

Consultative Document for Preview Consideration Only

SCHOOL COUNSELING SERVICES

Implementation, Proposal, Protocol, Terms, & Outcomes

A comprehensive services delivery model for school systems, including multi-level expert consultation and ongoing program support delivered by state licensed mental health providers, with a services delivery expansion using a digital and cloud based overlay component for remote access.

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Program as implemented, modified & contracted

2005-2015

Introduction

The overall protocol of the onsite school counseling services program, comprised of codified and structured case notes, progress notes, administrative documentations, consultation services, onsite provider requisite compilation of indicators for efficacy, subcontract terms to participate as a provider, and the overall intervention as applied within a multi-level client system, is well established, and duplicated. The delivery protocol, the systemic breakdown of the “client-system” and its stakeholders (counselors, youth, families, teachers, administrators, districts, and by extension the larger community), with the program mechanism, methods and modalities are highlighted in this program proposal and protocol for the onsite school counseling services program model. The proposal document is modified each year, while maintaining integral successful program components of all prior years (in this and in other host organization onsite programs); proposal enhancements are added (primarily in improved documentation) or the language is more clearly articulated, to further the treatment efficacy goals of the program as originally developed in 2005. The modifications to the program proposal in general, also allows for the idiosyncratic programmatic adjustments based upon host organization needs, in subsequent protocols customized to/for the host. However, in all regards, the key evaluative indicators for onsite counseling services deliverables remains basically constant.

Program Outcomes

The school counseling services program protocol and proposal, was originally codified in 2005. The programs evaluation component continues to capture the basic and original cornerstone elements of successful intervention indicators for all [years of evaluation](#). To date program modifications (including larger scale changes such as altering the direct service provider in 2009, and implementing the program in different districts with varied populations, including changing district level and onsite level administrators) reveal a generally stable finding.

Program efficacy originally was targeted at a rate of 80 – 90 percent in all areas evaluated; those goals proved to be too high in some years, and ultimately somewhat unrealistic. Some outcomes were not recorded in certain years due to missing data, and thus a summary for that years program was not generated. In the second and third year of the program (in two different districts), the evaluation data was gathered but not compiled, largely due to time constraints and funding limitations. Even so, the raw data from key program indicator respondents/response sets (teachers, students, report cards, provider functioning scores, number of youth served and cost factors) for the years not evaluated are believed to be above the 70% efficacy rate, with grade variations probably near the 50% improvement rate. Year one, year four, year five, year six and year seven of the evaluation years, each have program evaluation information published (between the two programs running, under the varying population and administrative changes).

While most program areas did meet the 80-90% goal threshold, certain program indicators did not continue to do so over time. One year the evaluation indicators were

not collected by the onsite provider (a new provider at the time) thus an evaluation was not completed. In another year the full summary was not generated, even as the raw data has been released and published. In some other years, one onsite program performed very well while another onsite program did not do as well; in one of the years the incoming evaluations were so high almost all of them could be classified as outliers and in another year the responses were so low the evaluation would be equally difficult to interpret. In other years some aspects of the evaluations were inherently erroneous due to the “Christmas tree effect” (seen in inter item comparisons and reverse scoring methods) as some of the teacher responses indicated. Finally a low return rate has occurred from time to time, even when the teacher to student ratio in a small school could account for some of the low response rate. Low reply/response rates from teachers, among other possibilities, can reflect some difficulty in determining reliability or validity. These findings, implications, and evaluation limitations are all recorded in the respective evaluation documents, to assist in problem identification and relative disclosures.

All youth, in every published evaluation year, were/are evaluated by the program, largely because of provider involvement; the youth related data is much more reliable and stable given the interviewing requests of the onsite provider. Youth interviews are highly structured, in that the provider is required to ask specific questions, and unless an answer is unintelligible for some reason – to quote a youth’s replies.

An ongoing and key limitation in the program evaluation method is that in none of the years were parent perspectives included in the indicators for efficacy. The lack of parental evaluation feedback is a component that is disclosed year after year as not being an evaluative factor. Adding parental response sets could be incorporated, assuming a funding authority requires it. One of the program rationales for not having the parent input was/is that often parental involvement in the counseling/academic setting was limited to consent. Otherwise, parental involvement was a factor only in crises based processes (such as school terminations and in certain safety related scenarios) and in chronic truancy or unexplained absences by youth served. In many scenarios, the onsite provider is sensitive to the sometime inadvertent adversarial dynamic that can arise between schools and parents – when both stakeholders attempt to remedy any negative psycho-social-academic-familial issue. Parental contacts occur at the student program admission stage of services delivery (using contact information on each consent form and referral form) and at the programs termination each year. Otherwise parental contacts occur at parental request, school request, and occasionally at youth request – and sometimes via home visits as needed and necessary. A parental survey would be an added evaluative tool.

Other evaluation limitations are addressed [in all years where a full summary has been generated](#). With recent findings (for example, in the 2011-2012 year) a meta-analysis summary is suggested to further advance (or counter) the model as codified and structured here. Statistical measures and psychometrics would only serve to enhance critical analysis of the program protocol and its efficacy claims. Statistical evaluation is not something the author and program developer is sufficiently trained to perform. Regardless when compared to the annual evaluation of data and/or the data analyses

summaries from year to year where each data summary is published, findings continue to suggest program efficacy in a unique services delivery model. Onsite counseling services delivery, using the model described here and as articulated in the evaluations, has also shown a degree of efficacy in a rural healthcare setting. Here in the onsite school counseling services program protocol consultative document, the program is highlighted in detail as an overall effective and efficient tool to interrupt and alter systems at a micro and mezzo level.

It is logical too, that it relates to school counseling services, grade fluctuations of the clients have been a central evaluation area to indicate program performance. As a key program consideration by the schools and the larger community it is not the only program goal, given mental health demands and needs of the students themselves.

Grades, as one assessed area for program efficacy, have varied at a rate that is less than 70% in some of the years evaluated. Still, more youth grades show improvement/or they remained constant when compared with those whose grades did drop. The data is gleaned by comparing two different grading periods per student, per year. This finding is generally true between different onsite programs and onsite program years. It is noteworthy to mention too, that while the onsite providers have changed, and the schools where the providers have assisted host organizations vary in some cases often, grading program outcomes have largely remained constant.

About 55% of those students served in the program in the most recent year (2011-2012) show grade improvement/or no declines where 32% show a decline (comparing all classes in time one to all classes in time two). As one evaluation consideration, the finding is not necessarily meeting a more desirable 70% rate for efficacy – however – mental health services delivery focus on all levels of functioning when assessing student mental/emotional/behavioral well-being.

The program evaluation component to the protocol and onsite delivery approach/model is also believed to be somewhat unique compared to other onsite counseling services interventions (whether mental health centered, behaviorally driven, psychologically based, or case management driven). The basis on which the program was/is designed, developed, implemented, is also evaluated for various school districts who contract with LaRose – and the evaluation arm of the program is one that is often omitted in program deliverables. Arguably, limitations known and implications discussed in the evaluations as referenced and noted, in the eight annual evaluations across time provide a valuable rationale for efficacy, and for program continuity. The significance for the program benefactors (local, state, and even federal) is documented; further, in onsite school counseling services programs, comprehensive evaluations are quite limited and difficult to find. The overall findings of the program are remarkably stable in different populations, working with and under different onsite administrations and personnel, changing students, and even with changing providers.

The program's implementation is enabled by district board approval and funding each year. It is a collaborative program where multiple funding arms are utilized by the host

organization, and where the onsite counseling services program engages every level of participation from the district, to the school administration, to the teachers, to the parents, to the youth and to the home in certain scenarios. As a public/private partnership, with an extensive structure and outcome evaluations – the program is comprehensive.

The program was/is designed, developed, and implemented by [Kurt LaRose MSW LCSW CHT](#) who was historically the direct service provider for the school counseling services program (from 2005 – 2009). In the 2009-2010 academic year of the program's existence, a second/different licensed mental health provider was added to the program. The additional provider added a second tier of service delivery to the program model, separating the roles of 1) program supervision, evaluation, contracting, and protocol management from that of 2) the direct service client/therapist deliverables. In the years since inception, the protocol has been an instrumental mechanism where program integrity and the measured indicators of efficacy, are established, and then measured.

Key Program Aspects for Duplication, Implementation, Evaluation, and Efficacy

- TRAINING AND KNOWLEDGE for the direct service provider can vary across various disciplines, as long as the protocol minimums are followed, and provided a systems view in applying mental health techniques and social technology is agreeable to the onsite professional,
- DIAGNOSIS IS NOT A TREATMENT REQUIRMENT, as it generally is in the medical model perspective. However, from the clinical social work perspective, and more specifically as articulated in this school counseling services model, interventions can be/are applied with and/or without diagnosis,
- CONFIDENTIALITY is and must be consistently articulated with all parties in the system (youth, schools, parents, teachers, other professionals, etc.) such that it's rationale for improved care is known, understood, and facilitated by all stakeholders (consent/assent are expressly defined and obtained as necessary for safety, billing, and consultation services only),
- CONSISTENCY IN PROVIDING ONSITE SERVICES, on behalf of and in cooperation with the school, the students, and the parents as a programmatic and clinician directed mandate; subcontracted providers sign binding agreements to be onsite where a provider missing sessions more than twice in an entire year is considered excessive. The consistent service delivery creates a repetitious platform for all parties seeking direct and indirect intervention, giving credibility to the client centered focus, rather than a clinician centered focus,
- COLLABORATIVE INVOLVEMENT IN CONFLICTING SYSTEMIC DYNAMICS is addressed with creative and basic approaches. The use of organizational meetings, phone calls, home visits, web meetings, classroom visits, teacher/student/parent meetings, and family meetings in and out of crises is one of the programmatic

roles the onsite professional regularly engages in, with program development coordination if needed. This approach is a factor so that interruptions to service delivery due to circumstances other than the clinician, can be / are resolved with reasonable clinical consensus. The primary goal is to enable youth to attend sessions in a system where sensitivity and sensibility guide adjustments that are pragmatic to service delivery and host organization operations,

- PROFESSIONAL AND THERAPEUTIC RAPPORT is maintained and regularly addressed, so that all parties in the multi-level system operate from the professional (as opposed to the personal) paradigm; professionalism is modeled, trained, and promoted with clearly identified and codified roles at each tier in the program protocol,
- PEER TO PEER CONSULTATION by the school counseling services provider and program developer occurs regularly (once a month at a minimum, and often time weekly),
- RECORDS REVIEWS AND AUDITS, between the onsite provider and the program evaluator occur during peer to peer consultations, ensuring consistent application of the service delivery mechanism,
- PROGRAM DOCUMENTATION, as a protocol requirement (whereby technological advancements and improved recording mechanisms are the only rationales to support documentation adjustments), is developed, implemented, and managed by the counseling services program – not the onsite facility. Program management removes the educational burden of client records management for mental health services and keeps separate the academic records management system enabling collaboration and referrals with minimal overlap and interference,
- SERVICES MINIMALLY EFFECT DAY TO DAY OPERATIONS of the educational host facility, such that the system experiences minimal logistical impact when onsite counseling occurs (optimizing and separating educational goals from clinical goals) benefitting everyone - individually and collectively,
- CERTAIN INTERVENTIONS ARE MANDATORILY APPLIED, whereby the structural integrity of the program delivery model provides literal steps that ensure evaluation and findings for evidenced based practice; further, certain critical circumstances necessitate pre-developed pre-determined procedures, thus each step is built into all program documentation for the as needed crises,
- BASIC AND GENERAL INTERVENTIONS ARE FLEXIBLE, particularly ones known to professional mental health experts across disciplines, so that they are also factored into program services; the ethical, professional, and appropriately literature based interventions are given value for what is known in the broader knowledge base. This flexibility improves a providers sense of autonomy, while increasing the comfort level of the competent mental health professional onsite, in unison with the structured counseling program aspects, thus

enabling connection with idiosyncratic community based / culturally competent treatment preferences (in what is then an otherwise eclectic approach),

