ANNEX A - Statement of Work

1. Introduction:

1.1 The Correctional Service of Canada (CSC) Health Services require the services of a psychologist for offenders located in Corner Brook and Stephenville, NL, in the Atlantic Region.

The psychologist will provide psychological assessment and/or treatment services to offenders and collaborate with the interdisciplinary health services team that includes, but is not limited to nursing, psychology, social work, occupational therapy and other allied healthcare professionals. Collaboration with the case management team is also essential and in community sites, the treatment/supervision team also includes the Parole Officer Supervisor, Parole Officer, and the CSC staff psychologist and/or the Project Authority.

2. Background:

2.1 CSC has a legal obligation, under the Corrections and Conditional Release Act (CCRA), to "provide every offender with essential health care and reasonable access to non essential mental health care".

2.2 The Commissioner's Directives 800 series are the key references on essential health services covering Clinical services, mental health and public health services.

2.3 The mission of Health Services is to provide offenders with efficient and effective health services that ***encourage individual responsibility, promote healthy reintegration and contribute to safe communities***.

2.4 Consistent with its transformation agenda, CSC recognizes that health outcomes are a shared responsibility between service providers and offenders. Offenders must be involved in taking responsibility and proactive measures to safeguard their health, which includes mental health.

2.5 In institutional settings, Health Services are provided in ambulatory Health Service Centres in institutions, regional hospitals and regional treatment / psychiatric centres. Incarcerated offenders may have to go to the community for emergency services, specialized health care services and for hospitalization that cannot be accommodated in CSC's regional hospitals. In CSC, health care is provided by a wide range of regulated and non-regulated health professionals.

2.6 In broad terms health care means medical, dental, mental health care and public health services. During the period of incarceration, offenders are provided with a range of coordinated health services that are accessible, affordable, and appropriate to the correctional environment.

3. Objective:

3.1 Provide essential mental health and / or psychological assessment or psychological risk assessment services to offenders, as requested by the Project Authority, at the contractor's business location (professional office) in Stephenville or Corner Brook in the Atlantic Region.

3.2 Treatment Orientation:

The treatment/counselling orientation utilized by Correctional Service Canada (CSC) is cognitive-behavioural. All psychological treatments offered to offenders by the contractors must be

evidence-based with known application to offender populations. The principal focus of treatment will depend on the nature of the referral and the offender's needs. Although the usual objectives of treatment include the reduction of risk to reoffend, a priority should also be placed on the amelioration of the offender's mental health and emotional or behavioural functioning, including feelings, attitudes, beliefs and behaviours that moderately to severely impact or interfere with daily functioning. The offender's motivation for the index offence (particularly in cases of sexual offenders) should be addressed in this context.

4. Performance standards:

4.1 The Contractor must take into account gender, cultural, religious and linguistic differences and be responsive to the special needs of women and Aboriginal People.

4.2 Quality Assurance of Psychological Services:

a. The Contractor must provide all services in compliance with federal and provincial legislation and standards, provincial and national guidelines, practice standards and CSC Policy/Guidelines including the CSC Mental Health Policy and guidelines.

b. The Contractor must provide services in accordance with the ethical and professional practice standards of the applicable provincial regulatory body, the Canadian Code of Ethics for Psychologists and relevant legislation guiding the practice of Psychology within correctional settings.

c. The Contractor is expected to consult with the Project Authority to ensure that all psychological practices are consistent with the relevant and most current legislation, practice standards and policies.

d. On a yearly basis or as determined by the Project Authority, the Project Authority or designate will review a sample of reports to determine if they meet CSC and professional standards for psychological reports. If a report is judged to be substandard, the Contractor must amend the report as requested at no extra cost to the Crown. The amendment must be completed and the amended report submitted to the Project Authority within one (1) week following the date when the amendment was requested.

e. Timeliness of the submission of all reports will be monitored on an ongoing basis by the Project Authority. Timeliness will form part of the assessment of the Contractor's work.

4.3 The following is a list of key relevant legislation and CSC Policy/Guidelines but should not be considered an exhaustive list. CSC's policies and guidelines can be found on the CSC internet website at www.CSC-SCC.GC.ca or available in hard copy.

