

## EXHIBIT A



### **Bereavement Counseling for Suicide Loss**

### **Licensed Mental Health Practitioner Application**

**NOTE: PLEASE READ ALL INFORMATION THAT IS STATED IN THIS APPLICATION AND PROVIDE A RESPONSE AS REQUIRED**

**TABLE OF CONTENTS**

<b>CONTENT</b>	<b>PAGE</b>
<b>EXHIBIT A</b>	
1.1 PURPOSE -----	3
1.2 PROGRAM DESCRIPTION -----	3
1.3 PROGRAM GOALS -----	3
1.4 SERVICES TO BE PROVIDED -----	3
1.5 DATA COLLECTION -----	3
1.6 MENTAL HEALTH PRACTITIONER CRITERIA -----	4
1.7 COUNSELING PARTICIPANT CRITERIA -----	4
1.8 TARGET POPULATIONS -----	4
1.9 REGULATORY COMPLIANCE -----	4-5
1.10 COMPENSATION -----	5
1.11 SUBMISSION REQUIREMENTS -----	5
1.12 PRACTITIONER APPLICATION -----	6-7
<b>ATTACHMENTS</b>	
I. DATA COLLECTION GUIDELINES -----	8-11
II. INVOICE TEMPLATE -----	12

## **EXHIBIT A**

### **1.1 PURPOSE**

Suicide is a significant problem in Riverside County. Between 2011 and June 2020, there were 2,640 suicide deaths. Multiple suicide prevention strategies have been implemented in Riverside County to reduce suicide attempts and deaths. In 2020, Riverside County established a strategic plan for suicide prevention titled, "Building Hope and Resiliency." One of the goals identified in the strategic plan is to expand support and services following a suicide loss. The Riverside County Suicide Prevention Coalition's Postvention subcommittee identified the lack of grief counseling for suicide loss survivors as a gap in available support services in our county. As such, the Riverside County Suicide Prevention Coalition is seeking qualified licensed mental health practitioners to provide bereavement counseling services to survivors of suicide loss. Practitioners will provide short-term, low intensity, early intervention services to decrease subsequent suicide risk by survivors of suicide loss.

### **1.2 PROGRAM DESCRIPTION**

The Riverside County Suicide Prevention Coalition (SPC) is piloting a bereavement counseling program that will provide services to individuals immediately impacted by suicide loss. This program is designed to be a short-term, low intensity, early intervention to reduce immediate risk for suicide. The practitioner will provide up to eight sessions, to voucher recipients to help reduce suicide risk, process traumatic experience(s), address complicated/disenfranchised grief issues, and make meaning of the loss. Riverside University Health System, Behavioral Health – Prevention and Early Intervention (RUHS-BH PEI) will fund up to 8 bereavement counseling sessions per client to promote increased help seeking behaviors by survivors of suicide loss.

### **1.3 PROGRAM GOALS**

The primary goal of the bereavement counseling program for suicide loss survivors is to prevent suicide by encouraging loss survivors to participate in free counseling services to help reduce suicide risk and address complicated/disenfranchised grief issues. This goal will be carried out by selected licensed mental health practitioners utilizing the Clinical Bereavement Counseling for Suicide Loss training model they receive training in upon acceptance into the program.

### **1.4 SERVICES TO BE PROVIDED**

This program is designed to be a short-term, low intensity, early intervention to reduce immediate risk for suicide. If additional mental health services are deemed necessary and such services are outside the scope of this program, practitioners will be responsible for making appropriate referrals. This program will not provide long-term intervention or treatment. Licensed mental health practitioners receiving a voucher referral shall provide a timely response for treatment at no greater than 30-days from date of referral, and shall make contact within two (2) business days of the date of referral. The coordinators of the Trauma Intervention Program (TIP) or the PEI Suicide Prevention Coordinator shall be the points of referral and are responsible for authorizing vouchers.

The practitioner will provide up to eight (8) sessions, to voucher recipients. Sessions can be individual, family, or multi-party, based upon the needs expressed by suicide loss survivors and treating practitioner's judgment. Services will be provided in Riverside County at the practitioner's place of business and any other sites as agreed to by RUHS-BH such as in patients'/clients' homes or on school sites.

### **1.5 DATA COLLECTION**

Practitioner will adhere to the data protocols designed by RUHS-BH PEI for each suicide loss survivor served. Please see Attachment I for data protocol.