- DUPLICATION OF SERVICES by providers and by the program developer is considered unnecessary (and in certain scenarios would be considered unethical). In all cases where the program meets the needs of the primary client the coordination of care is generally managed within the host organization (with some exceptions noted previously, as appropriate to system demands) and when referrals to community based interventions are indicated – these occur only when they can be reasonably justified. Referrals from the onsite program to the same provider who is working outside of the onsite program is prohibited except as may be evidenced in excessive case loads, emergency and safety concerns and/or in scenarios where outside of the academic year continued mental health services are indicated. Referrals outside of the counseling services program are supported as valid based upon peer to peer consultation and records reviews (the goal is not to create a gap in service, it is to ensure duplication does not occur for clinical consistency variables, professional courtesy, ethical considerations and to assist in maximizing financial resources without unnecessarily taking advantage of them),
- THE CLIENT SYSTEM IS STRUCTURED in a primary and secondary identified patient strategy using a client centered construct. The primary client is collaboratively (by all levels of the systems with whom the client interacts) identified as the student (with confidentiality assured at this level almost entirely); the setting of onsite services is the secondary client system (where confidentiality is not primary and not obligatory) EXCEPT when family participation occurs; in scenarios where families participate in onsite services and/or where a provider determines home visits as necessary to effect care the family system becomes the secondary client system (with confidentiality then assured); the hosting and funding organization (separate or together) are the fourth client system; and by indirect involvement the larger community is viewed as the extrapolated benefactor (and in certain scenarios becomes the referral resource for community based services),
- PROFESSIONALLY ESTABLISHED STANDARDS OF CARE are thematically utilized to effect overall and improved bio-psycho-social functioning. Standards, by specifically trained professionals in the confines of the onsite counseling services model, are built into the program mechanism. The standardized approach, merged with this model, assures consumers (at all levels of the primary/secondary client structure) that services are credibly applied from a ‘least restrictive’ intervention (modified as the client system and clinical views collaborate). Credible service delivery using current care methodologies, within the confines of professional and ethical conduct

ensures effect change impact on all parties involved for a common goal: bio-psycho-social-sexual-spiritual well-being.

- PSYCHO-EDUCATION is utilized in all scenarios where standards of clinical care (given the preceding themes in the onsite services delivery model) appear to collide or create conflict within the norms and mores' of the larger community construct. The clinical perspective for actualized and optimized health on behalf of the primary client will not likely shift – thus conflicts can be mediated in the psycho educational role.

The Digital Overlay Program Enhancement

In the 2012-2013 year of implementation, all forms were converted to a digital secure platform. The updated forms will be / were added to the 2012-2013 contract and protocol terms, as each is/were negotiated and finalized by respective organizations. The draft (and past) templates are included in this document for a cursory review.

The digital overlay component was successfully implemented and added in the 2012-2013 academic year and was/is fully operational at the outset of that years program beginning. The digital overlay component streamlines and more consistently structures provider side service deliverables; it also offers and enhances client side services not previously available, such that services once limited to face to face session content, is now accessible 24 hours per day (synchronous and asynchronously). Digital program components are user to user encrypted. Further, each user who can all commonly access the provider (again synchronously and asynchronously) do so confidentially from the other users – yet each one is respectively linked to the onsite provider. The onsite provider and the program consultant access all clients (and other multi-level users) and simultaneously benefit from the accessibility of the platform. The provider – client link, can be viewed in the following construct:

- 1) provider – consultant,
- 2) provider – student,
- 3) provider – parent,
- 4) provider – school personnel,
- 5) provider/consultant – funding organization,
- 6) and remote access (1-5 and 5-1) when client side only features are enabled as the provider side features are always accessed and available.

Besides better communication and increasing connectivity in service deliverables, the digital platform allows one provider to manage multiple clients, all at their respective multi-level layers and tiers of functioning. And the deliverables are even managed by provider in between different host organizations – using a provider specific digital filing and digital server. Confidentially of all parties is managed by the program consultant and the provider – such that only the provider/consultant have full access to clients, yet client to client contact (digitally) is not possible (the digital platform is NOT socially networked). Groups, however, are/can be managed in the digital profile, just as groups

are confidentially managed in face to face and traditional record keeping methods. Secondary clients - (parents, teachers, host organization administrators) cannot access any other users information either; while they each maintain regular contact with the provider – privacy and confidentiality is ensured. For the primary client, there are online assignments readily posted and available at any time outside of face to face sessions (post sessions – whether onsite or online). Session content is/can be posted for later review (client side access where self-study of information from sessions is always and readily available). Psycho-educational summaries and documentation (a dry erase board images, voice recordings, and other session content, such as articles addressing various and specific topics, or photos of a session activity) - all can be uploaded and shared for later follow-up. Records received from external sources, report cards, signed school records, etc. etc. are all kept in the digital file of the client as well.

Live chat and video sessions make remote communications feasible and it is particularly instrumental for the provider and the program consultant in training, monitoring and evaluating progress. Email, telephone calls, and text reminders automatically are generated for sessions up to 5 minutes before a session begins (and usually the day before the time begins) increasing and engaging the student and the parent with notices of services. Reminders are helpful to improve client attendance and secondary client participation, as not otherwise possible before the digital overlay component was added to the onsite services model.

Providers do not have to enable the client side services features (a discretionary way to reduce excessive client-provider contacts). Due to confidentiality enhancements the digital overlay is beneficial to program logistics and to improve confidentiality.

The digital overlay enhances confidentiality by building a digital filing cabinet – without the paper laying around. It improves forensic tracking of provider behavior – in that as documents are recorded in the system, with date and time stamps. Backups of data occur frequently in the server. For the provider there are no records to print, there's nothing to leave at an onsite office for inadvertent disclosure of client treatment information. Formal treatment plans are developed instantly, session notes are carried over/reviewed from the last session to the next session (improving the continuity of care in week to week meetings), reviews of contact information, uploaded files, and various contacts with the host organization are quickly located without flipping through fan files, brief cases, etc. etc.. For the all client side services, there is a full scheduling and billing management aspect. All client records are centrally stored and managed in the secure server for follow-up records reviews, records audits, program evaluation interpretation, and records releases (where each of these are legally permitted and/or which do not conflict with confidentiality standards).

[For a digital overlay introduction and preview example click here.](#) Parties considering the onsite services model and who wish to experience the digital overlay from a client side experience are encouraged to contact the office of LaRose for access.

Expanded and Specialized Drop Out Prevention Services

In the 2014-2015 academic year, the professional development component of the school counseling services program (what is identified in all years agreement terms as optional “Add-On Services”) was expanded to add rational problem solving technology. Problem solving is key for students who are/were identified in an early warning system as at risk of dropping out of high school. The 10 week program begins with a professional development seminar for the school administration and teachers to consider and practice using. It is a paradigm for how to solve a problem where students and teachers enlist each other to look at any situation (ie: staying in school or quitting for example) using a structure with student centered perspectives as a basis. In 2015, as EWS youth were increasingly identified the Academic Start to Finish Problem Solving Program was extended to the youth themselves. Interactive, energetic and group based engagement strategies were take to the EWS youth, class by class and individually (where consent is/was provided) addressing school based decisions, alternatives and other youth related problems. Youth were engages in to problem solving sessions (both completed in one class period), first lead by a problem solving professional and then lead by volunteer student leaders. The new and expanded specialty based program is based upon the SODAS problem solving method, which can be easily located on the web. SODAS is a step by step, simple, youth centered problem solving approach that was developed 1973 by Jana Rosa. The drop out prevention program, and problem solving strategies, can be incorporated into the districts Coordinated Early Intervention Services (CEIS) goals and objectives, depending on the needs and requests of the district. For more drop out prevention information, and the TalkifUwant.com professional development approach – [click here](#).

Variations of the Onsite Services Program Model

The program structure of the onsite counseling services program model was also developed and implemented in a rural mental health primary care center – where services were not previously provided. More information about the first conceptual aspects of onsite program implementation and development, with outcome evaluations published covering the 4 month program [can be found here](#). The rural primary care implementation reveals efficacy in a very small population and more importantly in a different population entirely unrelated to the academic setting. The rural program implementation started without any codified service deliverable structure in place (using space in an existing community based walk-in clinic where a multi-disciplinary approach was considered reasonable, in a medical model system). The mental health program was fully operational within weeks and fully codified in a matter of 3.5 months. The findings show that the program was generally successful, in assisting adult and children clients in a critically impoverished community of North Florida with accessing mental health services. Due to funding the program ultimately was terminated ([a matter addressed in the outcome summary](#)).

In 2006 aspects of the rural health program implementation, codification and policy procedure development were used by the developer in adjunct work at the university level as a part of instructing social work students in rural health and human services course work. The course syllabus included a requirement that all social work students develop a “PRO manual” for either an existing social services agency (where one was not present), the students’ ideal or future social services agency that they would/could themselves run, and/or for organizations where an expanded PRO manual would assist in the transition of services between providers as professionals move/leave an organization (the goal is / was to assist in program viability, program transitions, and reducing an unhealthy/unreasonable dependency on one person, versus one transferable program). In 2009 the program developer was contracted as a consultant for counseling services implementation in a foreign country. And while the specific model of the program, as it was developed and proposed in 2009, was not accepted by the government authority at that time, a subsequent program was developed and implemented in August of 2012.

Other Evidence Based School Counseling Services Programs

Except for general accountability checklists (for example a verification of time in, time out, costs, and numbers served), most (if not all) *school counseling programs seldom (if ever) include an outcomes evaluation component*. This program model, as outlined here and in the following pages, is uniquely structured such that evaluation is simply built into almost all areas of mental health services delivery. Public / private schools, using a counseling services protocol (assuming the protocol exists) seldom require outcome evaluations; largely funding is seldom included to cover costs of an often time consuming task, which, outcome evaluations are certainly time consuming. Ironically, even as the social technology literature and even as academic instruction in the social helping professions *almost universally encourage/recommend evidence-based practice* – protocols that factor evaluation into day-to-day implementation, such as what is included here, are scarcely available. A publishing of those findings, particularly at the public/private partnership level – is extremely limited.

The onsite school counseling services program model here, with structural basic interventions built in as a part of program mandates and contractual terms, include standard and routine data gathering (all years) and reporting (for most years) since its inception in 2005. Evaluation summaries are useful to effect credible measurement and to support sufficient funding ([see evaluation documentation](#), as previously noted for years evaluated including exceptions, limitations, implications, findings, etc.).

Program Vision, Rationale and Strategy

Mental health counseling in the school setting, using the specified protocol, involving duplicated implementation in different districts, with different direct service providers, including an ever changing client system, combined with the annual program evaluations suggest that this model can be viewed with sufficient transparency, clarity, structure, and regard in a manner that ensures overall program integrity and success. As an inter-dependent (not dependent and not necessarily independent) and structured intervention,

the role of the provider, operating individually and collectively, remains constant, as does the program itself. Regardless of the specific provider (credibility is considered reasonable in licensure and credentialing standards) implementing the front line methodology and regardless of host organizational structures and changes – role clarification and program outcome measurement are both keys to sustainability and efficacy.

The service delivery mechanism for the school counseling services program, as it is codified and structured here, is based upon a specific and detailed program protocol. That protocol includes instruments used for program implementation, and evaluation simultaneously. It enables training, tracking, and implementation, while ensuring effective standards of care. The protocol fosters program transparency to assist all stakeholders, while maintaining the primary client system goal, accommodating the unique variations of a community, a provider, and all others that may be directly and indirectly involved. Outcomes are not only valued they are recorded and published with limitations expressed. Where paradigms contradict meetings for resolution occur in a counseling construct (confidentially primarily and therapist facilitated) to find common ground to effect client centered positive outcomes. Not only does the expertise of the provider matter, not only does the program history and structure matter, but treatment implementation and documentation is key to reflect and implicate the life of the client system – as whole.

