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PART 1 - GENERAL INFORMATION

1. Security Requirement

1.1 Before award of a contract, the following conditions must be met:

- (a) the Bidder must hold a valid organization security clearance as indicated in Part 6 - Resulting Contract Clauses;
- (b) the Bidder's proposed individuals requiring access to classified or protected information, assets or sensitive work sites must meet the security requirement as indicated in Part 6 - Resulting Contract Clauses;
- (c) the Bidder must provide the name of all individuals who will require access to classified or protected information, assets or sensitive work sites.

2. Statement of Work

The Work to be performed is detailed under Article 2 of the resulting contract clauses.

3. Revision of Departmental Name

As this bid solicitation is issued by Correctional Service Canada (CSC), any reference to Public Works and Government Services Canada (PWGSC) or its Minister contained in full text or by reference in any term, condition or clause of this document, or any resulting contract, must be interpreted as a reference to CSC or its Minister.

4. Debriefings

Bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to the Contracting Authority within 15 working days of receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.

5. Procurement Ombudsman

The Office of the Procurement Ombudsman (OPO) was established by the Government of Canada to provide an independent avenue for suppliers to raise complaints regarding the award of contracts under \$25,000 for goods and under \$100,000 for services. You have the option of raising issues or concerns regarding the solicitation, or the award resulting from it, with the OPO by contacting them by telephone at 1-866-734-5169 or by e-mail at boa-opo@boa-opo.gc.ca. You can also obtain more information on the OPO services available to you at their website at www.opo-boa.gc.ca.

PART 2 - BIDDER INSTRUCTIONS

1. Standard Instructions, Clauses and Conditions

All instructions, clauses and conditions identified in the bid solicitation by number, date and title are set out in the [Standard Acquisition Clauses and Conditions](https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) Manual (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.

Bidders who submit a bid agree to be bound by the instructions, clauses and conditions of the bid solicitation and accept the clauses and conditions of the resulting contract.

The 2003 2016-04-04, Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

Subsection 5.4 of 2003, Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:

Delete: sixty (60) days
Insert: ninety (**90**) days

2. Submission of Bids

Bids must be submitted only to Correctional Service of Canada (CSC) by the date, time and place indicated on page 1 of the bid solicitation.

Due to the nature of the bid solicitation, bids transmitted by facsimile or email to CSC will not be accepted.

2.2 Former Public Servants

Contracts awarded to former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts awarded to FPSs, bidders must provide the information required below before contract award. If the answer to the questions and, as applicable the information required have not been received by the time the evaluation of bids is completed, Canada will inform the Bidder of a time frame within which to provide the information. Failure to comply with Canada's request and meet the requirement within the prescribed time frame will render the bid non-responsive.

Definitions

For the purposes of this clause, "former public servant" is any former member of a department as defined in the [Financial Administration Act](#), R.S., 1985, c. F-11, a former member of the Canadian Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:

- a. an individual;
- b. an individual who has incorporated;
- c. a partnership made of former public servants; or
- d. a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means a pension or annual allowance paid under the [Public Service Superannuation Act](#) (PSSA), R.S., 1985, c. P-36, and any increases paid pursuant to the [Supplementary Retirement Benefits Act](#), R.S., 1985, c. S-24 as it affects the PSSA. It does not include pensions payable pursuant to the [Canadian Forces Superannuation Act](#), R.S., 1985, c. C-17, the [Defence Services Pension Continuation Act](#), 1970, c. D-3, the [Royal Canadian Mounted Police Pension Continuation Act](#), 1970, c. R-10, and the [Royal Canadian Mounted Police Superannuation Act](#), R.S., 1985, c. R-11, the [Members of Parliament Retiring Allowances Act](#), R.S. 1985, c. M-5, and that portion of pension payable to the [Canada Pension Plan Act](#), R.S., 1985, c. C-8.

Former Public Servant in Receipt of a Pension

As per the above definitions, is the Bidder a FPS in receipt of a pension? **Yes () No ()**

If so, the Bidder must provide the following information, for all FPSs in receipt of a pension, as applicable:

- a. name of former public servant;
- b. date of termination of employment or retirement from the Public Service.

By providing this information, Bidders agree that the successful Bidder's status, with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with [Contracting Policy Notice: 2012-2](#) and the [Guidelines on the Proactive Disclosure of Contracts](#).

Work Force Adjustment Directive

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of the Work Force Adjustment Directive? **Yes () No ()**

If so, the Bidder must provide the following information:

- a. name of former public servant;
- b. conditions of the lump sum payment incentive;
- c. date of termination of employment;
- d. amount of lump sum payment;
- e. rate of pay on which lump sum payment is based;
- f. period of lump sum payment including start date, end date and number of weeks;
- g. number and amount (professional fees) of other contracts subject to the restrictions of a work force adjustment program.

For all contracts awarded during the lump sum payment period, the total amount of fees that may be paid to a FPS who received a lump sum payment is \$5,000, including Applicable Taxes.

3. Enquiries – Bid Solicitation

All enquiries must be submitted in writing to the Contracting Authority no later than five (5) business days before the bid closing date. Enquiries received after that time may not be answered.

Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit

the question(s) or may request that the Bidder do so, so that the proprietary nature of the question(s) is eliminated, and the enquiry can be answered to all Bidders. Enquiries not submitted in a form that can be distributed to all Bidders may not be answered by Canada.

4. Applicable Laws

Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Alberta, Saskatchewan.

Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the bidders.

PART 3 - BID PREPARATION INSTRUCTIONS

1. Bid Preparation Instructions

CSC requests that bidders provide their bid in separately bound sections as follows:

Section I: Technical Bid: **one (1) hard copy**

Section II: Financial Bid: **one (1) hard copy**

Section III: Certifications: **one (1) hard copy**

Prices must appear in the financial bid only. No prices must be indicated in any other section of the bid.

Bidders are requested to submit their Financial Bid in an envelope separate from their technical proposal.

CSC requests that bidders follow the format instructions described below in the preparation of their bid:

- i. use 8.5 x 11 inch (216 mm x 279 mm) paper;
- ii. use a numbering system that corresponds to the bid solicitation.

In April 2006, Canada issued a policy directing federal departments and agencies to take the necessary steps to incorporate environmental considerations into the procurement process [Policy on Green Procurement](http://www.tpsgc-pwgsc.gc.ca/ecologisation-greening/achats-procurement/politique-policy-eng.html) (<http://www.tpsgc-pwgsc.gc.ca/ecologisation-greening/achats-procurement/politique-policy-eng.html>). To assist Canada in reaching its objectives, bidders should:

- i. use 8.5 x 11 inch (206 mm x 279 mm) paper containing fibre certified as originating from a sustainably-managed forest and containing minimum 30% recycled content; and
- ii. use an environmentally-preferable format including black and white printing instead of colour printing, printing double sided/duplex, using staples or clips instead of cerlox, duo tangs or binders.

2. Section I: Technical Bid

In their technical bid, Bidders should explain and demonstrate how they propose to meet the requirements and how they will carry out the work.

3. Section II: Financial Bid

- 1.1 Bidders must submit their financial bid in Canadian funds and in accordance with the pricing schedule detailed in Annex B - Proposed Basis of Payment. The total amount of Applicable Taxes must be shown separately, as applicable.
- 1.2 Bidders must submit their rates, FOB destination; Canadian customs duties and excise taxes included, as applicable; and Applicable Taxes excluded.
- 1.3 The rates specified in the financial proposal, when quoted by the Bidder, must include provision of all of the services described in Annex A - Statement of Work, including the total estimated cost of all travel and living expenses that may need to be incurred for:
 - a. work described in Annex A, Statement of Work, of the bid solicitation required to be performed at the Institution and/or community site indicated under 3. Objective
 - b. travel between the successful bidder's place of business and the Institution and/or community site; and

- c. the relocation of resources to satisfy the terms of any resulting contract. These expenses cannot be charged directly and separately from the professional fees to any contract that may result from the bid solicitation.
- 1.4 The rates specified in the financial proposal, when quoted by the bidder, must not include the cost of the supplies and equipment required to provide health services to CSC offenders (see Annex A, statement of work, article 14. Support to Contractor).
- 1.5 When preparing their financial bid, bidders should review clause 1.2, Financial Evaluation, of Part 4.
- 1.6 The Bidder's all-inclusive hourly rates in response to the RFP and resulting contract(s) will apply to where the Work is to be performed as specified in the RFP and the resulting contract(s).

3.1 Exchange Rate Fluctuation

SACC Manual clause C3011T (2013-11-06) Exchange Rate Fluctuation

4. Section III: Certifications

Bidders must submit the certifications and additional information required under Part 5.

PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

1. Evaluation Procedures

- (a) Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria.
- (b) An evaluation team composed of representatives of CSC will evaluate the bids.

1.1 Technical Evaluation

1.1.1 Mandatory Technical Criteria

Proposals will be evaluated to determine if they meet all mandatory requirements outlined in **Annex D – Evaluation Criteria**. Proposals not meeting all mandatory criteria will be declared non-responsive and will be given no further consideration.

1.2 Financial Evaluation

SACC Manual Clause A0220T (2014-06-26), Evaluation of Price - Bid

Proposals containing a financial bid other than the one requested at **Article 3. Section II: Financial Bid of PART 3 – BID PREPARATION INSTRUCTIONS** will be declared non-compliant.

2. Basis of Selection

A bid must comply with the requirements of the bid solicitation and meet all mandatory technical evaluation criteria to be declared responsive. The responsive bid with the lowest evaluated price will be recommended for award of a contract.

****Up to two (2) contracts per province may be awarded. Bidders are to indicate for which province they are providing pricing (Annex B- Proposed Basis of Payment).**

3. Insurance Requirements

- 3.1 The Bidder must provide a letter from an insurance broker or an insurance company licensed to operate in Canada stating that the Bidder, if awarded a contract as a result of the bid solicitation, can be insured in accordance with the Insurance Requirements specified in Annex E.
- 3.2 If the information is not provided in the bid, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

PART 5 - CERTIFICATIONS AND ADDITIONAL INFORMATION

Bidders must provide the required certifications and additional information to be awarded a contract.

The certifications provided by Bidders to Canada are subject to verification by Canada at all times. Unless specified otherwise, Canada will declare a bid non-responsive or will declare a contractor in default if any certification made by the Bidder is found to be untrue whether made knowingly or unknowingly, during the bid evaluation period or during the contract period.

The Contracting Authority will have the right to ask for additional information to verify the Bidders' certifications. Failure to comply and to cooperate with any request or requirement imposed by the Contracting Authority may render the bid non-responsive or constitute a default under the Contract.

1. Certification Required with the Bid

Bidders must submit the following duly completed certification as part of their bid.

1.1 Integrity Provisions – Declaration of Convicted Offenses

- A) Subject to subsection B, by submitting a bid in response to this bid solicitation, the Bidder certifies that:
- i. it has read and understands the Ineligibility and Suspension Policy;
 - ii. it understands that certain domestic and foreign criminal charges and convictions, and other circumstances, as described in the Policy, will or may result in a determination of ineligibility or suspension under the Policy;
 - iii. it is aware that Canada may request additional information, certifications, and validations from the Bidder or a third party for purposes of making a determination of ineligibility or suspension;
 - iv. it has provided with its bid a complete list of all foreign criminal charges and convictions pertaining to itself, its affiliates and its proposed first tier subcontractors that, to the best of its knowledge and belief, may be similar to one of the listed offenses in the Policy;
 - v. none of the domestic criminal offenses, and other circumstances, described in the Policy that will or may result in a determination of ineligibility or suspension, apply to it, its affiliates and proposed first tier subcontractors; and
 - vi. it is not aware of a determination of ineligibility or suspension issued by PWGSC that applies to it.
- B) Where a Bidder is unable to provide any of the certifications required by subsection A, it must submit with its bid the completed Integrity Declaration Form (<http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html>). Bidders must submit this form to Correctional Service of Canada with their bid.

2. Certifications Precedent to Contract Award and Additional Information

The certifications and additional information listed below should be submitted with the bid, but may be submitted afterwards. If any of these required certifications or additional information is not completed and submitted as requested, the Contracting Authority will inform the Bidder of a time frame within which to provide the information. Failure to provide the certifications or the additional information listed below within the time frame provided will render the bid non-responsive.

2.1 Integrity Provisions – Required documentation

List of names: all Bidders, regardless of their status under the Ineligibility and Suspension Policy, must submit the following information:

- i. Bidders that are corporate entities, including those bidding as joint ventures, must provide a complete list of the names of all current directors or, for a privately owned corporation, the names of the owners of the corporation;
- ii. Bidders bidding as sole proprietors, including sole proprietors bidding as joint ventures, must provide a complete list of the names of all owners; or
- iii. Bidders that are a partnership do not need to provide a list of names.

List of Names:

_____	_____
_____	_____
_____	_____
_____	_____

OR

The Bidder is a partnership

During the evaluation of bids, the Bidder must, within 10 working days, inform the Contracting Authority in writing of any changes affecting the list of names submitted with the bid.

2.2 Federal Contractors Program for Employment Equity - Bid Certification

By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "[FCP Limited Eligibility to Bid](#)" list available at the bottom of the page of the [Employment and Social Development Canada \(ESDC\) - Labour's](#) website (http://www.esdc.gc.ca/en/jobs/workplace/human_rights/employment_equity/federal_contractor_program.page?&_ga=1.229006812.1158694905.1413548969).

Canada will have the right to declare a bid non-responsive if the Bidder, or any member of the Bidder if the Bidder is a Joint Venture, appears on the "[FCP Limited Eligibility to Bid](#)" list at the time of contract award.

2.3 Former Public Servant Certification

Contracts awarded to former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts to FPS, bidders must provide the information required below before contract award. If the answers to the questions and, as applicable, the information required have not been received by the time the evaluation of bids is completed, Canada will inform the Bidder of a time frame within which to provide the information. Failure to comply with Canada's request and meet the requirement within the prescribed time frame will render the bid non-responsive.

Definitions

For the purposes of this clause, "former public servant" is any former member of a department as defined in the *Financial Administration Act*, R.S., 1985, c. F-11, a former member of the Canadian

Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:

- (a) an individual;
- (b) an individual who has incorporated;
- (c) a partnership made of former public servants; or
- (d) a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means a pension or annual allowance paid under the *Public Service Superannuation Act* (PSSA), R.S., 1985, c. P-36, and any increases paid pursuant to the *Supplementary Retirement Benefits Act*, R.S., 1985, c. S-24 as it affects the PSSA. It does not include pensions payable pursuant to the *Canadian Forces Superannuation Act*, R.S., 1985, c. C-17, the *Defence Services Pension Continuation Act*, 1970, c. D-3, the *Royal Canadian Mounted Police Pension Continuation Act*, 1970, c. R-10, and the *Royal Canadian Mounted Police Superannuation Act*, R.S., 1985, c. R-11, the *Members of Parliament Retiring Allowances Act*, R.S., 1985, c. M-5, and that portion of pension payable to the *Canada Pension Plan Act*, R.S., 1985, c. C-8.

