**Board Memo**

**DATE:** 11/18/2022

**AGENDA ITEM DETAILS:**

**School/Department**

Student/Community Services

**Product Vendor or Grant Issuer**

St Elizabeth Healthcare Hospice

**Product or Grant Name**

 Short term Grief Counseling based upon individual referral.

**Date/Term (Beginning and End Dates/Year)**

December 2022-December 2023

**APPLICABLE BOARD POLICY:**

10.3. 9.21

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

The grief counseling services and support groups are based on the STARS model, created by the St. Elizabeth Healthcare Hospice Program. STARS is a **Safe** place in which participants can **Talk** about their grief, feel **Accepted** for what is thought and felt, feel **Respected** for what they need to do with their grief, and feel **Supported** as they meet together. This nurturing environment empowers individuals to explore their grief and through exploration, overcome the fear of grief. The frequency of sessions varies depending on circumstnaces and needs. Acopy of the Consent for Treatment to be used for parental consent for services is attached. Referrals will be made by School Counselors in collaboration with parents.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$0

**Funding Source**

Parent/student medicaid and /or private insurance

 **\*If more than one funding source, list below along with amount or percent for each source**

 NA

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

NA

**RECOMMENDATION:**

 I recommend the board approve the partnership with St. Elizabeth Healthcare Hospice,-Grief Counseling, as presented.

**CONTACT PERSON: (submitter)**

Kathleen G. Reutman, Executive Director, Student/Community Services

Dr. Michael Poiry, Interim Chief Academic Officer