- Corrections and Conditional Release Act - Section 85 Health Care
- Corrections and Conditional Release Regulations – Section 3
- Commissioner’s Directive 060 – Code of Discipline
- Commissioner’s Directive 800, Health Services
    - Guidelines 800-1 – Hunger Strike: Managing an Inmates’ Health
    - Guidelines 800-2 – Physical Restraints for Medical Purposes
    - Guidelines 800-3 – Consent to Health Service Assessment, Treatment and Release of Information

    - Guidelines 800-4 – Response to Medical Emergencies
    - Guidelines 800-5 – Gender Dysphoria
    - Guidelines 800-6 – Bleach Distribution
    - Guidelines 800-7 – Cleaning blood and/or Other Body Fluid Spills
    - Guidelines 800-8 – Post-Exposure Prophylaxis Protocol for Managing Significant Exposure to Blood and/or Other Body Fluids
- Commissioner's Directive 843, Management of Inmate Self-Injurious and Suicidal Behaviour
- National Essential Health Services Framework
- National Formulary
- Documentation for Health Services Professionals
- Guidelines for Sharing Personal Health Information
- Discharge Planning Guidelines: A Client Centred Approach
- Clinical Discharge Planning and Community Integration Service Guidelines
- Institutional Mental Health Services (Primary Care) Guidelines
- Community Mental Health Services Guidelines
- Forensic Psychology: Policy and Practice in Corrections (1996) (To be provided by the Project Authority at contract award).
- Excerpts from the on-line CSC Psychology Manual, as judged appropriate by the Project Authority responsible for Quality assurance of the Contractor's work

4.4 Documentation on CSC health care records:

a. The Contractor must document all information relevant to the mental health services provided in compliance with relevant legislation, professional standards of practice and CSC's Documentation for Health Services Professionals guidelines.

b. The Contractor must provide this documentation to the Project Authority or delegate using approved electronic media or methods for placement in the offender's psychology file and, at the request of the Project Authority, the Offender Management System (OMS). Placement of reports on the psychology file and in OMS will normally be carried out by CSC staff.

c. As an accountability and quality assurance measure, the Project Authority will periodically review the Contractor's documentation for compliance with contract requirements, consistency and completeness.

4.5 Limits of Confidentiality:

a. Most psychological reports will be available to anyone with access to the Offender Management System (OMS), on a need to know basis. As the limits of confidentiality are broad, before interviewing the offender, the Contractor must ensure that the limits to confidentiality have been communicated and that the offender has consented - in writing - to the assessment and/or counselling process.

b. In community settings, the Contractor must advise offenders of the Contractor's responsibility to report breaches of the law [such as illicit drug use] or violations of release conditions if they become known to the Contractor.

c. Contractors must use CSC Form 4000-18: Consent to Participate In / Receive Health Services for all cases and ensure that the form, signed by the offender and a witness, is included with all reports. (The

Project Authority will supply copies of this form to the Contractor upon request). The Contractor must document the consent process in all reports by the Contractor.

d. Relative to the assessment of risk, in the event that the offender refuses to provide consent, the Project Authority may request that Contractor complete the risk assessment process using all available information.

4.6 Information Sharing – Psychology Reports:

a. Unless pre-arranged with the Project Authority, the Contractor must share all reports that are written for Case Management purposes (including for the Parole Board of Canada) and/or those that contribute to decision-making with the offender by the author of the report. Correctional Service Canada policy specifies that the author and offender sign and date the report at the time that the report is shared. The Contractor must advise the Project Authority if he/she is unable to share the reports and coordinate signatures with the offender. At the discretion and prior approval of the Project Authority, CSC will assume the information sharing and offender signature responsibility.

b. In community settings, should the "wait for the offender's signature" compromise the timeliness of the report, the Contractor may forward a dated, hard copy of the report with only the Contractor's signature, provided that a hard copy, signed and dated by both the offender and the Contractor is submitted as soon as possible. In the event that the offender is temporarily detained, unlawfully at large, or has had his/her parole revoked, the Project Authority will assume the information sharing and offender signature responsibility. The Contractor must advise the Project Authority if he/she is unable to share the reports and coordinate signatures with the offender. At the discretion and prior approval of the Project Authority, CSC will assume the information sharing and offender signature responsibility.

c. The Contractor must submit all reports in type written format. The Contractor must send a signed hard copy of reports along with an electronic copy on an encrypted USB stick (Microsoft Word compatible) or via an encrypted e-mail to Correctional Service Canada staff designated by the Project Authority. Electronic copies are required for uploading to the OMS.

d. Completed psychological reports are to be signed by the Contractor, a psychologist registered for autonomous practice with adults in the province of practice. The Contractor assumes all responsibility for report content.

e. If amendments to reports are requested by the Project Authority, the Contractor will respond to these requests and make amendments to the report as necessary within one (1) week of notification. If the request for an amendment originates with the offender, the institution will facilitate contact between the offender and the Contractor by phone as necessary. However, should the Project Authority determine that the situation requires direct intervention by the Contractor, the Contractor will arrange to interview the offender in person at the institution.

4.7 Handling and Safeguarding CSC Sensitive or Protected Information:

With the prior approval of the Project Authority, the Contractor may be allowed to produce or store sensitive or protected information or data, including paper copies of original reports (see article 3 above), at his/her business location and on its IT systems. The Contractor must ensure that any CSC information and/or documents in his/her keeping are handled, transported and stored in accordance with the security and protection of personal information requirements of the contract.