## **1.6 MENTAL HEALTH PRACTITIONER CRITERIA**

This is a competitive selection process. The ideal mental health practitioner for this role possesses the following competencies, skills, and training:

- Licensed in the state of California to provide mental health services
- Previous experience providing grief counseling services (preferably with suicide loss survivors)
- Passion and dedication for supporting people bereaved by suicide loss

Additionally, selected mental health practitioners must adhere to the following requirements:

- Must provide therapeutic services in Riverside County.
- Attend and utilize the concepts and approaches from the required training, "The Tsunami after Suicide: Supporting Suicide Loss Survivors," in their work with suicide loss survivors.
- Adhere to the data protocols designed by RUHS-BH PEI for each suicide loss survivor served.
- Must attend or have attended an ASIST training prior to delivering services. ASIST trainings offered by RUHS-BH PEI are free to the community and provide 12 Continuing Education units.
- Attend 1-2 meetings per year with RUHS-PEI focused on model adherence, data collection, and therapist support.

## **1.7 COUNSELING PARTICIPANT CRITERIA**

The criteria to participate in the Bereavement Counseling for Suicide Loss Survivors Program includes:

- Live or work in Riverside County
- Experiencing grief related to suicide loss
- Not currently receiving mental health services elsewhere

## **1.8 TARGET AREAS FOR PROGRAM**

The Riverside County Suicide Prevention Coalition seeks to implement the bereavement counseling program for survivors of suicide loss in all three regions of the county.

### **Western Region**

The Western Region serves East Riverside, Jurupa Valley, Moreno Valley, Norco, Rubidoux, Pedley, Sunnyslope, Mira Loma, Glen Avon, Casablanca, Arlanza and other surrounding unincorporated areas.

### **Mid-County Region**

The Mid-County Region serves Hemet, San Jacinto, Lake Elsinore, Perris, Homeland, Mead Valley, Nuevo, Romoland, Wildomar and other surrounding unincorporated areas.

### **Desert Region:**

The Desert Region serves Banning, Beaumont, Palm Springs, Cathedral City, Desert Hot Springs, Indio, Coachella, Thousand Palms, Mecca, North Shore, Oasis, Thermal, Blythe and other surrounding unincorporated areas.

## **1.9 REGULATORY COMPLIANCE**

Awarded mental health practitioner shall:

- 1.9.1 Submit a complete application for the bereavement counseling program for survivors of suicide loss. Applicants will be evaluated and awarded based on their responses to the following questions in addition to the potential number of community members that will be reached/effected by their participation. Because the program intends to select a diverse group of practitioners, questions are included regarding identity and professional experience. The information provided in your application will also allow us to match clients with a therapist that meets their provider preference(s) when available. The application shall include the following:

- Practitioner Full Name:
- Practitioner Credentials/License Number:
- Business Address:
- Phone:
- Email:
- Service delivery methods (in-person, virtual)
- Gender:
- Race/Ethnicity:
- Sexual orientation:
- Languages spoken:
- Other diverse perspective you have (explain):
- General practice orientation
- Populations primarily served (e.g. age, culture, diagnoses)
- Regions served – Western, Mid-County, Desert
- Prior training/clinical experience in general grief support:
- Prior training/clinical experience and/or personal experience with trauma and or grief after a suicide death:
- Prior experience developing culturally responsive services
- Prior experience in the area of suicide prevention
- Personal statement expressing rationale for participation in the Bereavement Counseling for Survivors of Suicide Loss program and commitment to suicide prevention efforts (limit 350 words)
- Professional experience as a mental health practitioner (please attach resume/CV):

- 1.9.2 Comply with any and all Federal, State, or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
- 1.9.3 Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.
- 1.9.4 Comply with all procedures and policies within their profession to provide services that meet the standard of care, including case documentation.

## **1.10 Insurance**

Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain the following insurance coverage during the term of this Agreement. With respect to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents, or representatives as Additional Insureds.

### **1.10.1. Workers' Compensation**

If CONTRACTOR has employees as defined by the State of California, CONTRACTOR shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. Policy shall be endorsed to waive subrogation in favor of the COUNTY OF RIVERSIDE.

### **1.10.2. Commercial General Liability**

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY OF RIVERSIDE as an Additional Insured. Policy's

limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two (2) times the occurrence limit.

1.10.3. Fidelity Bond (CONTRACTS OVER \$100k)

CONTRACTOR agrees to a Fidelity Bond or Crime Insurance policy equal to the maximum Agreement amount. Such coverage shall protect against all loss of money, securities, or other valuable property entrusted by COUNTY to CONTRACTOR and applies to all of CONTRACTOR'S directors, officers, agents and employees who regularly handle or have responsibility for such money, securities or property. The COUNTY OF RIVERSIDE and its Agents shall be named as a Loss Payee as its interests may appear. This insurance shall include third party fidelity coverage, include coverage for loss due to theft, mysterious disappearance, and computer fraud/theft, and shall not contain a requirement for an arrest and/or conviction.

1.10.4. Vehicle Liability

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as Additional Insureds.