Former Public Servant in Receipt of a Pension

As per the above definitions, is the Bidder a FPS in receipt of a pension? **YES** () **NO** ()

If so, the Bidder must provide the following information, for all FPS in receipt of a pension, as applicable:

- (a) name of former public servant;
- (b) date of termination of employment or retirement from the Public Service.

By providing this information, Bidders agree that the successful Bidder's status with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with Contracting Policy Notice: 2012 – 2 and the Guidelines on the Proactive Disclosure of Contracts.

Work Force Adjustment Directive

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of the Work Force Adjustment Directive? **YES** () **NO** ().

If so, the Bidder must provide the following information:

- (a) name of former public servant;
- (b) conditions of the lump sum payment incentive;
- (c) date of termination of employment;
- (d) amount of lump sum payment;
- (e) rate of pay on which lump sum payment is based;
- (f) period of lump sum payment including start date, end date and number of weeks;
- (g) number and amount (professional fees) of other contracts subject to the restrictions of a work force adjustment program.

For all contracts awarded during the lump sum payment period, the total amount of fees that may be paid to a FPS who received a lump sum payment is \$5,000, including Applicable Taxes.

2.4 Status and Availability of Resources

SACC Manual clause A3005T (2010-08-16) Status and Availability of Resources

2.5 Language Requirements - English Essential

By submitting a bid, the Bidder certifies that, should it be awarded a contract as result of the bid solicitation, every individual proposed in its bid will be fluent in English. The individual(s) proposed must be able to communicate orally and in writing in English without any assistance and with minimal errors.

2.6 Education and Experience

SACC Manual clause A3010T (2010-08-16) Education and Experience

2.7 Rate Certification

The Bidder certifies that the rates proposed:

- a. are not in excess of the lowest rate charged anyone else, including the Bidder's most favoured customer, for the like quality and quantity of the service;
- b. do not include an element of profit on the sale in excess of that normally obtained by the Bidder on the sale of services of like quality and quantity, and
- c. do not include any provision for discounts to selling agents.

2.8 Licensing Certification

a. License to Practice

The Contractor must have current registration - in good standing - for Autonomous Practice of Psychology by a Provincial Registering/ Licensing Body in the province(s) of practice.

The Contractor must provide a copy of their license and/or registration to the Project Authority annually for the duration of the contract and when requested to do so.

b. Competency to Practice

The proposed psychologist must declare any past complaints upheld by the licensing body, any pending complaints, and any restrictions imposed by the licensing body, affecting the proposed psychologist's ability to provide psychological services to offenders, as follows (the proposed psychologist must check off box i. or box ii. below and provide details of complaints and/or restrictions if applicable):

- i. There are no past complaints upheld by the licensing body, pending complaints, or restrictions imposed by the licensing body against the proposed psychologist in any area of professional conduct, and that his/her licence to practice psychology has no restrictions;

OR

- ii. There are past complaints upheld by the licensing body, pending complaints, and/or restrictions imposed by the licensing body against the proposed psychologist. Details of the complaints (upheld and current) and/or restrictions are provided below in detail:
-

CSC will review the Competency to Practice certification including any declared issues that may call into question the proposed psychologist's competency, and/or restrictions imposed by the licensing body against the proposed psychologist. CSC may, at its sole discretion, declare a bid non-responsive according to the nature of the issues and/or restrictions described in this certification.

2.9 Certification:

By submitting a bid, the Bidder certifies that the information submitted by the Bidder in response to the above requirements is accurate and complete.

PART 6 - RESULTING CONTRACT CLAUSES

The following clauses and conditions apply to and form part of any contract resulting from the bid solicitation.

1. Security Requirement

1. The Contractor/Offeror must, at all times during the performance of the Contract/Standing Offer, hold a valid Designated Organization Screening (DOS), issued by the Canadian Industrial Security Directorate (CISD), Public Works and Government Services Canada (PWGSC).
2. The Contractor/Offeror personnel requiring access to PROTECTED information, assets or sensitive work site(s) must EACH hold a valid **RELIABILITY STATUS**, granted or approved by CISD/PWGSC.
3. The Contractor/Offeror **MUST NOT** remove any PROTECTED information or assets from the identified work site(s), and the Contractor/Offeror must ensure that its personnel are made aware of and comply with this restriction.
4. Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of CISD/PWGSC.
5. The Contractor/Offeror must comply with the provisions of the:
 - (a) Security Requirements Check List and security guide (if applicable), attached at Annex C;
 - (b) Industrial Security Manual (Latest Edition).

CSC Approved Health Services Exemption for the Removal, Offsite Storage and Electronic Data Processing of Offender Personal Medical Information under CSC issued contracts.

1. The Contractor/Offeror must practice and take measures to protect shared personal health information in accordance with the applicable legislation which governs the disclosure of personal and health information under federal and provincial laws, applicable provincial health information acts, and the provincial/territorial regulatory body's professional practice standards. This includes collection, receipt, transmission, storage, disposal, use and disclosure of information under its control among authorized persons of employees of the Contractor/Offeror.
2. In case of security breach or the unauthorized use of shared personal information, the Contractor/Offeror must notify the CSC Project Authority and implement all procedures and disclosure requirements as defined by their professional certifying body and those required of federal and provincial laws and regulations.

2. Statement of Work

The Contractor must perform the Work in accordance with the Statement of Work at Annex "A".

3. Standard Clauses and Conditions

All clauses and conditions identified in the Contract by number, date and title are set out in the [Standard Acquisition Clauses and Conditions](https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) Manual (https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) issued by Public Works and Government Services Canada.

As this Contract is issued by Correctional Service Canada (CSC), any reference to Public Works and Government Services Canada (PWGSC) or its Minister contained in full text or by reference in any term, condition or clause of this document must be interpreted as a reference to CSC or its Minister.

3.1 General Conditions

2010B 2016-04-04, General Conditions - Professional Services (Medium Complexity), apply to and form part of the Contract.

3.3 Replacement of Specific Individuals

1. If specific individuals are identified in the Contract to perform the Work, the Contractor must provide the services of those individuals unless the Contractor is unable to do so for reasons beyond its control.
2. If the Contractor is unable to provide the services of any specific individual identified in the Contract, it must provide a replacement with similar qualifications and experience. The replacement must meet the criteria used in the selection of the Contractor and be acceptable to Canada. The Contractor must, as soon as possible, give notice to the Contracting Authority of the reason for replacing the individual and provide:
 - a. The name, qualifications and experience of the proposed replacement; and
 - b. Proof that the proposed replacement has the required security clearance granted by Canada, if applicable.
3. The Contractor must not, in any event, allow performance of the Work by unauthorized replacement persons. The Contracting Authority may order that a replacement stop performing the Work. In such a case, the Contractor must immediately comply with the order and secure a further replacement in accordance with subsection 2. The fact that the Contracting Authority does not order that a replacement stop performing the work does not release the Contractor from its responsibility to meet the requirements of the Contract.

4. Term of Contract

4.1 Period of the Contract

The period of the Contract is from **July 1, 2017** to **June 30, 2020** inclusive.

4.2 Option to Extend – Transition Period

The Contractor acknowledges that the nature of the services provided under the Contract requires continuity and that a transition period may be required at the end of the Contract. The Contractor agrees that Canada may, at its discretion, extend the Contract by a period of 90 days under the same conditions to ensure the required transition. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions of the Basis of Payment.

The Contracting Authority will advise the Contractor of the extension by sending a written notice to the Contractor at least 90 calendar days before the contract expiry date. The extension will be evidenced, for administrative purposes only, through a contract amendment.

5. Authorities

5.1 Contracting Authority

The Contracting Authority for the Contract is:

Name: Claudette Chabot
Title: Procurement Officer
Correctional Service Canada
Branch/Directorate: Contracting and Materiel Services
Telephone: 306 659 9255
Facsimile: 306 659 9317
E-mail address: 501Contracts@csc-scc.gc.ca

The Contracting Authority is responsible for the management of the Contract and any changes to the Contract must be authorized in writing by the Contracting Authority. The Contractor must not perform work in excess of or outside the scope of the Contract based on verbal or written requests or instructions from anybody other than the Contracting Authority.

To be added at contract award.

5.2 Project Authority

The Project Authority for the Contract is:

Name: (XXX)
Title: (XXX)
Correctional Service Canada
Branch/Directorate: (XXX)
Telephone: (XXX)
Facsimile: (XXX)
E-mail address: (XXX)

The Project Authority is the representative of the department or agency for whom the Work is being carried out under the Contract and is responsible for all matters concerning the technical content of the Work under the Contract. Technical matters may be discussed with the Project Authority, however the Project Authority has no authority to authorize changes to the scope of the Work. Changes to the scope of the Work can only be made through a contract amendment issued by the Contracting Authority.

To be added at contract award.

5.3 Contractor's Representative

The Authorized Contractor's Representative is:

Name: _____
Title: _____
Company: _____
Address: _____

Telephone: ____-____-_____
Facsimile: ____-____-_____
E-mail address: _____

6. Payment

6.1 Basis of Payment

6.2 Limitation of Expenditure

The Contractor will be reimbursed for the costs reasonably and properly incurred in the performance of the Work, as determined in accordance with the Basis of Payment in AnnexB, to a limitation of

expenditure of \$ _____ (*insert the amount at contract award*). Customs duties are excluded and Applicable Taxes are extra.

6.3 Monthly Payment

Canada will pay the Contractor on a monthly basis for work performed during the month covered by the invoice in accordance with the payment provisions of the Contract if:

- a. an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- b. all such documents have been verified by Canada;
- c. the Work performed has been accepted by Canada

6.4 SACC Manual Clauses

SACC Manual clause A9117C (2007-11-30), T1204 - Direct Request by Customer Department
SACC Manual clause C0710C (2007-11-30), Time and Contract Price Verification
SACC Manual clause C0705C (2010-01-11), Discretionary Audit

6.5 Travel and Living Expenses

There are no travel and living expenses associated with the Contract.

7. Invoicing Instructions

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoice is completed.
2. Invoices must be distributed as follows:
 - a. The original and one (1) copy must be forwarded to the address shown on page 1 of the Contract for certification and payment.

7.1 Psychology Services Invoices

The Contractor must submit invoices on a monthly basis.

- a. Psychology Services Invoice Format

All invoices must include the following as a minimum:

Name of Contractor
Registration/License Number
Contract Number
Date(s) of Service
Date of Invoice
Total billable hours by type of service (e.g. mental health assessment, mental health screening, counselling, as applicable)
Total number risk assessments, if applicable
Total fees

b. Additional Information for the Project Authority:

- i. The Contractor must submit to the Project Authority only the list of offenders for which risk assessments were performed during the period covered by the invoice, if applicable; and
- ii. The contractor must submit his/her clinic list for the period covered by the invoice, if applicable.

8. Certifications and Additional Information

8.1 Compliance

Unless specified otherwise, the continuous compliance with the certifications provided by the Contractor in its bid or precedent to contract award, and the ongoing cooperation in providing additional information are conditions of the Contract and failure to comply will constitute the Contractor in default. Certifications are subject to verification by Canada during the entire period of the Contract.

9. Applicable Laws

The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Alberta, Saskatchewan.

10. Priority of Documents

If there is a discrepancy between the wording of any documents that appear on the list, the wording of the document that first appears on the list has priority over the wording of any document that subsequently appears on the list.

- (a) the Articles of Agreement;
- (b) the General Conditions 2010B (2016-04-04), General Condition, Professional Services
- (c) Annex A, Statement of Work;
- (d) Annex B, Basis of Payment;
- (e) Annex C, Security Requirements Check List
- (f) the Contractor's bid dated _____ (to be inserted at contract award)

11. Termination on Thirty Days Notice

11.1 Canada reserves the right to terminate the Contract at any time in whole or in part by giving thirty (30) calendar days written notice to the Contractor.

11.2 In the event of such termination, Canada will only pay for costs incurred for services rendered and accepted by Canada up to the date of the termination. Despite any other provision of the Contract, there will be no other costs that will be paid to the Contractor as a result of the termination.

12. Insurance Requirements

12.1 The Contractor must comply with the insurance requirements specified in Annex E - Insurance Requirements. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.

12.2 The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.

12.3 The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. Coverage must be placed with an Insurer licensed to carry out business in Canada. The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

13. Ownership Control

Where the Contractor will have access to any and all personal and confidential information belonging to Canada, CSC staff or inmates for the performance of the work, the following will apply:

- (a) The Contractor warrants that it is not under ownership control of any non-resident entity (i.e. Individual, partnership, joint venture, corporation, limited liability company, parent company, affiliate or other).
- (b) The Contractor shall advise the Minister of any change in ownership control for the duration of the contract.
- (c) The Contractor acknowledges that the Minister has relied on this warranty in entering into this Contract and that, in the event of breach of such warranty, or in the event that the Contractor's ownership control becomes under a non-resident entity, the Minister shall have the right to treat this Contract as being in default and terminate the contract accordingly.
- (d) For the purposes of this clause, a non-resident entity is any individual, partnership, joint venture, corporation, limited liability company, parent company, affiliate or other residing outside of Canada.

14. Closure of Government Facilities

14.1 Contractor personnel are employees of the Contractor and are paid by the Contractor on the basis of services rendered. Where the Contractor or the Contractor's employees are providing services on government premises pursuant to this Contract and the said premises become non accessible due to evacuation or closure of government facilities, and consequently no Work is being performed as a result of the closure, Canada will not be liable for payment to the Contractor for the period of closure.

14.2 Contractors working at CSC sites should be aware that they may be faced with delay or refusal of entry to certain areas at certain times even if prior arrangements for access may have been made. Contractors are advised to call in advance of travel to ensure that planned access is still available.

15. Tuberculosis Testing

15.1 It is a condition of this contract that the Contractor or any employees of the Contractor who require entry into a Correctional Service of Canada Institution to fulfill the conditions of the contract may, at the sole discretion of the Warden, be required to provide proof of and results of a recent tuberculin test for the purpose of determining their TB infection status.

15.2 Failure to provide proof of and results of a tuberculin test may result in the termination of the contract.

15.3 All costs related to such testing will be at the sole expense of the Contractor.

16. Compliance with CSC Policies

16.1 The Contractor agrees that its officers, servants, agents and subcontractors will comply with all regulations and policies in force at the site where the work covered by this contract is to be performed.

16.2 Unless otherwise provided in the contract, the Contractor shall obtain all permits and hold all certificates and licenses required for the performance of the Work.

16.3 Details on existing CSC policies can be found at: www.csc-scc.gc.ca or any other CSC web page designated for such purpose.

17. Health and Labour Conditions

17.1 In this section, "Public Entity" means the municipal, provincial or federal government body authorized to enforce any laws concerning health and labour applicable to the performance of the Work or any part thereof.

17.2 The Contractor shall comply with all laws concerning health and labour conditions applicable to the performance of the Work or part thereof and shall also require compliance of same by all its subcontractors when applicable.

17.3 The Contractor upon any request for information or inspection dealing with the Work by an authorized representative of a Public Entity shall forthwith notify the Project Authority or Her Majesty.

17.4 Evidence of compliance with laws applicable to the performance of the Work or part thereof by either the Contractor or its subcontractor shall be furnished by the Contractor to the Project Authority or Her Majesty at such time as the Project Authority or Her Majesty may reasonably request."

