



VETERANS AFFAIRS CANADA KEY ACTIONS TAKEN TO ADDRESS FORMER ADVISORY COMMITTEE RECOMMENDATIONS

From 2006 to 2010, Veterans Affairs Canada (VAC) received a total of 255 recommendations and observations related to the New Veterans Charter from seven separate advisory committee reports, including a report from the House of Commons Standing Committee on Veterans Affairs (ACVA). The Government is listening and responding to the healthy debate and the suggestions from many stakeholders to improve programs and services for Veterans and their families. Veterans Affairs Canada has taken action, with approximately 160 recommendations being fully or partially implemented through 108 policy, service delivery, and legislative improvements.

Following is the list of advisory committee reports:

New Veterans Charter Advisory Group (NVCAG)

- *Honouring Our Commitment to Veterans and Families, The Living Charter in Action, October 2009*

Special Needs Advisory Group (SNAG)

- *REPORT 1 – Initial Report on The Implementation of the New Veterans Charter, January 2006*
- *REPORT 2 – The Implementation of the New Veterans Charter, November 2006*
- *REPORT 3 – The Implementation of the New Veterans Charter, December 2007*
- *REPORT 4 – The New Veterans Charter: What Are the Gaps for Special Needs Veterans and Their Families?, January 2009*
- *REPORT 5 – Unforeseen Consequences of the New Veterans Charter: A Financial Step Backwards for Seriously Disabled Veterans and their Families, September 2010*

House of Commons Standing Committee on Veterans Affairs (ACVA)

- *A Timely Tune-up for the Living New Veterans Charter, June 2010*

Each advisory group prepared recommendations from its specific perspective, however, five key themes were consistently expressed throughout the various reports:

- 1) Financial Security
- 2) Disability Benefits
- 3) Transition, Continuity of Care and Service Delivery
- 4) Case Management
- 5) Support to Families

The full list of recommendations which Veterans Affairs Canada is of the opinion it has fully or partially implemented is attached in Annex A. In some cases, the Department met the objective of the recommendation through actions other than those specifically recommended by the advisory committee.

The following overview outlines key actions taken under each of the themes to address the former advisory committee recommendations, the date the improvement was implemented and the recommendation(s) it addressed.

FINANCIAL SECURITY:

Recommendations in this area focussed on increased access to the Permanent Impairment Allowance (PIA); introduction of an exceptional supplement; increased Earnings Loss Benefit; and enhancements to the Supplementary Retirement Benefit.

Actions taken by VAC:

1. Seriously injured Veterans have improved access to the Permanent Impairment Allowance (PIA). The eligibility criteria were changed to allow seriously injured Veterans in receipt of a disability pension to access the PIA as long as they are not in receipt of the Exceptional Incapacity Allowance under the *Pension Act*. Prior to this change, only seriously injured Veterans in receipt of a disability award were eligible for the PIA. More than 3,500 additional Veterans are expected to be eligible.

Implemented – 2011

Responds to:

NVCAG – 7

SNAG – 108

ACVA – 6

2. Veterans who are receiving the Permanent Impairment Allowance (PIA) and who are unable to be suitably and gainfully employed, receive an additional \$1,047.53 (2013 rate) a month as a supplement to the Permanent Impairment Allowance. As of January 2013, the PIA rates range from \$569 to \$1,709 per month.

Implemented – 2011

Responds to:

NVCAG – 7

SNAG – 108, 109

ACVA – 6

3. Regulatory amendments were made to ensure a minimum pre-tax income of \$42,464 (April 2013 rate) for Veterans while participating in VAC's Rehabilitation Program or to the age 65, if unable to be suitably and gainfully employed.

Implemented – 2011

Responds to:

NVCAG – 6

SNAG – 30, 68, 69

4. Disability benefits are no longer deducted in the calculation of the Earnings Loss Benefit and Canadian Forces Income Support, resulting in a more fair and equitable support to Veterans and their families.

Implemented – 2012

Responds to:

NVCAG – 6

SNAG – 31, 32

DISABILITY BENEFITS:

Recommendations in this area focussed on increasing the Disability Award, offering payment choices, making the award comparable to civilian court awards, and improving compensation for those with catastrophic injuries.

Actions taken by VAC:

5. VAC monitors non-economic awards both internationally and within Canada. As part of its ongoing policy review process, the Department periodically conducts an environmental scan of non-economic awards payable by courts, provincial/territorial workers compensation boards, long-term disability programs and Canada's allied countries including the United States, Australia, New Zealand and the United Kingdom. The analysis shows that VAC's disability award is reasonably comparable to civilian court awards and other non-economic awards above.

Implemented – 2006, with most recent review in 2013

Responds to:

NVCAG – 8

SNAG – 66

6. The Table of Disabilities (TOD) is the legislated/statutory instrument used to assess the extent of a disability for the purposes of determining both disability pensions and disability awards. The original TOD in 1995 was replaced by an updated TOD in 2006. With the changes, the disability assessment takes into consideration the impact of medical impairment on the Veteran's quality of life.

Implemented – 2006; updated – 2011

Responds to:

SNAG – 37

7. The *Enhanced New Veterans Charter Act* introduced flexible payment options for the Disability Award, so that Veterans can receive periodic payments over any period of time, a lump sum and periodic payments or one lump sum payment. Assistance for financial advice remains available to Veterans each time a Disability Award of 5% or greater is awarded.

Implemented – 2011

Responds to:

NVCAG – 8

SNAG – 36, 38, 39, 64, 65, 66

ACVA – 9

TRANSITION, CONTINUITY OF CARE AND SERVICE DELIVERY:

Recommendations in this area focussed on transition, early intervention and rehabilitation, access to health professionals, improving relationships with service providers, outreach, research, monitoring programs and services and service delivery.

Actions taken by VAC:

Transition

8. In 2003, VAC began to provide a transition interview to all releasing Regular Canadian Armed Forces (CAF) personnel, as well as all medically releasing Reservists. The process is mandatory for Regular Force members. All releasing CAF personnel (including all Reservists) and their families are strongly encouraged to participate.

During the 2012-13 fiscal year, the total number of CAF releases was 4,001. VAC conducted 4,144 transition interviews during this same time. The difference between release data and transition interviews is because a transition interview may occur in one year and the member may not release until the following fiscal year.

Implemented – Transition interviews full implementation 2006

Responds to:

NVCAG – 2

SNAG – 1, 2, 4, 6, 22, 67, 95

9. Transition interviews were expanded to include voluntary releasing Reservists deployed to a Special Duty Area/Special Duty Operation.

Implemented – 2008

Responds to:

NVCAG – 2

SNAG – 6, 22, 67

10. A dedicated unit with specialized training in applications involving serious injury was established called the Afghanistan and Seriously Injured Unit. The establishment of this unit allowed VAC to better respond to the casualties arising from Canada's participation in Afghanistan. The work of this unit is now incorporated into the Disability Benefits Unit at VAC.

Implemented – 2009-2011

Responds to:

NVCAG – 2

SNAG – 40, 52, 80, 81, 83, 104

11. Casualty protocols were put in place between VAC and the CAF to proactively initiate contact with casualties and their families in order to provide faster and more streamlined adjudication decisions and award interim assessments.