5. Tasks:

5.1 The Contractor must provide mental health services to offenders, as requested by the Project Authority, in accordance with the National Essential Health Services Framework including any amendment to this Framework issued by CSC during the contract period and any optional period if and when exercised by CSC.

These services include, but are not limited to the following:

a. Participate in meetings as a consultant including case conferences, the Interdisciplinary Mental Health Team or the Correctional Intervention Board and other related activities as requested;
b. Participate in CSC training, including orientation to CSC and CSC's risk assessment requirements as requested; and
c. Provide consultation services for the resolution of CSC internal grievance and investigate processes as requested: and
d. Prepare and submit psychological assessment and other reports as requested by the Project Authority.

5.2 Mental Health Counselling and/or Assessment Process in Community Sites:

a. Upon receipt of a referral to perform an evaluation for treatment, the Contractor is authorized a maximum of three (3) billable hours for an assessment to determine the offender's suitability for treatment. This three hour maximum is to cover a file review, an assessment interview(s) with the offender, and the time required to prepare a brief Treatment Plan report specific to the individual offender;

b. The Treatment Plan must include the following as a minimum:
   i. Tombstone Data;
   ii. Relevant Background;
   iii. Offender Presentation;
   iv. Current Mental Health Status;
   v. Recommendations to Manage Risk for Self Harm (if applicable);
   vi. Current Treatment Objectives;
   vii. Longer Term Treatment Objectives;
   viii. Current Risk Status (static/dynamic/actuarial/risk to staff (if applicable); and
   ix. Risk Management Recommendations.

c. The Contractor must respond to a routine referral within ten (10) working days; the Contractor must respond to an urgent referral within five (5) working days. The Project Authority will advise the contractor when a referral is urgent. If treatment is not appropriate, the Contractor must send a signed letter summarizing the assessment and briefly outlining the reasons why treatment is not appropriate. The Contractor must submit this signed letter no later than three (3) weeks after the first Evaluation for Treatment Session.
   This letter is billable up to a maximum of one (1) billable hour.

d. Upon submission of a Treatment Plan, the Project Authority or designate will authorize Contractor to proceed with a maximum of up to eight (8) treatment sessions. After the eighth (8^{th}) session, the Contractor must submit an interim treatment report on the offender's status to communicate to the Case Management Team an updated evaluation of the offender's current emotional / behavioural status,

including a brief assessment of risk to reoffend (outlining static and dynamic risk factors), and the offender's progress toward the current treatment objectives. The Contractor must submit interim treatment reports in writing after every eighth (8^{th}) session or every four (4) months, whichever is sooner;

e. Prior to the last authorized session (the 8^{th} session if eight sessions were authorized), the Contractor must contact the Project Authority and seek authorization for an additional eight (8) sessions, if applicable, when submitting the interim report. The Project Authority, Case Management and mental health staff (if available) will review submitted case documentation and make a decision whether to continue treatment on the basis of all input in consultation with the Project Authority. At the discretion of the Project Authority, the Contractor may attend via teleconference where feasible. Barring operational difficulties, if there is a supportive assessment and the Contractor believes it appropriate, the Project Authority may authorize further treatment. The decision to continue treatment will be based on clinical and risk factors, but the final decision remains with the Project Authority. Each subsequent block of eight (8) treatment sessions (maximum) will be preceded by mandatory contact from the Contractor notifying that the eight (8) sessions have been reached. Then a formal or informal case review will be carried out prior to further treatment authorization being given by the Project Authority or designate. To avoid disruption in service, the Project Authority or designate may provide treatment authorization via fax. Unauthorized treatment sessions will not be remunerated. These case reviews are billable at a maximum of one (1) billable hour;

f. At the Project Authority's or designate's request, the Contractor must provide feedback and consultation to the Parole Officer, Parole Officer Supervisor or the Mental Health Team via brief informal telephone contact, case review meetings, or individual case conferences. Brief informal telephone contacts are not billable;

g. In addition to the Case Review, circumstances may demand that a case conference be held. The Project Authority will decide whether a formal or informal case conference will be held, and will advise the Contractor. A case conference may be held with or without the offender being present, as determined by the Case Management and Mental Health Teams, in consultation with the Contractor. A case conference will involve the Contractor, Parole Officer, Parole Officer Supervisor, Project Authority and/or the Mental Health team. Upon prior approval by the Project Authority, the Case Management Team will be responsible for scheduling the case conference. Formal case conferences will be billed at a maximum of one (1) billable hour. Informal case conferences, defined as those via brief telephone contact that are fifteen (15) minutes or less, are not billable; otherwise they are billable to a maximum of one (1) hour;

h. The Contractor must immediately notify by direct contact, by telephone or by fax, the CSC staff responsible for the offender (this can vary by region, but includes the Parole Officer, the Parole Officer Supervisor, the Project Authority, or the Chief Psychologist, if the Parole Officer cannot be reached) if the offender presents any indication of a breach of a condition of release, any violation of the law (such as the use of illicit drugs), or any increased risk to re-offend, to behave violently, or to engage in self-harm or suicidal behaviors. If immediate notification is made by telephone, the Contractor must follow up within twenty-four (24) hours by faxing written notification to the Parole Officer using the Psychological Counseling: Communication Form found in Attachment 1. This service is not billable.

