective Date. Thereafter, this MOA shall automatically renew. Either party may terminate this MOA at any time by providing a minimum of thirty (30) days advance written notice to the other party.

5. Mutual Hold Harmless. Each party shall be responsible for the acts and omissions of itself and its employees and subcontractors and neither party agrees to indemnify or defend any other party for any such act or omission; provided, however, this MOA shall not constitute a waiver by any party of any rights to indemnification, contribution, or subrogation which such party may have by operation of law.

6. Legal Status of Relationship. Nothing in this Agreement is intended to create an employer-employee relationship, a partnership or other joint venture relationship, or any other legal relationship between the parties. The parties will not have any authority to execute any contracts on behalf of the other, or to bind each other in any way.

7. Notices. Any notices required or permitted to be given under this Agreement will be sufficient if in writing and hand delivered or sent by certified or registered mail, return receipt requested, addressed as follows:

Provider:

Sharon A. Orman  
Senior VP/CFO  
Hosparus Inc.  
3532 Ephraim McDowell Drive  
Louisville, KY 40205-3224

School District:

Bullitt County Public Schools  
1040 Hwy 44 East  
Shepherdsville KY  
40165

or to any other address as may be given by either party to the other by notice in writing pursuant to the provisions of this Section.

8. Miscellaneous Provisions. No amendment, modification or discharge of this MOA, and no waiver hereunder, shall be valid or binding unless set forth in writing and duly executed by the parties hereto. Neither party to this MOA shall assign the rights or delegate the duties or obligations of this MOA, or any portion hereof, without the prior written consent of the other party and, to the extent required, any applicable payor. The waiver by either party of a breach or violation of any provision in this MOA shall not operate or be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of any such provisions, rights or privileges hereunder. This MOA may be executed in any number of counterparts, all of which together shall constitute one and the same instrument. In the performance of this MOA, the parties will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, sex, age, religion, national origin or other protected class in any manner prohibited by federal or state laws. This MOA is executed and delivered in the Commonwealth of Kentucky, and it will be governed by, construed and administered in accordance with, the laws of Kentucky. This MOA contains the entire agreement of the parties hereto and supersedes all prior oral or written agreements or understandings between them with respect to the matters provided for herein.

IN WITNESS WHEREOF, the parties have executed this MOA as of the date first written above.

HOSPARUS INC.  
("Provider")

By: David W. Cook

Printed Name: David W. Cook

Title: Senior VP/COO

Date: 8-7-13

Bullitt County Public Schools  
("School District")

By: Keith Davis

Printed Name: Keith Davis

Title: Superintendent

Date: 6-24-13