Implemented – 2009

Responds to:

NVCAG – 2

SNAG – 40, 52, 80, 81, 83

12. Regional Issues Resolution Officers were put in place to streamline benefits processing for high needs Veterans.

Implemented – 2009

Responds to:

NVCAG – 2

SNAG – 40, 52, 81

13. VAC and the Department of National Defence (DND) operate 24 Integrated Personnel Support Centres (IPSCs) on or near Canadian Armed Forces Bases/Wings. Each IPSC co-locates key VAC staff with DND/CAF staff. Together, they work to support the recovery, rehabilitation and reintegration of CAF personnel and their families back into the military or in their transition to civilian life.

Implemented –

Phase I – March 2009

Vancouver, British Columbia

Edmonton, Alberta

Shilo, Manitoba

Toronto, Ontario

Petawawa, Ontario

Valcartier, Québec

Gagetown, New Brunswick

Halifax, Nova Scotia

Phase II – May 2009

Esquimalt, British Columbia

Calgary, Alberta

Wainwright, Alberta

Winnipeg, Manitoba

Kingston, Ontario

London, Ontario

Meaford, Ontario

Ottawa, Ontario

St-Jean, Québec

Moncton, New Brunswick

St. John's, Newfoundland and

Labrador

Phase III – February 2011

Comox, British Columbia

Cold Lake, Alberta

Borden, Ontario

Trenton, Ontario

Bagotville, Quebec

Responds to:

NVCAG – 2

SNAG – 22, 72, 77, 80, 81, 83, 102, 104

ACVA – 3, 5

14. VAC's CAF Information and Support Unit has a Project Officer on-site at the DND Director Casualty Support Management Unit in Ottawa. This Project Officer has immediate access to service and casualty information held by the CAF/DND in their human resources management, career management and military health records/systems. This ensures quick and easy access to casualty reports, summary investigations, etc. in support of Veterans' disability benefits applications, as well as service information required for supporting applications for other VAC benefits.

Implemented – 2006

Responds to:

NVCAG – 2

SNAG – 52, 81, 103

15. VAC and DND established a joint network of 17 clinics that provide CAF personnel, Veterans and their

families with comprehensive assessment and treatment for operational stress injuries. Veterans Affairs Canada currently funds 10 Operational Stress Injury (OSI) Clinics. Four of the 10 outpatient clinics were opened between 2008 and 2009 in Fredericton, New Brunswick (2008); Ottawa, Ontario (2009); Vancouver, British Columbia (2009); and Edmonton, Alberta (2009). In 2010, VAC opened the tenth OSI clinic at Ste-Anne-de-Bellevue, Québec, offering in-patient stabilization and residential rehabilitation programs.

The seven remaining clinics within the network are Operational and Trauma Stress Support Centres, funded and operated by DND.

Implemented – 2006-2010

Responds to:

NVCAG – 3

SNAG – 106

16. Through the Legacy of Care initiative, the Government recognized the exceptional challenges faced by seriously ill and injured CAF personnel and their families. DND implemented four initiatives: barrier-free transitional accommodations; support services such as wheelchair-accessible transportation, caregiver respite, childcare and delivery of medical supplies and groceries while in transitional barrier-free accommodations; the CAF Spousal Education Upgrade Program; and the Canadian Armed Forces Attendant Care Benefit.

Through the Legacy of Care initiative, VAC implemented the enhanced case management support for seriously ill and injured Veterans. Experience confirms that seriously injured modern-day Veterans have more intense case management needs, and their recovery tends to take longer. Research also shows that intervention, comprehensive case management and treatment and adequate financial support are crucial to a Veteran's rehabilitation.

Given this, as part of its national enhanced case management strategy, VAC increased its network of Case

Managers by 20 across Canada to improve service to seriously injured Veterans who served in Afghanistan and other areas of conflict.

Implemented – 2010

Responds to:
NVCAG – 2, 10
SNAG – 12
ACVA – 10

Rehabilitation

17. The practice of providing integrated rehabilitation services (physical, psychosocial and vocational) is in place. Policies and procedures have been updated to ensure needed services are offered concurrently when appropriate. These policies and procedures clarify that services do not need to be offered sequentially. For example, medical rehabilitation does not need to come before psychosocial rehabilitation. Veterans may receive rehabilitation services as needed to improve health and support their integration into their community.

Implemented – 2006

Responds to:
NVCAG – 9, 11
SNAG – 49, 50, 91, 127
ACVA – 2

18. VAC's Vocational Rehabilitation Program provides career counseling, assessments, job finding assistance and training to meet the vocational goals of the Veteran or eligible spouse/survivor. In 2013, the regulations were amended to diminish red tape and increase flexibility by introducing a global maximum amount for training of \$75,800. This replaces the previous regulations which had prescribed maximums for specific training expenses.

Implemented – 2006

Amended – 2013
Responds to:
NVCAG – 9, 11
SNAG – 87

19. A Request for Proposals for vocational rehabilitation contracted services was posted in October 2013. The revised contract will

include greater follow-up requirements, including a requirement for follow-up assessments with those employed (6 weeks, 6 months, 12 months) as well as streamlining of processes.

Implemented – new contract posted 2013

Responds to:
NVCAG – 9, 14
SNAG – 24, 25, 26, 27, 28, 70

20. The area of selection in VAC hiring processes includes full-time CAF personnel in all internal selection advertised selection processes and cites military experience as an asset in all its staffing posters.

Implemented – 2011

Responds to:
SNAG – 23
ACVA – 4

21. Led by the True Patriot Love Foundation, the Veterans Transition Advisory Council was created to support Veterans' employment. The Council includes representatives from leading national companies who work to raise awareness of the skill sets Veterans have to offer to the private sector. The Council also provides strategic recommendations to the Minister of Veterans Affairs and to the broader private sector to improve Veterans' transition from military to civilian life.

Implemented – 2012

Responds to:
NVCAG – 9
SNAG – 23, 25, 51, 70
ACVA – 2, 4

22. VAC partners with the Helmets to Hardhats program to expand employment opportunities in the construction industry. Helmets to Hardhats helps connect Veterans and men and women in uniform of the Canadian Armed Forces (Regular and Reserve Force) to a range of careers within the construction industry, including apprenticeships in various building trades.

Implemented – 2011

Responds to:
NVCAG – 9
SNAG – 70
ACVA – 4

23. VAC established the Hire A Veteran Secretariat to coordinate the development and promotion of VAC's employment initiatives designed to assist Veterans in finding employment.

Implemented – 2013

Responds to:
NVCAG – 9
SNAG – 23, 35, 70
ACVA – 4

24. Through its Hire a Veteran initiative (formerly known as Jobs-Emplois), VAC partners with corporate, academic and other organizations to increase opportunities for Veterans to enter the civilian workforce. Job opportunities are shared with the CAF, VAC field staff and national vocational rehabilitation services contractor, all of whom work directly with CAF personnel and Veterans.

Implemented – 2012

Responds to:
NVCAG – 9
SNAG – 24, 25, 35, 70
ACVA – 4

25. Government has introduced new legislation to provide medically released Veterans who were injured in service to Canada the top level of priority consideration for job openings in the public service. On November 7, 2013, government tabled a Bill in the House of Commons to amend the *Public Service Employment Act* to:

- create statutory priority entitlement for CAF personnel who medically release for service-related reasons;
- establish that the statutory priority period for CAF personnel who medically release for service-related reasons will last for 5 years; and
- extend regulatory priority entitlement for CAF personnel who medically release for non-service related reasons to 5 years (versus 2 years previously).