i. Occasionally, the Project Authority or designate may request that the Contractor produce a special report (e.g., an updated assessment of risk or any new relevant information) for Case Management or Parole Board of Canada purposes. These reports should be based on an interview(s) with the offender, a file review, and consultation with CSC personnel regarding the offenders' behaviour as requested. The specific tests used and/or administered by the Contractor must include the

file based General Statistical Instrument in Recidivism - Revised (GSIR-R) (this is does not apply to Aboriginal and Women offenders), and upon request of the Project Authority at least one other clinician rated actuarial measure measuring risk and needs that has been shown to be reliable and valid for use with offender populations according to published work. The Contractor must also provide an estimate of dynamic risk in all special reports. When a clinician rated instrument and/or other psychometric instruments are used, these reports are billable to a maximum of four (4) billable hours. When no clinical rated instrument or other psychometric instruments are used and only GSIR-R is interpreted along with an estimate of dynamic risk, these reports are billable to a maximum of two (2) hours. Any testing/assessment not authorized in advance will not be remunerated. Unless pre-arranged with the Project Authority, these reports are due with four (4) weeks after the interview date of the offender. In some instances, reports maybe requested sooner from the contractor, but this will be done on mutual consent;

j. On termination of treatment (including, but not limited to formal discharge, transfer to another District, revocation, etc.) the Contractor must submit a Final Treatment Report within ten (10) working days after the offender is discharged. In the case of an offender completing his sentence, the Final Treatment Report must be submitted within five (5) working days prior to the Warrant Expiry Date. The Final Treatment Report is billable up to a maximum of one (1) billable hour;

k. Termination of treatment may occur at any time the Contractor deems that the offender is not benefiting from counseling. The Contractor may recommend discharging the offender after consulting with the Project Authority, Community Chief Psychologist, other delegated psychologist / Parole Officer Supervisor. Upon approval by the Project Authority or designate of the termination of treatment, the Contractor must complete a Final Treatment Report within two (2) weeks of the termination date;

l. Correctional Service Canada offenders undergo several batteries of vocational, educational, and psychological tests at various periods of their incarceration, and prior to being released into the community. The results of these tests are available to the Contractor. Given this, the Contractor may recommend additional testing to complete the Assessment for Treatment. The Project Authority must authorize any additional testing in writing before the Contractor proceeds. The Contractor must submit to a brief treatment rationale for the testing, list naming the tests to be administered, and the total cost preparing a vocational, educational, and/or other psychological assessment the Project Authority. Any testing/assessment not authorized in advance will not be remunerated. These reports will be billable as Special Reports and have a maximum of four (4) billable hours allowable in total and are due with four (4) weeks of referral unless otherwise requested and/or arranged with the Project Authority;

m. If an offender fails to attend a scheduled appointment without giving 24 hours notice, the Contractor must report the occurrence by fax or encrypted e-mail (see attachment 2 - Missed Appointment Form) within one (1) business day of the missed appointment. Should the offender display a pattern of cancelling more than one appointment, the Contractor must report this pattern to the Project Authority within five (5) days of the second rescheduled appointment. The Contractor can bill a fee of fifty (50) percent of a billable hour for the first missed appointment. For the second missed appointment, the Contractor can bill a fee of twenty-five (25) percent of a billable hour. The third missed appointment is not billable. The Contractor must notify the Project Authority of the missed appointment(s) within one (1) business day in order to request any compensation for missed appointments.

n. The Contractor must maintain individualized attendance sheets (see attachment 2 - Psychological Counseling - Offender Attendance Confirmation Sheet) for all of his/her cases. Invoices must be accompanied by signed attendance sheets.