1.10.5. Professional Liability

CONTRACTOR shall maintain Professional Liability Insurance providing coverage for CONTRACTOR'S performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If CONTRACTOR'S Professional Liability Insurance is written on a 'claims made' basis rather than on an 'occurrence' basis, such insurance shall continue through the term of this Agreement. Upon termination of this Agreement or the expiration or cancellation of the claims made insurance policy CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates Coverage from a new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that CONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under this section shall continue for a period of five (5) years beyond the termination of this Agreement.

1.10.6. Cyber Liability (CONTRACTS THAT INVOLVE PHI)

CONTRACTOR shall procure and maintain for the duration of the contract insurance against claims for injuries to person or damages to property which may arise from or in connection with the performance of the work hereunder by CONTRACTOR, its agents, representatives, or employees. CONTRACTOR shall procure and maintain for the duration of the contract insurance claims arising out of their services and including, but not limited to loss, damage, theft or other misuse of data, infringement of intellectual property, invasion of privacy and breach of data.

Cyber Liability Insurance, with limits not less than \$2,000,000 per occurrence or claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by CONTRACTOR in this agreement and shall include, but not limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

If CONTRACTOR maintains broader coverage and/or higher limits than the minimums shown above, the COUNTY requires and shall be entitled to the broader coverage and/or higher limits maintained by the CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to COUNTY. Policy shall name the COUNTY as Additional Insureds.

1.10.7. Sexual Abuse or Molestation (SAM) Liability

If the work will include contact with minors, and the Commercial General Liability policy is not endorsed to include affirmative coverage for sexual abuse or molestation, CONTRACTOR shall obtain and maintain a policy covering Sexual Abuse and Molestation with a limit no less than \$2,000,000 per occurrence or claim.

1.10.8. General Insurance Provisions - All Lines

Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the COUNTY Risk Manager. If the COUNTY's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceed \$500,000 per occurrence each such retention shall have the prior written consent of the COUNTY Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the COUNTY's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the COUNTY Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that a minimum of thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. If CONTRACTOR insurance carrier(s) policies does not meet the minimum notice requirement found herein, CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish a 30 day Notice of Cancellation Endorsement.

In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance. Certificates of insurance and certified original copies of Endorsements effecting coverage as required herein shall be delivered to Riverside University Health System - Behavioral Health, P.O. Box 7549, Riverside, CA 92513-7549, Contracts Division.

It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Agreement, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Agreement, if in the County Risk Management's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.

### **1.11 COMPENSATION**

Licensed mental health practitioners will be compensated at the rate of \$1.66 per minute. Practitioners will be compensated at the aforementioned rate for attendance at all mandated trainings and technical assistance and support meetings with RUHS-BH PEI, as well as, service delivery. Practitioner must attend all mandatory meetings and trainings in full to receive compensation. Partial attendance receives no compensation. Practitioners will utilize RUHS-BH PEI approved invoice template to request compensation for services delivered and meetings/trainings attended.

### **1.12 SUBMISSION REQUIREMENTS**

The following items must be submitted as one packet in order to be considered.

- Completed Application
- Resume/CV
- Must attend or have attended an ASIST training prior to delivering services. ASIST trainings offered by RUHS-BH PEI are free to the community and provide 12 Continuing Education units. Register for an ASIST training at <https://www.rivcospc.org/get-trained>
- Upon award, must attend 2 day training on Clinical Bereavement Counseling titled, "The Tsunami After Suicide: Supporting Suicide Loss Survivors."
- Upon award, must collaborate and receive guidance from PEI Staff Development Officer
- Submit completed application to: [PEI@ruhealth.org](mailto:PEI@ruhealth.org)

\*Submission of a signed application does not guarantee selection. You will receive separate notification of award.

**Note Bid Closing Date: Proposals for the Bereavement Counseling for Suicide Loss Licensed Mental Health Practitioner Application will be accepted on an on-going basis, until the County determines it has obtained a sufficient number of providers to adequately address the needs of the County, issues a new procurement for this program, or funding is no longer available.**



**1.13 PRACTITIONER APPLICATION**

**BEREAVEMENT COUNSELING FOR LOSS SURVIVORS  
PRACTITIONER APPLICATION**

1. Practitioner Full Name:
2. Practitioner Credentials/License Number:
3. Business Address:
4. Phone:
5. Email:
6. Service delivery methods (in-person, virtual):
7. Gender:
8. Race/Ethnicity:
9. Sexual orientation:
10. Languages spoken:
11. Other diverse perspective you have (explain):
12. General practice orientation (explain):
13. Populations primarily served (e.g. age, culture, diagnoses):
14. Regions served – <input type="checkbox"/> Western <input type="checkbox"/> Mid-County <input type="checkbox"/> Desert
15. Prior training/clinical experience in general grief support:

16. Prior training/clinical experience and/or personal experience with trauma and or grief after a suicide death:

17. Prior experience developing culturally responsive services:

18. Prior experience in the area of suicide prevention:

19. Personal statement expressing rationale for participation in the Bereavement Counseling for Survivors of Suicide Loss program and commitment to suicide prevention efforts (limit 350 words):

20. Professional experience as a mental health practitioner (please attach resume/CV).

### **ASIST Training Requirement**

To meet the training criteria, select option A, B, or C

- A. Submit Certificate of completion of an ASIST training.
- B. Register for an ASIST training at <https://www.rivcospc.org/get-trained>

\*ASIST trainings offered by RUHS-BH PEI are free to the community and provide 12 Continuing Education units.