18. Identification Protocol Responsibilities

The Contractor must ensure that the Contractor and each of its agents, representatives or subcontractors (referred to as Contractor Representatives for the purposes of this clause) comply with the following self-identification requirements:

18.1 During the performance of any Work at a Government of Canada site, the Contractor and each Contractor Representative must be clearly identified as such at all times;

18.2 During attendance at any meeting, the Contractor or Contractor Representatives must identify themselves as such to all meeting participants;

18.3 If the Contractor or a Contractor Representative requires the use of the Government of Canada's e-mail system in the performance of the Work, then the individual must clearly identify him or herself as the Contractor or an agent or subcontractor of the Contractor in all electronic mail in the signature block as well as under the e-mail account Properties. This identification protocol must also be used in all other correspondence, communication, and documentation; and

18.4 If Canada determines that the Contractor is not complying with any of the obligations stated in this article, Canada will advise the Contractor and request that the Contractor implement, without delay, appropriate corrective measures to eliminate recurrence of the problem.

19. Dispute Resolution Services

The parties understand that the Procurement Ombudsman appointed pursuant to Subsection 22.1(1) of the *Department of Public Works and Government Services Act* will, on request, and consent of the parties for both the process and to bear the cost of such process, assist in an alternative dispute resolution process to resolve any dispute between the parties respecting the interpretation or applicable of a term and condition of this contract. The Office of Procurement Ombudsman may be contacted by telephone at 1-866-734-5169 or by e-mail at boa-opo@boa-opo.gc.ca.

20. Contract Administration

The parties understand that the Procurement Ombudsman appointed pursuant to Subsection 22.1(1) of the *Department of Public Works and Government Services Act* will review a complaint filed by the contractor respecting administration of this contract if the requirements of Subsection 22.2(1) of the *Department of Public Works and Government Services Act* and Sections 15 and 16 of the *Procurement Ombudsman Regulations* have been met, and the interpretation and the application of the terms and conditions and the scope of work of this contract are not in dispute. The Office of Procurement Ombudsman may be contacted by telephone at 1-866-734-5169 or by e-mail at boa-opo@boa-opo.gc.ca.

21. Privacy

21.1 The Contractor acknowledges that Canada is bound by the Privacy Act, R.S.C. 1985, c. P-21, with respect to the protection of personal information as defined in that Act. The Contractor shall keep private and confidential any such personal information collected, created or handled by the Contractor under the Contract, and shall not use, copy, disclose, dispose of or destroy such personal information except in accordance with this clause and the delivery provisions of the Contract.

21.2 All such personal information is the property of Canada, and the Contractor shall have no right in or to that information. The Contractor shall deliver to Canada all such personal information in whatever form, including all copies, drafts, working papers, notes, memoranda, reports, data in machine-readable format or otherwise, and documentation which have been made or obtained in relation to this Contract, upon the completion or termination of the Contract, or at such earlier time as the Minister may request. Upon delivery of the personal information to Canada, the Contractor shall have no right to retain that information in any form and shall ensure that no record of the personal information remains in the Contractor's possession.

22. Proactive Disclosure of Contracts with Former Public Servants

By providing information on its status, with respect to being a former public servant in receipt of a [Public Service Superannuation Act](#) (PSSA) pension, the Contractor has agreed that this information will be reported on departmental websites as part of the published proactive disclosure reports, in accordance with [Contracting Policy Notice: 2012-2](#) of the Treasury Board Secretariat of Canada.

23. Information Guide for Contractors

Prior to the commencement of any work, the Contractor certifies that its employees, or employees of its subcontractors, working under contract for CSC will complete the applicable Module(s) and retain the signed checklist(s) from the CSC "Information Guide for Contractors" website: www.bit.do/CSC-EN.

Annex A – Statement of Work

1. Introduction:

1.1 The Correctional Service of Canada (CSC) Health Services is looking to contract with an organization able to offer the services of multiple psychologists for sites located throughout the Prairie Region.

Alberta

Bowden institution, Innisfail Alberta
Edmonton Institution, Edmonton Alberta
Edmonton Institution for Women, Edmonton Alberta
Drumheller Institution, Drumheller Alberta
Pe Sakastew Centre – Alberta
Grierson Institution – Edmonton Alberta
Grande Cache Institution – Grande Cache Alberta

Saskatchewan

Saskatchewan Penitentiary, Prince Albert, Saskatchewan
Regional Psychiatric Centre, Saskatoon Saskatchewan
Okimaw Ohci Healing Lodge – near Maple Creek Saskatchewan
Willow Cree Healing Lodge – near Duck Lake Saskatchewan

(AND/OR) Prairie Region Alberta and Saskatchewan Community site(s) as required.

The psychologists 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 and non-essential mental health and/or psychological assessment or psychological risk assessment services to offenders, as requested by the Project Authority,

At Institution(s);

Alberta:

- Bowden institution
- Edmonton Institution
- Drumheller Institution
- Edmonton Institution for Women
- Grierson Institution
- Grande Cache Institution
- Pe Sakastew Centre

Saskatchewan:

- Saskatchewan Penitentiary
- Regional Psychiatric Centre
- Okimaw Ohci Healing Lodge
- Willow Cree Healing Lodge

(AND/OR) Prairie Region – Alberta and Saskatchewan Community site(s) **and/or** at the Contractor's business location (professional office) in Alberta, Saskatchewan or Manitoba.

Alberta community sites

- Edmonton Area Parole Office
- Grande Prairie Parole Office
- Calgary Area Parole Office
- Red Deer Area Parole Office
- Medicine Hat Parole Office
- Lethbridge Parole Office
- Drumheller Parole Office
- And other surrounding communities within the province of Alberta

Saskatchewan community sites

- Saskatoon Parole Office
- Prince Albert Parole Office
- La Ronge Parole Office
- Regina Parole Office
- And other surrounding communities within the province of Saskatchewan

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
- 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. However, the Project Authority may, at his/her sole discretion, request that the Contractor place reports in the offenders' psychology file and OMS.
- 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, policy, 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

- a. For Services Provided in an Institution or Community Site

All of the original offenders' health care records, as well as all CSC protected or sensitive information, must remain at the institution or community site.

- b. For Services provided at the Contractor's Place of Business

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;
- c. Provide consultation services for the resolution of CSC internal offender grievance and investigative processes as requested; and
- d. Prepare and submit psychological assessment and other reports as requested by the Project Authority.

5.2 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.

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.

5.3 Mental Health Counselling and/or Assessment Process in Institutional Sites:

The Contractor must:

- 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;
- d. Provide consultation and advice on mental health services to the mental health team and/or management as requested;
- e. Arrange, in advance, to conduct interviews, and file reviews at times mutually agreed upon with the Mental Health Department.
- f. Prior to conducting any interview, the Contractor must review relevant files, including Psychology, Case Management, Discipline/Dissociation files and those stored electronically on the OMS. The offender will be informed that the services to be provided are brief and that long-term follow-up (if deemed necessary) is the responsibility of the CSC Mental Health Department.
- g. All cases will be assigned by the Project Authority or designate. The assignment of cases will include those requiring psychological segregation reviews and reports, short-term counselling, crisis intervention or any other clinical emergencies.
- h. In all clinical work, the Contractor must make recommendations, in writing, regarding intervention strategies and based on the identification of presenting problems, diagnosis where relevant to risk, symptomatology, the nature of the referral question, and, risk for self-harm.
- i. The Contractor must provide a verbal report to the Chief of the Mental Health Department and/or other pertinent staff immediately subsequent to the interview for any cases that are at risk of suicide/self-harm, or are obviously mentally ill or unstable.
- j. With the exception of Segregation Reviews, the Contractor must submit written reports to the Project Authority within one week from the interview. The reports will be submitted to designated CSC staff in the format specified under information sharing. At the request of the Project Authority, the Contractor must place the reports directly on the OMS and submit signed copies of the OMS generated reports, to the Project Authority.

- k. In the case of Segregation Reviews, The Contractor must carry out all work in a timely manner consistent with Commissioner's Directive 709, Section 69 and Annex E. The Contractor must complete and submit these reports to the Project Authority on the same day as the offender's interview.

5.4 Mental Health Screening and Assessment:

- a. The Contractor must provide all assessment services on-site at the location designated by the Project Authority or designate;
- b. The Contractor must obtain prior approval from the Project Authority or designate for all work related to follow-up interventions with acute cases;
- c. The Project Authority will provide the battery of tests to be administered to offenders.
- d. The Contractor must:
 - Administer, as per the national guidelines and if required, the screening battery to new federal offenders within 72 hours to 14 days of admission;
 - Provide interpretation of the screening tests as per the tests' respective manuals;
 - Conduct follow-up interviews with offenders if indicated by the results of the screening battery in order to clarify the offenders' mental health needs;
 - Based on the results of the screening battery, make the appropriate referrals for follow-up mental health services;
 - Make recommendations to the Project Authority or designate on offenders concerning their suitability for normal association, transfer, specialized mental health treatment, risk of harm to self or others, and suitability for treatment and/or rehabilitation training;
 - Provide professional advice to the Project Authority or designate on precautionary measures concerning the well-being of offenders (i.e. suicidal precautions, increased supervision and the safety of treatment staff);
 - Provide consultative and emergency services up to an average of three hours per month at the request of the Project Authority or designate;
- e. The Contractor must provide a type written summary based on the interpretation of the results of the screening battery ;
- f. The Contractor must provide a typewritten psychological assessment of an offender's mental health needs if indicated by the results of the screening battery;
- g. The Contractor must provide typed reports on his/her clinical activities with the offenders to the CSC staff designated by the Project Authority. These reports must be available to CSC staff members according to the time frames established by the national guidelines for the screening battery;
- h. The Project Authority or designate reserves the right to request the above noted reports prior to the time frames established by the national guidelines for the screening battery in case of emergencies.

5.5 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 (8th) 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 (8th) session or every four (4) months, whichever is sooner;
- e. Prior to the last authorized session (the 8th 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 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.

5.6 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). The backup resource should be identified in the initial contract submission or within three (3) months after the awarding of the contract. 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.

5.7 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.

5.8 Location of Work

- a. The Contractor must provide mental health care to offenders on-site at the Institution, Community site and/or at the Contractor's business location (professional office) mentioned under section 3. Objective.
- b. The Contractor must visit incarcerated offenders in interview rooms in segregation or cell range areas as requested by the Project Authority.

5.9 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 20% 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 in 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.

8.4 To avoid an unnecessary trip to an institutional site because of an institutional lockdown, the Contractor is expected to call the Duty Correctional Manager at the appropriate facility, a minimum of three hours prior to arrival, to ensure that the institution is under normal operations. Should the Contractor arrive at the institution, but is unable to meet with the offender(s) for reasons beyond the Contractor's control, a "no show" fee of \$400.00 may be invoiced to CSC. To receive this fee, the Contractor must document that the call was made, the time of the call and the name of the CSC employee they spoke to.

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 It is estimated that the Contractor may have to provide up to a maximum of **25 reports per month**, as determined between the Contractor and the Project Authority at the beginning of the contract. All offender contacts must occur during normal institutional business hours unless otherwise requested by the Project Authority. The Contractor must provide the services according to the operational requirements of the Institution and operational requirements may include varied hours of work.

10.2 Services for Parolees shall be provided at a CSC Community Parole Office OR at the Contractor's place of business (professional office) that must be accessible by public transit. Clinics will be held in any community requiring services in the Prairie Region, up to a maximum of 30 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.

10.3 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.

10.4 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.

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 Prairie 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 Institutional and 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: _____

ANNEX B - Proposed Basis of Payment

The Contractor will be paid in accordance with the following Basis of Payment for Work performed pursuant to the Contract. The inclusion of volumetric data in this document does not represent a commitment by Canada that Canada's future usage of the services described will be consistent with this data.

1.0 Contract Period (From July 1, 2017 to June 30, 2020)

1.1 Professional Fees

- a. Risk Assessment Services:

For the provision of risk assessment services as described in Annex A - Statement of Work, the Contractor shall be paid the all inclusive firm price per risk assessment report below in the performance of this Contract, Applicable Taxes extra.

RESOURCE NAME	QUOTED ALL-INCLUSIVE PRICE PER RISK ASSESSMENT REPORT (in Cdn \$) A	Level of Effort 300 (Estimated number of risk assessment reports <u>per year for Alberta & Saskatchewan</u>) B	Total (in Cdn \$) C= A x B

- b. For the provision of services, with the exception of risk assessments, as described in Annex A - Statement of Work, the Contractor shall be paid the all inclusive firm hourly rate(s) below in the performance of this Contract, Applicable Taxes extra.

RESOURCE NAME	QUOTED ALL-INCLUSIVE HOURLY RATE (in Cdn \$) A	Level of Effort 1560 (estimated hours per year for Alberta & Saskatchewan) B	Total (in Cdn \$) C= A x B

****Basis of Selection**

A bid must comply with the requirements of the bid solicitation and meet all mandatory technical evaluation criteria to be declared responsive. The responsive bid with the lowest evaluated price will be recommended for award of a contract.

****Up to two (2) contracts per province may be awarded. Bidders are to indicate for which province they are providing pricing (Annex B- Proposed Basis of Payment).**

2.0 Cost Reimbursable Expenses

2.1 Canada will not accept any travel and living expenses for:

- a. Work performed at the Institution indicated under Annex A, Statement of Work, 3. Objective;
- b. Any travel between the Contractor's place of business and the Institution; and
- c. Any relocation of resources required to satisfy the terms of the Contract. These expenses are included in the all inclusive hourly rates specified in this annex.

3.0 Applicable Taxes

- 3.1 All prices and amounts of money in the contract are exclusive of Applicable Taxes unless otherwise indicated. The Applicable Taxes are extra to the price herein and will be paid by Canada.
- 3.2 The estimated Applicable Taxes of \$_____ (to be completed at contract award) are included in the total estimated cost shown on page 1 of this Contract. The estimated Applicable Taxes will be incorporated into all invoices and progress claims and shown as a separate item on invoices and progress claims. All items that are zero-rated, exempt, or to which taxes do not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency (CRA) any amounts of Applicable Taxes paid or due.