5.3 Psychological Risk Assessment Services:

a. The Contractor must perform and submit psychological risk assessment reports to the CSC Project Authority and designates for sharing with third parties including the Parole Board of Canada;

b. Dates and times for offender interviews will be set by mutual agreement between the Project Authority and the Contractor;

c. The Contractor must conduct assessment interviews, administer all psychological tests (unless prearranged for self-report measure – see part f, below), interpret test results, and review offender files. Relevant files include Sentence Management, Case Management, and Psychology files. However, on occasion and if relevant to the specific case, the Contractor must review the Health Care and Security Intelligence files or, alternatively, consult with Health Care and/or Security Intelligence staff about the offender. Consultation with other CSC personnel about the offenders' referral and/or behaviour might also be necessary. The Contractor must integrate information obtained through testing, file review, clinical interview, and if relevant, staff member interviews, into a comprehensive psychological risk assessment report;

d. The Contractor must provide the Project Authority and designates with all original test data;

e. The Contractor must use the file-based Statistical Instrument in Recidivism – Revised (SIR-R) test results if available on file (the SIR-R does not apply to Aboriginal and Women offenders), at least one other clinician rated actuarial measure measuring risk and needs that has been shown to be reliable and valid for use with offender populations according to published work, as well as measures of personality and intellectual functioning. The Contractor must interpret all tests in a standardized manner with the use of norms supplied by the test publisher and/or author only. Placement of percentiles tests scores in reports is acceptable when deemed necessary by the Contractor, as part of the standardized test reporting process, or when requested by the Project Authority. Reports must not contain raw test scores under any circumstances;

f. In the event that the Contractor negotiates with a particular site to have CSC staff administer self-report measures including those assessing personality and intellectual functioning, or to have them provide recent relevant scores from in-house test administration, and thus does not administer these tests, the Contractor shall apply a discount of 5 % per assessment, for each relevant case.

g. Psychological Risk Assessment reports must comply with the following requested content and format. Sections may be added to the standardized format according to case-specific needs. Please note that this format is not necessarily all-inclusive, but represents the minimum number of areas to be covered:

i. Demographic information: Full name, age, date of birth, FPS number and ethnicity if relevant;

ii. Reason for Referral: Specific referral criteria, source and date of referral, document that the limits of confidentiality (informed consent) have been discussed with the offender, sharing of information;

iii. Interview Information: Date(s) seen, location of interview and the length of the interview(s);

iv. **Documentation Reviewed:** Indicate briefly what critical documents were reviewed for the assessment as well as what critical information or documents were, or were not, available to the author;

v. **Brief Criminal History:** A one to two paragraph synopsis of the criminal history, making reference to key files and documents. Include a brief overview/description of current offenses (official and offender versions; if they differ, otherwise indicate whether offender accepts official version), victim impact statements (if available), patterns/dynamics involved in or influencing criminal and/or offending behaviour(s) and the offender's understanding of these dynamics/patterns;

vi. **Institutional and/or Community Adjustment:** A one to two paragraph synopsis of institutional and/or community adjustment, making note of a reference to the files for the interested reader should detailed information be required. Includes as applicable adjustment to the prison setting (e.g., relationships with peers, program involvement, misconducts, etc.) and adjustment/functioning in the community (e.g., employment, supports, programming, suspensions, etc.).

vii. **Brief Psychosocial History:** Provide the elements of the history which contribute to the analysis of risk. Include, as applicable, a brief overview of family, marital, school, employment, psychiatric/mental health, substance abuse, behavioural and adjustment problems, medical injuries and impairments. Given the need for brevity, the focus should be on elements directly relating to risk while making note of a reference to the files for the interested reader can access should more detailed information be required.

viii. **Interview Impressions/Mental Health:** Comment on presentation during interview, current mental and emotional functioning, a brief overview of mental health history, including history of self-harm (if applicable) as well as an assessment of self-harm risk and management strategies (if applicable) and any circumstances that would increase this risk. Management strategies for other mental health issues should be provided as applicable.

ix. **Summary of Previous Assessments: :** A brief summary of findings of previous psychological and/or psychiatric risk assessment reports with a focus on patterns of and antecedents of crime (dynamic and static risk factors), and offence dynamics and the offender's understanding of these dynamics.

x. **Cognitive Functioning and Personality:** A brief synopsis of psychological tests administered and their validity, interpretation, and diagnosis where appropriate and applicable.

xi. **Treatment Needs/Responsivity:** Identify treatment needs areas specifically related to the offender's risk, areas of strengths as well as the relationship between risk and need. The type and intensity of intervention required, prioritization of treatment needs, special needs with respect to treatment delivery, and responsivity factors should be described. This typically involves consideration of issues such as age, ethnicity, cognitive deficits and/or learning style, interpersonal style, mental health, motivation and prior treatment experiences as applicable. The Contractor should also document indicators/examples of behavioural and attitudinal changes since incarceration in both positive and negative directions as applicable.

xii. **Assessment of Risk, Risk Management Strategies and Recommendations:** The results of the actuarial measures (both static and dynamic) used in the current assessment must be summarized in this section and must include an overall statement of risk that is congruent with guidelines or a current manual (if applicable) and empirical data associated with the tool(s) that was used. Reporting of percentile scores is acceptable while reporting of raw scores in the report is not acceptable under any circumstances. If applicable, an explanation should be given of any significant variance between the current results and those reported in earlier reports. This section of the report should also include

an opinion on how risk could be best managed. This should reflect both actuarial and clinical factors, identification of risk factors and protective factors, assessment of institutional and community risk issues, and case-specific risk management strategies, including critical aspects of a relapse prevention plan, if applicable, and referrals to correctional programs, psychiatry, training programs, etc.