The legislation is expected to come into force in spring 2014.

Implemented – 2014

Responds to:
SNAG – 23, 70
ACVA – 4

26. Through Career Transition Services, VAC reimburses eligible Veterans and survivors up to a lifetime maximum of \$1,000 for services such as job finding assistance, resume writing and interview techniques. The grant is available to any Veteran who applies within two years of release from the CAF.

Implemented – 2013

Responds to:
NVCAG – 9
SNAG – 27

27. The Program Arrangement between VAC, DND and Service Income Security Insurance Plan (SISIP) outlines roles and responsibilities of each organization and improves case coordination. The Program Arrangement was renewed in 2012 and the changes introduced included the addition of a formal issue resolution process clarifying the roles, responsibilities and information sharing process. This is a formal escalation process involving step-by-step instruction for VAC and SISIP staff to follow once a Veteran issue has been identified.

Implemented – 2006; renewed – 2012

Responds to:
SNAG – 29, 49, 50
ACVA – 3

Health Professionals and Service Providers

28. VAC educates and informs family physicians on operational stress injuries and other mental health issues pertinent to Veterans and their families. A partnership approach is often adopted to achieve this. For instance, educational sessions on military PTSD were provided to community family physicians, psychiatrists and other professionals in the medical field as part of the 2012 Canadian Psychiatric Association Continuing Professional

Development Perspectives in Mental Health Care Series. Five sessions were offered in total in the following cities from May to June 2012: Halifax, Vancouver, Montreal, Toronto, and Ottawa.

Implemented – 2012

Responds to:
NVCAG – 3

29. VAC has increased the number of registered mental health service providers resulting in greater access to services for Veterans and their families.

Implemented – 2008 (ongoing)

Responds to:
NVCAG – 3

30. Support has been provided to family physicians and other health professionals in their work with Veterans. For example, VAC created an information resource for physicians on dementia. This resource was endorsed by the World Health Organization (WHO) and is available on the WHO website.

Implemented – 2011

Responds to:
NVCAG – 3

31. A six-part webinar series was offered to provincial mental health professionals in Newfoundland and Labrador in 2011 on the topic of operational stress injuries.

Implemented – 2011

Responds to:
NVCAG – 3

32. The National Centre for Operational Stress Injuries (NCOSI) worked with national psychological and psychiatric bodies to produce training information regarding the needs of Veterans and families. These materials were presented at conferences such as: the joint VAC - International Society for Traumatic Stress Studies (ISTSS) symposium held in Montreal in 2010 on the subject of trauma; a half-day workshop offered by VAC psychologists at the Canadian Psychological Association Convention held in Montreal in 2009

on the topic of treatment of anger management in Veterans with operational stress injuries and other clinical populations; and a full-day workshop offered by VAC psychologists at the Canadian Psychological Association convention in Toronto in 2011 on the treatment of symptoms related to emotion regulation in Veterans with operational stress injuries and other clinical populations.

Implemented – 2009-2011

Responds to:
NVCAG – 3

33. A comprehensive benefit grid review of over 700 VAC supported health benefits and services was conducted between 2009 and 2012. The benefit grids are comprehensive lists of treatment services available from VAC, with dollar and frequency limits and approval requirements. This review brought VAC dollar limits in-line with the standard fees charged in respective geographic areas across Canada. In addition, VAC reviewed the frequency limits on health services accessed by Veterans and adjusted these limits to meet the health needs of the majority of Veterans.

Implemented – 2012

Responds to:
NVCAG – 12
SNAG – 88, 110

34. To ensure the benefit grid rates and frequencies remain current, the Department has engaged its contracted claims administrator to regularly research and update rates based on industry standards.

Implemented – 2012

Responds to:
NVCAG – 12
SNAG – 88

35. A supplementary provider relations strategy was developed which dedicates resources from the Department's contracted claims administrator to foster good relationships with providers. First steps have included conducting provider surveys with vision care providers, physiotherapists, massage

therapists and psychologists to gain insight into changes that could be made to improve service to Veterans and relationships with providers.

Implemented – 2012
Responds to:
NVCAG – 12

36. Communications with VAC service providers has been enhanced through bulletins and other communication tools to help ensure they remain informed and current on VAC programs and billing processes.

Implemented – 2008
Responds to:
NVCAG – 12

37. VAC has increased its presence at national and provincial service provider association conferences to strengthen ties and working relationships, and to identify and resolve issues with VAC service providers earlier.

Implemented – 2008
Responds to:
NVCAG – 12

38. The Department is working in various areas to streamline the payment process. For example, VAC has removed the requirement for subsequent pre-authorization on the renewal of 393 benefits which represents 77% of benefits that previously required a subsequent pre-authorization.

Implemented – 2012
Responds to:
NVCAG – 12

Outreach – Actively promote New Veterans Charter programs and services

39. A New Veterans Charter Outreach Strategy was developed that included providing information sessions at CAF locations across the country. This strategy included 26 briefings at 20 Bases/Wings:

CFB Gagetown
17 Wing Winnipeg
CFB Halifax
CFB Edmonton
CFB Petawawa

National Capital Region Ottawa
CFB Kingston
CFB Borden
CAF Station St. John's
8 Wing Trenton
St. Jean/Montreal Garrisons
Valcartier Garrison
CFB Cold Lake
14 Wing Greenwood
19 Wing Comox
CFB Esquimalt
3 Wing Bagotville
CFB Shilo
15 Wing Moose Jaw
Yellowknife

Implemented – Briefings held between November 2010 to January 2012
Responds to:
NVCAG – 13
SNAG – 5, 31, 32, 54

40. VAC participates regularly at the CAF Second Career Assistance Network (SCAN) seminars to provide information on VAC programs and services. VAC improved its presentation to make it more engaging, relevant, and easier to understand. In 2012/13, VAC participated in 47 SCAN seminars in 28 locations.

Implemented – 2013 (ongoing)
Responds to:
NVCAG – 13
SNAG – 5

41. In cooperation with the CAF Casualty Support Management, a new integrated VAC Medical SCAN presentation was developed to be used at the CAF Medical Information Day. The presentation provides detailed information on VAC programs and services to the CAF who are medically releasing.

Implemented – 2013
Responds to:
NVCAG – 13
SNAG – 5

42. To improve outreach to Reservists, VAC cooperates with DND/CAF to provide VAC information on pay statements to reservists. Approximately 31,000 pay statements are sent monthly to reservists. A VAC message will

appear 2-3 times per year on the pay statements.

Implemented – 2013 (ongoing)
Responds to:
NVCAG – 13

43. A strengthened consultation and engagement model was put in place. The model included expanded relationships with Veterans' organizations and other stakeholders to ensure input from a broad range of stakeholders and broad outreach using a variety of tools.