Annex C – Security Requirement Check List

FEB 17 2017

Revised #1 RMA



Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat 50100-17-2351125 (A1)
Security Class / Classification de sécurité

SECURITY REQUIREMENTS CHECK LIST (SRCL)
LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE		
1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine Correctional Services Canada	2. Branch or Directorate / Direction générale ou Direction Health Services	
3. a) Subcontract Number / Numéro du contrat de sous-traitance	3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant	
4. Brief Description of Work / Brève description du travail 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		
5. a) Will the supplier require access to Controlled Goods? Le fournisseur aura-t-il accès à des marchandises contrôlées? <input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui		
5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques? <input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui		
6. Indicate the type of access required / Indiquer le type d'accès requis		
6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? (Specify the level of access using the chart in Question 7. c) (Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)		
6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé. <input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui		
6. c) Is this a commercial courier or delivery requirement with no overnight storage? S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit? <input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui		
7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès		
Canada <input checked="" type="checkbox"/>	NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>
7. b) Release restrictions / Restrictions relatives à la diffusion		
No release restrictions / Aucune restriction relative à la diffusion <input checked="" type="checkbox"/>	All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/>	No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable / À ne pas diffuser <input type="checkbox"/>	Restricted to / Limité à <input type="checkbox"/>	Restricted to / Limité à <input type="checkbox"/>
Specify country(ies) / Préciser le(s) pays :	Specify country(ies) / Préciser le(s) pays :	Specify country(ies) / Préciser le(s) pays :
7. c) Level of information / Niveau d'information		
PROTECTED A / PROTÉGÉ A <input checked="" type="checkbox"/>	NATO UNCLASSIFIED <input type="checkbox"/>	PROTECTED A / PROTÉGÉ A <input type="checkbox"/>
PROTECTED B / PROTÉGÉ B <input checked="" type="checkbox"/>	NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED B / PROTÉGÉ B <input type="checkbox"/>
PROTECTED C / PROTÉGÉ C <input type="checkbox"/>	NATO RESTRICTED <input type="checkbox"/>	PROTECTED C / PROTÉGÉ C <input type="checkbox"/>
CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>	NATO DIFFUSION RESTREINTE <input type="checkbox"/>	CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>
SECRET <input type="checkbox"/>	NATO CONFIDENTIAL <input type="checkbox"/>	SECRET <input type="checkbox"/>
TOP SECRET / TRÈS SECRET <input type="checkbox"/>	NATO SECRET <input type="checkbox"/>	TOP SECRET / TRÈS SECRET <input type="checkbox"/>
TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>	NATO COSMIC TOP SECRET <input type="checkbox"/>	TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>
	NATO COSMIC TRÈS SECRET <input type="checkbox"/>	



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Contract Number / Numéro du contrat 50100-17-2351125 (A1)
Security Classification / Classification de sécurité

PART A (continued) / PARTIE A (suite)

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS?
If Yes, indicate the level of sensitivity.
Dans l'affirmative, indiquer le niveau de sensibilité.

No / Non Yes / Oui

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate?

No / Non Yes / Oui

Short Title(s) of material / Titre(s) abrégé(s) du matériel:
Document Number / Numéro du document:

PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS
COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL
CONFIDENTIEL | <input type="checkbox"/> SECRET
SECRET | <input type="checkbox"/> TOP SECRET
TRÈS SECRET |
| <input type="checkbox"/> TOP SECRET - SIGINT
TRÈS SECRET - SIGINT | <input type="checkbox"/> NATO CONFIDENTIAL
NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET
NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET
COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS
ACCÈS AUX EMPLACEMENTS | | | |

Special comments
Commentaires spéciaux:

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.
REMARQUE: Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail?
If Yes, will unscreened personnel be escorted?
Dans l'affirmative, le personnel en question sera-t-il escorté?

No / Non Yes / Oui
 No / Non Yes / Oui

PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS?

No / Non Yes / Oui

11. b) Will the supplier be required to safeguard COMSEC information or assets?
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC?

No / Non Yes / Oui

PRODUCTION

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ?

No / Non Yes / Oui

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS?

No / Non Yes / Oui

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale?

No / Non Yes / Oui



Contract Number / Numéro du contrat
 50100-17-2351125 (AI)
 Security Classification / Classification de sécurité

PART C - (continued) / PARTIE C - (suite)

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.
 Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions.
 Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

HSEs applied. **SUMMARY CHART / TABLEAU RÉCAPITULATIF**

Category / Catégorie	PROTECTED / PROTÉGÉ			CLASSIFIED / CLASSIFIÉ			NATO				COMSEC						
	A	B	C	CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	NATO RESTRICTED	NATO CONFIDENTIAL	NATO SECRET	COMSEC TOP SECRET	PROTECTED / PROTÉGÉ			CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	
							NATO DIFFUSION RESTRICTED	NATO CONFIDENTIAL	COMSEC TOP SECRET	A	B	C					
Information / Aspects / Renseignements / Biens / Production																	
IT Media / Support TI																	
IT Link / Lien électronique																	

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?
 La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE? No / Non Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".
 Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?
 La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE? No / Non Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).
 Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire et indiquez qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).



Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat 50100-11-2351125 (A1)
Security Classification / Classification de sécurité

PART D - AUTHORIZATION / PARTIE D - AUTORISATION

13. Organization Project Authority / Chargé de projet de l'organisme

Name (print) - Nom (en lettres moulées) Karen Eamon	Title - Titre Manager, Institutional Mental Health	Signature <i>Karen Eamon</i>
Telephone No. - N° de téléphone 780-495-5092	Facsimile No. - N° de télécopieur 780-495-2790	E-mail address - Adresse courriel karen.eamon@csc-scc.gc.ca
		Date 2016-01-22

14. Organization Security Authority / Responsable de la sécurité de l'organisme

Name (print) - Nom (en lettres moulées) ROBERT WATTS	Title - Titre Contract Security Analyst	Signature <i>Robert Watts</i>
Telephone No. - N° de téléphone 613-944-6665	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel
		Date Feb 17, 2017

15. Are there additional instructions (e.g. Security Guide, Security Classification Guide) attached?
Des instructions supplémentaires (p. ex. Guide de sécurité, Guide de classification de la sécurité) sont-elles jointes?

No / Yes / Non / Oui

16. Procurement Officer / Agent d'approvisionnement

Name (print) - Nom (en lettres moulées) Claudette Chabot	Contracting and Materiel Services Box 9223, 3427 Faithfull Avenue Saskatoon, Saskatchewan S7K 3X5 Tel: 306-659-9256 Fax: 306-659-9317 501Contracts@csc-scc.gc.ca	
Telephone No. - N° de téléphone	Facsimile No. - N° de télécopieur	

Roxanne Antille
Contract Security Officer
Telephone: 613-948-2561, Fax: 613-948-1712
Roxanne.Antille@tpsgc-pwgsc.gc.ca

Signature <i>Roxanne Antille</i>
Date Mar 8/17

CSC HSEx approved:.

Robert Watts
Feb 17, 2017.



Annex D Evaluation Criteria

1.0 Technical Evaluation:

1.1 The following elements of the proposal will be evaluated and scored in accordance with the following evaluation criteria.

- Mandatory Technical Criteria

It is **imperative** that the proposal **address each of these criteria** to demonstrate that the requirements are met.

- 1.2 LISTING EXPERIENCE WITHOUT PROVIDING ANY SUBSTANTIATING DATA TO SUPPORT WHERE, WHEN AND HOW SUCH EXPERIENCE WAS OBTAINED WILL RESULT IN THE STATED EXPERIENCE NOT BEING CONSIDERED FOR EVALUATION PURPOSES.
- 1.3 All experience must be strictly work-related. Time spent during education and/or training will not be considered, unless otherwise indicated.
- 1.4 Experience must be demonstrated through a history of past projects, either completed or on-going.
- 1.5 References must be provided for each project/employment experience.
 - I. Where the stated experience was acquired within a Canadian Federal Government Department or Agency **as a Public Servant**, the reference must be a Public Servant who had a supervisory role over the proposed resource during the stated employment.
 - II. Where the stated experience was acquired within a Canadian Federal Government Department or Agency **as a consultant**, the reference must be the Public Servant who was identified as the Project Authority of the project on which the proposed resource acquired the experience.
 - III. References must be presented in this format:
 - a. Name;
 - b. Organization;
 - c. Current Phone Number; and
 - d. Email address if available

1.6 Response Format

- I. In order to facilitate evaluation of proposals, it is recommended that bidders' proposals address the mandatory criteria in the order in which they appear in the Evaluation Criteria and using the numbering outlined.
- II. Bidders are also advised that the month(s) of experience listed for a project or experience whose timeframe overlaps that of another referenced project or experience will only be counted once. For example: Project 1 timeframe is July 2001 to December 2001; Project 2 timeframe is October 2001 to January 2002; the total months of experience for these two project references is seven (7) months.
- III. For any requirements that specify a particular time period (e.g., 2 years) of work experience, CSC will disregard any information about experience if the technical bid does not include the required month and year for the start date and end date of the experience claimed.



- IV. CSC will also only evaluate the duration that the resource actually worked on a project or projects (from his or her start date to end date), instead of the overall start and end date of a project or a combination of projects in which a resource has participated.

#	Mandatory Technical Criteria	Bidder Response Description (include location in bid)	Met/Not Met
M1	Bidders must submit a proposed psychologist to perform the work required in the statement of work as well as a backup resource.		
M2	The proposed psychologist(s) and backup resource(s) must hold a current license in good standing from the provincial licensing body for psychologists in the province(s) where services are to be provided. Bidders must provide a copy of the licenses with their bid.		
M3	The proposed psychologist and backup resource must have Five (5) years of experience in correctional or forensic psychology over the past five (5) years.		
M4	The proposed psychologist and backup resource must have completed a minimum of ten (10) psychological risk assessments within the last five (5) years. For each of the five (5) most recent risk assessments, Bidders should provide, at a minimum: 1. the name and address of the organization for which the risk assessment was performed; 2. the start and end dates of the risk assessment. 3. the name and contact information of the organization's chief psychologist or administrator who oversaw the risk assessments.		



#	Mandatory Technical Criteria	Bidder Response Description (include location in bid)	Met/Not Met
M5	The proposed psychologist and backup resource must have five (5) years of experience in the past five (5) years in assessing complex cases (individuals with dual diagnosis, severe personality disorders with emotional dysregulation, self-injury or self harm history, neurocognitive deficits or other chronic major mental illness.)		
M6	The proposed psychologist and backup resource must have five (5) year of experience in the last five (5) years in providing differential diagnosis of complex cases and devising prioritized multi-target treatment plans.		

Basis of Selection

A bid must comply with the requirements of the bid solicitation and meet all mandatory technical evaluation criteria to be declared responsive. The responsive bid with the lowest evaluated price will be recommended for award of a contract.

****Up to two (2) contracts per province may be awarded. Bidders are to indicate for which province they are providing pricing (Annex B- Proposed Basis of Payment).**



ANNEX E - Insurance Requirements

1. Commercial General Liability Insurance:

1.1 The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.

1.2 The Commercial General Liability policy must include the following:

- a) Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, as represented by the Correctional Service of Canada.
- b) Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor.
- c) Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
- d) Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
- e) Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
- f) Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
- g) Employees and, if applicable, Volunteers must be included as Additional Insured.
- h) Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
- i) Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
- j) Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.
- k) If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- l) Owners' or Contractors' Protective Liability: Covers the damages that the Contractor becomes legally obligated to pay arising out of the operations of a subcontractor.

2. Litigation Rights:

2.1 Pursuant to subsection 5(d) of the Department of Justice Act, S.C. 1993, c. J-2, s.1, if a suit is instituted for or against Canada which the Insurer would, but for this clause, have the right to pursue or defend on behalf of Canada as an Additional Named Insured under the insurance policy, the Insurer must promptly contact the Attorney General of Canada to agree on the legal strategies by sending a letter, by registered mail or by courier, with an acknowledgement of receipt.



For the province of Quebec, send to:

Director Business Law Directorate,
Quebec Regional Office (Ottawa),
Department of Justice,
284 Wellington Street, Room SAT-6042,
Ottawa, Ontario, K1A 0H8

For other provinces and territories, send to:

Senior General Counsel,
Civil Litigation Section,
Department of Justice
234 Wellington Street, East Tower
Ottawa, Ontario K1A 0H8

- 2.2 A copy of the letter must be sent to the Contracting Authority. Canada reserves the right to co-defend any action brought against Canada. All expenses incurred by Canada to co-defend such actions will be at Canada's expense. If Canada decides to co-defend any action brought against it, and Canada does not agree to a proposed settlement agreed to by the Contractor's insurer and the plaintiff(s) that would result in the settlement or dismissal of the action against Canada, then Canada will be responsible to the Contractor's insurer for any difference between the proposed settlement amount and the amount finally awarded or paid to the plaintiffs (inclusive of costs and interest) on behalf of Canada.

3. Professional Liability Insurance:

- 3.1 The Contractor must obtain Professional Liability Insurance in an amount of \$5,000,000.00, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$7,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
- 3.2 Coverage is for what is standard in a Professional Liability policy and must be for claims arising out of the rendering or failure to render psychological services resulting in injury, mental injury, illness, disease or death of any person caused by any negligent act, error or omission committed by the Contractor in or about the conduct of the Contractor's professional occupation or business of good samaritan acts.
- 3.3 If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- 3.4 Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.



Correctional Service
Canada

Service correctionnel
Canada

ANNEX F - National Essential Health Services Framework



Correctional Service
Canada

Service correctionnel
Canada



SAFETY, RESPECT
AND DIGNITY
FOR ALL

LA SÉCURITÉ,
LA DIGNITÉ
ET LE RESPECT
POUR TOUS

National Essential Health Services Framework

Cadre national relatif aux soins de santé essentiels

July 23, 2015 / Le 23 juillet 2015

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1. Background / Contexte

Correctional Service Canada (CSC) is mandated, under the Corrections and Conditional Release Act (CCRA), to “provide every inmate with essential health care and reasonable access to non essential mental health care”

The Commissioner’s Directives 800 Health Services and its associated guidelines are the key references on essential health services (Clinical services, mental health and public health services).

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.**

Health care services must respect gender, cultural, religious and linguistic differences, and be responsive to the special needs of women, Aboriginal peoples, persons requiring mental health care and other groups.

In order to support inmates in taking responsibility for proactively safeguarding their health, CSC provides:

- information and education on health promotion and disease prevention
- direct health care services

Le Service correctionnel Canada (SCC) est tenu, aux termes de la *Loi sur le système correctionnel et la mise en liberté sous condition*, de veiller « à ce que chaque détenu reçoive les soins de santé essentiels et qu’il ait accès, dans la mesure du possible aux soins qui peuvent faciliter sa réadaptation et sa réinsertion sociale ».

Les directives du commissaire de la série 800 – Services de santé et les lignes directrices connexes constituent les principaux documents de référence sur les services de santé essentiels (services cliniques, santé mentale et santé publique).

La mission des Services de santé est de fournir aux délinquants des services de santé efficaces et efficaces **qui permettent de promouvoir la responsabilité individuelle, favoriser la saine réinsertion sociale et contribuer à la sécurité des collectivités.**

Les Services de santé doivent respecter les différences entre les sexes, les cultures et les groupes linguistiques et tenir compte des besoins propres aux femmes, aux personnes Autochtones, aux personnes nécessitant des soins en santé mentale et d’autres groupes.

Pour aider les détenus à assumer leurs responsabilités afin qu’ils prennent des mesures proactives pour protéger leur santé, le SCC fournit :

- de l’information et de la formation sur la promotion de la santé et la prévention des maladies;
- des soins de santé directs.

Health Services are provided in ambulatory Health Care Centres in institutions, regional hospitals and regional treatment / psychiatric centres. Inmates 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.

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

Within CSC the comprehensive health services provided to inmates are categorized into three (non mutually exclusive) service streams: clinical services, mental health services and public health services. Clinical Services refers to assessment, diagnosis and treatment of acute and chronic physical illnesses. Mental health care includes assessment, intervention, treatment and support services and discharge planning provided to inmates with significant mental health needs in the areas of emotion, thinking and/or behaviour.