The life of the client system is and effects to it, are a part of the data analysis. All approaches in this model occur in key documentation that serves to guide minimal required procedures, while confidentiality is maintained, and extraneous collaboration is fostered. Roles are clearly articulated whereby the host organization is able to focus on its expertise (most often that is teaching, in this particular model) and the benefactors in common (the students) are provided other necessary expertise (counseling services) – by the professional role of someone other than the teacher. Collaboration does not compromise confidentiality. Psycho-education and communication is key at all levels of the client system (as previously explained). Pre and post program implementation seminars, referral, intake and screening, with full treatment planning and accessibility are basic aspects of the service delivery.

Parent meetings, home visits, teacher meetings, and confidential counseling services with the primary client, encourage creative and self-determined adjustments that enhance the common goal of a healthy, living and thriving student. The host organization impact is minimal in day to day practical application, while the effect systemically may be much greater. Year after year host organizations consistently evaluate the program with very high marks and year after year host organizations say that the students benefit. The students agree. Psychosocial functioning from the clinician view reveals consistent improvement in most students. Grade constancy and/or improvement is correlational, as are grade deficits; in either regard constancy and improvement is higher than decreases.

The program has undergone three structural changes in regards to documentation, with year one being photo copies carried in portable files, to computer based notes and

documents via laptops, to now a secure server based platform for multiple schools in one secure area, as arranged by provider. Even the digital platform documents remain printable as blank pages, to be completed by hand in cases where traditional service delivery is required or where disruptions occur otherwise (power outages, limited internet access, home visits, etc. etc.).

Permission to Use and Duplicate this Model

Organizations and institutions considering this model of service delivery are encouraged to read the proposal and various other documents related to the onsite counseling services program for proprietary claims and disclaimers, including intellectual property considerations, copyright considerations, and exclusions given what is known and published in the social welfare literature and given what is compiled here as the onsite counseling services program model (and as otherwise similarly named). Permission to use this document and its related documents is expressly and strictly prohibited without the authors and program developers consent.

A Proposal Format and Structural Protocol

The proposal document that follows includes the primary cornerstone components of the onsite services delivery model. It is listed here for consultative review only. Implementation of the services delivery model as outline here is available by contract terms.

[Model and Protocol Follows]

A GENERIC PROPOSAL FOR THE COUNSELING SERVICES
[NAME] COUNTY SCHOOL BOARD / INSTITUTION
[NAME] SCHOOL

BY

KURT LaROSE, MSW, LCSW
FLORIDA LICENSE # SW9297
THE SCHOOL COUNSELING SERVICES PROGRAM

PURPOSE

Purpose for the Youth. The goal of the School Counseling Services Program is to provide students with opportunities to address a wide range of clinical and behavioral issues that negatively impact academic performance, including: interpersonal factors (school and familial relationships), behavioral concerns (non-compliance, oppositional responses, peer conflicts, and truancy issues), anger management (verbal/physical

outbursts), aggression (verbal/physical), suspensions (ISS & OSS), developmental tasks (bio-psycho-social-sexual), as well as various other functional and dysfunctional issues. Through counseling methodologies youth are provided an outlet to openly identify and address dynamic interpersonal processes, often related to life stressors, that otherwise cannot be attended to in the classroom setting.

Purpose for the School. Counseling services are designed to provide the school with an avenue to address mental health needs and concerns for youth in an environment where such services are traditionally not provided. There are a multitude of issues that children must address in order to be successful in the academic setting, however some children require counseling services that occur simultaneous to academic instruction; the counseling services operate as an overlay and/or as a supportive aid. Counseling allows the school system to provide a forum where expressive needs of children can be facilitated, simultaneously enabling children to remain increasingly focused on classroom factors - while their expressive needs are addressed and resolved in structured counseling sessions – where it is appropriate, supported, and encouraged. Cognitive and behavioral issues are addressed with youth who may/may not have mental health needs (such as formal diagnoses), but who nevertheless need more intense and directive interventions to help them succeed in the school setting.

Purpose for the Teachers. The Counseling Services Program offers assistance, suggestion and direction to teachers related to specific youth who are identified in the classroom as “in need of services.” In conjunction with, and with the approval of school administrators, techniques can be offered to assist teachers who interact with emotionally, verbally, physically, and/or sexually aggressive youth in the classroom, if/when input is sought by school personnel and administrators. The provision of services to teachers occur in multiple formats: during face-to-face meetings, IEP and Individual Team Assessment meetings, Study Team meetings, telephone calls and email communications. Such services to teachers can be enhanced with the “Add On Services” component of the Counseling Services Program, listed at the end of this proposal.

Regardless of the add-on component, verbal and face-to-face contact with the counselor - to take place by appointment and/or at the end of each school day where services are provided - is encouraged.

Purpose for the Parents. Parental involvement in counseling services is facilitated under the Counseling Services Program on an “as needed” basis. When the counselor identifies that meetings are indicated between the youth and the parents, school administrators are advised that a meeting will be taking place. Parental / youth meetings occur for the purpose of facilitating improved interpersonal relationships, particularly when such relationships appear to be of clinical concern and when such relationships can be directly or indirectly linked to the academic environment. And while the school is aware that such meetings are being held, the confidentiality of the meetings is maintained.

Purpose for Administration. School administrators often see themselves as one of the final places whereby youth and instructor issues (academic and/or behavioral) are

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necessarily addressed and, when possible, effectively resolved. In many school environments such issues (behavioral) often are referred to administration prematurely or without adequate intervention prior to referral; the emphasis of the school setting is to promote academics, thus interventions for behavioral (and sometimes presumptively clinical concerns may exist) are secondary to the teaching/learning environment.

Behavior impacts academic success. And while the Counseling Services Program does not have an academic component, good communication with the counselor allows for academics to be used as one measure of success and/or failure in social/occupational functioning for youth; in other words if the counselor knows that a student is performing poorly in certain academic areas (often initiated by the counselor in review of report cards or when teachers initiate meetings with the counselor) youth can be challenged/supported/directed to consider the variables that perpetuate poor performance.

From a behavioral standpoint, when classroom outbursts are reduced, referrals are also reduced. A key consideration for administrators, who interact with the Counseling Services Program as benefactors, is in the provision of information to the counselor. Information that is provided to the onsite licensed mental health professional is incorporated into weekly sessions.

Reciprocity occurs in that the counselor provides intervention ideas, feedback, and commentary on methods that are suited to the individual needs of the most problematic youth who often return to administrators due to issues involving patterns of recidivism. Suggestions offered to school personnel and/or administrators does not compromise confidentiality, as the details of sessions and specific clinical matters are not discussed; “intervention ideas, feedback, and commentary” references methods that are found to be most effective with certain behavioral criteria that may/may not be directly related to youth who are seen in the program.

Summary of Purpose. The reduction of outbursts and improved academic performance is facilitated and addressed in the previously identified ranges of service in the five categories of “Purpose for Youth, School, Teachers, Parents, and Administration.” The key indicators of success are not limited to academic and behavioral variables, because other issues involving time consumed in dealing with problematic youth is a factor, improved internal processes for youth is a factor, general life satisfaction for youth is a factor, and the impact of these improvements as they appear in interactions with an entire student body must be considered as well. For outcome considerations please see the “Program Evaluation and Outcome Measures” section of this proposal.

SERVICES TO BE PROVIDED

Counseling. Counseling will be provided to youth at the school. Youth will be divided into two kinds of counseling formats: groups and individuals. Counseling services will include common mental health treatment methodologies: Cognitive, Behavioral, Supportive, Narrative / Bibliotherapy, Play therapy, Art therapy, Music therapy,

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Relaxation therapy, and Psycho-Education – among other effective methods. Various theoretical perspectives in relationship to interventions will be utilized as well: Strengths based, Solutions Focused, Problem Solving, Conflict Resolution, Family Systems, etc.). Aspects of role clarification, developmental stages, interactionist approaches, person-in-environment, internal/external locus of control, cognitive/personality/moral developmental stages, and universality are factored into the sessions, dependent upon the specific needs of the youth.

Progress Reports. Progress is monitored by the administration (school & district) with monthly service provision sheets that are included with each invoice to the district whereby services are generally described (see attached weekly progress report for format example: COUNSELING SERVICES PROGRESS SHEET). The Counseling Services Progress Sheet that accompanies each monthly invoice, outlines administrative contacts and tasks between the counselor and certain school personnel, parent/teacher meetings, family meeting times, youth seen in groups and in individual sessions, length of time services are provided (listed in 15 minute minimum increments), travel time (to and from the school), as well as reasons why youth missed sessions (absences, illnesses, OSS, ISS, etc.). Other services that are provided, such as in-services, group presentations, emails, letters, and telephone contacts, which occur on days when the counselor is not at the school, may/may not be listed on the weekly progress sheets.

Progress reports will also be provided to the school upon request, explicating general information about students' participation in counseling services and how things are proceeding via the school, the counselor, and the youth. Informal progress reports may be submitted to the school district on such specific requested occasions during the course of the academic year, commonly at: 1) at the initial phases of service provision where certain youth are indicated to be "in need of services" and 2) near or at the end of the services provision time frame (the school year) to summarize overall outcomes.

Programmatic outcomes are evaluated annually and the findings are generated into a data summary each year. Please see the "Program Evaluation and Outcome Measures" section of this proposal for more information.

Mediation. Mediation will be provided to the school, for those youth who are involved in the counseling program. Mediation is available during the days of the week when the counselor is on school grounds. This service includes parent/teacher meetings, IEP meetings, teacher/student meetings, administrative/teacher/parent/student meetings, and telephone contacts to parents, teachers and students.

Introductory Seminar. The counselor may provide school personnel with an introductory seminar on the benefits of counseling services and its limitations. School counseling programs generally run more smoothly when schools provide the time for the short presentation, before counseling services begin each year in the school. Topics for the 15-20 minute seminar include:

- Expectations for those youth who are referred to counseling: When students get better and if students get worse.

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- Desired Outcomes vs. Actual Outcomes: The benefits and limitations of counseling.
- Confidentiality: Legal limitations regarding the release of counseling records, confidentiality in the school setting between students / teachers, and legal requirements regarding reports of self-injury, abuse, and/or threats of injury.
- Logistics: How students will be called to session each week, how to best avoid taking students from core classes (and what happens when it can't be avoided), and how the counselor keeps teachers notified as to the whereabouts of youth who attend counseling.
- Question / Answer period.

When the introductory seminar cannot be provided due to logistic limitations at the school level, the school administration and the counselor will partner to enable teachers to access the seminar content via a web-based program summary and introduction. The Counseling Services Program provides the web-based service, and it can be useful throughout the year for teachers, students, and parents. The web-based approach is an effective alternative to the actual seminar; however, the Introductory Seminar is most functional when it is done in person and on location with the teachers and staff that will interact with the counselor throughout the school year. The web-based information for the seminar can be accessed via the following web links or via the URL's:

1) [School Counseling \(SC\) program explanation.](http://www.TalkifUwant.com/school_a.htm)

URL: http://www.TalkifUwant.com/school_a.htm

2) [SC continued: children, teachers, administrators.](http://www.TalkifUwant.com/school_b.htm)

URL: http://www.TalkifUwant.com/school_b.htm

3) [Common concerns & other thoughts.](http://www.TalkifUwant.com/send_my_child_to_school_counselor.htm)

URL: http://www.TalkifUwant.com/send_my_child_to_school_counselor.htm

4) [Parental consent for counseling services.](http://www.TalkifUwant.com/school_permission_general_use.htm)

URL: http://www.TalkifUwant.com/school_permission_general_use.htm

Wrap-up Seminar. The counselor may provide the school with a wrap-up seminar at the end of the academic school year. The topics of the wrap-up seminar are focused on the likes and dislikes of the counseling program with feedback and commentary. If the school opts out of the wrap-up seminar, upon completion of the counseling services program the counselor will contact the principal and ask for feedback from school personnel and district personnel (using informal commentary and/or formal surveys). Please see the PERSONNEL EVALUATION FORM that is attached to this proposal for a discussion of the annual teacher evaluation process.

LOGISTICS

Referrals. Referrals are made to the counseling services program according to the processes that are suited to the personnel needs of the school, using standardized referral forms (for example, see attached form: SCHOOL REFERRAL FOR COUNSELING SERVICES). School and county personnel identify children who may benefit from counseling and a school referral form is completed; at the time the school referral form is completed a permission slip is also completed (available electronically). The permission slip is sent home to the legal guardians (or it can be accessed and completed via the web). When the school gets the permission slip back, both the referral form and the permission slip are given to the counselor who works onsite.