The Department maintains relationships with longstanding Veterans' organizations including:

Royal Canadian Legion
National Council of Veteran Associations
Army, Navy and Air Force Veterans in Canada
Canadian Association of Veterans in United Nations Peacekeeping
Canadian Peacekeeping Veterans Association

The network was expanded in 2011 to include new and emerging Veterans' organizations including:

NATO Veterans Organization of Canada
Veterans UN NATO Canada
VeteransofCanada.ca
Canadian Veterans Advocacy
VeteranVoice.info

VAC continues to forge new relationships with groups that have an interest in Veterans' issues including:

True Patriot Love Foundation
Veterans Emergency Transition Services (V.E.T.S.)
Aboriginal Veterans Autochtones
Aboriginal Veterans and Serving Members Association
Helmets to Hardhats
Wounded Warriors

Implemented – 2011 (ongoing)
Responds to:
NVCAG – 13

44. Information on the VAC website is now more Veteran-focussed and easy to understand.
- Implemented – 2011*
Responds to:
NVCAG – 13
SNAG – 43, 53, 54, 55, 82, 84, 85
45. Social Media is used to enhance interaction with, and inform Veterans, Veterans' associations, and other stakeholders – particularly modern-day Veterans and their families.
- Implemented – 2011*
Responds to:
NVCAG – 13
SNAG – 55
46. The Veterans Benefits Browser allows Veterans and their families to quickly and easily find information on the benefits, services and programs offered by VAC. Veterans and their families can browse all of the benefits, or select information specific to their need and service. This site can be accessed on a 24-7 basis.
- Implemented – 2012*
Responds to:
NVCAG – 13
SNAG – 43, 53, 67, 82, 84
47. My VAC Book was designed to help Veterans and their families learn about the services and benefits available to them. To build a personal My VAC Book, Veterans answer a few questions and once finished, a book will be displayed on screen in a PDF format. Within a few days a hard copy is mailed to the Veteran.
- Implemented – 2012*
Responds to:
NVCAG – 13
SNAG – 67, 82, 84
48. VAC presented information on VAC programs and services at four national health professional conferences (Canadian Association of Occupational Therapy, Vocational Rehabilitation Association of Canada, Canadian Physiotherapy Association and the National Case Management Conference).
- Implemented – 2010*
Responds to:
NVCAG – 3
- Invest in research**
49. In partnership with DND/CAF and Statistics Canada, VAC is engaged in research to help fill the gap in Canadian and international research related to transition to civilian life. The Life After Service Studies (LASS) program of research is examining many aspects of health over the life course of military Veterans, including disability, income, access to the determinants of health, mortality (including suicide) and cancer. The first wave of the study was released in 2011.
- Implemented – 2009*
Responds to:
NVCAG – 15
50. The LASS – Reserve Study (second wave of LASS) will include a Survey on Transition to Civilian Life and an Income Study. The study has been developed so that VAC will be able to assess transition and well-being for Canadian Reservists as well as Regular Force Veterans.
- Implemented – 2013, results to be published in 2014*
Responds to:
NVCAG – 15
51. Statistics Canada's 2003 Canadian Community Health Survey of the general Canadian population included a series of questions to identify Veterans living in Canada. VAC in collaboration with Statistics Canada, examined the data to compare the well-being of CAF Veterans with the general Canadian population.
- Implemented – 2012*
Responds to:
NVCAG – 15
52. The Canadian Institute for Military and Veteran Health Research was established in 2010; the fourth annual forum is to be held November 25-27, 2013 in Edmonton, Alberta. As in previous years, the forum will cover a wide range of military and Veteran health topics. Themes include military and Veteran families, mental health, traumatic brain injury and presentations on international research.
- Implemented – 2010*
Responds to:
NVCAG – 15
53. VAC partnered with McGill University to include a Veteran Identifier Question in the Canadian Longitudinal Study on Aging (CLSA). This will allow for comparisons between Veterans and the general population tracked in the study.
- Implemented – 2011*
Responds to:
NVCAG – 15
54. A contract was developed between VAC, DND, the CAF and the Canadian Institute for Military and Veteran Health Research to promote independent research of importance to military and Veteran health. VAC sponsored five projects with three Canadian universities:
- University of Manitoba (two studies): a study examining the co-morbidity of anxiety and physical health conditions in CAF Veterans; and a study examining the relationship between income, mental disorders and suicide in CAF Veterans.
 - Queens University (two studies): a study examining the health-related quality of life for CAF Veterans; and a study to understand the relationship between pain and well-being in CAF Veterans.
 - University of Sherbrooke (one study): development of measurement tools for workplace reintegration of Veterans with mental health disorders.
- Implemented – 2012*
Responds to:
NVCAG – 15
55. VAC provided support to Can Praxis for a study on Equine Assisted Learning. It includes the development of measurement tools to assess the effectiveness of equine-assisted learning for CAF Veterans with mental health conditions and their spouses.

Implemented – 2013

Responds to:

NVCAG – 15

56. VAC provided support to St. John Ambulance for a study on animal assisted therapy for institutionalized Veterans. It includes developing tools to assess how the use of service dogs in institutions can affect social isolation.

Implemented – 2013

Responds to:

NVCAG – 15

57. VAC is partnering with the Canadian Institute for Military and Veteran Health Research to review research related to the use of psychiatric service dogs for Veterans with PTSD. The project will provide VAC with recommendations on future research needs.

Implemented – 2013

Responds to:

NVCAG – 15

58. From the perspective of mental health, through a Canadian Institutes of Health Research grant, VAC brought together a team to conduct research on workplace reintegration for Veterans with mental health conditions.

Implemented – 2008

Responds to:

NVCAG – 15

59. DND and the Canadian Institutes of Health Research are funding three research projects that will advance understanding of mild traumatic brain injuries, more commonly known as concussions, suffered by soldiers in military operations as the result of exposure to the blast force of explosive devices. The knowledge gained in this research will be shared with VAC and will assist the Department in helping Veterans with mild traumatic brain injuries.

Implemented – 2013

Responds to:

NVCAG – 15

60. VAC, DND/CAF and Canadian Institutes for Health Research share

information on research activities through participation on the Canadian Institute for Military and Veteran Health Research Technical Advisory Committee and through other bi-lateral and multi-lateral meetings.

Implemented – 2010

Responds to:

NVCAG – 15

61. Research is a main theme of the Ministerial Summit and Senior International Forum meetings which include the countries of Australia, New Zealand, United States, United Kingdom and Canada. Researchers from the respective countries comprise the Senior International Forum Research Committee which presents findings on emerging Veterans' health issues to Ministers and Deputies at the meetings. VAC uses this information to strengthen policy and program development.

Implemented – 2011

Responds to:

NVCAG – 15

Monitoring programs and services

62. VAC conducts a survey of participants in the New Veterans Charter Rehabilitation Program at program entry and program completion. The results of the survey are compiled on an annual basis. Results indicate that Veterans completing the VAC Rehabilitation Program more often report that their health is excellent, very good or good, when compared to Veterans who are beginning the program (2009-10, 2010-11 and 2011-12).

Implemented – 2007 (ongoing)

Responds to:

NVCAG – 14

SNAG – 45, 48

ACVA – 8

63. All programs under the New Veterans Charter each have a Performance Measurement Strategy which assesses the results of a program relative to the program's objectives. The Strategy assists program managers and deputy heads to:

- continuously monitor program performance;
- make informed decisions and take appropriate, timely action with respect to programs;
- provide effective and relevant departmental reporting on programs; and
- ensure that credible and reliable performance data are being collected to effectively support program evaluation.

