

ANNEX A - Statement of Work

1. Introduction:

1.1 The Correctional Service of Canada (CSC) Health Services require the services of a psychiatrist for offenders released in the Community and still under the care and responsibility of CSC in the Province of New Brunswick, from the Moncton Parole Office of the NB/PEI Area located in the Atlantic Region. The psychiatrist will provide psychiatric care 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.

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 services to offenders at the Moncton Parole Office, NB/PEI Area as a psychiatrist.

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 The Contractor must provide services in accordance with the ethical and professional practice standards of the applicable college of Physicians and Surgeons as well as the Royal College of Physicians and Surgeons of Canada.

4.3 Compliance with provincial/national guidelines

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 and including the CSC Mental Health Policy and guidelines.

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

4.4 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

4.5 Documentation on CSC health care records:

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

- b) 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.
- c) All of the offenders' health care records, as well as all CSC protected or sensitive information, must remain at the Moncton Parole Office.

5. Tasks:

5.1 The Contractor must provide mental health services to seriously mentally disordered 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. At the request of the Project Authority, these services may be provided in person or by Telepsychiatry.

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

- a) Assess and treat individual offenders;
- b) Participate in discharge and release planning as requested;
- c) Provide consultation to other health care providers to ensure continuity of care. This includes providing consultation to community mental health service providers and the prescribing physician if the offender is residing in the community;
- d) Provide consultation and advice on mental health services to the mental health team and/or institutional management as requested;
- e) Provide educational sessions as requested;
- f) Participate in meetings including Medical Advisory Committees, case conferences and other related activities as requested including emergency services;
- g) Participate in CSC training, including orientation to CSC and risk assessment training as requested;
- h) Participate in the evaluation of the efficiency, quality and delivery of services, including, but not limited to, participation in medical audits, peer and interdisciplinary reviews, chart reviews and incident report reviews as well as the Accreditation process;
- i) Provide consultation services for the resolution of CSC internal offender grievance and investigative processes as requested;

5.2 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 5 days). The backup resource must be approved by the Project Authority and be in place prior to the absence of the Contractor. 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.

5.3 Location of Work

The Contractor must provide psychiatric care to offenders on-site at the Moncton Parole Office, NB/PEI Area mentioned under section 3, Objective.

The Contractor must provide psychiatric care by Telepsychiatry to offenders at the Moncton Parole Office, NB/PEI Area at the request of the Project Authority.

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.

6.2 At the request of the Project Authority, the Contractor must participate in provincial review boards and panels as well as CSC Boards of Investigation.

7. Services related to the provision of Health Services in CSC:

7.1 At the request of the Project Authority, the Contractor must provide the following services:

- a) participate in the review of policies and guidelines related to the provision of Health Services in CSC; and
- b) assume a role as part of a Professional Advisory Committee, participate in credentialing, and review professional practice issues.

8. Notification Requirements:

8.1 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 medical services to offenders.

8.2 The Contractor must notify the Project Authority immediately of any significant complaints filed against the Contractor.

9. Security:

9.1 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, if applicable.

9.2 **Contraband:** The Contractor shall ensure that all resources (including the Contractor and any 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 backup resources provided by the Contractor, must not enter into any personal or work relationship with an offender. The Contractor, and or any 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.

- 9.3 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, if applicable.

10. Language of work:

- 10.1 The Contractor must provide services in English, which is one of Canada's official languages as required by the offender.

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

- 11.1 The Contractor must provide up to 3 hours of service per month (Monday to Friday) for offenders, as determined between the Contractor and the Project Authority at the beginning of the contract. The Contractor must provide the services according to the operational requirements of the Institution or the Community site. Operational requirements may include varied hours of work.

- 11.1.1 The contractor shall provide consultation meetings and emergency services up to 1 hours per month (Monday to Friday) for offenders, as determined between the Contractor and the Project Authority at the beginning of the contract. The Contractor must provide the services according to the operational requirements of the Institution or the Community site. Operational requirements may include varied hours of work.

- 11.1.2 The contractor shall participate in activities and committees up to 3 hours per year (Monday to Friday) for offenders, as determined between the Contractor and the Project Authority at the beginning of the contract. The Contractor must provide the services according to the operational requirements of the Institution or the Community site. Operational requirements may include varied hours of work.

- 11.2 The Contractor must provide assessment and treatment within 30 days of receipt of an offender referral.

- 11.3 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.

- 11.4 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.

12. Meetings:

- 12.1 At the discretion of the Project Authority, there will be an initial meeting at the beginning of the contract to discuss the scope of services to be provided under the contract.
- 12.2 At the request of the Project Authority, the Contractor must attend meetings at the Atlantic Regional Headquarters.
- 12.3 The Contractor must attend Institutional and Community Health Services team meetings when requested by the Project Authority.

13. Reporting Requirements:

- 13.1 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.

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 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.

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

14. Constraints:

- 14.1 Working within a correctional institutional environment, if applicable:

- a) In a Correctional Environment there is the possibility of diversion of high abuse potential medications and for security reasons there are restrictions with respect to prescribing that may not exist in the community. Issues surrounding potential diversion, high abuse potential of narcotics and other security issues may occur in CSC Institutions. For this reason, the Contractor must adhere to the CSC National Formulary.

- 14.2 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.

15. Support to the Contractor:

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