Les services de santé sont fournis dans les centres de soins ambulatoires à l'intérieur des établissements, dans les hôpitaux régionaux et dans les centres de traitement / psychiatriques régionaux. Il est possible que les détenus doivent se rendre dans la collectivité pour y recevoir des soins d'urgence, des soins spécialisés ou pour y être hospitalisés, lorsque cela est impossible dans un hôpital régional du SCC. Au SCC, les soins de santé sont dispensés par des professionnels de la santé réglementés et non réglementés.

En termes généraux, les soins de santé comprennent les soins médicaux, dentaires, les soins de santé mentale et les services de santé publique. Pendant la durée de leur incarcération, les détenus ont droit à tout un éventail de services de santé coordonnés qui sont accessibles, abordables et adaptés au milieu correctionnel.

Au sein du SCC, les services de santé complets offerts aux détenus sont administrés selon trois catégories : les services cliniques, la santé mentale et la santé publique. Les services cliniques visent le dépistage, le diagnostic et le traitement des maladies aiguës ou chroniques. Les soins de santé mentale comprennent le dépistage, l'intervention, le traitement et les services de soutien ainsi que la planification de la continuité des soins offerts aux détenus qui ont des besoins importants en santé mentale pour ce qui touche les émotions, la pensée ou le comportement.

Public health consists of the services and resources on a variety of topics (mental health, wellness, infectious diseases etc) provided to inmates related to health promotion and education; disease prevention, control and management of infectious diseases and discharge planning for community reintegration.

La santé publique consiste en les services et ressources fournis aux détenus en ce qui concerne la promotion et l'éducation en matière de santé; la prévention, le contrôle et la gestion des maladies infectieuses; l'épidémiologie et la surveillance ainsi que la planification de la continuité des soins en vue de la réinsertion sociale dans la collectivité.

The purpose of this Framework and the [National Formulary](#) is the promotion of quality and consistency in health services across the country, and allows CSC to make decisions based on monitoring and analyzing the effectiveness and efficiency of essential health services.

Le but de ce Cadre et le [Formulaire national](#) et de promouvoir la qualité et l'uniformité des services de soins de santé à travers le pays et il permet au SCC de prendre des décisions fondées sur la surveillance et l'analyse de l'efficacité et de l'efficience des services de santé essentiels.

2. CSC National Advisory Committee on Essential Health Services / Comité consultatif national sur les services de santé essentiels du SCC

A National Advisory Committee on Essential Health Services was established in 2009 to provide an effective ongoing oversight mechanism to ensure accountability, consistency, cost effectiveness and best practices specific to the needs of CSC's population.

Un Comité consultatif national sur les services de santé essentiels a été mis sur pied en 2009 afin de fournir un mécanisme de surveillance continue pour assurer la responsabilisation, l'uniformité, la rentabilité et l'établissement de pratiques exemplaires propres aux besoins de la population du SCC.

The Committee is responsible for making recommendations to the Health Services Executive Team on new and emerging services and technologies and enhances national consistency through revision and updates to the Framework.

Le Comité formule des recommandations à l'intention de l'Équipe de direction des Services de santé sur les nouveaux services et technologies et accroît l'uniformité à l'échelle nationale grâce à des révisions et des mises à jour du cadre.

3. Access to essential health services / Accès aux services essentiels

There are several ways that health services may be accessed. Inmates may initiate access by submitting, in confidence, a request for health services (clinical services, mental health, public health), and indicating the reason for the request. Inmate requests are reviewed, prioritized according to urgency, and services are provided by a health care provider.

An inmate may also be referred to Health Services by any staff in the institution.

Some Health Care Centers have “drop in hours” where inmates can be seen by showing up at the Centre. Visits with Physicians/Specialists (including Psychiatrists) and other health care professionals are pre-booked according to need and institutional operational requirements. When inmates are referred to community medical/psychiatric services they are subject to the same waiting periods as community members. **The use of private clinics for the provision of essential health services is not permitted in CSC. Accessing community services is also subject to the operational requirements of the institution.**

Il y a plusieurs voies d'accès aux services de santé. Les détenus peuvent présenter, à titre confidentiel, une demande de services de santé (services cliniques, santé mentale, santé publique) en précisant le motif de leur demande. Ces demandes sont examinées et classées par ordre de priorité en fonction de leur niveau d'urgence. Un fournisseur de soins de santé dispense ensuite des services au détenu.

Un détenu peut aussi être aiguillé vers les Services de santé à la demande d'un membre du personnel de l'établissement.

Certains centres de services de santé ont des heures de cliniques sans rendez-vous durant lesquelles les détenus peuvent être vus lorsqu'ils se présentent au centre de santé. Les rendez-vous avec des médecins ou des spécialistes (y compris des psychiatres) sont pris à l'avance en fonction des besoins et des exigences opérationnelles de l'établissement. Lorsque des détenus sont aiguillés vers des services médicaux/psychiatriques à l'extérieur des établissements, ils sont assujettis au même délai d'attente que les membres de la collectivité. Le recours aux cliniques privées pour l'obtention de services de santé essentiels n'est pas permis au SCC. L'accès aux services offerts dans la collectivité est également en fonction des exigences opérationnelles de l'établissement.

Essential health services are funded by CSC for offenders residing in Community Correctional Centres in circumstance where Provincial Coverage is not available. CSC is not obligated to fund health services for offenders residing in Community Residential Facilities. Exceptions must be pre-authorized and approved in writing by the Regional Director Health Services or delegate.

Le SCC finance les services de santé essentiels pour les délinquants qui résident dans les centres correctionnels communautaires lorsqu'aucune couverture provinciale n'est disponible. Le SCC n'est pas tenu de financer les services de santé pour les délinquants qui résident dans les centres résidentiels communautaires. Les exceptions doivent être autorisées au préalable et approuvées par écrit par le directeur régional des Services de santé ou son délégué.

Limited Community Mental Health services (clinical social workers, mental health nurses and psychologists) are available in select locations for offenders with significant mental health needs.

Des services en santé mentale limités (travailleurs sociaux cliniques, infirmiers en santé mentale et psychologues) sont offerts dans la collectivité à certains endroits aux délinquants ayant des besoins importants en santé mentale.

4. Access to non-essential services / Accès aux services non essentiels

Non-essential health services will be at the inmate's complete expense including consultation fees; and at the discretion of the Institutional Heads, any associated escort costs. Health Services will assist with the coordination of arrangements for inmate requested services."^a Inmate access to non-essential health services will be in accordance with:

[Protocol: Requests for Non-Essential Health Services Paid by the Inmate](#)

Les services non essentiels seront entièrement à la charge du détenu, y compris les frais de consultation et, à la discrétion du directeur, les coûts connexes associés aux fonctions d'escorte. Les services de santé sont responsables de la coordination des dispositions relatives aux services demandés par des détenus^b. L'accès aux services de santé non essentiels sera accordé aux détenus conformément au :

[Protocole – Demandes de services de santé non essentiels payés par le détenu](#)

^a Form 532 (Inmate Request to Encumber/Disburse Funds) is completed by the inmate with the assistance of health services staff

^b Le formulaire 532 (Demande du détenu pour charger/débourser des fonds) doit être complété par le détenu avec l'aide du personnel des Services de santé

5. Guiding Principles for decisions about essential and non-essential services / Principes directeurs relatifs aux décisions sur les services essentiels et non essentiels

The following guiding principles were considered in the development of the list (and exclusions) of funded services and are in accordance with relevant legislation, CSC Policy and CSC Health Services' Mission:

Les principes directeurs suivants ont servi de référence pour l'élaboration de la liste des services financés (et des exclusions) et est en conformité avec législation pertinente, la politique du SCC et la mission des Services de santé.

The goal is the provision of essential health services to CSC's inmate population;

L'objectif est la prestation de services de santé essentiels à la population carcérale du SCC;

CSC recognizes that health outcomes are a shared responsibility between service providers and inmates. Inmates will be expected to take responsibility and be proactive in safeguarding their health;

Le SCC reconnaît que les résultats en matière de santé sont une responsabilité partagée entre les prestataires de services et les détenus. On s'attend à ce que les détenus assument cette responsabilité et soient proactifs pour protéger leur santé;

In meeting its mandate to provide essential services, CSC should not normally exceed the level of health services that are available through provincially public-funded health and social service programs;

Dans le mandat qui lui est confié de fournir des services essentiels, le SCC ne doit normalement pas excéder le niveau des services de santé disponibles dans les réseaux de santé publics et de services sociaux provinciaux;

Provincially public-funded services vary across provinces and CSC is responsible for establishing national standards that promote effectiveness and efficiency;

Les services financés par les réseaux publics provinciaux varient d'une province à l'autre et le SCC est responsable d'établir des normes nationales qui favorisent l'efficacité et l'efficience;

Medical, dental and mental health care services will be provided by health care professionals conforming to professionally accepted standards.

Les soins médicaux, dentaires et de santé mentale seront dispensés par des professionnels de la santé autorisés conformément aux normes professionnelles reconnues; et

Health services will be provided consistent with the unique requirements of the correctional environment emphasizing safety, security and in support of the inmate's correctional plan.

Les services de santé seront dispensés dans le contexte des exigences uniques à l'environnement correctionnel, la protection et la sécurité demeurant toujours des priorités de même que l'appui au plan correctionnel.

Incarceration presents an important public health opportunity to promote and protect the health of a population with a high co-morbidity of diseases at high risk of contracting and spreading infectious diseases.

Sur le plan de la santé publique, l'incarcération est une occasion de favoriser et de protéger la santé d'une population ayant un taux de comorbidité élevé, ainsi qu'un risque élevé de contracter et de propager des maladies infectieuses.

Public health services are tied to epidemiology and surveillance which are the on-going processes of collecting, analyzing and sharing information about risks and disease trends and distributions occurring in a population so that the appropriate prevention, education and treatment requirements can be identified.

Les services de santé publique doivent effectuer des études d'épidémiologie et de la surveillance, ce qui englobe la collecte, l'analyse et la communication continue de renseignements sur les risques et sur les tendances relatives aux maladies contractées au sein d'une population et elle vise à déterminer les mesures appropriées en matière de prévention, de sensibilisation et de traitement.

Essential health services are provided to inmates throughout their incarceration including assessment and screening at intake, the provision of acute and chronic care, intermediate mental health care, medical hospital care (CSC Regional Hospital and community hospital care when necessary), psychiatric hospital care (CSC Regional Treatment/Psychiatric Centres and external psychiatric hospital care when necessary) and the planning for health care services upon release into the community.

Les services de santé essentiels sont offerts aux détenus tout au long de leur incarcération, ce qui comprend l'évaluation et le dépistage à l'admission, la prestation de soins actifs et intermédiaire et de soins aux malades chroniques pendant l'incarcération et la planification des soins de santé en prévision de la mise en liberté dans la collectivité.

These principles recognize that the determination about which service is required for an inmate relies on the judgement of the healthcare professionals, based on a sound clinical assessment guided by professionally accepted standards of practice.

Ces principes reconnaissent qu'il appartient aux professionnels de la santé de décider des services à dispenser au détenu à un moment précis, en fonction de l'évaluation clinique effectuée.

6. Approval Process / Processus d'approbation

In order to assist with making a determination about essential and non-essential services and achieve consistency across regions, refer to:

- [Appendix A – List of Health Services, Medical Equipment and Supplies](#)
- [Appendix B – Technical Annex on Dental Service Standards](#)
- [Appendix C – Criteria for Diagnostic Investigation](#)
- [Appendix D – Mental Health Services](#)
- [Appendix E – Public Health Services](#)

Pour aider à déterminer les services essentiels et non essentiels et à assurer l'uniformité entre les régions, le personnel peut consulter les annexes suivantes:

- [Annexe A – Liste des services de santé, des équipements médicaux et des fournitures](#)
- [Annexe B – Technique sur les normes en matière de services dentaires](#)
- [Annexe C – Critères de test diagnostique](#)
- [Annexe D – Services de santé mentale](#)
- [Annexe E - Services de santé publique](#)

Appendix A. List of Health Services, Medical Equipment, and Supplies / Annexe A. Liste des services de santé, des équipements médicaux et des fournitures

*(some items that Health Services does not provide
may be provided by other departments)*

The approved list identifies items/services according to “approved,” “not approved,” and “by special authorization.”

Items/services listed as “approved” can be implemented routinely at the institutional level.

Items/services listed as “by special authorization” require regional approval by the Manager, Clinical Services; and,

The requested special authorization must be recommended by the Institutional Physician or Dentist along with the medical justification for the request.

Please note that the determination about which service is required for an inmate relies on the judgement of the healthcare professionals, based on a sound clinical assessment guided by professionally accepted standards of practice.

*(certains éléments qui ne sont pas fournis par
les Services de santé seront peut-être fournis
par d'autres départements)*

La liste présente les articles/services selon s'ils sont « approuvés » ou « non approuvés », ou s'ils doivent être approuvés « par suite d'une autorisation spéciale ».

Les articles/services « approuvés » peuvent être mis en œuvre régulièrement dans les établissements.

Les articles/services qui doivent être approuvés « par une autorisation spéciale » nécessitent l'approbation régionale du gestionnaire, Services cliniques; et,

De plus, la demande d'autorisation spéciale doit être recommandée par le médecin ou le dentiste de l'établissement, qui doit fournir une justification médicale à l'appui.

Veillez noter que la détermination des services de santé requis pour des détenus particuliers et pour une période donnée demeure la responsabilité de professionnels de la santé et doit se fonder sur une évaluation clinique.