Implemented – 2010

Responds to:

NVCAG – 10, 14

SNAG – 48

64. A Case Management Services Accountability Framework for Performance and Reporting was implemented to provide guidelines and tools for case planning, performance monitoring, and a learning strategy for case management. The Framework enhances the ability of managers and staff to provide effective case management services by ensuring that Veterans and their families receive timely, appropriate and consistent levels of service.

Implemented – 2012

Responds to:

NVCAG – 10, 14

SNAG – 8, 9, 48

ACVA – 8

65. Workload intensity tools were developed to assess the levels of risk, need, complexity and intensity of Veterans who are case managed. The tools allow for more effective caseload management for Case Managers and Veterans.

These tools are being used as part of day-to-day field operations.

Implemented – 2012

Responds to:

NVCAG – 9, 10

66. Four new and/or updated service standards relating to the delivery of the Rehabilitation Program and case management services were implemented. This includes:

- 1) Needs will be assessed within 30 days of the Veteran's eligible Rehabilitation Program decision;
- 2) A Case Manager will work with the Veteran and develop a plan to best meet his/her needs within 45 days of an eligible Rehabilitation Program decision;
- 3) A Case Manager will contact the Veteran at least every 90 days to discuss progress towards achieving rehabilitation goals; and
- 4) Veterans participating in the Rehabilitation Program will have progress documented by VAC (i.e. the creation of a progress note) within their plan on a monthly basis.

Implemented – 2012

Responds to:
NVCAG – 9, 10
SNAG – 15, 16, 48
ACVA – 8

67. The New Veterans Charter (NVC) was evaluated in three phases, with the intent to improve the design and delivery of the NVC programs. These evaluations determined that, while there were some issues identified with the design of certain components of the NVC programs, as a whole, these programs provide the services and benefits needed to support successful re-establishment to civilian life. The evaluations contained recommendations that the Department is implementing respective to measurement of outcomes for departmental outreach and for Veterans and families regarding recognition, health, community integration, employment and income. There were 21 recommendations from these evaluations which can be found in the VAC Evaluation Reports on the external website.

Implemented –

- *2009 Phase 1, focussed on the relevance and rationale of the NVC and its programs*
- *2010 Phase 2 – focussed on outreach, the application process and the service delivery framework*
- *2011 Phase 3 – focussed on success in achieving desired outcomes*

Responds to:
NVCAG – 14
SNAG – 45, 48, 117

68. The Department fully cooperated in the Standing Committee on Veterans Affairs' 2010 review of the New Veterans Charter. The Minister announced on September 26, 2013 that a comprehensive review of the New Veterans Charter would be undertaken.

Implemented – 2010 and 2013
Responds to:
SNAG – 78

Service Delivery

VAC has introduced a number measures through the Cutting Red Tape for Veterans initiative to deliver better and faster service in more modern ways for Veterans and releasing military personnel.

69. The Department has switched to up-front payments for grounds maintenance and housekeeping services under the Veterans Independence Program. Veterans and other recipients no longer need to submit receipts.

Implemented – 2012
Responds to:
SNAG – 112

70. Veterans may receive payment for benefits by direct deposit. This is already being used by more than 48,000 Veterans

Implemented – 2010-2013
Responds to:
SNAG – 118

71. The Intelligent Call Exchange (ICE) telephone system improves the quality of service to Veterans as it promotes national consistency in response to inquiries. The new system is about connecting Veterans with those who have the delegated authority to render a decision on an inquiry.

Implemented – 2010 to the National Contact Call Network (NCCN) with expansion to Area Offices beginning in 2012

Responds to:
SNAG – 18, 19, 116, 128, 131

72. Reauthorization of medical treatment benefits is no longer required for 70% of the transactions.

Implemented – 2013
Responds to:
SNAG – 130

73. My VAC Account is a fundamental piece of the Department's plan to improve online services for Veterans. Veterans now have the convenience and flexibility of doing business securely online with the Department, 24 hours a day, 7 days a week, 365 days a year.

Implemented – 2012
Responds to:
SNAG – 19, 85, 118, 119, 120, 128

74. The time it takes to process applications for disability benefits has been greatly reduced by eliminating unnecessary steps, layers of bureaucracy and introducing new technologies in the processing of applications. The Department expects to reduce this turnaround time.

Implemented – 2011
Responds to:
SNAG – 42, 118, 120, 130

75. The implementation of the electronic transfer of health records between VAC and DND/CAF will further reduce the processing time for disability benefits when the project is fully completed by the end of fiscal year 2014-2015.

Implemented – 2013- 2015
Responds to:
SNAG – 80, 103, 104

76. Through a partnership with Service Canada, Veterans now have more than 600 points of service available to them across the country – a significant increase from the 60 points of service previously available.

Implemented – 2012
Responds to:
SNAG – 73

77. VAC has developed an area office standards manual. The goal is to provide a barrier-free, accessible environment which balances furnishings and decor with security needs. This change will also create a warm and inviting environment for Veterans and create a common look and feel in VAC offices throughout the country. Work to finalize these changes is ongoing, with the goal of completing all the offices in 2014
- Implemented – 2013*
Responds to:
SNAG – 21
78. Under the policy renewal project, all program policies were simplified, clarified and consolidated where possible. VAC reduced the number of its policies from 450 to approximately 200.
- Implemented – 2013*
Responds to:
SNAG – 32, 33, 34, 97, 98, 132
79. Policies will be reviewed on a four-year cycle. This four-year cycle will ensure policies are kept up-to-date and that VAC decisions on Veterans' benefits applications are based on the most current evidence and best practices available.
- Implemented – 2013*
Responds to:
SNAG – 32, 33, 34, 97, 98, 132
80. Veterans no longer need to submit receipts or appointment verifications from health care providers to receive reimbursements for health related travel expenses. This change eliminates paperwork for Veterans and ensures that their claims are processed faster.
- Implemented – 2012*
Responds to:
NVCAG – 11
81. Decision letters on disability benefits and brochures on benefits and services have been updated to meet the accepted standards of plain language. Plain language improvements have been made to 62 disability letters. This includes the most commonly used decision letters.
- Cover letters and condolence letters have also been improved.
- Implemented – 2011*
Responds to:
SNAG – 129
82. The Veterans Bill of Rights was established reinforcing the Government's commitment to Veterans and their families.
- Implemented – 2007*
Responds to:
NVCAG – 1
SNAG – 47
83. The Veterans Ombudsman office was created as an independent voice to ensure the fair treatment of Veterans and their families in accordance with the Veterans Bill of Rights.
- Implemented – 2007*
Responds to:
SNAG – 47
- CASE MANAGEMENT:**
Recommendations in this area focussed on the need to improve case management services, particularly for Veterans and families with special needs; establishing case management standards; ensuring Case Managers have the authority to make decisions, and are well trained.
- Actions taken by VAC:
84. A 10-point Transformation Action Plan to enhance case management services was developed to provide better integration with rehabilitation and mental health. It included development and implementation of core competencies for Case Managers, strengthened reporting and performance measurement, and re-engineered tools and processes.
- Implemented – 2010*
Responds to:
NVCAG – 9, 10, 14
SNAG – 3, 7, 8, 9, 13, 17, 72, 75, 76, 79, 89, 130
85. Case planning guidelines were revised and implemented to help support the interdisciplinary teams and subject-matter experts in the decision-making process.
- Implemented – 2011*
- Responds to:*
NVCAG – 10
SNAG – 13, 72, 92, 95
86. A National Addictions Strategy was developed and implemented for Veterans and their families struggling with addiction. The Department provided addictions training to approximately 400 field staff. Training is ongoing and additional learning opportunities are planned over the next two years.
- Implemented – 2009; training – 2012*
Responds to:
NVCAG – 10
SNAG – 96
87. VAC developed and implemented a National Suicide Prevention Strategy. VAC's Suicide Awareness and Intervention Protocol was revised to provide staff with essential information on suicide risk as well as intervention techniques to help Veterans who are suicidal. The protocol provides VAC frontline staff with the process to screen for risk of suicide, the immediate actions to take, and the follow up required. VAC staff received Applied Suicide Intervention Skills training, and a webinar is being developed to promote the use of the Protocol.
- Implemented – 2010; updated – 2013*
Responds to:
NVCAG – 10
SNAG – 20
88. A national training and learning strategy for VAC's Case Management was implemented. This long term strategy focuses on development of skills and abilities of front line staff to ensure workloads and skill sets are appropriately aligned to best serve Veterans and their families.
- Implemented – 2013*
Responds to:
NVCAG – 10
SNAG – 8
89. National access was established to Case Management Consultants who have backgrounds in mental health, rehabilitation and disability management. These consultants work with VAC Case Managers and staff in a