Identification of youth being referred to the counseling program usually occurs via teachers who commonly deal with behavioral issues in the classroom; however, guidance counselors, coaches, school administrators and even parents themselves may refer children to the program. Services can be provided to any child whose parents will give permission, however counseling services may be limited to a certain population (ESE, LD, EH, etc.) as the County deems appropriate and according to the mandates and stipulations of funding authorities.

Referral forms and permission slips are available electronically (as adobe data forms), so that personnel in the district/school can complete forms by entering data into one referral form (given to the counselor) - while the parent permission slip is simultaneously and automatically filled in (given to the parents). Both forms, typed once, are then printed pre-filled and ready for signatures. Forms are generated specifically for each district/school and are sent electronically to guidance offices at the beginning of the school year. Additionally the referral forms and the permission slips are posted on a specific website with a unique URL for easy access for the district/school 24 hours per day.

Permission to Serve. Any child who is referred to the counseling program must have the written consent of their parent / guardian using the permission forms provided to the district/school by the school counseling services program. Written parental consent is a legal requirement, except in certain cases (such as what might possibly occur if/when an IEP already requires counseling services and/or in matters where the safety of self/others is questioned). The counselor will require permission slips for every child who is referred from the school before professional services will begin.

When a child is referred to counseling, the referring party sends home a permission slip that must be signed and returned to the school before services can be provided (see attached form: PERMISSION SLIP FOR SCHOOL COUNSELING SERVICES). On the reverse side of the permission slip is an optional and informative question/answer commentary for parents/guardians to read as they confront the proposition that the child may need counseling (see attached form: SEND MY CHILD TO A COUNSELOR?). In the event a child is referred to the counseling services program for two consecutive years, a new permission slip is required for each year referred (for each academic year). Old permission slips cannot be carried over from the prior year, as consent generally (and often automatically) expires within a twelve-month period. Signed permission slips

enable the counselor to begin providing services. Both a permission slip (from the parent/guardian) and a school referral form are given to the counselor upon the commencement of services.

In addition to the written consent of guardians, verbal assent from the minor child must occur, the counselor obtains "assent" from each student, subsequent to parent consent, in order for services to begin. Assent is obtained verbally. Consent and/or assent can be withdrawn at any time, but if either is withdrawn, counseling services will be terminated.

Once consent and assent are obtained, a follow-up phone call to the guardian is attempted (parent contacts are noted, usually on the weekly progress report), whereby paperwork verification occurs. In the event verification of paperwork cannot be made via phone (for various logistical reasons where a guardian cannot be reached, for example) the counseling services program will contact school administrators to verify permission slip signatures before continuing counseling services with a child who has been referred.

Length of Service. Counseling occurs one day each week (usually on the same day from week to week) and is provided during the course of the academic school year. The number of days that counseling services occur can be increased as needed by the school, dependent upon provider availability, funding, and the agreement terms that are negotiated.

Counseling sessions usually last for one clinical hour (45 – 50 minutes; whether group or individual), and generally will not exceed the length of a standard classroom period. The length of sessions can/will vary (longer or shorter in duration) due to a number of circumstances (travel time, the length of the school day, holiday/testing schedules, crisis interventions, youth absences, individual or group meetings, the number of youth to be seen in a given day due to the case load, and other variables); youth will be seen consistently on a weekly basis for approximately the same amount of time each week (sessions can range in time from as little as 15 minute check-ins to in excess of 60 minutes). From time to time youth may not be seen each week, however, all youth in the program are listed on the weekly progress report with notes of who was / was not seen (with accompanying reasons). Sessions usually are not effective in shorter than 30-minute increments, therefore a caseload limit may be necessary as set by the onsite counselor; all accommodating issues will be addressed between the school and the onsite counselor, with every attempt made to accommodate the number of youth served. The maximum number of youth who can be seen each week, depending on individual and group placement variables, will not generally exceed 16 youth – however, it can be less based upon the clinical merits of the active caseload. In the event the numbers of referrals exceed the ability of a one-day service provision, the onsite counselor will notify the school administrators of the necessary limitation. In the event a termination of a youth from the program occurs, the onsite counselor will notify school personnel of session openings.

DOCUMENTATION AND CONFIDENTIALITY

Primary Concern. The primary concern in counseling is rooted in the needs, goals and desires of the person who receives counseling; this principle is equally true for adults and children. As a result, information about what occurs in counseling and/or what is discussed in counseling cannot be disclosed outside of the confines of the counseling session, unless the recipient of the services provides consent for the information to be released (including consent by legal guardians – in the case of minors).

Confidentiality is protected by the Standards of Care in the profession of Clinical Social Work and other mental health counseling professions; further, confidentiality is protected via legal mandate (see “The Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Rule), Code of Federal Regulations (CFR), “Confidentiality of Alcohol and Drug Abuse Records”, Code 42, Chapter 1, Subchapter A, Part 2, and also, the Florida Mental Health Act, Chapter 394.4615, “Clinical Records; Confidentiality.”).

Legal mandates provide confidentiality exceptions, based upon safety determinations, thus, there may be times when suicidality/homicidality necessitate a report to others – which, does not constitute the need for a written confidentiality waiver/release/consent (see “documentation and confidentiality section, paragraph “exceptions” for more information). Other confidentiality exceptions, as mandated by law, include child abuse, neglect and harm to vulnerable populations.

In situations where mandated reporting occurs, the onsite counselor abides by and follows the standards of care, and the rule of law. Confidentiality exceptions in a client case would not necessarily mean that school administrators or district administrators would be notified; the duty to warn involves safety determinations, as made by the onsite counselor via clinical risk factors and professional assessment. Where safety is determined a risk, the school resource officer may be contacted and/or school administrators will be asked to notify the next of kin, as appropriate (see “exceptions” section for additional information).

Intake. An Intake opinion will be generated following the initial interview of a child, who is referred to counseling services, and contained in the confidential clinical record. The initial assessment includes general clinical impressions and a brief treatment plan. Intake is a part of the counseling record for each student and it becomes a part of the youth’s case note file(s). Assessments (and all case note documents) cannot be released due to confidentiality, except in certain legal situations (usually by court orders that have been properly served), and access to persons outside of those clinically involved in the counseling process is prohibited (NOTE: school personnel would not be included in the descriptor “clinically involved.”) Additional confidentiality information is provided in the “case notes” section of this proposal. However, it is important to note that the counseling services program universally asserts client privilege up to the extent permitted by the force of law (exceptions occur in all matters involving safety issues).

Case Notes. Case notes are the details of specific information that is exchanged between the student and the counselor during each session. These notes are confidential records that are maintained by the onsite counselor and the school counseling services program

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(up to seven years post counseling termination) and cannot be released except under certain legal requirements (noted earlier and in cases of court order). Teachers, administrators, other school personnel, county personnel and various other school district professionals do not have access to case notes even in cases where such records are requested – and sometimes, even if the request is initiated by the parents of the youth. Progress notes may be more easily accessed, as opposed to “case notes” (therapy notes) provided the proper consent/assent are obtained.

General Access. General access to Case Notes is limited to the onsite counselor and the school counseling services program and cannot be released to anyone except under certain and unusual circumstances. Case Notes are maintained in the confidential files of the counselor (and the counseling services program) according to legal mandates and licensing board requirements – at a minimum. The Case Notes are the property of the counselor and the Counseling Services Program and may be kept in a confidential file longer than the minimum standard, as set by law. These records are not maintained by the school or the school district.

Exceptions. Confidentiality standards do not apply in cases where state and federal law provide for exceptions. Exceptions to confidentiality include cases of suicidal-homicidal ideation/intent, abuse or neglect, and real/perceived threat of harm to others. If an instance of confidentiality breach is necessitated by the reports of the youth, a formal risk assessment will be completed and crisis intervention methods will be implemented. If stabilization attempts are unsuccessful, or under certain other safety concerns, a confidentiality exception occurs. Depending on the type of confidentiality exception the school staff may be notified immediately, for example in a case where the risk for self-harm is evident, at which time constant and direct supervision of the youth must be ensured until the process of legal commitment is addressed and resolved.

Release of Information. In the event confidential information is requested, a written release of information must be provided to the counselor, signed by the legal guardian. The counselor reserves the right to verify all requests for information and in most cases released information will be summary in nature related to the process of counseling (progress notes), rather than the specific content of counseling services (therapy/case notes). In some cases, the counselor may require the requesting party (who is attempting to gain access to confidential records) to pursue additional legal means to access confidential counseling records, which is deemed necessary in order to ensure treatment efficacy on behalf of the client.

CONTRACTUAL TERMS

Contract. The counselor and the school district are bound by a written agreement that includes the terms of service, the rate of pay per day, a breach clause, a retainer fee declaration, and a 30-day written termination clause (allowing either party to terminate the contract with written notification). The contract is a standard contract that has been successfully used with other school districts (see attached form: AGREEMENT FOR THE COUNSELING SERVICES PROGRAM) however – the contract can be modified

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to meet the specific needs of the individual district, provided such changes are agreed to, by both signing parties in advance of alterations from the originally submitted proposal.

Requests and agreements made via electronic mail will meet the written request stipulations of this proposal, and any subsequent contract, as is known and accepted with laws related to email, *identifying such communications, as binding*. An email however, does not necessarily inherently constitute an agreement, unless both parties indicate an agreement in the email exchange – if and when appropriate.

Rate. The daily rate for counseling services for the Year – Year academic year is \$000.00.00. The daily amount for the Year – Year school year reflects no increase from the daily amount in the Year – Year agreement.

The daily rate includes traveling time (up to 2 standard hours). The rate is assessed for each day the counselor comes to the school to provide services, even in cases where youth are absent, the teacher refuses to release the student for counseling, the child refuses to attend, and/or during early release days and schedule shifts due to testing and/or various other school events. The rate is generally based upon a full day of counseling services beginning at 9:30 AM. The counseling day ends upon the release of the children from the school however an additional hour of time each day is included at the end of the school day for meetings, phone calls and paperwork.

The counselor is available to provide up to 7 clinical hours of counseling per day (a clinical hour usually lasts between 45 and 50 minutes), but times may be adjusted according to logistical matters that necessitate such adjustments (see also “length of service” section for additional information). The maximum number of hours in the contracted day, regardless of the number of clinical hours provided to students, regardless of the number of traveling hours, and regardless of the number of hours offered for daily follow-up meetings, is nine standard clock hours. If the total number of hours combined in any given day exceeds nine clock hours, the school counseling program may assess an additional hourly fee for every hour over the nine hour maximum. The additional hourly fee will begin at fifteen minutes past the nine hour maximum allowed under the daily contract rate, and will be billed in hourly increments as a part of the standard month billing cycle (see “billing” for more information).

The counselor who will be assigned to work in the school is facilitated by the school counseling services program, Kurt LaRose, MSW, LCSW, the school and the school district – with the final placement of the onsite provider being established by LaRose. LaRose may, or may not, at his option, be the direct provider of the counseling services onsite. Alternatively, LaRose may function as the program administrator providing the direct supervision of the onsite licensed provider, using the program components, as structured herein – to ensure the continuity of program implementation and practice, with ongoing annual program evaluations.

Onsite Provider and Program Structure. When LaRose serves as the supervision professional, rather than the direct onsite provider for the school counseling services

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program, the contract terms will specify that LaRose is not functioning in the onsite service delivery. When the onsite provider is someone other than the LaRose, the counseling services program structure becomes a two-tier, multi-level process. The two-tier service delivery model becomes applicable in the following manner: 1) tier one consists of the onsite licensed professional who provides mental health services using the program structure, protocol, forms, and guidelines as set forth herein and, 2) tier two consists of LaRose working: a) in a clinical consultative role (with monthly supervision meetings occurring between the onsite provider and LaRose at the Tallahassee office), b) LaRose is the liaison between the school district, the school itself and the direct service provider, c) LaRose is the monthly case note auditor and custodian of all case notes and records (jointly signed by both LaRose and the onsite provider – the onsite signs each day of service, LaRose reviews and signs each month), d) LaRose serves as the contract manager between the district and the school counseling services program, and e) LaRose facilitates, gathers data, and generates the annual program evaluation services (see “program evaluation” for more information). In addition, regular communications between the onsite provider and LaRose will occur by phone, email, text messaging, and video conferencing each week, based upon critical cases, emergency situations, mandated reporting concerns, and other variables that are idiosyncratic to the dynamics of onsite mental health service provision in an academic setting.