Legend / Légende	
Y / O	Approved / Approuvé
N	No / Non
SA / AS	Approved by Special Authorization / Approuvé par suite d'une autorisation spéciale

	Core Essential Health Services		Services de santé essentiels de base
1.	Physical Health	Y / O	Santé physique
2.	Mental Health	Y / O	Santé mentale
3.	Public Health	Y / O	Santé publique
4.	Dental Services	Y / O	Soins dentaires

A.	Assistive Devices and Mobility Aids		Aides à la mobilité et accessoires fonctionnels
1.	Pillows	N	Oreillers
2.	Mattresses	N	Matelas
3.	Wheelchairs		Fauteuils roulants
3-a	Electric	SA / AS	Électrique
3-b	Manual	Y / O	Manuel
4.	Motorized scooters	SA / AS	Scooters motorisés
5.	Walkers	Y / O	Déambulateurs
6.	Canes	Y / O	Cannes
7.	Crutches	Y / O	Béquilles
8.	Fibreglass casts	N	Plâtres en fibre de verre
9.	Back brace	Y / O	Corset lombaire
10	Knee braces	Y / O	Attelles pour le genou
11	Ankle braces	Y / O	Attelles de cheville

12	Elbow supports	Y / O	Protège-coude
13	Wrist supports	Y / O	Protège-poignet
14	Tensor bandages	Y / O	Bandages de contention
15	Heating pads	N	Coussins chauffants
16	Hot water bottles	N	Bouillottes
17	Support stockings	Y / O	Bas de contention
18	Stump stockings	Y / O	Bonnets couvre-moignon
19	Slings		Attelles
19-a	bandage type	Y / O	de type bandage
19-b	orthopedic type	Y / O	de type orthopédique
20	Shoes	N	Souliers
21	Corn pads	N	Coussinets pour les cors
B.	Foot Care		Soins des pieds
1.	<p>Provided by nurses trained in foot care with the following criteria:</p> <ul style="list-style-type: none"> • Diabetics 	Y/O	<p>Fournis par les membres du personnel infirmier formés pour effectuer des soins des pieds dans les cas suivants :</p> <ul style="list-style-type: none"> • Diabète
2.	<p>Provided by a podiatrist or other specialist with the following criteria:</p> <ul style="list-style-type: none"> • Complex care required (e.g. nail removal, surgical intervention) 	Y/O	<p>Fournis par un podiatre ou un autre spécialiste dans les cas suivants :</p> <ul style="list-style-type: none"> • Besoin de soins complexes (p. ex. extraction d'un ongle, intervention chirurgicale)
C.	Orthotics		Orthèses
	<p>Orthotics i.e. custom shoe inserts, over the counter orthotics</p>	N	<p>Orthèses c.-à-d: semelles faites sur mesure, orthèses qu'on peut obtenir sans ordonnance</p>
D.	Viscosupplementation	N	<u>Viscosupplémentation</u>

E.	Artificial limbs and speciality braces		Les membres artificiels et les appareils orthopédiques spéciaux
	<p>Artificial limbs and speciality braces</p> <ul style="list-style-type: none"> Must be recommended by a specialist and approved by the Institutional Physician. Does not require approval by the Manager Clinical Services. The Chief Health Services can implement the order. 	Y / O	<p>Les membres artificiels et les appareils orthopédiques spéciaux</p> <ul style="list-style-type: none"> Doivent avoir été recommandés par un spécialiste et approuvés par le médecin de l'établissement. L'autorisation du gestionnaire des Services cliniques n'est pas nécessaire. Le chef des Services de santé peut faire la commande.
F.	Diabetic supplies		Fournitures pour diabétiques
	<p>Insulin pump and supplies</p> <ul style="list-style-type: none"> only in type I diabetics, when admitted to CSC with longstanding insulin pump use and is determined by the Institutional Physician as essential 	SA/AS	<p>Pompe à insuline et fournitures</p> <ul style="list-style-type: none"> seulement s'il s'agit d'un diabète de type 1, si le détenu utilise déjà une pompe depuis longtemps à son admission au SCC et si le médecin de l'établissement juge la pompe essentielle
G.	Cryotherapy		Cryothérapie
	Liquid Nitrogen	Y / O	Azote liquide
	Commercially prepared cryotherapy ONLY when liquid nitrogen not available	Y / O	Produits de cryothérapie du commerce SEULEMENT si de l'azote liquide n'est pas disponible.
H.	Hearing and Speech Impaired		Audition et troubles de la parole
	Hearing aids (and how often)	Y / O (5 yrs / ans)	Appareils auditifs (à quelle fréquence)
	Hearing aid batteries	Y / O	Piles pour les appareils auditifs
	Repairs to hearing aids	Y / O	Réparations des appareils auditifs
	Cochlear implant processors	N	Processeurs d'implant cochléaire

I.	Respiratory		Système respiratoire
1.	<p>Continuous positive airway pressure (CPAP) or Auto titrating positive airway pressure (APAP) Machines and related replacement parts for mild sleep apnea diagnosed following a sleep study:</p> <ul style="list-style-type: none"> • CPAP for mild sleep apnea will not be provided. • CSC will provide education on lifestyle choices to treat inmates diagnosed with mild sleep apnea. 	N / N	<p>Appareils à ventilation spontanée en pression positive continue (VSPPC) ou appareils de ventilation nasale spontanée en pression positive continue avec titration automatique en cas d'apnée du sommeil légère diagnostiquée suite à un examen du sommeil :</p> <ul style="list-style-type: none"> • Un appareil à VSPPC ne sera pas fourni pour l'apnée du sommeil légère. • SCC offrira de la formation sur les choix de mode de vie pour traiter les détenus qui ont reçu un diagnostic d'apnée du sommeil légère.
2.	<p>Continuous positive airway pressure (CPAP) or Auto titrating positive airway pressure (APAP) Machines and related replacement parts for moderate to severe sleep apnea diagnosed following a sleep study and upon the recommendation of a sleep specialist:</p> <ul style="list-style-type: none"> • CSC will provide CPAP to inmates diagnosed with moderate to severe sleep apnea. • Regions will rent or buy machines that remain the property of CSC. • CSC will purchase tubing and masks once per year that "belongs to inmate". 	Y / O	<p>Appareils à ventilation spontanée en pression positive continue (VSPPC) ou appareils de ventilation nasale spontanée en pression positive continue avec titration automatique en cas d'apnée du sommeil modérée ou grave diagnostiquée suite à un examen du sommeil et sur recommandation d'un spécialiste du sommeil :</p> <ul style="list-style-type: none"> • Le SCC fournira l'appareil aux détenus qui ont reçu un diagnostic d'apnée du sommeil modérée ou sévère. • Les régions loueront ou achèteront les appareils de VSPPC qui appartiendront au SCC. • Le SCC achètera les tubes et les masques une fois par an, qui « appartiendront au détenu ».
3.	Aerochamber	Y / O	Aérochambre

J.	Sinuplasty		Sinuplastie
	Chronic sinusitis :		Sinusite chronique :
	<ul style="list-style-type: none"> Sinuplasty and osteomeatal complex surgical procedures for chronic sinusitis of fungal origin or in the presence of polyps. 	Y / O	<ul style="list-style-type: none"> Sinuplastie et traitement chirurgical du complexe ostio-méatal si la sinusite chronique est d'origine fongique ou si des polypes sont présents.
	<ul style="list-style-type: none"> The surgical treatment of chronic sinusitis in the absence of fungal infection or polyps 	SA / AS	<ul style="list-style-type: none"> Traitement chirurgical de la sinusite chronique en l'absence d'une infection fongique ou de polypes.
	Nasal obstruction :		Obstruction nasale :
	<ul style="list-style-type: none"> Chronic complete unilateral or bilateral nasal obstruction cases unsuccessfully treated by medical means 	Y / O	<ul style="list-style-type: none"> Cas chroniques d'obstruction nasale complète d'une ou de deux narines sans solution médicale concluante.
	<ul style="list-style-type: none"> Partial or intermittent nasal obstruction may be covered depending on the potential for worsening of the condition, e.g., an evolutionary polyp or neoplasm. 	SA / AS	<ul style="list-style-type: none"> Les cas d'obstruction nasale partielle ou intermittente peuvent être couverts s'il y a une possibilité que la condition se détériore (exemple, tumeur ou polype en phase évolutive).
	Septum perforation :		Perforation de la cloison nasale
	<ul style="list-style-type: none"> Correction of an asymptomatic nasal septum perforation - 	N	Correction d'une perforation asymptomatique de la cloison nasale
	<ul style="list-style-type: none"> Symptomatic nasal septum perforation (pain, bleeding, nose discharge) provided that the causative agent has been addressed (cocaine use, underlying disease) 	Y / O	<ul style="list-style-type: none"> Correction d'une perforation symptomatique de la cloison nasale (douleur, saignement, rhinorrhée), si l'agent causal a été réglé (consommation de cocaïne, maladie sous-jacente)
	Nose deviation and cosmetic procedures :		Déviaton du nez et chirurgie esthétique
	<ul style="list-style-type: none"> Surgical procedures solely for esthetic reasons including external nasal deviation (acquired or congenital) 	N	<ul style="list-style-type: none"> Traitement chirurgical uniquement pour des raisons esthétiques, y compris pour une déviation externe du nez (acquise ou congénitale)




	Conditions for which there is significant psychological distress for the patient, e.g. following removal of a nasal cutaneous malignant tumour	SA / AS	Conditions lors desquelles le patient souffre d'une détresse psychologique importante, p. ex. après s'être fait retirer une tumeur cutanée maligne au nez.
K.	Gynecomastia		Gynécomastie
	Acute Gynecomastia* (less than six months)		Gynécomastie aiguë* (moins de six mois)
	<ul style="list-style-type: none"> Not treated surgically Acute cases with no identifiable cause may be treated with a trial of tamoxifen 	N	<ul style="list-style-type: none"> Aucun traitement chirurgical. S'il s'agit d'un cas aigu de cause inconnue, on peut faire l'essai de tamoxifène.
	<p>Chronic Gynecomastia* (greater than one-two years)</p> <ul style="list-style-type: none"> There is significant pain refractory to analgesic medication; There is significant psychological distress refractory to medical and psychiatric therapy; and, Medical management has been unsuccessful 	SA / AS	<p>Gynécomastie chronique* (plus d'un an ou deux)</p> <ul style="list-style-type: none"> Douleur intense réfractaire aux analgésiques. Détresse psychologique importante réfractaire aux traitements médicaux et psychiatriques. Aucune solution médicale concluante.
	<p>*As a result of the higher incidence of breast cancer, screening for breast cancer and appropriate interventions will be undertaken in all cases of gynecomastia.</p> <p>Surgical treatment for gynecomastia for esthetic reasons is not an essential health service and is not funded by CSC.</p>		<p>*Compte tenu de l'incidence élevée du cancer du sein, tous les cas de gynécomastie feront l'objet d'un dépistage et d'interventions appropriées.</p> <p>Le traitement chirurgical d'une gynécomastie pour des raisons esthétiques n'est pas considéré comme un service essentiel et n'est pas payé par le SCC.</p>
L.	Cosmetic and Esthetic Services		Services de soins cosmétiques et esthétiques
1.	Reconstructive surgery	SA / AS	Reconstruction chirurgicale
2.	Cosmetic surgery	N	Chirurgie esthétique
3.	Lipoma Removal Not an essential health service unless there is pain, bleeding or infection.	SA/AS	Ablation de lipomes Elle n'est pas un service de santé essentiel sauf en cas de douleur, saignement ou infection.

4.	Tattoo removal	N	Détatouage
5.	Laser hair removal	N	Épilation au laser
6.	Esthetics	N	Esthétique
7.	Wigs *While this is a non-essential service not funded by CSC, Health Services will make efforts to identify a community agency which may provide assistance to inmate*	N	Perruques *Bien qu'il s'agisse d'un service non essentiel qui n'est pas financé par le SCC, les Services de santé tenteront de trouver, dans la collectivité, un organisme qui pourra aider le détenu*
M.	Physiotherapy		Physiothérapie
	Chronic Conditions : One session for teaching and two follow up sessions	Y/O	Conditions chroniques Une séance d'éducation et deux séances de suivi
	Acute Conditions : A maximum of ten sessions	Y/O	Conditions aiguës Nombre maximal de dix séances
N.	Other Health Services		Autres services de santé
1.	Chiropractic services	N	Services chiropratiques
2.	Registered massage therapy	N	Massothérapie autorisée
3.	Naturopath consultation	N	Consultation en naturopathie
4.	Acupuncture	N	Acuponcture
5.	Physical exam and form completion for Class 1 operator's license	N	Examen physique et formulaire à remplir pour les détenteurs de permis de classe 1
6.	Speech Therapy		Orthophonie
	Swallowing Studies only with the following criteria: <ul style="list-style-type: none"> In the acute phase In cases with a positive prognosis 	SA/AS	Tests de déglutition, seulement dans les cas suivants : <ul style="list-style-type: none"> En phase aiguë Si le pronostic est favorable
O.	Urinary Supplies		Fournitures relatives à l'appareil urinaire
1.	Colostomy equipment	Y / O	Équipement de colostomie
2.	Catheterization supplies	Y / O	Matériel de cathétérisme
3.	Incontinence supplies	Y / O	Produits pour incontinence

P.	Vision Care		Soins de la vue
1.	<ul style="list-style-type: none"> • Refraction (2yrs)* • Frames and lenses (3yrs)* <p>*Referral to the Institutional Physician is required for assessment of medical need if requested before 2 years</p>	Y / O	<ul style="list-style-type: none"> • Examen de la vue (2 ans)* • Montures et verres (3 ans)* <p>* Si une demande est présentée avant qu'il se soit écoulé deux ans, le médecin de l'établissement doit en évaluer la nécessité du point de vue médical.</p>
2.	Foldable intraocular lenses indicated in cataract surgery	Y / O	Lentilles intraoculaires pliables indiquées dans les cas de chirurgie de la cataracte
3.	Laser eye surgery	N	Chirurgie des yeux au laser
4.	Contact lenses and solution	N	Lentilles de contact et solution
5.	Ocular Prosthesis	Y / O* (5 yrs / ans)	Prothèse oculaire
Q.	Occupational Health and Safety		Santé et sécurité au travail
1.	Safety glasses	N	Lunettes de sécurité
2.	Gloves	N	Gants
3.	Earplugs	N	Bouchons d'oreilles
R.	Allergies and Food Sensitivity Treatment		Traitement des allergies et de la sensibilité alimentaire
1.	Allergy testing (other than for food allergies)	Y / O	Tests d'immunologie (autres que les allergies alimentaires)
2.	Food allergy testing *As per the Food Allergy Testing Protocol	* Y / O	Tests d'allergies alimentaires *Selon le Protocole relatif aux tests d'allergies alimentaires
3.	Lactose Intolerance *As per Lactose Intolerance Management Protocol	* Y / O	Intolérance au lactose *Selon le protocole de Gestion de l'intolérance au lactose
4.	EpiPen®	Y / O	EpiPen®

S.	Reproductive		
	Copper Intra-uterine Device (IUD)	Y/O	Dispositif intra-utérin (DIU) en cuivre
T.	Prostate Specific Androgen (PSA)		Test de dépistage de l'antigène prostatique spécifique (APS)
	Targeted screening when clinically indicated	Y / O	Dépistage ciblé lorsque cela est indiqué sur le plan clinique
U.	Breast Pumps		Pompes tire-lait
1.	Machine (rented or purchased – property of CSC) Health Canada Recommendations	*Y / O (2 yrs / ans)	L'appareil (loué ou acheté – propriété du SCC) Recommandations de Santé Canada
2.	Tubing and equipment “belongs to inmate”	*Y / O (2 yrs / ans)	Les tubes et les pièces appartiennent à la détenue
	*2 yrs – then reassess		*2 ans – puis réévaluer
V.	Nutritional Supplements		Suppléments alimentaires
1.	Artificial sweeteners (provided to inmates with diabetes by Food Services)	N	Édulcorants artificiels (fourni aux détenus avec un diabète par les Services d'alimentation)
2.	Nutritional Supplement drinks	N	Boissons – suppléments alimentaires
3.	Weight loss aids	N	Produits favorisant la perte de poids
4.	Protein supplements	N	Suppléments protéiques
5.	Herbal and naturopathic medicine	N	Herbes médicinales et les produits naturopathiques
6.	Organic food	N	Produits biologiques
7.	Vitamin/mineral supplements and digestive aid products	N	Vitamines/suppléments minéraux et aides digestifs
W.	Personal Hygiene Items		Articles d'hygiène personnelle
1.	Soap	N	Savon
2.	Toothpaste	N	Dentifrice
3.	Deodorant	N	Déodorant
4.	Cologne/perfume	N	Eau de Cologne/parfum

5.	Hand/body lotion	N	Lotion pour les mains ou le corps
6.	Shampoo (non-prescription)	N	Shampooing (sans ordonnance)
7.	Dandruff Shampoo	N	Shampooing antipelliculaire
8.	Acne treatment (other than prescription)	N	Traitement contre l'acné (autre que sous ordonnance)
X.	Clothing and Linen		Vêtements et linge de maison
1.	Clothing	N	Vêtements
2.	Mattress covers	N	Couvre-matelas
3.	Towels	N	Serviettes
4.	Sheets, blankets and pillow cases	N	Draps, couvertures et taies d'oreiller
5.	Laundry detergent	N	Détergent à lessive

Legend / Légende	
	Approved / Approuvé
	No / Non
	Approved by Special Authorization / Approuvé par suite d'une autorisation spéciale

Appendix B. / Annexe B.

