

THE KENTON COUNTY BOARD OF EDUCATION

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531 WEBSITE: www.kenton.kyschools.us Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

August 13, 2018

AGENDA ITEM (ACTION ITEM):

Consider/Approve the contract from John Mueller, LCSW Provider for in school mental health services at Simon Kenton High School through the Youth Service Center as part of the Youth Service Centers grant under Family Crisis and Mental Health Counseling component.

APPLICABLE BOARD POLICY:

01.11 General Powers and Duties of the Board

HISTORY/BACKGROUND:

Each school year John Mueller has been providing mental health services to students during the school day as part of the Youth Service Center Family Crisis and Mental Health Counseling component. Mr. Mueller is able to see 10-15 different students throughout the school year who in most cases do not have access to outside counseling and/or insurance.

FISCAL/BUDGETARY IMPACT:

All services are paid from the Youth Service Center grant funds.

RECOMMENDATION:

Approval for the Youth Service Center to contract with John Mueller for mental health services.

CONTACT PERSON:

Melissa Cross

Principal District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

P.O. Box 15676 Covington, Kentucky 41015 (859) 496-0719 e-mail: john@jmueller.us

Service Provision Agreement

John J. Mueller, LCSW (Provider) and Kenton County Independent School District at Simon Kenton High School (KCISD/SKHS), 11132 Madison Pike, Independence, Kentucky 41051 enter into the following agreement:

- 1. Provider will provide eighty (80.0) hours of mental health services.
- 2. Provider will provide copies of education completion and current license to KCISD/SKHS.
- 3. Provider will maintain appropriate professional and liability insurance. To the extent not covered and paid by Provider's liability insurance, Provider agrees that he shall be responsible for any claims, losses, liability, demands and damages, and agrees to hold harmless and/or indemnify from any loss, damage, claim, or expense incurred by KCISD/SKHS based solely on the negligence, errors, or omissions by Provider related to the performance of services conducted by Provider pursuant to this agreement.
- 4. Provider will insure compliance with all existing federal, state and local laws and regulations governing the scope of practice of mental health practitioners.
- 5. Provider will comply with all H.I.P.A.A. standards.
- 6. Provider will comply with all F.E.R.P.A. standards.
- 7. KCISD/SKHS will identify the students in need of mental health services.
- 8. KCISD/SKHS will provide necessary parental consents in order for mental health services to be provided.
- 9. KCISD/SKHS will provide a space at Simon Kenton High School and the necessary supplies and equipment to provide mental health services.
- 10. KCISD/SKHS will provide statistical data including but not limited to attendance, grades, discipline and suspension reports.
- 11. KCISD/SKHS will maintain general liability insurance coverage. To the extent not covered and paid by KCISD/SKHS's liability insurance, KCISD/SKHS agrees that it shall be responsible for any claims, losses, liability, demands and damages, and agrees to hold harmless and/or indemnify from any loss, damage, claim, or expense incurred by KCISD/SKHS not based solely on the negligence, errors, or omissions by Provider related to the performance of services conducted by Provider pursuant to this agreement.
- 12. KCISD/SKHS will comply with all H.I.P.A.A. standards.
- 13. KCISD/SKHS will comply with all F.E.R.P.A. standards.
- 14. The term of this agreement is from September 01, 2018 through May 31, 2019 and may be terminated at any time by either party with a thirty (30) day written notice.

15.	5. For the services listed in point 1. above, KCISD/SKHS will pay Provider \$4000.00 payable in quarterly installments of \$1000. Provider will issue an invoice for these payments to KCISD/SKHS on a quarterly basis.				
16.	Any legal action brought pursuant to this agreement will be filed in the Courts located in Kenton County Kentucky and Kentucky law will apply.				
17.	Both parties agree to comply with all applicable federal, state and local laws, rules and regulations.				
18.	This writing constitutes the entire agreement between John J. Mueller, LCSW (Provider) and Kenton County Independent School District at Simon Kenton High School (KCISD/SKHS) with respect to all matters herein. It may be amended in writing and such amendments shall be signed by both John J. Mueller, LCSW (Provider) and Kenton County Independent School District at Simon Kenton High School (KCISD/SKHS).				
For	Provider:				
Joh	Date n J. Mueller, LCSW				
For	Kenton County Independent School District at Simon High School:				
Me	Date issa Cross, Youth Service Center Coordinator				



KENTUCKY BOARD OF EXAMINERS OF SOCIAL WORK

Matt Bevin Governor 44 Fountain Place Frankfort, Kentucky 40601 Phone (502) 564-2350 Fax (502) 696-8030 http://bsw.ky.gov

Florence Huffman Executive Director

Digitally Certified Verification

Re: Mueller, John Joseph

I, Florence Huffman, Executive Director of the Kentucky Board of Examiners of Social Work and custodian of the records therein, hereby certify that the attached is the digitally certified verification, as requested, and as it appears in the files of the Kentucky Board of Examiners of Social Work on the date/time certified on this letter in the signature section.

This digital certification follows the requirements of Kentucky Uniform Transactions Act KRS 369.101 to 369.120 to establish a valid digital electronic signature.

Florence Huffman, Executive Director

lounce S. Thuffman

June 11, 2018



KENTUCKY BOARD OF EXAMINERS OF SOCIAL WORK

Matt Bevin Governor 44 Fountain Place Frankfort, Kentucky 40601 Phone (502) 564-2350 Fax (502) 696-8030 http://bsw.ky.gov

Florence Huffman
Executive Director

License Information

This is to certify that the records in this office indicate that the following individual is/has been licensed under the *Kentucky Board of Examiners of Social Work* located in the Commonwealth of Kentucky.

Name:

Mueller, John Joseph

License #:

1955

Licensure Level:

LCSW

Original Issue Date:

October 15, 2004

Expiration Date:

October 15, 2019

Status:

Active

Disciplinary Action:

Public records of this office reveal no disciplinary action taken against this

licensee at this time.

This licensee has met ALL requirements for licensure in the Commonwealth of Kentucky pursuant to KRS 335.080 to 335.100.

For additional information including questions regarding Disciplinary Action, contact the Kentucky Board of Examiners of Social Work at http://bsw.ky.gov/.

Digitally certified on:

June 11, 2018