In the two tier service delivery model, the Counseling Services Program will enlist, train, and provide the appropriate number of professionals to meet the needs of all schools that require school counseling services, in the event other support professionals are needed to fulfill the number of requested days (see “additional support staff” section of this proposal for more information).

Indemnity. Some districts require an indemnity clause, although Florida Statute protects school districts as an “agent of the state” under its sovereign immunity laws (see FLA. §§ 768). The statute does not fully indemnify the school district from liability in cases where alleged harm is considered intentional and even in the intentional cases Florida Statute provides for a \$100,000 and/or \$200,000 maximum risk (with an attorney fee maximum of \$25,000). The law is less clear as to whether or not the contract incorporates the sovereign immunity liability protection standards to the School Counseling Services Program and/or its counselor(s); the program and its counseling affiliates might also be construed by some as “an agent of the state.” Districts are advised to seek legal counsel in this regard, provided there are concerns related to indemnity. Regardless, the counselor assumes all risk and responsibility of liability related to the counseling services program, particularly and expressly in cases where indemnity is legally (by an appropriate court) determined as not applicable to the Counseling Services Program.

Liability. The counselor (onsite provider and LaRose) carries professional liability insurance that provides for sufficient coverage in cases where legal issues may arise. A liability declarations page is copied and provided to the school district upon request, prior to beginning counseling services in the school. The declarations page will indicate to the district the insurance company, the policy number, the amounts of coverage per incident,

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and the expiration date of the policy. The policy of LaRose includes independent contractor insurance coverage, in addition to that which the onsite provider must carry. As a pre-requisite to obtaining this liability/mal-practice insurance the history of prior claims, lawsuits, or professional conduct violations must be reported and/or investigated with the insurer.

Legal Sanction History. There has never been a professional code of conduct, professional ethics violation, a lawsuit (filed or threatened), or a legal sanction or settlement levied against LaRose or entered into by LaRose, or the Counseling Services Program. Code of conduct violations can be tracked through the State of Florida, Department of Health, Division of Medical Quality Assurance website (accessible through the MyFlorida.com portal). In the event there is an onsite provider working with the counseling services program, as a prerequisite to contracted services, the legal sanction history must be / is also without violation.

Workers Compensation. Some school districts require a legal statement regarding Workers Compensation coverage to be included in the counseling services contract. State Statute regulates Workers Comp coverage requirements (see FLA. §§ 440; a company with 4 or more employees must carry Workers Comp). It is not necessary to include a clause in the contract at this time because Kurt LaRose, MSW, LCSW is self-employed and/or the counselors who work with the program are sub-contracted by the school counseling program. Onsite providers who work with the Counseling Services Program are sub-contractors and are not considered employees. However, in the event the program requires employed counselors, when/if 3 or more are added, the program will fulfill all legal mandates related to Workers Compensation coverage and immediately notify the school district of the changes (with documentation, when/if indicated).

Billing. The Counseling Services Program will submit a bill each month to the school district, in the amount of \$000.00.00 for each contracted day; billing may occur more frequently depending upon the pay cycles that are currently in place at the district. The bill will include a copy of the Counseling Services “Weekly Progress Report” record for each week that counseling services are/were provided.

Payment. Payment is to be made to Kurt LaRose in a timely manner (consistent with the normal payment processes of the district office). Late payments, those that are outside of the normal payroll processes for the school district for its own employee payroll, will be considered a breach of the contract terms (see the “acceleration for non-payment” section).

Document Submission. All documentation will be submitted to the district office electronically using Microsoft Office® software applications. In cases where signatures are required, the documents will be scanned into an Adobe Acrobat® file (or other commonly utilized application) so that signatures are unlikely to be manipulated. The scanned files will be submitted to the district electronically as email attachments. If original “hard copy” documentation is needed, these forms will be mailed to the district

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office upon request, and may include a document-processing fee of \$1 per page. All electronic files will serve as original documentation.

For all electronic files that are submitted and/or for all standard hard copy files that are submitted to the district, copies are maintained by the counseling services program. Copies of weekly progress report summaries (see attachments section) and monthly invoices are maintained consistent with the same timelines of all other records.

OTHER SERVICES AVAILABLE

Diagnostics. Diagnostics are not included as a standard component of the counseling services program, except as is needed by the counselor to provide interventions. Mental Illness diagnosis (and/or the rule out of a mental illness diagnosis) is available to the district, upon written request. Diagnosis can be made via formal interview intake procedures and analysis and/or via psychometric instrumentation. Psychometric instrumentation usually, but not always, requires a longer assessment period. In general, formal diagnosis requires separate, concentrated, and more individual time with the specified youth – often several hours per youth and per diagnosis. When diagnostics are requested - an additional fee will be assessed to perform diagnostics (see diagnostic fees section of this proposal). Written permission from the child’s guardian must be obtained prior to formal diagnosis, and the permission must include a Release of Information for the district and the counselor.

Written Diagnostic Assessments. Detailed written assessments for youth who are referred for diagnostics can be provided, upon written request of the district. A written report of Significant Clinical Information, Psychiatric History, Medication History, Family of Origin Information, Clinical Diagnostic Impressions, Rule Out Considerations & Contraindications, Preferred Intervention Methodologies & Techniques, Treatment Plan, Outside Referral Recommendations, and Session Number Indications are included in formal written assessments. One copy of the diagnostic impression is made available and provided to the district and to the parents/guardians of the child. Written permission from the child’s guardian must be obtained prior to the diagnostic report being written, and the permission must include a Release of Information for the district. Diagnostic services are provided to the district by Kurt LaRose MSW LCSW and are not otherwise provided by the onsite provider.

Other Services Logistics. “Other Available Services” are provided, upon written request of the district, after the school obtains the written consent of the child’s guardian. A written consent form is available for the district to use, specific to the counseling services program, upon request. The written consent form will include a request directed to the parent, instructing the counselor to begin formalized diagnosis and/or written assessment, with a Release of Information for the district. Diagnostic services and other available services are provided to the district by Kurt LaRose MSW LCSW and are not otherwise provided by the onsite provider.

Diagnostic Fees. When formal diagnostics are requested and provided, a formal Written Diagnostic Assessment is included. Written diagnostic assessments are mailed via standard US mail, sometimes via certified mail, within 30 days of the clinical interview and diagnostic testing date(s). The fee for Diagnostic interviews and the written diagnostic assessment is \$895 per youth. Assessment copies are mailed to the school district making the request, with a carbon copy mailed to the legal guardian. Fees for “Diagnostics” and for “Written Diagnostic Assessments” are due upon the generation of the Written Diagnostic Assessment” and will be included in the monthly billing processes of the counseling services program. Diagnostic services are provided to the district by Kurt LaRose MSW LCSW and are not otherwise provided by the onsite provider.

Add On Services. A request commonly made by school administrators, teachers and students, is for more counseling days at the school. An additional day of services is included herein as an Add-On Service. Additional days of counseling should be considered according to program outcomes and according to the student body population size. Generally, it is unnecessary to provide more than one day of counseling services at a school when the school population is less than 150 students *and* when the referral ratio is 10% (or less) of the student body population. School’s who usually refer more than 15 youth per week to counseling services, should add an additional day of counseling services, to effectively meet individual and group needs.

Add-On Services are listed below, and include options that generally are directed to school personnel, parents, and other support staff who are directly and indirectly involved in helping youth succeed in the academic setting. Add-On services must be contracted, and they can be purchased yearly, or the services can be broken down into smaller sets. Add-On Services are usually provided by Kurt LaRose MSW LCSW, and when possible, with the support of (and by) the onsite provider.

It is a requirement of the Counseling Services Program that at least one staff person from the school attend all add-on services where groups of students will be assisted (except in the case of additional days of counseling). Generally, all Add-On Services fall into the category of continued education or psycho-education. Available Add-On Services are listed in the chart below:

Title	Description	Target Audience	Time Frame	Cost
1 Additional Day	See Counseling Services Program Proposal	Students	1 Additional Day Per Week	\$000.00 Per Day
Anger Management	Helps students (up to 10 per session) with anger and aggressive issues. Includes presentations, appropriate expressions, inappropriate contrasts, and role-plays.	Students (Referral Only)	2-4 Hours – 3 times per year (max = 10 students per session)	\$1,550 Yearly or \$650 per session (10 youth)
Bullying: perpetrators, victims, and alternatives	Peer reviewed literature review. Power point presentation. Role plays & Modeling. Pscyo-drama and Q & A.	Personnel	6 hours 1 Day	1,550 Per Day
Conflict Resolution	Provides sessions where conflicts	Students	2 Hour Sessions	\$95 Per

	between youth can be addressed and resolved – and can be utilized with ongoing historical problems between peers and/or in crisis situations.			Session (2 Youth)
Peer Counseling	Provides information to youth and staff about peer counseling programs; an in-service seminar on student/staff applications in the school setting	Students / Staff	2-4 Hours – 3 times a year (max = 10 students per session)	\$1,550 Yearly or \$650 per session (10 youth)
De-escalating & Redirect in the Classroom	Helps staff improve classroom behavior while reducing referrals. Includes statistics, research, power point presentation and role-plays.	All Teachers CEU's May Be Available	4 Hours – 2 times per year	\$1,950 Yearly 25 People
Good Touch / Bad Touch®	Age appropriately presented related to touch between youth and others; the program is DOE approved. Includes presentation and role-plays.	Students	3 Hours – 2 times per year	\$1,550 Yearly
EAP-1 Services	Intervention addresses clinical concerns related to personnel and issues that impact job performance (who may be at risk of termination).	All Personnel (Referral Only)	1 Hour Per Week (up to 36 hours annually)	\$2,495 Yearly Or \$85 / Session
EAP-2 Services	Intervention addresses clinical concerns related to personnel and issues that impact job performance (who may be at risk of termination).	All Personnel (Referral Only)	2 Hours Per Week (up to 72 hours annually)	\$3,950 Yearly Or \$85 / Session
Understanding the evolution of gang development processes in the school setting	“Gang Think: How to address strong yet false bonds that destroy: a strengths perspective in mimicking behavior.”	Organizations and/or Individuals	4 Hours – 2 times per year	\$2,250 Yearly (Up to 25)

*Other topics and services may be requested by the district, based upon specific needs.

These add-on services are available under contract and must be included in the original terms of service to obtain the reduced rates, and to ensure availability of services for a particular district. Add-On Services are frequently provided during early release days, during summer breaks, and/or on planning days, if/when available.

In some cases, Add-on services may be provided under separate contract due to funding limitations, mandates, and budgetary line item invoicing business practices, as requested by the district or by the school counseling services program. In the event a separate contract is needed for Add-on services, and in order for the district to obtain the discounted rates that are listed here, the add-on contract must be signed at the same time the counseling services program contract is signed.

ADDITIONAL SUPPORT STAFF

Other Service Providers. Due to the expandability of the Counseling Services Program in several North Florida Counties and School Districts, with program design and implementation limited only to statewide expansion, other similarly trained professionals, working under the direct supervision of LaRose, may be incorporated into one or more aspects of the service delivery structure. The Counseling Services Program will be universally applied, in the event additional support staff is needed, to fulfill the

obligations of contract services. School districts may request certain providers to work within certain school settings, however LaRose does not promise that requested clinicians can serve in requested schools due to program constraints.

