



- STATEMENT OF WORK -
Task Authorization (TA) – 29

FOR SUB CONTRACT WITH CIMVHR

1. NUMBER – TITLE OF TASK AUTHORIZATION

TA 29 – Mental Health Expert Panel Knowledge Translation

2. VALIDATION OF SCOPE OF CONTRACT

2.1 The following task(s), as written in the SOW of the main contract (W7714-145967/001/SV) apply to this Task Authorization (TA):

- a. **Literature Reviews** - Conduct state-of-the-art reviews of the scientific, policy and governmental documents (literatures);
- b. **Workshops and Conferences** - Organize and conduct workshops and conferences.
- c. **Presentations to government and Health Care System Stakeholders** - Prepare and deliver presentations to Government and Healthcare system stakeholders.
- d. **Roadmaps** - Develop roadmaps for major topics related to the health of military members, Veterans, and their families (e.g., blast injury, mental health, delivery of service, and transition to civilian life).
- e. **Advice** - Provide recommendations on peer review research proposals, publications, experimental studies, surveys and scientific evidence.
- f. **Expert support** - Provide personnel support to military and veteran health research projects through education, dissemination of research findings or knowledge translation.

3. ACRONYMS

CAF	Canadian Armed Forces
CFHS	Canadian Forces Health Services
DMH	Director Mental Health
DND	Department of National Defence
MH	Mental Health
SA	Scientific Authority
TB	Treasury Board
VAC	Veterans Affairs Canada

4. REQUIREMENT

4.1 Establish and lead an Expert Panel to review and validate Canadian Forces Health Services (CFHS) mental health (MH) programs and suicide prevention activities; to provide advice in areas requiring improvement and to highlight areas of particular strength. The Expert Panel Meeting must be completed prior to 30 September 2016.

5. BACKGROUND

5.1 The Canadian Armed Forces (CAF) held an Expert Panel on Suicide prevention in 2009. The Panel identified best practices in suicide prevention, evaluated the CAF's approach against these best practices, and made 59 recommendations. The majority of these recommendations have been, or are in the process of implementation. In late 2013, a cluster of suicides in serving personnel and veterans called into question the strength of the CAF's suicide prevention program. More recently, the Surgeon General report on suicide mortality in the CAF (1995-2014) demonstrated that although the overall rate of suicide in the CAF had not changed significantly over time, there has been a slight increase, driven by a significant increase in suicides among those serving in the Canadian Army command and those in combat arms occupations. As a result, the CFHS would like to conduct another review of its suicide prevention activities, and also review its broader mental health program.



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6. OBJECTIVES

6.1 The objectives of the Expert Panel are to conduct a strategic level review of the various components of the CFHS mental health programs and suicide prevention activities, and to consider the adequacy of these compared to current evidence informed best practices, in view of the CFHS mandate and the mental health needs of the CAF.

7. SCOPE

7.1 During its deliberations, the Expert Panel must consider the literature on best practices that would be relevant to the CAF situation, relevant CFHS MH documents, and all other information presented to the panel during the course of its meeting. The Expert Panel must appreciate the unique aspects of military MH, the CFHS mandate and health care system, the MH program, and the MH burden within the CAF population.

7.2 The review of the CFHS MH programs and suicide prevention activities includes but is not limited to governance and oversight, MH education programs, clinical programs and activities, and research initiatives. The Expert Panel will acknowledge key aspects of the CFHS MH mental health programs and suicide prevention activities that are being done well, and provide advice in areas lacking or requiring improvement.

7.3 Although the CAF recognizes that suicide prevention includes many aspects beyond health services, the scope of this Expert Panel is limited to activities under the control of the CFHS. Review of the programs and services external to CFHS (e.g. Human resources policies, Joint Personnel Support Unit, and the Military Family Resource Centres) is not part of the scope of this work; however the panel should feel free to comment on them if they feel it is relevant to the subject.

7.4 The Scientific Authority (SA) may also invite up to 12 MH clinical experts from DND, VAC, RCMP and foreign military to act as advisors during the panel meeting.

7.5 The Contractor will be responsible for: identifying and recruiting 5 Canadian civilian experts in MH and suicide prevention to form the Expert Panel (diversity of background and experience will be important and should include people with clinical backgrounds, members with experience in managing MH programs and systems, and a member with experience in population based mental health and wellness education); identifying and securing a suitable venue for up to 18 people to participate in an Expert Panel meeting of up to 7-day duration; preparing and distributing meeting invitations and materials; acting as a meeting Chairperson and Facilitator; providing secretarial/administrative support during the Expert Panel meeting; producing meeting minutes to include a record of decisions; producing a Final Report based on the findings of the panel detailing advice; and presenting the Final Report to CFHS leadership at the CFHS Gp Headquarters, Ottawa.

7.6 Panel members and advisors must present programs and activities from their experience that may be useful to the panel (e.g. foreign military MH programs). Presentation subject areas will be determined in advance by the Contractor and SA.