professional practice and support role, providing coaching, mentoring and skills building. The goal of Case Management Consultants is to enhance the practice and overall delivery of case management services.

Implemented – 2013

*Responds to:
NVCAG – 3, 10
SNAG – 8, 9, 10*

90. Mobile technology is being used to support Case Management services.

Implemented – Pilot 2012

The pilot is ongoing with national implementation planned for 2014

*Responds to:
NVCAG – 10
SNAG – 122*

91. Roles and responsibilities were confirmed for the Client Service Team. This includes: Client Service Team Managers; Case Managers; Client Service Agents and the Administrative Support Group. For example, VAC transferred responsibility for administrative tasks from Case Managers to administrative staff, so that Case Managers can focus on providing service to Veterans.

Implemented – 2012

*NVCAG – 10
SNAG – 7, 8, 14, 75, 76, 101*

92. The Delegated Authority on Decision Making to Case Managers provides additional authorities to Case Managers resulting in improved turn-around times for decisions for Veterans.

Implemented – 2010

*NVCAG – 10
SNAG – 9, 11*

93. VAC works with more than 200 Clinical Care Managers who provide daily contact with Veterans with complex mental and physical health needs and their families. Clinical Care Managers are registered service providers paid for under VAC's Treatment Benefits Program. Clinical Care Managers receive referrals from VAC Case Managers for the provision of one-on-one support for intensive

services to those who have complex health needs and may require additional support. The Clinical Care Manager works directly with the Veteran in support of the case plan created between the VAC Case Manager and the Veteran. The VAC Case Manager continues in his/her primary role to coordinate services and interventions on behalf of Veterans.

Implemented – 2007

*Responds to:
NVCAG – 10
SNAG – 3, 71, 89, 90*

94. With the national implementation of three new workload intensity tools, a Case Manager's caseload is based not only on the number of active cases, but also on the level of risk, complexity and intensity associated with each case. Generally, the range is 40 Case-Managed Veterans per Case Manager. The tools allow for the appropriate case mix, with the end result being well-balanced and manageable caseloads for Case Managers across the country.

Implemented – 2012

*Responds to:
NVCAG – 10
SNAG – 8, 9, 12, 14, 71, 73, 74, 76, 131*

SUPPORT TO FAMILIES AND CAREGIVERS:

Recommendations in this area focussed on the need to provide more support to families including recommendations calling for the development of programs including counselling and rehabilitation services designed for families in their own right, and the provision of economic compensation to family caregivers.

Actions taken by VAC:

95. The New Veterans Charter offers more supports to families than ever before. Services for families include:
- Case Management – ongoing support and evaluation of family needs; families are encouraged to participate in the Transition Interview and participate during the development of the Veteran's case plan.

- Rehabilitation – vocational assistance can be transferred to spouses and common-law partners if the Veteran is unable to take part.
- Death Benefit – recognizes the non-economic impact of the CAF member's death on the survivor and dependent children and provides a tax-free lump sum payment.
- Group Health Insurance – CAF families can qualify for the Public Service Health Care Plan for drug benefits, vision care, etc.
- Educational assistance – funding support to help children pay for post-secondary education.

Implemented – 2006

*Responds to:
NVCAG – 1, 4
SNAG – 4, 44, 63, 86, 87, 92, 95, 96, 100, 114
ACVA – 7, 10*

96. Families have access to the VAC Assistance Service, a toll-free 24-hour help line that provides Veterans and their families with short-term professional counselling and referral services. In 2012, VAC extended this service to include any family member who is the primary support or caregiver of a Veteran.

Implemented – 2012

*Responds to:
NVCAG – 1, 4, 5
SNAG – 96, 100*

97. Jointly funded by VAC and the CAF, the Operational Stress Injury Social Support program is a peer support program for Veterans, CAF personnel and families. Eight additional Family Peer Support Coordinator positions were created to enhance support to families.

Implemented – 2008

*Responds to:
NVCAG – 1, 4, 5
SNAG – 96, 100*

98. The bereavement support program, Helping Our Peers by Providing Empathy (HOPE), was run through Operational Stress Injury Social Support (OSSIS) Program, a VAC/DND partnership. HOPE is now

part of DND's program on major CAF bases/wings.

Implemented – 2006
NVCAG – 4, 5
SNAG – 96, 100

99. Pastoral Outreach services are available for situations where Veterans and their families are dealing with end-of-life issues, including bereavement. The Pastoral Outreach Program was offered jointly by VAC and DND until 2010, after which time the program was solely offered by VAC.

Implemented – 2010
Responds to:
NVCAG – 1, 4, 5
SNAG – 96, 100

100. Policies have been clarified so that family members may receive and be involved in counselling and/or psycho-education sessions, in support of a Veteran's treatment plan, case plan or rehabilitation plan.

Implemented – 2009
Responds to:
NVCAG – 1, 4, 5
SNAG – 86, 96, 99, 100

101. The Operational Stress Injury (OSI) Clinic network has standardized family screening, assessment and treatment for families of Veterans receiving treatment at an OSI clinic. This means that family members are considered important partners in the treatment of their loved one. Family members will receive the evidence-informed screening, assessment, treatment and referral services they need to support the rehabilitation of their loved one.

Implemented – 2012
Responds to:
NVCAG – 1, 4, 5
SNAG – 86, 96

102. A Departmental outreach strategy was developed with a focus on reaching CAF personnel, Veterans, families and Veterans' organizations by ensuring that accurate and current information is available during VAC briefings using professional and standardized

presentations delivered by well-trained staff. Briefings may include participation at CAF professional development days, the Integrated Personnel Support Centres and other CAF outreach opportunities, such as leadership courses and Medical Officer Conferences.