CSC's Dental Service Standards

Normes de services dentaires du SCC

Appendix B. CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

CSC's Dental Service Standards were reviewed and revised in 2012/2013 fiscal year in collaboration with a National Dental Working Group which was comprised of 5 CSC Institutional Dentists and Regional and National Health Services professionals and senior managers. A scan of provincial and federal dental plans was conducted and the information was utilized to help inform the working group during the revision.

Les normes de services dentaires au SCC ont été révisées en 2012-2013 avec la collaboration d'un groupe de travail national composé de cinq dentistes travaillant dans des établissements ainsi que de professionnels des Services de santé et de hauts dirigeants des administrations régionales et nationale. Les régimes de soins dentaires du gouvernement fédéral et des provinces ont été examinés et ont guidé les membres du groupe de travail durant leur révision.

For additional information related to the changes to dental services in CSC, please refer to the following:

Pour de plus amples renseignements concernant les changements aux services dentaires du SCC, veuillez consulter les documents suivants :

[Changes to Dental Services: FAQs for Staff](#)

[Changements aux services dentaires : FAQ destinée au personnel](#)

[Changes to Dental Services for Inmates](#)

[Changements aux services dentaires des détenus](#)

Essential dental care focuses on relieving pain and infection, managing disease and providing education on preventative oral hygiene. Essential dental care will be guided by the following key features^c:

Les soins dentaires essentiels misent sur le soulagement de la douleur et de l'infection, le traitement de maladies et la sensibilisation à une bonne hygiène buccale (prévention). Les soins jugés essentiels satisfont aux critères suivants :

- 1) It provides relief from pain and infection
- 2) It maintains or restores function, in particular, the ability to chew food
- 3) It relies on active participation and individual responsibility of the patient/inmate to:
 - a) practice good oral hygiene
 - b) attend scheduled appointments
- 4) It provides management of acute and chronic oral disease
- 5) It provides information and education on oral health hygiene and the prevention of oral disease

- 1) ils soulagent la douleur et l'infection;
- 2) ils préservent ou rétablissent une fonction, en particulier celle de mâcher;
- 3) ils dépendent de la participation active du patient ou du détenu, qui doit :
 - a) avoir de bonnes habitudes d'hygiène buccale;
 - b) se présenter aux rendez-vous prévus;
- 4) ils traitent une maladie buccale aiguë et chronique;
- 5) ils sensibilisent au maintien d'une bonne hygiène buccale et à la prévention des maladies connexes.

^c Some aspects were taken from the "Report on Essential Dental Care" by the Committee on Clinical and Scientific Affairs, Canadian Dental Association, October 2012 / Certains aspects sont tirés du Rapport sur les soins dentaires essentiels préparé par le Comité des affaires cliniques et scientifiques, Association dentaire canadienne, octobre 2012

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

A.	Emergency Services		Services d'urgence
1	Tooth and root extractions	Y / O	Extraction de dents et de racines
1.	Opening of the pulp chamber once (1) per tooth/per lifetime	Y / O	Ouverture de la chambre pulpaire une fois par dent à vie
2.	Drainage of an abscess	Y / O	Drainage d'un abcès
3.	Hemorrhage control	Y / O	Maîtrise d'une hémorragie
4.	Repair of a laceration	Y / O	Réparation d'une lacération
5.	Immobilization of a tooth loosened by trauma	Y / O	Immobilisation d'une dent ébranlée
B.	Anaesthesia		Anesthésie
1.	Local anaesthesia only	Y / O	Anesthésie locale seulement
C.	Preventive Services Services C 1-2 are <u>not</u> essential health services. Preventive services will be authorized ONLY following an assessment and diagnosis of dental disease where these services are a necessary component to managing the condition.		Services de prévention Les services C 1 et 2 ne sont pas des services de santé essentiels. Ils ne seront autorisés qu'à la suite d'une évaluation et d'un diagnostic de maladie bucco-dentaire, et seulement s'ils sont essentiels à la prise en charge de la condition.
1.	Dental scaling in combination with root planing to a maximum of 4 units in any 12 month period*	SA / AS	Détartrage et surfaçage radiculaire jusqu'à concurrence de 4 unités par période de 12 mois*
2.	Hygiene Procedure Teaching	SA / AS	Enseignement des mesures d'hygiène
3.	Fluoride Treatments	N	Traitements au fluorure

* Eligibility for additional units of scaling and root planing in any 12 month period based on several factors including, but not limited to:

- The severity of periodontal disease based on current (within the last 12 months) clinical notes, diagnosis and prognosis, complete periodontal charting, and radiographs;
- Comprehensive treatment plan addressing all client oral health needs;
- The date of the last visit for periodontal and preventive services;
- The regularity and compliance of periodontal maintenance; and
- Medical condition relative to periodontal diseases including any prescribed medication.

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

*** L'admissibilité à des unités additionnelles de détartrage et de surfaçage radiculaire par période de 12 mois repose sur plusieurs facteurs, notamment :**

- La gravité de la maladie parodontale fondée sur les éléments suivants (12 derniers mois) : notes cliniques, diagnostic et pronostic, charte parodontale complète et radiographies;
- Le plan de traitement complet répondant à tous les besoins en matière de santé buccodentaire du bénéficiaire;
- La date de la dernière consultation pour des services parodontaux ou des services de prévention;
- La régularité et le respect de la maintenance parodontale;
- La présence d'un problème de santé associé à des maladies parodontales, y compris la prise de tout médicament d'ordonnance.

D.	Examinations		Examens
1.	Complete Oral examination and treatment planning every 5 years	Y / O	Examen bucco-dentaire complet et planification de traitement tous les cinq ans (par dentiste)
2.	Recall examination once every 12 months	Y / O	Un examen de rappel tous les 12 mois.
3.	Emergency/specific oral examination and treatment planning as required	Y/O	Examen bucco-dentaire d'urgence ou particulier et planification de traitement au besoin.
4.	Screening for oral cancer using light based techniques	N	Dépistage du cancer buccal à l'aide de techniques utilisant la lumière
E.	Radiographs		Radiographies
1.	Bitewings, occlusal, and periapical radiographs (as required)	Y / O	Radiographies interproximales, occlusales et périapicales (au besoin)
2.	Complete radiographic series (as required)	Y / O	Série complète de radiographies (au besoin)

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

F.	Restorative Services		Services de restauration
1.	Fixed bridges, implants, ridge augmentation, prefabricated crowns, and aesthetic services (e.g., veneers) are not covered	N	Les ponts fixes, les implants, les couronnes préfabriquées et les services esthétiques (p. ex., facettes) sont exclus
2.	Minor clinical processed repairs may be covered when recommended by the dentist. e.g. Minor repairs to porcelain and re-cementing	SA / AS	Les réparations mineures faites en laboratoire ou en clinique peuvent être incluses si elles sont recommandées par le dentiste.
3.	Dental caries/pain control with the use of sedative dressing and/or pulp caps	Y / O	Traitement de caries/douleur à l'aide d'un pansement sédatif et/ou d'une coiffe pulpaire
4.	Amalgam /Composite restorations for the posterior/anterior teeth **	Y / O	Restaurations en amalgame/composite des dents postérieures/antérieures **
5.	Prefabricated post/pin in restorations only when inadequate coronal tooth structure is remaining to retain a direct restoration	Y / O	Utilisation d'un tenon dentinaire et/ou d'un pivot préfabriqué uniquement lorsque la structure coronale restante de la dent est insuffisante pour servir de base à une restauration directe
**	** <i>Final choice of restoration material is based on dentist judgement / Le choix final des biomatériaux de restauration est à la discrétion du dentiste</i>		

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

G.	Endodontic Services		Services d'endodontie
1.	<p>Root canal treatment:</p> <p>There is a frequency limitation of one (1) standard root canal treatment (RCT) procedure in 36 months for all teeth. Once the frequency has been reached, subsequent standard RCT procedures require special authorization.</p> <p>ALL the following criteria must be met for RCT:</p> <ul style="list-style-type: none"> • ONLY Anterior 12 teeth are eligible for RCT (#13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42, 43) • Adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on radiographs with absence of furcation involvement; • Absence of active periodontal disease; • Adequate remaining non-diseased tooth structure to ensure that biologic width can be maintained during restoration; • A mesio-distal width equivalent to that of the natural tooth with no loss of space due to caries or crowding; and • A tooth that does not require any additional dental treatment such as crown lengthening, root resectioning or orthodontic treatment. 	Y / O	<p>Traitement de canal :</p> <p>Il y a une limite de un (1) traitement de canal par période de 36 mois pour l'ensemble des dents. Une fois la limite atteinte, il faut obtenir une autorisation spéciale pour tout TC standard subséquent :</p> <p>Pour qu'un TC soit autorisé, il faut respecter TOUS les critères suivants :</p> <ul style="list-style-type: none"> • SEULES les 12 dents antérieures sont admissibles pour un TC (n^{os} 13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42 et 43) • Support parodontal adéquat, comme en attestent les niveaux d'os alvéolaire (rapport couronne-racine d'au moins 1 :1) visibles sur les radiographies soumises et le degré d'atteinte de furcation; • Absence de parodontopathie active; • Structure dentaire restante saine capable d'assurer le maintien de la largeur biologique pendant la restauration; • Largeur mésiodistale équivalente à la largeur de la dent naturelle, sans perte d'espace en raison de caries ou de chevauchements; • Dent ne nécessitant aucun autre traitement dentaire, comme un allongement coronaire, une amputation de racine ou un traitement orthodontique.

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H.	Periodontal Services		Services parodontaux
1.	Management of acute periodontal infections	Y / O	Prise en charge d'infections parodontales aiguës
I.	Prosthetic Services		Service de dentisterie prothodentique
1.	Supplemental prosthesis-Sports mouth guards	N	Prothèses amovibles (protège-dents de sport)
2.	Supplemental prosthesis-Lab processed night guards	N	Prothèses amovibles (gouttière de protection nocturne traitée en laboratoire)
3.	<p>Acrylic partials for teeth numbered 16 to 26 and 36 to 46 inclusive once every 5 years and with the following criteria:</p> <p>General Criteria:</p> <ul style="list-style-type: none"> • All basic treatment must be completed including: <ul style="list-style-type: none"> a) control of caries and of periodontal and periapical disease for all teeth; and b) restoration of major structural defects in the abutment teeth; • The space to be replaced is greater than or equal to the corresponding natural teeth; • All abutment teeth must have: <ul style="list-style-type: none"> a) adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs; and b) absence of active periodontal disease; and 	Y / O (5 yrs / ans)	<p>Prothèses dentaires partielles en acrylique pour les dents 16 à 26 et 36 à 46 inclusivement tous les 5 ans, conformément aux critères suivants :</p> <p>Critères généraux :</p> <ul style="list-style-type: none"> • Tous les traitements de base doivent avoir été exécutés, à savoir les suivants : <ul style="list-style-type: none"> a) contrôle des caries et des maladies parodontales et périapicales pour l'ensemble des dents; b) restauration des défauts de structure majeurs dans les dents piliers; • L'espace à remplacer est plus grand ou égal à l'espace correspondant de la dent naturelle; • Toutes les dents piliers doivent respecter les critères suivants : <ul style="list-style-type: none"> a) support parodontal adéquat, comme en attestent les niveaux d'os alvéolaire (rapport couronne-racine d'au moins 1:1) visibles sur les radiographies soumises; b) absence de parodontopathie active;

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<p>Cont'd #3</p>	<ul style="list-style-type: none"> If there is an existing partial denture, it must be at least five (5) years old. <p>Specific Criteria:</p> <ul style="list-style-type: none"> There must be one or more missing teeth in the anterior sextant; or There must be two or more missing posterior teeth in a quadrant excluding second and third molars. <p>*Acrylic partials may be upgraded to cast partials at the inmate's expense.</p>		<ul style="list-style-type: none"> S'il y a déjà une prothèse dentaire partielle, celle-ci doit avoir au moins cinq (5) ans. <p>Critères particuliers</p> <ul style="list-style-type: none"> Il doit y avoir au moins une dent manquante dans le sextant antérieur; ou Il doit y avoir deux ou plusieurs dents postérieures manquantes dans un quadrant, à l'exception des deuxièmes et troisièmes molaires. <p>*Les prothèses en acryliques peuvent être remplacées par des prothèses en métal aux frais du détenu.</p>
<p>4.</p>	<p>Complete dentures are covered once in any five (5) year period per arch.</p>	<p>Y / O (5 yrs / ans)</p>	<p>Les prothèses complètes sont couvertes une fois aux cinq (5) ans par arcade.</p>
<p>5.</p>	<p>Repairs and adjustments of removable complete and partial prosthesis as required (e.g., following surgery)</p>	<p>Y / O</p>	<p>Réparations et ajustements de prothèses complètes et partielles amovibles, au besoin (p. ex., à la suite d'une chirurgie)</p>
<p>6.</p>	<p>Re-lining of removable complete and partial prosthesis, as required</p>	<p>Y / O (5 yrs / ans)</p>	<p>Regarnissage des prothèses complètes et partielles amovibles, une fois tous les 5 ans</p>
<p>7.</p>	<p>Addition of a structure to the prosthesis (as required)</p>	<p>Y / O</p>	<p>Ajout de structure à des prothèses (au besoin)</p>
<p>8.</p>	<p>Minor repairs or re-cementation of fixed bridges</p>	<p>Y / O</p>	<p>Réparations mineures ou recimentation de ponts fixes (au besoin)</p>
<p>J.</p>	<p>Surgical Services</p>		<p>Services chirurgicaux</p>
<p>1.</p>	<p>Complicated tooth and root extraction (erupted teeth and symptomatic impaction)</p>	<p>Y / O</p>	<p>Extraction complexe de dents et de racines (dents à éruption complétée et dents incluses symptomatiques)</p>
<p>2.</p>	<p>Alveoloplasty and gingivoplasty in conjunction with dental extractions, fabrication of prosthesis and/or periodontal disease</p>	<p>Y / O</p>	<p>Alvéoloplastie et gingivoplastie en conjonction avec des extractions dentaires, la fabrication d'une prothèse et/ou la présence d'une maladie parodontale</p>