8. APPLICABLE DOCUMENTS & REFERENCES

8.1 Documents to be supplied by the SA are as follows:

Surgeon General's Mental Health Strategy (2013)
Report of the Canadian Forces Expert Panel on Suicide Prevention (2010)
Surgeon General report: 2015 report on suicide mortality in the Canadian Armed Forces (1995 to 2014)
Mental health of the Canadian Armed Forces, Health at a glance, STATCAN, 25 Nov 2014
Draft version of the Surgeon General Suicide Prevention Program (Draft)

9. TASKS TO BE PERFORMED BY THE CONTRACTOR

9.1 Compile a list of references and policies that may be relevant to military mental health and suicide prevention for approval by the SA;

9.2 Produce the agenda for the Expert Panel meeting of up to 7-day duration for approval by the SA;



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- 9.3 Identify and secure a venue, which must be approved by the SA for up to 18 people to participate in the Expert Panel meeting of up to 7-day duration (includes unlimited WiFi, one laptop computer and one overhead projector);
- 9.4 Establish a panel of 5 Canadian civilian experts in MH and suicide prevention;
- 9.5 Provide panel members with all necessary meeting invitations and materials (agendas, joining instructions and references that may be relevant to military mental health and suicide prevention) for consideration in advance of the meeting;
- 9.6 Act as Chairperson/Facilitator and provide secretarial/administrative support during the Expert Panel meeting;
- 9.7 Produce and distribute meeting minutes and a record of decisions;
- 9.8 Produce a Final Report detailing a strategic level review of the various components of the CFHS mental health programs and suicide prevention activities, and to consider the adequacy of these compared to current evidence informed best practices, in view of the CFHS mandate and the mental health needs of the CAF; and
- 9.9 Present the Final Report to CFHS leadership at the CFHS Gp HQ, Ottawa.

10. DELIVERABLES (DESCRIPTION AND SCHEDULES)

Deliverable Number	Task reference	Description (Quantity and Format) and Schedule
10.1	9.1	Submit a list of references that may be relevant to military mental health and suicide prevention to the SA for approval no later than five weeks prior to the meeting;
10.2	9.2	Produce and submit an agenda for the Expert Panel meeting of up to 7-day duration to the SA for approval no later than five weeks prior to the meeting;
10.3	9.3	Identify and secure a suitable venue, which must be approved by the SA for up to 18 people to participate in the Expert Panel meeting of up to 7-day duration no later than 8 weeks prior to the meeting (includes unlimited WiFi, one laptop computer and one overhead projector).
10.4	9.4	Establish a panel of 5 Canadian civilian experts in MH and suicide prevention no later than 8 weeks prior to the meeting
10.5	9.5	Send meeting invitations and materials (agendas, joining instructions and references that may be relevant to military mental health and suicide prevention) to panel members no later than three weeks prior to the meeting
10.6	9.6	Act as Chairperson/Facilitator and provide secretarial/administrative support during the Expert Panel meeting;
10.7	9.7	Submit meeting minutes and record of decisions (electronic word, English language) within three weeks after the Expert Panel meeting
10.8	9.8	Submit a Draft Report to include input/feedback from the Expert Panel Members (electronic word, English language) to the SA within six weeks after the Expert Panel meeting. The SA will provide feedback to the Contractor within 4 weeks of receiving the Draft Report.
10.9	9.8	Submit a Final Report addressing issues and feedback from the SA on the Draft (electronic word, English language) within 13 weeks after the Expert Panel meeting.
10.10	9.9	Present the Final Report (electronic PowerPoint presentation and 10 hard copies of the slide deck, English language) to CFHS leadership within 4 weeks after submitting the Final Report. The SA will be responsible for convening his peers and book the facility for this presentation.



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11. MANDATORY SELECTION CRITERIA

11.1 The successful Chairperson will have the following minimum qualifications and merit requirement:

- a. A clinician leader with an academic appointment and experience in development and implementation of strategic policy; and
- b. Demonstrated experience in chairing and facilitating meetings.

11.2 Members of the panel will be MH clinicians (includes a range of professionals working in the mental health field), and amongst the group there should be a broad range of expertise, including experience in managing/leading health systems, mental health quality improvement, suicide prevention programs, MH education, and foreign military Mental Health.

12. LANGUAGE OF WORK

12.1 Documentation and deliverables must be submitted in the English language.

13. LOCATION OF WORK

13.1 The work must be performed on Contractor site with the exception of the Panel Meeting, which will take place at a location selected by the Contractor and approved by the SA.

14. TRAVEL

14.1 The Contractor may be required to travel to attend the Expert Panel meeting of up to 7-day duration. The contractor will also be required to travel to CFHS HQ, Ottawa to present the Final Report to the CFHS leadership.

14.2 All travel must have the prior written authorization of the Technical Authority, and must be undertaken in accordance with the *National Joint Council Travel Directive* and with the other provisions of the directive referring to "travellers", rather than those referring to "employees".

15. MEETINGS

15.1 The Expert Panel will meet in person for up to 7 consecutive days. Video or teleconferencing may be necessary prior and/or after the face-to-face meeting.

16. GOVERNMENT SUPPLIED MATERIAL (GSM)

16.1 See paragraph 8.1

17. GOVERNMENT FURNISHED EQUIPMENT (GFE)

17.1 None

18. SPECIAL CONSIDERATIONS OR CONSTRAINTS

18.1 None.



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19. SECURITY

19.1 The Contractor will not require access to PROTECTED and/or CLASSIFIED information or asset, nor to restricted access areas.

X Not applicable RELIABILITY STATUS PROTECTED A PROTECTED B

20. INTELLECTUAL PROPERTY (IP) OWNERSHIP

20.1 The Contractor will own any Foreground IP created by virtue of the main contract (W7714-145967/001/SV).

21. CONTROLLED GOODS

X Not applicable

Applicable

22. BUDGET

The Sub Contractor will be paid by CIMVHR as per the terms of Contract # W7714-145967 between Defence Research and Development Canada and CIMVHR. The amount of funding available is allocated by fiscal year (April 1 - March 31st) and is approximately \$120,000 over the 2016-17 fiscal year. Details TBD upon award.

A draft budget must be submitted with the proposal along with a budget justification. A detailed budget will be developed post award in consultation with CIMVHR. Interested parties should request budget documents and information on creating their budget from Jocelyne Halladay.