Implemented – 2008, updated 2010, 2012
Responds to:
NVCAG – 13
SNAG – 5, 53, 54

103. VAC partnered with DND and communities on the first Veteran and Family Community Covenant that was launched in Newfoundland and Labrador. VAC provided the framework for the covenant which offers an opportunity to increase recognition and commemoration of the sacrifices of Veterans and their families, increase community awareness of the needs of Veterans and their families when transitioning and re-establishing into civilian life, as well as to increase understanding of VAC programs and services.

Implemented – 2010
Responds to:
NVCAG – 2, 4
SNAG – 58

104. The Mental Health Service Capacity Project was initiated, led by VAC and piloted in Newfoundland and Labrador in collaboration with provincial, non-governmental, community and federal organizations, private mental health services and the community. The intent of the pilot was to: improve access to, and awareness of, mental health services; recruit and strengthen service provider capacity; improve supports to staff; and build strong working partnerships with the province, non-government organizations and key communities in support of Veterans and their families. The project also included a jointly organized conference "Serving Those Who Have Served" and the development of a six-module webinar series developed and delivered to 60 clinicians in Newfoundland and Labrador.

Implemented – 2010
Responds to:
NVCAG – 2, 4
SNAG – 58

105. Revised case planning guidelines were approved and now include the family in the interview process and development of the case plan.
Implemented – 2011
Responds to:
NVCAG – 1
SNAG – 92, 95

106. A Clinical Care Manager is available to provide intensive supports to Veterans with complex mental and physical health needs and their families.

Implemented – 2007; updated 2013
Responds to:
NVCAG – 2, 4, 10
SNAG – 89, 90

The actions taken by the Departments as outlined in items 95 through 106 provide supports to families similar to those offered through the Military Family Resource Centres.

Implemented – 2006-2013
Responds to:
SNAG – 94

OTHER

107. Opportunities were provided for the Special Needs Advisory Group (SNAG) to have input from Veterans with special needs and their advocates.

Implemented – 2006-2009
Responds to:
SNAG – 46, 126

108. Many of the actions taken by the Department to partially or fully respond to the former advisory committee recommendations demonstrate that the New Veterans Charter continues to be a living document.

Implemented – 2006-2013
Responds to:
ACVA – 1

Note – some SNAG recommendations related to the work of the committee or were part of ongoing and existing business practices of the Department.

This includes SNAG recommendations 41, 56, 57, 59, 60, 61, 62, 93, 105, 107, 111, 113, 115, 123, 124, 125, 133

New Veterans Charter Advisory Group (NVCAG)

Honouring Our Commitment to Veterans and Families, The Living Charter in Action
October 2009

1. Take steps to create and maintain a respectful, family-centred culture in all Veterans Affairs Canada programs.
2. Fill service gaps to ease the transition to civilian life.
3. Improve access to skilled knowledgeable health care providers.
4. Provide more support for family members caring for Veterans.
5. Provide more support for survivors and families of the fallen.
6. Ensure disabled Veterans receive a fair, equitable income consistent with a normal military career.
7. Increase access to the Permanent Impairment Allowance.
8. Ensure non-economic loss awards are comparable to those offered in civil society and offer payment options for the disability award.
9. Modernize the Rehabilitation program.
10. Improve case management services.
11. Improve access to VAC rehabilitation services.
12. Repair damaged relationships with providers.
13. Actively promote New Veterans Charter programs and services.
14. Monitor programs and services.
15. Invest in research.

Special Needs Advisory Group – Report 1

January 2006

Transition Interview

1. Appropriate standardized assessment tool should be utilized at all Centres to ensure continuity of service. Attached at Annex D, Appendix 2 is a Transition Assessment Tool Proposal.
2. VAC needs to review the Transition Interview/Needs Assessment using current accepted processes from accredited institutions.
3. Case management rests on a body of established social work/clinical knowledge, technical expertise, and humanistic values that allows for the provision of a specialized and unique service to designated CF client groups. VAC needs to establish Case Management Standards that specify minimum educational standards and career experience of all Area Counselors, beginning with Transition Area Counselors.
4. VAC and DND need to develop case transfer protocols that outline preliminary Goals, Tasks and Functions, incorporating strategies for VAC to assume the Case Management role with the CF client and specify a date of “hand off”.
5. VAC and DND need to develop a communications plan with the CF member and with all service providers currently in place to assist the CF member and his/her immediate family.
6. CF and DND, along with the medically releasing CF Member, have a minimum number of “wrap around” sessions with CF medical and rehabilitative staff to ensure all relevant documentations is provided to VAC to incorporate into the Case Plan.

Case Management Services

7. VAC needs to develop an effective communications plan for all Veterans, explaining the role of VAC staff, including Area Counselors/Case Managers, Client Service Agents (CSA) and the Call Centre.
8. VAC needs to outline a clear Case Management Model that it will be using.
9. VAC needs to develop Case Management Standards as part of a Quality Assurance plan that allows for operational transparency and accountability.
10. All Case Management Services should follow a code of ethics to ensure Veterans Rights are not violated.

11. To ensure continuity of front line services, VAC needs to develop a system for the District Offices that allows for a Duty Area Counselor who will be available to all CF Veterans currently in rehabilitative programs. The Duty Area Counselors will have the authority to instantaneously approve treatment request related to the CF Veterans' pensioned condition. It is recommended that the Duty Area Counselor is a permanent position whose job is to act as a back-up worker while Area Counselors are meeting with their respected Veteran clients and are not readily available.
12. Increase the number of Area Counselors at the District Office level and decrease individual caseloads.
13. Standardized case plans indicating goals, tasks, objectives and timelines.
14. Area Counselors will need to have regular contact with the CF Veterans who are actively engaged in the rehabilitative programs.

Rehabilitation Benefits

15. VAC needs to develop a plan outlining departmental communications standards and communicate this plan to all Veterans.
16. Standards need to put into place such as a 48 hours minimum return time for voice messages to be returned and 10 days for mailed correspondence.
17. As part of the Case Management and Communication Standards, VAC needs to clearly outline realistic expectations as to what is available to Veterans and the timeframes on how long access/approval for said programs would take.
18. VAC Area Counselors need to provide their clients with their direct contact number. Veterans actively engaged in any rehabilitative programs should not have to contact their Area Counselors/Case Managers via NFCC [*sic*].
19. As per paragraph 7 iii (1)(f) of this report, VAC should consider a position at all District Offices that allows for a Duty Area Counselor/Case Manager to be available 24/7.
20. VAC staff be trained in non-physical crisis intervention.
21. VAC must ensure the physical environments at all District Offices are conducive to individual respect rather than confrontational approach.
22. VAC staff monitor releases, especially high level of disability releases and ensure the Veteran/client or their family/care giver makes the requisite application for benefits within the prescribed timeframe.