- Submit registration confirmation

## Attachment I



# Bereavement Counseling for Suicide Loss Survivors

## FY 2023-2024 Data Collection Guidelines

## OVERVIEW

As part of Riverside University Health System (RUHS) Behavioral Health commitment to providing information on department wide programming. It is valuable to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement if needed.

We understand and acknowledge that it can get detailed and takes extra time. However, showing all the good work the staff are doing with the Bereavement Counseling for Suicide Loss Survivors program will provide the necessary information to gain a department wide view on our progress with this program overall. Also, it is helpful in ensuring that programs and outcomes are evaluated on a consistent basis.

It is important that the staff involved with the Bereavement Counseling for Suicide Loss Survivors program use the following guidelines to document outcomes. Specific details on the information to be collected and the “How To’s” are provided on the following pages.

*\*All identifying personal information is kept confidential\**

**Bereavement Counseling—Evaluation Measures**

<b>Data collection tool:</b>	<b>Purpose:</b>	<b>Collection How To's:</b>
<b>Cover Sheet</b>	This form should be filled out by staff/clinician to track each consumer and their information.	<ul style="list-style-type: none"> <li>• This form should be filled out by a staff member/clinician after collecting all the required documents before submission to RUHS-PEI staff.</li> </ul>
<b>Feedback Form (ENG/SPAN)</b>	The purpose of the <b>Feedback Form (ENG or SPAN)</b> is to better understand what may be needed in improving services for consumers. This form is available in English or Spanish.	<ul style="list-style-type: none"> <li>• After a consumer is finished with the service, provide this feedback form to the consumer to fill out as much information as they can.</li> </ul>
<b>Disposition Form (CLINICIAN)</b>	The purpose of the <b>Disposition Form</b> is to better understand completion or non-completion of the service. Clinicians are required to fill this form out after a consumer completes the service or when the case is closed.	<ul style="list-style-type: none"> <li>• After a consumer is finished with the service, the clinician or provider must complete this form to keep a record of consumer completion or non-completion of the service.</li> <li>• The clinician/provider should also provide any additional notes or comments that could be helpful for future improvements of the service.</li> </ul>
<b>Google Referral Form (ENG/SPAN) (if applicable)</b>	The purpose of the <b>Google Referral Form (ENG/SPAN)</b> is to collect some demographic information for those who are referred to the program.	<ul style="list-style-type: none"> <li>• The consumer should complete the form on Google Forms and access to the master response sheet should be sent to the Research Specialist.</li> </ul>

Upon completion of treatment, scan both sides and email all completed forms in the required order, or copy all completed forms and mail to:

**Myeshia Bobo**  
 2085 Rustin Ave, Riverside, CA 92507, Entrance 1  
[M.Bobo@ruhealth.org](mailto:M.Bobo@ruhealth.org)  
 (951) 955-7137

<b>When to Collect Data?</b>	
	Collect the following forms at the <u>beginning</u> :
<b>PRE-Data Collection:</b>	<ul style="list-style-type: none"> <li>Cover sheet</li> <li>Google Referral Form (ENG/SPAN) (if applicable)               <ul style="list-style-type: none"> <li>This will be virtually collected via Google Forms</li> </ul> </li> </ul>
	Collect the following forms <u>after</u> consumer completion of service:
<b>POST-Data Collection:</b>	<ul style="list-style-type: none"> <li>Feedback Form (ENG or SPAN)</li> <li>Disposition Form (Clinician Only)</li> </ul>
<b>Data Submission:</b>	<ul style="list-style-type: none"> <li>Cover sheet</li> <li>Keep all forms together as a complete packet and submit all forms once each consumer's case is closed to PEI: Myeshia Bobo</li> </ul>

<b>Where to Find Forms?</b>	
Cover Form	RUHS-BH PEI Staff
Google Referral Form (ENG/SPAN)	TIP
Feedback Form (ENG/SPAN)	RUHS-BH PEI Staff
Disposition Form (CLINICIAN)	RUHS-BH PEI Staff

All forms must be submitted to PEI within 30 days of the completion date. Original forms should be kept on file.