The offender's ability to function in reduced security and/or on conditional release (including, but not limited to Statutory Release) should be considered, recognizing not only his/her personal needs, but also the community's safety.

The Contractor should comment on ongoing treatment needs, whether special conditions such as abstinence from drugs or alcohol would be required, or any special residential, outpatient or other welfare needs that should be met in preparation for release or as a part of reintegration.

If the offender's behaviour begins to deteriorate, the Contractor should render an opinion on what would be the kinds of situations within the community to which the offender would become most vulnerable. As well, if the offender is on medication, the Contractor should advise what would be the likely early signs of the offender's failure to maintain to medication as prescribed and what would be the general, early signs of deterioration in conduct and whether or not this might indicate a drift back into criminal behavior;

xiii. Offender and Contractor Signature Block: The Contractor must sign the report and copies. Unless pre-arranged with the Project Authority, the Contractor must share the information with the offender and request that the offender sign the report to acknowledge that the information has been shared. CSC will distribute copies of the report in accordance with policy requirements.

h. The Contractor must only make recommendations for mental health counselling in instances where the offender is at acute risk of self-harm or harm to others, where there is a clear need for such counselling to assist the offender in maintaining mental and emotional stability or as it pertains to criminogenic factors and risk. Recommendations for counselling should be generic as to the practitioner who will be providing the service and for community release cases must take into account the offender's motivation (i.e., motivated offenders will not need this as a condition of parole). Should it be felt that mental health counselling must be a condition of parole, it must be established in the report that:

i. The offender needs such counselling for safe reintegration; and
ii. It is necessary to impose such a condition to ensure that the offender participates.

All recommendations for counselling must include the reason for the need for this service, the goals, and comments on the possible duration;

i. The Contractor must share the final report with the assessed offender. The Contractor must document that information sharing has occurred by having the offender sign and date the original report. If the offender refuses to sign, the Contractor must note this on the report and information sharing requirements will be considered to have been met.

j. The Contractor must advise the Project Authority if he/she is unable to share the reports and coordinate signatures with the offender. At the discretion and prior approval of the project authority, CSC will assume the information sharing and offender signature responsibility.

k. The Project Authority or designate will refer any questions or concerns the offender has on the report back to the attention of the Contractor. While under contract with CSC, the Contractor must answer questions posed by an offender regarding a report for a two (2) year period after sharing the report.

l. The Contractor must submit completed reports to the Project Authority or designate no later than four (4) weeks from the date of referral. The Contractor must share the completed report with the offender no later than 2 weeks after initially interviewing the offender. Upon request of the Contractor, and at the sole discretion of the Project Authority, either or both of these deadlines can be extended for a period not exceeding four (4) weeks.

m. The CSC Mental Health Department will enter finalized psychological risk assessment reports into OMS, and ensure that a copy has been share-printed to the Parole Board of Canada.

n. If requested by the Project Authority or designates, the Contractor must submit a completed emergency risk assessment no later than five (5) business days from the date of referral.

o. CSC is required to complete Judicial Review Risk Assessments for some offenders. At the request of the Project Authority, the Contractor must complete a Judicial Review Risk Assessment and assume any future court costs related to the case assessed.

p. The Contractor must collect information related to the dynamics of the offence, identify treatment needs and risk factors and determine the sexual offender's suitability for individual or group treatment programming. These assessments can also be carried out at intake or pre-release. When an assessment of a sexual offender is requested the Contractor must provide, in addition to the above content, a comprehensive description of psycho-sexual development, sexual misconduct and offenses.

q. Specific content references to be included but not limited to in this description would be: history and development of sexual behaviour, information pertaining to prior child abuse, domestic abuse or violence against women perpetrated by the offender whether sexual or otherwise, information pertaining to co-offending and the relationship with the current sexual offense or sexual offense pattern, any attitudes supportive of sexual offending and sexual abuse, relationship problems particularly as they relate to intimacy deficits and social competence, factors relevant to their sexual offending (i.e., sexual self-regulation, intimacy issues, general self-regulation), general antisocial characteristics and psychopathology that may influence sexual offending and misbehaviour, and relevant medical history. Previous assessment results, including assessment of deviant sexual preference and prior programming results should also be considered. Psychological risk assessments of sexual offenders should attend to risk variables based on empirically based, clinician-rated measures of actuarial, static and dynamic risk that focus on sex offence specific factors where possible.

