

PSYCHIATRIST SERVICES
Request for Proposal
Grierson/Stan Daniels

Grierson Center is an urban minimum Federal correctional facility with a bed capacity of thirty and Stan Daniels is a Healing Lodge with an average of thirty minimum serving inmates. Both facilities are located in the Edmonton downtown core. Correctional Service of Canada policy mandates that we provide essential and emergency mental health services to those inmates.

The Correctional Service of Canada is now requesting proposals which, if accepted, will result in a service contract for a three year period from April 1, 2009 to March 31, 2012.

OBJECTIVES

The goal of the Mental Health Services Contract is to provide essential and emergency mental health services for those inmates mentioned in opening paragraph.

Statement of Work
Psychiatric Services

The service provider shall provide the services outlined below to those offenders who are referred to it by the Correctional Service of Canada:

Provide assessment, diagnostic and treatment to those offenders consistent with professional, community and Correctional of Services standards.

Provide assessment and treatment services of psychiatric conditions that require continuity of care.

Provide one clinic per month not to exceed 4.0 hours per month, as per the arrangement with Grierson Health Services nursing staff. In consultation with Health Service staff may increase 4 clinics over the 3 year period to a maximum of 40 clinics.

Arrange for and provide clinic coverage when psychiatrist not available.

Provide monthly invoice for services rendered at the end of each month.

Provide telephone consultation with nursing staff at Grierson Center during health services hours; Monday thru Friday 0800-1600 hr

Complete consultation and referral forms for each contact which is kept on the offender's healthcare file.

Provide ongoing treatment in the form of continuing prescriptions, in consultation with Grierson Center nursing staff for those conditionally released offenders awaiting community appointments for psychiatric services.

Annually the Contractor will arrange a meeting of the Project Authority or representative and Capital Health Authority or representative to review and evaluate the contract.

All work will be performed subject to the inspection and acceptance by the Project Authority.

Project Authority

Janice Nachtegaele
A/Manager Clinical Services
Regional Headquarters, Prairies
P.O. Box 9223
2313 Hanselman Place
Saskatoon, Sk
S7K 3X5

The Project Authority or his designated representative will be responsible for monitoring the progress of the work and will be responsible for the technical requirements; the acceptance and approval of the deliverables. Any proposed changes to the scope of work may be discussed with the Project Authority, but any resulting changes can only be authorized by an amendment issued by the Contracting Authority.

Contracting Authority

Regional Contract Specialist
Correctional Service Canada
Regional Headquarters, Prairies
2313 Hanselman Avenue
Saskatoon, Saskatchewan
S7K 3X5

Tel: 306-975-8921
Fax: 306 975-5186

The Contracting Authority is responsible for all matters of a contractual nature.

MANDATORY REQUIREMENTS

In order to receive further consideration, the proposal must demonstrate that it meets the mandatory requirements identified below.

1. The Psychiatrist must provide proof of professional credentials and licensing/certification as required for practicing in the province of Alberta.
2. The Psychiatrist must have at least three years experience in working with a multi-disciplinary treatment team.
3. The contractor must provide after hours paging service or equivalent. The proposal should describe the provisions and provide a phone number.
4. The proposal must indicate provisions for backup services to cover when the contract

Psychiatrist is unavailable. Indicate estimated number of weeks of absence per year.

2. Rated Requirements

PROPOSALS NOT MEETING THE ABOVE MANDATORY REQUIREMENTS WILL BE GIVEN NO FURTHER CONSIDERATION.

1.2 Rated Requirements:

In addition to the above mandatory requirements, proposals will be evaluated and scored according to the following rated requirements. It is incumbent upon the bidder to provide sufficient detail to fully assess licensure, knowledge, and experience.

If more than one physician has been proposed, each physician will be rated individually using the following criteria. An average score per proposal will be calculated by adding each physician's score and dividing the total obtained by the number of physicians proposed.

1.2.1 Declaration of Professional Status

1. CSC will evaluate the completed declaration forms (Appendix F) provided with the bid.
2. CSC reserves the right to reject any of the proposed physicians based on the nature of any loss, surrender, suspension or restriction of medical license, or judgement or investigation outlined in the declaration.
3. Any proposed physician who is rejected as a result of the evaluation of the declaration of professional status will not be evaluated further. For bids of more than one proposed physician: where one or more of the proposed physician(s) is rejected as a result of the evaluation of the declaration of professional status, the further evaluation of the bid will exclude the rejected physician(s).