Onsite Providers, Universal Program Delivery, and Consultation. Onsite providers who work under sub-contract with the school counseling services program contractually are obligated to utilize program specific forms and documentation, as provided by the program herein, and as indicated herein. All records, therapy notes, case notes, progress notes, progress reports, treatment methods, report card reviews, intakes and exit interviews, including school evaluation forms are developed, and provided to each onsite provider to ensure a universal program delivery. Additionally, all documents are reviewed and signed by the onsite provider (each day onsite services are provided) and also the same documents are, at least on a monthly basis, reviewed and signed by LaRose. As the case files dictate and as the provider requests it, LaRose will provide direct supervision for program delivery and consultation throughout the course of program contract year, with monthly meetings to be arranged between LaRose and the onsite provider. LaRose also provides consultation services to school and district personnel, and/or parents who contact LaRose when/if needed, as may be necessary to facilitate, implement and evaluate the school counseling services program.

PROGRAM EVALUATION AND OUTCOME MEASURES

The Counseling Services Program is a non-traditional model for the provision of mental health services, comprehensively provided in the academic setting; the [program has been evaluated over several years](#) in two different districts with success (the initial implementation was effective in 2005). Services are developed and provided based upon the overall systemic and individual needs of all parties within the school system with a strategic method intended to simultaneously impact multiple parties – thus multiple parties serve to benefit from the Counseling Services Program. An effective way to assess program efficacy, as it is outlined herein, is by including a program evaluation component.

Data Gathering & Report Categories. Program Evaluation data is tracked in every school district where the Counseling Services Program is provided using information gathered from multiple sources. At the end of the academic year the data is compiled into a summary report with an analysis highlighting the strengths and weaknesses of the Counseling Services Program. The outcomes for year one of the program, in two different school districts, indicating results that meet or exceed the 80% to 90% efficacy rate in all five of the evaluated key program areas. The evaluated key program areas can be grouped into the following five areas/types: 1) Independent Data Sources (such as demographics, service delivery breakdown, attendance records, reasons for non-participation, referral numbers, group/individual numbers, attrition rates, and grade reviews at time one and time two), 2) School Personnel Evaluations (a 20 item questionnaire with a five point likert type response set), 3) Youth Exit Interviews (qualitative and open ended questions to obtain youth specific feedback on youth needs and program responsiveness to the referral/treatment objectives), 4) Pre and Post

Intervention Psychosocial Functioning (assessed by clinical picture evaluation based upon a standardized assessment score contrasting the beginning scores to the ending scores), and 5) a Cost Analysis (comparing community based and academically provided mental health services with a cost differential noted). Subsequent years' raw data findings have largely duplicated the year one-efficacy rates, with some declines noted in a few areas – however the programs have maintained their overall integrity in 2006-07, 2007-08, 2008-09, and in 2009-10 (see “Outcomes Publishing Date” section for additional raw data and published evaluation findings; some years include raw data information only with other years made up of a complete summary).

Instruments. Besides the “independent data sources” that are used in the program evaluation report, there were/are various other assessment instruments developed to reliably and validly gather data. The evaluation instruments are attached to this proposal in the section titled “Evaluation Instruments.” Included are the “Personnel Evaluation Form,” the “Youth Exit Interview Form,” and the “Counselor Rating Index of Psychosocial Functioning Form.” Report cards are obtained at the first and third nine weeks and maintained in the student counseling records (later scored in the annual evaluation) and a summary of session attendance, service delivery modality (individual or group), and miscellaneous administrative services are recorded each day on the weekly progress report (also tallied and included in the end of the year evaluation).

Outcomes Publishing Date. The program evaluation reports for year one (and for two counseling year programs) were previously published and posted on the web. Raw data for subsequent years has been compiled and prepared for report publishing – and published on the web as well. Year one and year five comprehensive summaries are also posted on the web, with the exception of 2009-10 for one district (due to a data gathering error with a new onsite provider at that time). Current outcomes (summary and raw data reports) are available via the web (html files and adobe PDF files) which can be found at the following URL: http://www.talkifuwant.com/school_counseling_program_intro.htm.

The 2010-11 evaluation data and/or summary report, for districts served in that year, is anticipated prior to the beginning of the 2011-12 academic year at the schools. Annual data and/or annual summaries of the data are forwarded to the ESE office in a digital format (likely PDF) and they are also posted at the above URL.

CREDENTIALS

Licensure. The Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling Board has previously licensed LaRose as a Registered Clinical Social Worker Intern to provide clinical social work, psychotherapy, and mental health services in the State of Florida. The former license (ISW #3858) was issued by the Department of Health, Division of Medical Quality Assurance.

Effective January 30, 2009 LaRose passed the Association of Social Work Boards (ASWB) national clinical level examination mandated for full licensure, and on February 4, 2009, Florida's Department of Health (DOH) notified LaRose that the criteria for the

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credential of Licensed Clinical Social Worker (SW #9297) was met & issued. The LCSW licensure in Florida, voids the former social work internship licensure, originally issued by DOH in 2005.

Onsite providers meet similar national examination standards as LaRose, according to their own particular specialty and according to those the state recognizes as qualified in mental health service delivery. Licensed mental health providers must meet certain continuing education requirements for renewal and they must meet other standards as set by the licensing board.

LaRose's, and other onsite providers' current licensure establishes that minimum legal standards have been met, and that protected title status is ensured, and that mental health counseling services may be provided throughout the State (see FLA. §§ 491). A copy of the state LCSW license (or another similarly licensed credential for the onsite provider) is generated for the school district upon request. Licensure may be verified via the MyFlorida.com website portal.

Academic. Kurt LaRose obtained his Master of Social Work degree from Florida State University, Tallahassee, Florida. His MSW is in the Clinical concentration and he is trained as a mental health professional. LaRose obtained his under graduate Bachelor of Arts degree from the first US university "without walls" in the Distance Learning program at Union Institute & University, Cincinnati, Ohio. His Associate of Arts degree was obtained from Tallahassee Community College, Tallahassee, Florida. LaRose graduated from each institution of higher learning with honors and academic awards of recognition including, academic biographies published in *The Dean's List* and *The Chancellor's List*, and LaRose was a President's Award Nominee, the highest university award given, at UIU.

Security. LaRose has completed thorough and comprehensive background checks on numerous occasions spanning multiple years, initially in 1991 while working for and running a residential treatment program for abandoned, abused and neglected youth. Background checks have included searches within local, state, and national realms of clearance. LaRose most recent "Background Clearance ID" was issued by Leon County Schools, the regional provider of security clearances for various North Florida school districts. The level II clearance (State & Federal background checks) ID expired on September 20, 2010. The onsite provider undergoes similar background checks, kept current for the duration of all onsite service provision.

Professional Membership. Kurt LaRose is a member of the National Association of Social Workers, which governs all aspects of professional social work values including the principles of professional and ethical conduct. NASW membership has been active, by LaRose, since beginning in private practice (2005). The NASW mandates that its members abide by the Code of Ethics and in cases where it is believed that ethical considerations have been violated, requests for a professional review can be made to:

NASW

NASW Florida Chapter

750 First Street, NE
Suite 700
Washington, DC 20002-4241

1931 Dellwood Drive
Tallahassee, FL 32303

Most Relevant Experience. LaRose first began working with youth in 1990 with the co-development and implementation of a drug education program in Southeast Missouri. LaRose has developed and implemented mental health counseling programs in three different academic settings and in one primary care health care clinic with specialized experience in providing counseling to youth and families. Three of the counseling programs have been evaluated for efficacy, with most of the outcomes published and accessible via the internet (see website links section of this proposal for more information). Mr. LaRose has 2.5 years of experience in providing social, academic and behavioral instruction to youth in the group home setting, with one additional year in the treatment foster care setting. LaRose has completed extensive literature reviews on child welfare in America proposing a new model of care known as the Adult Welfare Model. He has experience in facilitating chemical dependency groups (based upon the 12-step recovery model), and has worked in the area of sexual acting out behaviors in children and sexual compulsive behavior in adults. LaRose is a provider of comprehensive clinical assessments that have been used in various legal, private, and clinical environments and he has provided emergency intervention services where youth/youth assaults have taken place (in the academic setting).

LaRose specializes in academic services directed at youth, has co-developed and independently developed three youth counseling programs, and works with families, children, couples, and individuals in his Tallahassee private practice office. LaRose has been a university guest speaker, is an Adjunct Professor at Thomas University teaching school social work & conflict resolution, rural health & human services, human behavior in the social environment, and he has 5 years experience in field supervision to IV-E Child Welfare Program interns; LaRose has published articles on mental health assessment and diagnosis, choosing a therapist, conflict resolution, stress reduction, saying too much, career satisfaction, and controversial topics such as mental health & spirituality. Articles have appeared in the Honor Cord, *InSpire*, and in the *Specialty Practice Sections* NASW (Washington, D.C.) publications.

Resume. Resume, vitae, and biographical information can be accessed via the web at the following URL: http://www.talkifuwant.com/Resume_Kurt_LaRose.pdf.

CONTACT INFORMATION:

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Tallahassee, Florida 32303

Telephone: 850-545-2886
Fax: 850-575-2886
Email: Kurt@TalkifUwant.com

Web: www.TalkifUwant.com

OTHER PRIVATE PRACTICE & ELECTRONIC COMMUNICATIONS:

[Facebook](http://www.facebook.com/talkifuwant) _____ (www.facebook.com/talkifuwant)
[Twitter](http://www.twitter.com/talkifuwant) _____ (www.twitter.com/talkifuwant)
[YouTube](http://www.youtube.com/kurtlarose) _____ (www.youtube.com/kurtlarose)
[LinkedIn](http://www.linkedin.com/pub/kurt-larose-msw-lcsw/35/7b6/b65) _____ (www.linkedin.com/pub/kurt-larose-msw-lcsw/35/7b6/b65)
[Google Profile](https://profiles.google.com/k.laroseLCSW) _____ (https://profiles.google.com/k.laroseLCSW)
[Blogger](http://talkifuwant.blogspot.com) _____ (http://talkifuwant.blogspot.com)
[Psychology Today Profile](http://therapists.psychologytoday.com/85109) _____ (http://therapists.psychologytoday.com/85109)
[Skype Virtual Meetings](http://www.skype.com) _____ (www.skype.com → User ID: kurtlarose)
[Connect Now Meetings](https://connectnow.acrobat.com/klaroselcsw) _____ (https://connectnow.acrobat.com/klaroselcsw)

PROPOSAL DISTRIBUTION AND DUPLICATION LIMITATIONS

Copyright. This proposal has been developed and designed based upon clinical research, literature review information, practice wisdom, various known theory, and common professional perspectives, and also with some technologies and techniques newly developed, by Kurt LaRose, MSW, LCSW. Its written contents as a professionally written document, is protected by copyright laws: Copyright© 2005 – 2012. Kurt LaRose, Tallahassee, Florida 32303. Duplication of this document is expressly prohibited without the written consent and permission of Kurt LaRose, MSW LCSW, unless otherwise noted in the limited release section that follows.

Limited Release. A limited release to duplicate this document is provided to the school districts that are considering and who are currently in negotiations for the use of the Counseling Services Program. The limited release to duplicate is expressly provided for the duration of the proposal period, which is traditionally during the summer months (June and July) in between the academic school calendars (when classes are not in session). The limited release to duplicate remains in effect until either, 1) the first day of school (in cases where the proposal is not accepted by the [NAME] COUNTY SCHOOL BOARD) or 2) for the duration of the contracted period (in cases where the proposal is approved by the School District).

All other duplication is prohibited, unless written permission is obtained from the author of this proposal, Kurt LaRose.

Proprietorship. The Counseling Services Program is currently being developed and considered as a proprietorship program, replicable across multiple school districts in the State of Florida. Because many counseling services are available by providers other than LaRose (many services are already in existence with various school districts) and because most providers do not include the comprehensive aspects of the Counseling Services Program as one service delivery product, the contents of this proposal is considered the sole and exclusive property of Kurt LaRose, MSW LCSW and of the Counseling Services Program (please see “disclaimer” section for additional information).