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3.	Oral pathology biopsy	Y / O	Biopsie buccale
4.	Drainage of an abscess	Y / O	Drainage d'un abcès
5.	Repair of a laceration	Y / O	Réparation d'une lacération
6.	Treatment of osteomyelitis	Y / O	Traitement de l'ostéomyélite
7.	Gingival Grafts, EXCEPT gingival grafts on teeth that show chronic periodontal disease or to improve esthetics*	Y/O	Greffons gingivaux* *Le SCC ne paye pas les greffons gingivaux pour les dents présentant une parodontopathie chronique ni les greffons réalisés à des fins esthétiques*
8.	Extraction of asymptomatic impacted or un-erupted teeth, especially third molar	N	L'extraction de dents antérieures et postérieures incluses asymptomatiques, spécialement les troisièmes molaires
9.	Dental Implants or any associated procedures	N	Implants dentaires ou toute autre procédure associée
10.	Ridge Augmentation	N	Augmentation de crête
11.	Cosmetic or elective services	N	Services cosmétiques ou accompagnés d'option
K	Sedation and General Anaesthesia Policy		Politique concernant la sédation et l'anesthésie générale
1.	Deep Sedation and General Anaesthesia Criteria: <ul style="list-style-type: none"> Once in any twelve (12) month period To limit the associated risks with repeat deep sedation and general anaesthesia, dental providers should ensure that whenever possible, all dental services performed under general anaesthesia and deep sedation are completed in one session 	Y / O	Critères pour la sédation profonde et l'anesthésie générale <ul style="list-style-type: none"> Une fois par période de douze (12) mois; Afin de limiter les risques associés à l'anesthésie générale et à la sédation profonde administrée de façon répétée, les fournisseurs de soins dentaires doivent, dans la mesure du possible, faire en sorte que tous les soins dentaires fournis sous anesthésie générale et sédation profonde soient complétés en une seule séance

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

<p>1. cont'd</p>	<ul style="list-style-type: none"> • Deep sedation and general anaesthesia is not covered for the management of dental anxiety • Deep sedation and general anaesthesia may be considered for the management of a documented dental phobia (A letter from a physician, psychiatrist or psychologist must be submitted with the predetermination request) 	<p>Y / O</p>	<ul style="list-style-type: none"> • La sédation profonde et l'anesthésie générale utilisées pour calmer l'anxiété liée aux soins dentaires ne sont pas couvertes • La sédation profonde et l'anesthésie générale peuvent être envisagées en cas de phobie confirmée des soins dentaires (la demande de prédétermination doit être accompagnée d'une lettre d'un médecin, d'un psychiatre ou d'un psychologue)
<p>2.</p>	<p>Moderate Sedation:</p> <p>Applies to:</p> <ul style="list-style-type: none"> • Parenteral sedation • Combined technique of inhalation plus intravenous and/or intramuscular injection; and, • Nitrous oxide combined with oral sedative drugs) <p>Moderate Sedation Criteria:</p> <ul style="list-style-type: none"> • Once in any twelve (12) month period • Minimal sedation must have been considered prior to considering use of moderate sedation. • Moderate sedation is not covered for the management of dental anxiety • Moderate sedation may be considered for the management of a documented dental phobia (A letter from a physician, psychiatrist or psychologist must be submitted with the predetermination request) 	<p>Y / O</p>	<p>Sédation modérée</p> <p>S'applique à ce qui suit :</p> <ul style="list-style-type: none"> • Sédation administrée par voie parentérale; • Technique combinée d'inhalation et d'injection intraveineuse et/ou intramusculaire; • Oxyde nitreux associé à des sédatifs oraux. <p>Critères pour la sédation modérée</p> <ul style="list-style-type: none"> • Une fois par période de douze (12) mois; • Il faut avoir envisagé la sédation minimale avant de recourir à la sédation modérée. • La sédation modérée utilisée pour calmer l'anxiété liée aux soins dentaires n'est pas couverte. • La sédation modérée peut être envisagée en cas de phobie confirmée des soins dentaires (la demande de prédétermination doit être accompagnée d'une lettre d'un médecin, d'un psychiatre ou d'un psychologue).

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

3.	<p>Minimal Sedation:</p> <p>Applies to:</p> <ul style="list-style-type: none"> • Oral sedation*, • Nitrous oxide; and, • Nitrous oxide with oral sedation (single sedative drug) <p>*Oral sedation may be covered for the management of dental anxiety</p>	Y/O	<p>Sédation minimale</p> <p>S'applique à ce qui suit :</p> <ul style="list-style-type: none"> • Sédation orale*; • Oxyde d'azote; • Oxyde d'azote avec sédation orale (un seul sédatif). <p>*La sédation orale utilisée pour calmer l'anxiété liée aux soins dentaires peut être couverte</p>
K	Exceptions		Exceptions
1.	<p>An exception to the standard services may be requested where the dentist believes it is warranted:</p> <ul style="list-style-type: none"> • The dentist must provide clear written rationale for any required exception • The decision and rationale must be entered on the patient's chart 	SA / AS	<p>Une dérogation par rapport aux services réguliers peut être requise si elles sont jugées nécessaires par le dentiste :</p> <ul style="list-style-type: none"> • Le dentiste doit fournir une justification écrite pour toute exception requise • La décision et la justification doivent être versées au dossier du patient
L	Records		Dossiers
1.	<p>Delivery of dental services and of dental record maintenance, including radiographs must be in compliance with professional and provincial licensing authorities standards</p>		<p>La prestation des services dentaires, incluant les radiographies et la tenue des dossiers dentaires, doivent être conformes aux normes des autorités professionnelles provinciales</p>
2.	<p>Records should show the detailed treatment recommendations directly related to the type of examination and treatment provided</p>		<p>Les dossiers devraient indiquer les traitements recommandés en détail selon le type d'examen et les traitements fournis</p>
3.	<p>Records may be used for further reference by CSC</p>		<p>Le SCC peut utiliser les dossiers à des fins de consultation ultérieure</p>
4.	<p>Records are confidential</p>		<p>Les dossiers sont confidentiels</p>

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M.	Review		Révision
	<ul style="list-style-type: none"> The Technical Annex on Dental Services Standards at CSC will be reviewed in 2016 		<ul style="list-style-type: none"> L'annexe technique sur les normes en matière de services dentaires du SCC sera révisée 2016
	<p><i>GENERAL NOTE: All aspects of CSC dental services are subject to prioritization of requests and care delivery due to the requirement to meet the overall inmate population health needs. Final determination of treatment rendered would be determined by the dentist and health care staff and would not necessarily be by chronological order of request but by priority of care order.</i></p>		<p><i>REMARQUE GÉNÉRALE : Tous les aspects des services dentaires du SCC sont assujettis à la priorité des demandes et des soins, qui est déterminée en fonction des besoins de santé de la population carcérale générale. La décision finale du traitement rendu sera déterminée par le dentiste et les professionnels de la santé et ne serait pas nécessairement basée sur l'ordre chronologique de la demande, mais bien sur l'ordre des soins prioritaires.</i></p>

Appendix C. / Annexe C.

Criteria for Diagnostic Investigation

Critères de test diagnostique

Appendix C. Criteria for Diagnostic Investigation / Annexe C. Critères de test diagnostique

1.	The diagnostic test should be clinically indicated for the assessment and/or management of a disease state.		Le test diagnostique doit être indiqué d'un point de vue clinique pour l'évaluation ou la gestion d'un état pathologique.
2.	The use of a specific diagnostic test should be consistent with generally accepted clinical guidelines for the assessment and/or management of the disease state.		L'utilisation d'un test diagnostique particulier doit être conforme aux directives cliniques généralement acceptées pour l'évaluation et la gestion de l'état pathologique.
3.	The diagnostic test should provide the information required for assessment and/or management of a disease state and should generally be the least invasive and most readily available test.		Le test diagnostique doit fournir les renseignements nécessaires pour l'évaluation ou la gestion d'un état pathologique et doit généralement être le test le moins invasif et le plus facilement accessible.
4.	The following issues should be considered when ordering diagnostic tests:		Les questions suivantes doivent être prises en considération lorsque l'on commande des tests diagnostiques :
a.	The diagnostic test should contribute to the essential medical management of an inmate's health while incarcerated.		Le test diagnostique doit contribuer à la gestion médicale essentielle de la santé d'un détenu pendant son incarcération.
b.	The inmate's proposed release date and the proposed community and or province of final destination.		La date de mise en liberté proposée pour le détenu et la collectivité ou la province proposée comme destination finale.
i.	The urgency for acquiring the information generated by a diagnostic test;		L'urgence d'obtenir les renseignements fournis par un test diagnostique;
ii.	Requests for urgent and semi-urgent testing should be processed regardless of the inmate's proposed release date or geographic destination;		Les demandes d'examen urgent et semi-urgent doivent être traitées sans tenir compte de la date de mise en liberté proposée du détenu ou de leur destination géographique;

iii.	Depending on the inmate's release date and final destination, elective testing could be obtained by the inmate after release. In this situation the inmate should be provided with the appropriate advice and information concerning the diagnostic test required.		Selon la date de mise en liberté et la destination finale du détenu, celui-ci peut obtenir un test électif après leur mise en liberté. Dans ce cas, on doit leur fournir les conseils et les renseignements appropriés au sujet du test diagnostique nécessaire.
c.	The availability of local resources.		La disponibilité des ressources locales.
i.	If, for example, an MRI is requested and access to MRI is not locally available but CT is and the information obtained through computerized tomography would provide appropriate diagnostic information then CT should be an acceptable alternative;		Si, par exemple, on demande d'utiliser l'imagerie par résonance magnétique et que l'on n'y a pas accès à l'échelle locale, mais que l'on a accès à une tomographie par ordinateur et que les renseignements obtenus au moyen de celle-ci fourniraient des renseignements permettant de poser un diagnostic approprié, la tomographie par ordinateur doit être une solution acceptable;
ii.	Similarly, if CT abdomen is indicated but not locally available and Ultrasound is, if the information provided is appropriate to answer the diagnostic question then ultrasound should be considered an acceptable alternative;		De même, si une tomographie de l'abdomen par ordinateur est indiquée, mais n'est pas disponible à l'échelle locale, et que l'ultrason est disponible, et que les renseignements fournis sont appropriés et permettent de poser un diagnostic, on doit alors considérer que l'ultrason est une solution acceptable;
iii.	Consultation with the local radiologists may in some cases result in more timely investigation by utilizing an alternative and appropriate investigative modality.		La consultation des radiologistes locaux peut, dans certains cas, mener à un examen plus rapide grâce à l'utilisation d'une modalité d'évaluation de rechange appropriée.

Appendix D. / Annexe D.

Mental Health Services

Services de santé mentale

Appendix D. Mental Health Services / Annexe D. Services de santé mentale

I.1	<p>The provision of mental health services should be consistent with the individual's level of need. Need is defined as an ability to benefit from an intervention and is distinguished from both "use" and "demand".</p> <p>The level of need is assessed taking into account available mental health assessment information, clinical judgement and is based on signs and symptoms indicative of a mental health disorder and level of functioning. Triage should be conducted in accordance with professionally accepted standards and relevant CSC Mental Health policy and guidelines.</p>		<p>La prestation de services de santé mentale devrait répondre au niveau de besoin de l'individu. Un besoin est défini comme la capacité de bénéficier d'une intervention et se distingue de l'« utilisation » et de la « demande ». Le niveau de besoin est évalué en tenant compte de l'information disponible tirée des évaluations de santé mentale et du jugement clinique, et il est fondé sur les symptômes et les signes de troubles mentaux et le niveau de fonctionnement. Le triage des besoins en santé mentale doit être conforme aux lignes directrices du SCC sur les soins santé mentale.</p>
II.	Essential Mental Health Services		Les services de santé mentale essentiels
	<p>The following criteria are used to determine if a mental health service is essential:</p> <p>The inmate has significant mental health needs in the areas of emotion, cognition and/or behaviour indicative of a mental health disorder. These needs are, or are likely to,</p> <ul style="list-style-type: none"> • Create significant impairment in the individual's functioning within his/her institution; and /or • Significantly impact the individual's successful reintegration into the community. 		<p>Les critères suivants servent à déterminer si un service de santé mentale est jugé essentiel:</p> <p>Le détenu a des besoins importants en santé mentale dans les domaines des émotions, des cognitions et/ou des comportements qui indiquent qu'il est atteint d'un trouble de santé mentale. Ces besoins sont susceptibles :</p> <ul style="list-style-type: none"> • de nuire considérablement au fonctionnement de l'individu au sein de son établissement; et/ou • d'avoir des répercussions importantes sur la réinsertion de l'individu en communauté.
III.	Essential Mental Health Services include:		Les services de santé mentale essentiels incluent :
a	Mental Health awareness and Mental Health promotion.		Sensibilisation à la santé mentale et promotion de celle-ci;

b	Mental Health screening, review and follow-up assessment as required.		Dépistage, examen et évaluation des troubles mentaux;
c	Intervention, treatment and supports for inmates with mental health needs.		Intervention, traitement et soutiens pour les détenus ayant des besoins en santé mentale;
d	Transitional supports including appropriate referrals for services in the community for offenders with mental health needs.		Soutiens de transition, incluant l'aiguillage approprié vers des services dans la collectivité pour les délinquants ayant des besoins en santé mentale.
IV.	Non-Essential Mental Health Services:		Les services de santé mentale non essentiels :
	Reasonable access must be provided to non-essential mental health services for inmates.		Un accès raisonnable à des services de santé mentale non essentiels doit être accordé aux détenus.

Appendix E. / Annexe E.

Public Health Services

Services de santé publique

Appendix E. Public Health Services / Annexe E. Services de santé publique

I.	The provision of public health services to federal inmates must be consistent with prevention, management and control of diseases for the need of the population as a whole, as well as for the individual inmate.		La prestation des services de santé publique aux détenus sous responsabilité fédérale doit être conforme à la prévention, la gestion et le contrôle des maladies de l'ensemble de la population, ainsi que des détenus en particulier.
II.	Essential Public Health Services		Services essentiels de santé publique
	Screening and assessment for infectious and communicable disease on admission and throughout incarceration.		Évaluation et test de dépistage des maladies infectieuses et contagieuses à l'admission et tout au long de la période d'incarcération.
	Immunization per CSC policy (e.g. hepatitis A & B, and seasonal influenza)		Immunisation selon la politique du SCC (p. ex. hépatite A et B et grippe saisonnière)
	Treatment and clinical management of infectious and communicable disease and their sequelae.		Traitement et gestion clinique des maladies infectieuses et contagieuses et de leurs séquelles.
	Public health awareness and health promotion, including tailoring of materials to meet the specific need of inmate populations (i.e. cultural and gender appropriate; literacy levels).		Sensibilisation à la santé publique et promotion de la santé, y compris l'adaptation de documents pour répondre aux besoins précis des détenus (c-à-d. messages adaptés à la culture et au sexe ainsi qu'au niveau d'alphabétisation).
	Provision of harm reduction education services consistent within the context of a correctional environment and supports CSC's mandate of encouraging and assisting offenders to become law-abiding citizens..		Offre de matériel de réduction des méfaits.
	Management of infectious disease outbreaks within institutions.		Gestion des éclosions de maladies infectieuses dans les établissements.
	Transitional supports including necessary community referrals for continuing services for inmates released with health needs i.e. discharge planning.		Soutiens de transition, incluant les renvois nécessaires dans la collectivité pour assurer la continuité des services aux délinquants libérés qui ont des besoins en santé (planification de la mise en liberté).