1.2.2 Professional Rated Criteria: (8 points)

1. In addition to the degree in medicine (MD) from a recognized university, specialization / certificate / courses completed in an area related to mental health and forensic psychiatry. (2 points for each completed area to a maximum of 8 points)

1.2.3 Experience Rated Criteria: (25 points)

1. Years of psychiatry experience in a clinical setting. (2 points per year to a maximum of 10 points.)
2. Years of experience in the provision of physician services to marginalized populations. (1.5 points per year to a maximum of 7.5 points)
3. Experience providing health care to individuals with addictions. (1.5 point per year to a maximum of 7.5 points)

Evaluation Procedures:

Proposals will be evaluated in accordance with the mandatory requirements and experience rated criteria.

The evaluation team reserves the right but is not obliged to perform any of the following:

- a) Seek clarification or verify any or all information provided by the Bidder with respect to this RFP;
- b) Contact any or all of the references supplied and to interview, at the sole costs of the Bidder, the Bidder and/or any or all of the resources proposed by the Bidder to fulfill the requirement, on 48 hours notice, to verify and validate any information or data submitted by the Bidder.

BASIS OF CONTRACT AWARD

Contract will be awarded on the basis of the best value to the Crown based upon weighting 50% for price and 50% for technical merit. Neither the responsive proposal scoring the highest number of rating points nor the one containing the lowest price will necessarily be accepted.

It is understood by the parties submitting proposals that, to qualify:

Proposals must meet all the mandatory requirements of the RFP and achieve a score of 65% on the rated requirements.

Proposals failing to meet all mandatory and rated requirements will be deemed non-compliant and will be given no further consideration.

Neither the proposal with the lowest price nor the one with the highest rated score will be awarded the contract. Rather the proposal with the best combination of technical merit and cost (lowest cost per point) will be recommended for the award of the contract. In case of a tie, the proposal with the technically superior rating will prevail.

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1. BASIS OF PAYMENT

1. For the period **01 April 2009 to 31 March 2012:**

- A. A fee of \$_____per session provided, based on 4 hours per session. Up to a maximum of \$_____for up to **40** clinics in the period.
- B. A fee of \$_____for on call service for telephone consultations, up to an estimated maximum of \$_____.

APPENDIX "E" CERTIFICATION:

NOTE TO BIDDERS: THE FOLLOWING CERTIFICATION REQUIREMENTS APPLY TO THIS REQUEST FOR PROPOSAL (RFP). BIDDERS ARE REQUESTED TO COMPLETE THIS CERTIFICATION BY FILLING IN THE APPROPRIATE SPACES BELOW AND INCLUDE IT WITH THEIR PROPOSAL.

CERTIFICATION 1:

CERTIFICATION OF EDUCATION / EXPERIENCE:

"The Bidder hereby certifies that all the information provided in the résumés and supporting material submitted with the bid, particularly as this information pertains to education, achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that the individuals proposed by the Bidder for the requirement are capable of satisfactorily performing the Work described herein".

Name of Bidder

Duly authorized representative of Bidder

Date

Appendix F

Physician's Declaration

**DECLARATION OF ANY LOSS, SURRENDER, OR RESTRICTION
OF MEDICAL LICENSE TO PRACTICE, CURRENT
INVESTIGATIONS, OR OF HOSPITAL SUSPENSIONS.**

If misleading or incorrect information is given on this declaration and you are contracted to work with CSC, the contract may be terminated for default.

All proposed physicians must complete all sections.

SECTION A

EITHER

I, (full name)

_____ declare
that I have never lost or surrendered my License to Practice Medicine and have not
been suspended from any hospital during my career.

_____ (signature)
_____ (date)

OR

I, (full name)

_____ declare
that I have lost or surrendered my License to Practice Medicine on the following
occasions and for the following reasons and/or have been suspended from the following
hospital(s) during my career for the reasons listed. *(If the proposed physician lost or
surrendered his/her License to Practice or has been suspended from any hospital,
details must be provided.)*

_____ (signature)
_____ (date)

If needed, additional information may be attached to this *Declaration* and submitted with
the application.

SECTION B

EITHER

I, (full name)

_____ declare
that I am not currently under any restriction to practice medicine.

_____ (signature)
_____ (date)

OR

I, (full name)

_____ declare
that I am currently under any restriction to practice medicine and following is a statement
explaining the restriction. (*If the proposed physician is under a restriction to practice,
details regarding the nature of the restriction and what led to its imposition must be
provided.*)

_____ (signature)
_____ (date)

If needed, additional information may be attached to this *Declaration* and submitted with
the application.

SECTION C

EITHER

I, (full name)

_____ declare
that I am not currently the subject of an investigation / inquiry by the Provincial College
of Physicians.

_____ (signature)
_____ (date)

OR

I, (full name)

_____ declare

that I am currently the subject of an investigation / inquiry by the Provincial College of Physicians. *(If the proposed physician is the subject of an inquiry / investigation, details regarding the nature of the inquiry / investigation must be provided.)*

_____ (date) _____ (signature)