Disclaimer. Universally known therapeutic techniques, methods, theories and models of practice are not the property of LaRose and, as such can be presumably duplicated by similarly trained and licensed professionals. Yet, because most counseling programs (if any) do not provide the overall comprehensive level of services, and/or outreach aspects that are included in this documented program outlay/overlay, the “Counseling Services Program” may not be released by [NAME] COUNTY SCHOOL BOARD to other mental health providers, practitioners, or behavioral intervention specialists.

PROPOSAL SUBMISSION

This proposal for the Counseling Services Program is respectfully submitted on 00/00/00 to _____ Director, [NAME] COUNTY SCHOOL BOARD, Address, City, State, Zip.

Sincerely Yours,



Kurt LaRose MSW LCSW
220 John Knox Rd Ste 4A
Tallahassee, Florida 32303
Kurt@TalkifUwant.com
PH: (850) 545-2886
FX: (850) 575-2886

Attachments:

- 1) Counseling Services Progress Sheet
- 2) School Referral for Counseling Services
- 3) Permission Slip for Counseling Services
- 4) Send My Child to a Counselor?
- 5) Evaluation Instruments (Staff, Students, & Counselor forms)
- 6) Agreement for Counseling Services

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_____	_____	MIN	_____
_____	_____	MIN	_____
_____	_____	MIN	_____
_____	_____	MIN	_____
_____	_____	MIN	_____
_____	_____	MIN	_____
_____	_____	MIN	_____

TRAVEL:

Description	Time	Duration	Topic
Leave Tallahassee	_____	MIN	_____
Leave School	_____	MIN	_____

School Signature

School Printed Name

_____/_____/_____
School Date Signed

On-Site Provider Signature

_____/_____/_____
Prov. Date Signed

LaRose Review/Submit/Sign:

_____/_____/_____
LaRose Review/Submit Date:

[Save & Print](#)
[Email LaRose](#)
[Save & Next](#)
[Go to 1](#)
[Previous](#)
[Search](#)
[Refer & Permission](#)

"School Counseling Services Program Weekly Progress Report" Copyright (c) 2005-2009 Kurt LaRose, Tallahassee, FL 32303

<< End Counseling Services Progress Sheet >>

SCHOOL REFERRAL & PERMISSION FOR COUNSELING

The student, _____ (name)
____/____/____ (DOB) is being referred to the school
counseling services program. The referral is from:

<input type="radio"/> Teacher	_____ (name)	----- Guardian Information -----
<input type="radio"/> Principal	_____ (name)	
<input type="radio"/> ESE Office	_____ (name)	
<input type="radio"/> Guidance	_____ (name)	

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NOTE: Complete this form, attach the permission slip and
send both forms to the office to be picked up by the
counselor, who is at the school one day a week. The
counselor will contact the student to schedule an interview
.....

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PRINT & SAVE	START OVER	SEE WEBSITE
----------------------------------	----------------------------	-----------------------------

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- SCHOOL Referral & Permission FORM - BLANK

[Go to Permission Slip](#)

<< End School Referral >>

**PARENT PERMISSION SLIP
FOR SCHOOL COUNSELING SERVICES**

Dear Parent / Guardian,

Your child, _____, who is in the _____ grade, has been referred to the school counseling program. The counseling program occurs during regular school hours. Your child will be seen in a group or in an individual session each week and participate in a number of activities related to counseling if you give permission. Counseling session information is confidential

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Overlay forms**

Phone: (_____) _____ 

Should you need to speak to the counselor, you may contact the school and leave a message asking for a return phone

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[PRINT & SAVE](#)

[START OVER](#)

[SEE WEBSITE](#)

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- PARENT Permission Slip & Information - BLANK -

<< End Permission Slip >>

Send my child to a counselor?

It's not uncommon for parents who are considering counseling for their children to have many questions. In fact, asking the questions is a good idea; you should know what you're getting your child into and you should have enough information to make an informed decision. Listed below are several "common concerns" that are expressed by parents/guardians and some "other thoughts" that might be helpful in your decision.

COMMON CONCERNS...

- People will think my child is "crazy."
- Everyone will make fun of my child when they find out there's a counselor.
- Our problems are no else's business.
- We can solve our own problems.
- I must be a bad parent if my kid needs counseling.
- Anyone who thinks my child needs

OTHER THOUGHTS ...

- Most children who go to a school counselor will not be diagnosed with any kind of mental disorder. Still, children face problems that require the help of a trained professional.
- Confidentiality ensures that only authorized people will know about counseling. Unless you tell someone they will not know.
- Problems exist in *every family*; most need some kind of help in solving them.
- This is often very true. Counseling will help your child learn out how to solve many problems.
- Parenting is not always the problem. Children have struggles at home, but they can also have struggles in school.
- It is the intention of the school to help your child be

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quickly as possible.

My hope is that counseling will assist your child in many areas: academics, behavior, and social skills. Feel free to contact me at any time.



Kurt LaRose, MSW, LCSW
Counselor & Therapist
FLORIDA SW #9297

[Go to Permission Slip](#)

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- PARENT Permission Slip & Information - BLANK -

<< End Send My Child to a Counselor? >>

EVALUATION INSTRUMENTS

The following pages include information related to the assessment instruments for the Counseling Services Program. The following three instruments do not factor student grades, student attendance, service provision breakdown, individual/group/family sessions, or demographic data in the assessment process. This data is tracked via multiple methods, thus no single form is referenced herein.

Personnel Evaluation Form

School: _____ Dates of Service: _____ Evaluation form deadline: _____

The questions below are related to the counseling services that were provided during the year, by Kurt LaRose. Please answer these questions to the best of your ability. This evaluation is anonymous, but should be returned to the administrator who gave it to you. Your feedback will be used to determine if the program was beneficial to the school and the students and to provide the School District with needed information. Thank you.

The counselor was professional, courteous and cooperative with school personnel:

0	1	2	3	4	5
Unable To Answer	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree

COMMENT _____

The counselor was professional, courteous and cooperative with the students:

0	1	2	3	4	5
Unable To Answer	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree

COMMENT _____

The counseling program appeared to run smoothly:

0	1	2	3	4	5
Unable To Answer	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree

COMMENT _____

The youth who were served by the program improved throughout the year:

0	1	2	3	4	5
Unable To Answer	Strongly Agree	Agree	Somewhat	Disagree	Strongly Disagree

COMMENT _____

The youth who were served by the program worsened throughout the year:

0	1	2	3	4	5
---	---	---	---	---	---

Unable Strongly Agree Somewhat Disagree Strongly
To Answer To Answer Agree Disagree Disagree

COMMENT

The counseling program was helpful to school personnel:

0 1 2 3 4 5
Unable Strongly Agree Somewhat Disagree Strongly
To Answer To Answer Agree Disagree Disagree

COMMENT

The counseling program is needed at this school this year:

0 1 2 3 4 5
Unable Strongly Agree Somewhat Disagree Strongly
To Answer To Answer Agree Disagree Disagree

COMMENT

The counseling program is not needed at this school next year:

0 1 2 3 4 5
Unable Strongly Agree Somewhat Disagree Strongly
To Answer To Answer Agree Disagree Disagree

COMMENT

The counselor was accessible each week to ask and answer questions (for teachers, administrators, and parents):

0 1 2 3 4 5
Unable Strongly Agree Somewhat Disagree Strongly
To Answer To Answer Agree Disagree Disagree

COMMENT

The “Intro to Counseling Services Seminar” at the beginning of the year, and the “Counseling Services Wrap-up Seminar” at the end of the year were helpful:

0 1 2 3 4 5
Unable Strongly Agree Somewhat Disagree Strongly
To Answer To Answer Agree Disagree Disagree

COMMENT

I would like the Counseling Services program to add a one-day workshop addressing “The Issues of Escalating and De-escalating Behavior in the Classroom”:

0 1 2 3 4 5

Unable To Answer Strongly Agree Agree Somewhat Disagree Strongly Disagree

COMMENT

The counselor made sure to keep the whereabouts of the youth monitored each week:

0 1 2 3 4 5
Unable To Answer Strongly Agree Agree Somewhat Disagree Strongly Disagree

COMMENT

The counselor was professional on the telephone, in the use of email, and in other forms of communication:

0 1 2 3 4 5
Unable To Answer Strongly Agree Agree Somewhat Disagree Strongly Disagree

COMMENT

I would recommend that this program continue in the future:

0 1 2 3 4 5
Unable To Answer Strongly Agree Agree Somewhat Disagree Strongly Disagree

COMMENT

I would recommend that the program add (list aspects that you think are needed for the program):

I would recommend that the program discontinue (list aspects of the program that you think are not needed or that are unnecessary):

Other Comments:

<< End Personnel Evaluation Form >>

Youth Exit Interview

NOTE: The following questions are those that are asked of each youth in the exit interview. These questions are asked in an open-ended format in face-to-face interviews.

- What did you like about counseling?
- What did you dislike about counseling?
- What did you find hard about counseling?
- What would you like to see changed next year in counseling?
- What would you like to see stay the same next year?
- Did you learn anything about yourself?
- If you could say anything to the people who created / developed the counseling program, what would that be?

DIGITAL OVERLAY
<< End/Exit Interview Questions >>
EFFECTIVE JULY 2012

**PROGRAM PROTOCOL
TRANSITIONED TO SECURE
SERVER**

**CONTACT US FOR MORE
INFORMATION**

**COUNSELOR RATING INDEX OF PSYCHOSOCIAL FUNCTIONING
(PRE and POST INTERVENTION)**

The “counselor rating index” (CRI) is comprised of a program specific 6-point Likert response set, developed in relationship to the Global Assessment of Functioning GAF Scores, commonly used by U.S. mental health professionals. GAF is outlined in the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychological Association (DSM-IV TR, 2003, p. 34). It is important to note that the GAF Scale was not directly used in the actual counselor evaluation, but rather a trimmed down comparative “counselor rating index (CRI)” was designed and used. GAF categories are broken down into 10-point segments, thus 20-point ranges (seen below in the left hand column) means that two categories of GAF were merged for the sake of an equitable comparison with the CRI. The comparison of the CRI with the GAF Scale is highlighted below:

<u>Counselor Rating Index</u>	<u>Global Assessment of Functioning Scale</u>
5 = Excellent Psycho-Social Functioning	100 – 81: “Superior, Absent” or “Minimal Symptoms”
4 = High Psycho-Social Functioning	80 – 61: “expectable reactions” or “Mild Symptoms”
3 = Psycho-Social Limitations Evident	60 – 51: “Moderate Symptoms [or] Moderate Difficulty”
2 = Low Psycho-Social Functioning	50 – 41: “Serious Symptoms [or] Reality Testing”
1 = Minimal Psycho-Social Functioning	40 – 31: “Some Impairment [or] Major Impairment”
0 = Other intervention indicated	30 ≤ : “Delusions [or] Persistent Danger”

Psychosocial functioning addresses multiple areas of clinical concern in the provision of mental health services. Scores are not necessarily indicative of mental disorders, even if the scores (GAF or CRI) are low. Biological factors, substance use, as well as situational and environmental variables are useful in assessing for mental illness, but these scores are not the only variables that are used to do so. For the purposes of evaluation mental illness was not necessarily the assessment variable measured in the CRI, but it was not excluded either; rather the degrees of functioning were measured pre intervention and post intervention.

The CRI was developed by Kurt LaRose, MSW for the sole purpose of program evaluation for the Counseling Services Program.

<< End CRI >>

AGREEMENT FOR THE COUNSELING SERVICES PROGRAM

THIS IS AN AGREEMENT ENTERED INTO BETWEEN KURT LaROSE AND [NAME] COUNTY SCHOOL BOARD FOR THE PURPOSES OF PROVIDING PSYCHOTHERAPY/COUNSELING SERVICES TO STUDENTS AT [NAME] SCHOOL. THE DATE OF THIS AGREEMENT BEGINS ON AUGUST 15, 2011 AND ENDS ON JUNE 15, 2012.