r. For male sex offenders, it is mandatory for the Contractor to use the STATIC-99R for all sexual offender risk assessments (including non-contact offenders, but not offenders exclusively involved in child pornography). Dynamic risk must be assessed using a clinician rated actuarial measure that has been shown to be reliable and valid (e.g., STABLE-2007, VRS-SO or the RSVP). For cases where there is currently limited data specific to that population (e.g., child pornography only offenders) then the Contractor must use a measure that is based on the available evidence (e.g., CPORT). No sex offending risk and recidivism actuarial measures are to be used for women sex offenders.

5.4 Continuity of Services:

The Contractor must provide a backup resource to ensure continuity of services if the Contractor is unable to provide services in person due to, but not limited to, vacation or prolonged illness (illness of more than five (5) days). Any backup resource must have the qualifications and experience needed to meet the criteria used to select the Contractor and must be acceptable to CSC. The backup resource must also possess a valid security clearance in accordance with the contract's security requirements.

5.5 Subcontracting

a. At the discretion of the Project Authority and upon his/her prior approval, the Contractor may use subcontractors to provide services described in this statement of work. The Contractor must provide a current resume for any proposed subcontractor. The Project Authority will review the resume and decide, at his/her sole discretion, whether the subcontractor is acceptable to CSC. Any subcontractor must meet the security requirements of the contract. Subcontractors are not to perform any work until the Project Authority's has granted his/her approval.

b. Any subcontractors must sign reports and will be responsible for their contents. All reports prepared by a subcontractor, including students or trainees, will be countersigned by the registered psychologist named in the contract.

c. Any of the Contractor's personnel not delivering direct services but with access to Correctional Service Canada documentation must meet the security requirements of the contract prior to handling the material.

5.6 Location of Work:

a. The Contractor must provide mental health care to offenders on-site at Contractor's business location (professional office) mentioned under section 3 Objective.

b. Telepsychology by Videoconferencing
The Contractor must provide Telepsychology sessions (psychology services by videoconference) to offenders if qualified and experienced, as requested and approved by the Project Authority. The Contractor must contact the Project Authority to obtain written approval prior to any work being done via videoconference. The Project Authority will grant approval, at his/her sole discretion, on a site-by-site basis. The Contractor must also provide a summary of any work being done via videoconference to the Project Authority. Videoconferencing may be used up to a maximum of 50% for this contract.

6. Grievance and Investigation Processes, Review Panels, CSC Boards of Investigations:

6.1 The Contractor must participate in various CSC internal offender grievance/investigation processes which may include a review of the Contractor's documentation on the Health Care Records. Upon request from the Project Authority, the Contractor may have to undergo interviews as a result of an offender grievance/investigation process. Participation interviews as part of a

grievance/investigation process will be billable at the hourly rate up to a maximum of one (1) billable hour per interview.

6.2 At the request of the Project Authority, the Contractor must participate in CSC Boards of Investigation. Participation in Boards of Investigation will be billable at the hourly rate up to a maximum of one (1) billable hour per meeting.

7. Notification Requirements:

7.1 The Contractor must notify the Project Authority of any issues that may call into question the Contractor's competency and any restrictions imposed by the licensing body affecting the Contractor's ability to provide psychological services.

7.2 The Contractor must notify the Project Authority immediately of any complaints lodged against the Contractor.

8. Security:

8.1 All equipment or articles, including communication devices, the Contractor wishes to bring into the Institution must be approved by the Project Authority and CSC Security in advance.

8.2 **Contraband:** The Contractor shall ensure that all resources (including the Contractor and any subcontractors and backups) directly or indirectly providing services under this contract are familiar with Corrections and Conditional Release Regulations, Section 3, as well as Commissioner's Directive's 060 Code of Discipline.

The Contractor, and any subcontractor and backup resources provided by the Contractor, must not enter into any personal or work relationship with an offender. The Contractor, and or any subcontractor and backup resources provided by the Contractor must not give or receive any items to/from an offender. Such items may include, but are not restricted to the following: cigarettes, toiletry items, hobby items, drugs, alcohol, letters to or from offenders, money, weapons or items which could be used as weapons. Any person(s) found responsible for providing prohibited objects and/or contraband materials to offenders will be subject to immediate removal from the Institution or the Community Site and/or possible criminal charges. Such violations may lead to Canada terminating the Contract for default pursuant to the default provisions of the Contract.

8.3 As a visitor to a CSC correctional institution, the Contractor will be subject to local security requirements that can vary from moment to moment depending on offender activities. The Contractor may be faced with delay or refusal of entry to certain areas at certain times although prior arrangements for access may have been made.

9. Language of work:

9.1 Work will be performed and delivered in English.

10. Hours of Service Provision / Timely Access to Care:

10.1 Services shall normally be provided at the Contractor's place of business (professional office) that must be accessible by public transit. Clinics will be held in the Stephenville or Corner Brook area, up to a maximum of 2 hours per week. The Contractor must have the capacity to schedule sessions so

as not to interfere with an offender's work schedule. This may require provision of services during evenings or weekends.

10.2 The Project Authority may, at his/her discretion, change the hours of service provision during the course of the contract, including any options if and when exercised by CSC.

10.3 The Project Authority will notify the Contractor of any changes to the hours of service provision a minimum of two (2) weeks prior to implementation of the change.

11. Meetings:

11.1 At the discretion of the Project Authority, there will be an initial meeting at the beginning of the contract to finalize the scope of services to be provided under the contract.

11.2 At the request of the Project Authority, the Contractor may be required to attend meetings in person at Atlantic Regional Headquarters. At the sole discretion of the Project Authority, other arrangements will be made (e.g., video or teleconference) for the Contractor to participate in Regional Headquarters meetings.

11.3 The Contractor must attend Community Health Services team meetings when requested by the Project Authority.

12. Reporting Requirements:

12.1 The Project Authority will ensure that the completion of all billable services is logged into the Mental Health Tracking System. To facilitate this process, the Project Authority will supply the Contractor with an electronic copy of the Contract Service Tracking and Invoicing Spreadsheet.

Details of the services provided along with offender information and fees must be input into the Contract Service Tracking and Invoicing Spreadsheet. This form requires a separate entry for each offender contact or service, including billable missed appointments. Billable periods of service can be saved as tabs in the Excel file.

The Project Authority or designate, will input the data from the Contract service Tracking Sheet into the Mental Health Tracking system.

For billable services at community sites, the Contractor will state on the invoice the total number of sessions to date for each offender seen.

12.2 At the request of the Project Authority, the Contractor must produce or contribute to regional reporting and any other tracking and reporting processes.

13. Constraints:

13.1 Confidentiality:

In accordance with the confidentiality provisions of the contract, the Contractor must not have contact with the media with regards to the mental health services provided to CSC. The Contractor must advise the Project Authority immediately if he/she has been contacted by the media concerning mental health services provided to CSC.

14. Support to the Contractor:

14.1 CSC will provide the supplies and equipment required for psychological services to offenders, as determined and approved by the Project Authority and as applicable to the location(s) where services are provided.

ATTACHMENT 1
PSYCHOLOGICAL COUNSELLING COMMUNICATION FORM

(The Contractor prints this form on her/his letterhead)

# of pages including this one: _____ Date _____

To: _____ _____
Parole Officer Location

To: _____ _____
Parole Officer Supervisor Location

To: _____ _____
Psychology Clerk Location

From: _____
_____
Psychologist/ Psychological Associate Signature

Re: _____ _____ _____ _____
Offender Name FPS DOB WED

☐ BREACH OF CONDITION OF RELEASE OR VIOLATION OF THE LAW:
Information obtained during the appointment of _____ indicated that this offender breached a condition of release or violated the law, as follows:

_____

_____

☐ This breach of condition/ violation of the law implies an increase in risk of reoffending
☐This breach of condition/ violation of the law does not imply an increase in risk of reoffending

During the appointment of _____, I obtained information that indicates that this offender presents a SIGNIFICANT INCREASE IN RISK FOR:
☐ NON-SEXUAL VIOLENCE
☐ SEXUAL VIOLENCE
☐ SUICIDE/ SELF HARM
☐ NON-VIOLENT OFFENDING
☐ SUBSTANCE ABUSE
Explanation/reason for increase(s) of risk:

ATTACHMENT 2 - PSYCHOLOGICAL COUNSELLING - OFFENDER ATTENDANCE CONFIRMATION SHEET

Offender Name:	FPS:	DOB:	WED:
Contractor Name:			
Please fill in table below for every counseling session			
Date	Offender Signature	Date	Contractor Signature

ATTACHMENT 3 PSYCHOLOGICAL COUNSELLING: MISSED APPOINTMENT FORM

(The Contractor prints this form on her/his letterhead)

# of pages including this one: _____ Date _____

To: _____ _____
Parole Officer Location

To: _____ _____
Parole Officer Supervisor Location

To: _____ _____
Psychology Clerk Location

From: _____ _____
Psychologist/ Psychological Associate Signature

Re: _____ _____ _____ _____
Offender Name FPS DOB WED

Date of missed appointment:_____

Time of missed appointment: _____

Client called to cancel: ☐ Yes ☐ No

Possible date of next appointment: _____