KURT LaROSE and/or THE COUNSELING SERVICES PROGRAM OPERATED UNDER LaROSE, AGREES TO PROVIDE THE FOLLOWING SERVICES:

1. Seven (7) clinical hours of counseling services per week to students. A clinical hour lasts 40 to 50 minutes.
2. Up to two (2) additional hours, each week, of consultation and mediation with therapists, parents, guardians, teachers, counselors and [NAME] COUNTY SCHOOL BOARD staff, including treatment planning, assessment, school related meetings, record keeping, and commuting time from Tallahassee to [NAME] SCHOOL.

a. All requests for clinical input and opinions made by [NAME] COUNTY SCHOOL BOARD will be provided as a part of the terms of this agreement, not to exceed the total weekly hours as described in section 1 and 2; the daily maximum number of hours in this agreement equals a total of nine (9).

b. Services that are requested by [NAME] COUNTY SCHOOL BOARD, requiring hours in excess of nine (9), will be offered at a rate of seventy-five dollars (\$75) per hour and billed to [NAME] COUNTY SCHOOL BOARD in addition to the daily rate of \$000.00.00.

3. To provide treatment plans for every student who receives counseling services; treatment plans will be developmentally appropriate and designed to assist students and may be assigned to youth individually and/or collectively depending on the needed intervention.

4. Progress reports will be provided to the school upon request, explicating general information about all students' responses to counseling services. Specific progress reports on individual children cannot be provided without the written and expressed permission of the child's parents/guardians and/or without the expressed assent of the particular youth.
5. To retain student-counseling records for a minimum of three years, the term for which will commence upon the termination of this agreement. The retention of records will be extended beyond three years, if it is mandated by law, the standard of care, or at the option and discretion of LaRose.
6. To provide a 20 - 30 minute "Introduction to Counseling Services" seminar for the staff at [NAME] SCHOOL, preferably to occur at the commencement of this contract. The seminar will be provided one time, at the request of the school.
7. In the event an introductory seminar cannot be arranged at the school, the school district and/or school administration agree to advise its staff to review certain website information regarding school counseling services. The specific website URL's will be disbursed to school staff via school memo, email, or letter, authorized by the principal and disbursed by the secretarial support staff.
8. To provide a 20 - 30 minute "Counseling Services Wrap-up" seminar for the staff at [NAME] SCHOOL, preferably to occur prior to, and near the termination of this contract. The seminar will be provided one time, at the request of the school.
9. To evaluate counseling services at or near the end of the contract year, with evaluation instrument(s). The instrument(s) will be disbursed to appropriate staff and involved school personnel, and participating youth.

[NAME] COUNTY SCHOOL DISTRICT AND [NAME] SCHOOL AGREE TO PROVIDE:

1. A start date for service delivery at the school, where services begin onsite within three weeks of the first day of classes held at the school.
2. Space where weekly counseling services can be confidentially provided, such as a room that will accommodate individuals and small groups, at [NAME] SCHOOL.
3. A referral list of students to be assessed for counseling services with signed permission slips (as determined by the school district) along with necessary contact information (such as class schedules, teacher names and telephone extensions).
4. Confidential student records for all students who are referred to and receiving counseling services, as long as a release of information is provided to the school, signed by the appropriate legal guardian.
5. Payment in the amount of \$000.00.00, payable to Kurt LaRose, MSW, LCSW for the hours of services that are provided to [NAME] COUNTY SCHOOL BOARD, not to exceed nine (9) total hours for each contracted day of service. Payment will be made in a timely manner, for each day LaRose is at the school, consistent with the terms of this agreement, and in accordance with the routine payment processes of THE SCHOOL BOARD. Payment for services is not to extend past 30 days from the date of the monthly invoices.

ADD ON SERVICES:

"Add-On Services" are offered, one at no cost, to the district to address needs and interests of teachers, students and parents. Details of each add-on service, its accompanying title and fee is listed below.

LaRose will provide selected add-on services at logistically appropriate dates and times, usually during early release days and/or planning days, in accordance and in agreement with the school. Add-on services are billed over the course of the entire contract, by averaging out the total add-on amount due over the course of the total number of months that this contract is in effect. Add-on billing averages are in addition to the daily contract rate for counseling services, and will appear on the monthly invoice as "Add-On Service: Title Here." The dates and

times of service will be listed in the description of the invoice.

By checking each Add-On that [NAME] COUNTY SCHOOL BOARD chooses to utilize with a "yes" the School District also indicates with an "x" if it chooses the annual option or if it chooses a certain number of times that an Add-On is requested. The appropriate signing School District Representative initials the acceptance or refusal of Add-On services below:

**Preview document only.
DO NOT DUPLICATE.**

[PLEASE SEE THE NEXT PAGE FOR ADD-ON SERVICES CHART]

Add-On Title	Add-On Description	Target Groups	Time Frames	Cost	"Yes" or "No" & Initials
1 Additional Day	See Counseling Services Program Proposal	Students	1 Additional Day Per Week	\$000.00 Per Day	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
4 Hour Professional Development	As agreed upon between district / ESE administrators and school counseling program	District Preference	½ day; single block (4 consecutive hours)	Professional Courtesy – No Charge	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <u>1</u> Yearly or <u>1</u> # of Sessions
Anger Management	Helps students (up to 10 per session) with anger and aggressive issues. Includes presentations, appropriate expressions, inappropriate contrasts, and role-plays.	Students (Referral Only)	2-4 Hours – 3 times per year (max = 10 students per session)	\$1,550 Yearly or \$650 per session (10 youth)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
Conflict Resolution	Provides sessions where conflicts between youth can be resolved – addresses ongoing historical problems between peers and/or in crisis situations.	Students	2 Hour Sessions	\$95 Per Session (2 Youth)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
Peer Counseling	Provides information to youth and staff about peer counseling programs with an in-service seminar on student/staff applications in the school setting	Students / Staff	2-4 Hours – 3 times per year (max = 10 students per session & staff)	\$1,550 Yearly or \$650 per session (10 youth)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
Bullying: perpetrators, victims, and alternatives	Peer reviewed literature review. Power point presentation. Role plays & Modeling. Psycho-drama and Q & A.	Personnel	6 hours 1 Day	1,550 Per Day	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
De-escalating & Redirect in the Classroom	Helps staff improve classroom behavior while reducing student referrals. Includes statistics, research, power point presentation and role-plays.	All Teachers And Support Staff	4 Hours – 2 times per year	\$1,950 Yearly	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
Good Touch / Bad Touch®	Age appropriately presented related to touch between youth and others; the program is DOE approved. Includes presentation and role-plays.	Students	3 Hours – 2 times per year	\$1,550 Yearly	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
EAP-1 Services	Intervention addressing various clinical concerns related to school personnel and issues that impact job performance and who are at risk of termination.	All Personnel (Referral Only)	1 Hour Per Week (up to 36 hours annually)	\$2,495 Yearly Or \$85 Per Session	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
EAP-2 Services	Intervention addressing various clinical concerns related to school personnel and issues that impact job performance and who are at risk of termination.	All Personnel (Referral Only)	2 Hours Per Week (up to 72 hours annually)	\$3,950 Yearly Or \$85 Per Session	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial <input type="checkbox"/> Yearly or _____ # of Sessions
The evolution of gangs in school	"Gang Think: How to address the bonds that	Organizations and/or	4 Hours – 2 times per year	\$2,250 Yearly	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial

settings	destroy from a strengths perspective."	Individuals		(Up to 25)	___ Yearly or ___ # of Sessions
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ADDITIONAL STATEMENT OF AGREEMENT:

Counseling services will be provided during regular school days and during regular school district hours of operation at [NAME] SCHOOL. This agreement shall remain in force for the 2011-2012 academic school year.

Either contractual party ([NAME] COUNTY SCHOOL BOARD or Kurt LaRose and the school counseling services program) may terminate this agreement by providing a written notice at least thirty (30) days in advance of ending services, unless such termination is prohibited, such as in the case of acceleration (see "ACCELERATION FOR NON-PAYMENT").

Kurt LaRose and/or his assignee, agree to perform all counseling duties as outlined herein. Counseling services will be provided in accordance with all applicable federal and state laws, in conjunction with the highest standards of care that are acceptable and known to the clinical social work profession. Kurt LaRose and/or his assignee agree to demonstrate clinical competence and to exhibit ethical standards of conduct as set forth by the National Association of Social Workers and its regulatory and governing Code of Ethics. The Code of Ethics may be accessed online at: <http://www.socialworkers.org/pubs/code/code.asp>

If [NAME] COUNTY SCHOOL BOARD and/or [NAME] SCHOOL believe that the NASW Code of Ethics has been violated during the course of this agreement, a complaint may be registered with the NASW, requesting a Professional Review:

NASW
 750 First Street, NE
 Suite 700
 Washington, DC 20002-4241

NASW Florida Chapter
 1931 Dellwood Drive
 Tallahassee, FL 32303

ACCELERATION FOR NON-PAYMENT:

If at any time the payment terms of this contract are not being adhered to by the district, and payment ever becomes 45 days past due, the Counseling Services Program and Kurt LaRose will accelerate the billing terms of the entire contract and full payment will be immediately payable and

due. Acceleration means that any dates of service that would normally be provided to the district under this contract, that have not already been billed for, will become billable days at the full daily rate - as if the services were already provided. If an acceleration invoice is sent to the district prior to a written notification of intent to terminate this contract, a subsequent notice to terminate will not release the district from being responsible to pay the accelerated amount. The school district agrees to pay any and all accelerated amounts within 30 days of the accelerated invoice. Acceleration does not release either party from fulfilling its contractual obligations for daily services, at the daily rate. In the event acceleration occurs, the Counseling Services Program agrees to provide the district the equivalent number of days of counseling, figured by dividing the daily rate into the total accelerated amount.

OTHER PROVIDERS:

LaRose and the School Counseling Services Program cannot promise exclusive availability of LaRose as the onsite provider of services to the district/school. As such, another similarly trained provider will serve as an agent of LaRose in providing the day-to-day counseling services. Alternative provider(s) operate as sub-contractors of LaRose, whereby LaRose is the program administrator, program evaluator, contract manager, clinical consultant - indirectly overseeing all aspects of the service delivery to the district and the school.

CONTRACT PREFERENCES, COST ESTIMATES, AND TOTALS:

Daily counseling services in the school. The total number of days, each week, which the [NAME] COUNTY SCHOOL BOARD contracts with LaRose for services, is (1) day(s). The total number of days for the 2011 - 2012 academic year may not exceed a total of (2) weeks in the school year. The preferred days of service each week is: as scheduled with the school (Mon, Tues, etc.). The total annual cost allowable for daily counseling services, under this agreement, is maximized at \$ (maximum dollar amount for the year that the district is contracting; this number should at least equal the number of days per week(1) x the number of weeks per year(2) x the daily rate).

Other Add-on Services. The [NAME] COUNTY SCHOOL BOARD has indicated in the "Add-On Services" section of this

agreement its preferences for additional professional services, exceeding those provided as daily counseling services. The annual cost of the chosen Add-On Services is \$ [redacted] (see "Add-On Services" section with appropriate check marks to calculate total annual amount. Enter a zero is appropriate).

Retainer Fee. This contract does not offer a retainer fee for specific onsite providers. It is understood that LaRose agrees to provide the appropriately trained and licensed professional who will work under LaRose, as the onsite provider. Back ground security clearance, state licensure, liability insurance coverage, and all other program components will be provided to the district by the onsite provider and the School Counseling Services Program, prior to the first day of service delivery at the named school.

Preview document only.
DO NOT DUPLICATE.

AUTHORIZED SIGNATURES:

Both parties have read this agreement, and both parties agree to the terms herein by willingly signing the AGREEMENT FOR THE COUNSELING SERVICES PROGRAM. Kurt LaRose and [NAME] COUNTY SCHOOL BOARD attest, with their representative signatures below, that this contract has been read, understood, and accepted in its entirety, and both contractual parties acknowledge receipt of a signed copy of this agreement.

SIGNED:

Kurt LaRose, MSW, LCSW
220 John Knox Road Ste. 4A
Tallahassee, Florida 32308
850-545-2886

Date

[NAME] COUNTY SCHOOL BOARD
Address
City, State, Zip
PH: 000-000-0000

Date

Printed Name
[NAME] COUNTY SCHOOL BOARD
Authorized Representative

<< End Agreement for Counseling Services >>