Vocational Rehabilitation/Job Placement

23. VAC to lead by example and hire Veterans from all levels of disability.

24. VAC must take an active role, through the case manager in assisting the client in the job placement program and following up if successful, VAC should not simply hand it off to a 3rd party contractor.
25. VAC should maintain an employment search database at the District Office for client and case manager use.
26. VAC needs to monitor the success of the Job Placement Program especially for Special Needs Veterans or their families accessing this program through VAC and provide an annual report on its performance.
27. VAC must monitor the Job Placement Program and ensure that clients are well placed in their new job/career.
28. VAC must ensure there is some Quality Assurance Plan put in place to measure success rates, suitable job quality placements, some form of follow-up to assess if the client is successful in keeping the job over the long term, and if not – why not. This should be considered part of the case management process – goals of employment and if they are being met.

Earnings Loss Benefit

29. The role or relationship between SISIP and VAC, with SISIP being a DND sponsored program and VAC with its own programs need to be better defined to ensure the Veteran is not compromised through internal differences of SISIP and VAC responsibilities.
30. It is recommended that the minimum starting salary for any earnings loss benefit be Corporal basic rather than Private trained or some other mechanism that provides tangible income if the member must revert back to 75% of pre-release salary.
31. The phrase Income Offsets need to be better detailed as most members are not necessarily aware of the full implications of this term. Presently Case Scenarios do not specify any income offsets and their effects on total income.
32. There should be a clear and definitive statement as to which sources of income are not considered for Income Offsets in the calculation of both VAC and SISIP coverage.

Permanent Impairment Allowance

33. The definition of permanent and severe impairment needs to be made broader in context. Attached at Annex D, Appendix 3 are those physical, psychological/mental and functionality conditions that need to be considered and taken into account during the assessment for this allowance.
34. The definition of Permanent and Severe could be construed as too restrictive, it is recommended that the wording be changed or amended to include Chronic and/or Persistent with the following criteria:
 - a) Chronic – condition has lasted a minimum of two years
 - b) Persistent (unremitting) – condition is expected to last more than two years

Canadian Forces Income Support

35. Definition of “work” needs to be stated, work in this instance should be commensurate with the level of responsibility and training the Veteran had in the military. Work should not be seen as demeaning to the individual, rather it should be viewed as a boost to self-esteem.

Disability Award

36. VAC to provide ongoing financial counseling, not one time only counseling.
37. The Table of Disabilities used in awarding disability pensions under the Pension Act, must be the same Table of Disabilities used in awarding the Disability Award under the NVC unless changes are warranted and the Veteran is not disadvantaged.
38. The Veteran should be given a choice of the lump sum award or an annuity over a specified period of time. The annuity should also include tax-exempt interest.
39. The Case Manager, regardless of the size of the award, must be made aware of the percentage of disability and award itself.
40. VAC Case Managers must ensure that the Veteran files an application within the prescribed time limits and assist the Veteran and/or his/her family in the application, if necessary.
41. The 120 day application criteria needs to be reviewed and extended, particularly for those injuries that may present themselves years after release, such as mental health issues.
42. There should be some form of audit of District Offices to ensure standardization of the disability award application and approval processes.

Death Benefit

43. The Death and Survivors Benefits need to be better linked or related to each other in the NVC literature.

Health Benefits

44. While it is not expressly stated in the literature it should be emphasized that this is health care coverage requires a monthly premium to be paid by the member. Will VAC adapt an identical program to PSHCP [*Public Service Health Care Plan*] to ensure equity for rates VAC should contract PSHCP to save on administrative and set-up costs. PSHCP is also well known by most serving members of the CF.

Client Feedback

45. VAC should coordinate a series of client surveys using a similar approach to the survey conducted by Corporate Research Associates. Only new clients should be surveyed. The first survey should be completed within 90 days of implementation to understand the immediate effects. For the purpose of this advisory group – Special Needs Veterans need to be interviewed.

46. The SNAG needs increased input from the special needs community, more interviews, surveys and presentations should be encouraged.

Redress

47. VAC should respond to the numerous criticisms and recommendations from many focus groups and individuals and institute an Ombudsman, either alone or in cooperation with the existing Department of National Defence Ombudsman.

Quality Assurance Plan (QAP)

48. VAC should institute a QAP and utilize a 3rd party contractor for monitoring and reporting the various programs within the NVC. This report should be available to the public.

SISIP

49. VAC, in conjunction with SISIP, produce a plan/timetable where elements of both SISIP and the NVC are streamlined in order to better serve the Veteran. The current arrangements are extremely confusing and have in some instances curtailed VAC from offering more comprehensive services.
50. VAC requires greater input from SISIP on how certain elements of the NVC will work; simply relying upon SISIP literature is not acceptable.

Definition of Work

51. VAC needs to more clearly define what “work” means. Work, or employment, must be seen as meaningful, commensurate with the level of responsibility and training held in the military, a boost to self-esteem and not de-meaning.

Programs and Services Applications

52. This standoffish approach by VAC should be discontinued immediately and VAC should provide assistance to make or initiate all applications on behalf of all Special Needs Veterans.

Communications Plan

53. The VAC website needs to be kept current and informative about all aspects of the NVC with a tie back or linkage to the existing Pension Act.
54. Case Scenarios need to be listed more clearly on the website and in the NVC literature, and they must include more applicable and relevant cases, including an emphasis on case scenarios at the private and corporal levels.
55. VAC should establish an on-line feedback link on the website so Veterans can express their concerns, successes and failures with the NVC, with the results being forwarded to a contracted agency such as Corporate Research Associates for analysis.

56. VAC needs to promote on its website and in its literature the existence of advisory groups such as the SNAG and solicit input via on-line feedback, e-mails, verbal and written issues. These would need to be distributed to the SNAG for consideration.
57. Similar to an on-line feedback but more structured and made available in print would be a post-implementation survey. Results should be gathered by a contracted agency such as Corporate Research Associates for follow-up questions and analysis of the returns.

Special Needs Advisory Group – Report 2

November 2006

Directory of Service Providers

58. To enable a better provision of support, VAC needs to take a more community based approach with its District Offices by working more closely with other community service providers. Each Veteran's case is not an isolated incident, but rather a collection of transactions, activities, involved parties, and related documents; consequently, VAC case managers need to structure cases to reflect these interrelationships. The District Offices need to develop and maintain a directory of service providers. Listed service providers ideally should have experience with VAC and Veterans. This list would better enable the Case Manager in developing a thorough case plan by knowing what is locally available.

VAC Treatment Authorization Centres (TAC) Access and Approvals

59. Medical specialists have direct access to their specific VAC TAC for immediate approval of the recommended therapy based upon their professional diagnosis/opinion. With respect to drug therapies for example, the medical specialist would be able to contact the VAC TAC Pharmacology directly for approval; this immediate access would benefit the Veteran in that writing for specific drug approvals would be eliminated;
60. Special needs Veterans' Blue Cross coverage through the TAC, principally for prescription drugs, needs to be re-evaluated. If there is an issue of a prescribed drug not being on the Blue Cross/VAC formulary the recommended procedure could be for co-sharing the costs, where the special needs Veteran would pay a percentage of the cost. Comprehensive case management at the time of release will identify all identified needs of the CF member making the transition to civilian life. The case manager's role should be to monitor the new Veteran's progress and, working collaboratively with DND and the VAC interdisciplinary teams, help the Veteran make the necessary preparations for release. The case plan developed by the VAC case manager and the client is the vital that incorporates all medical needs, including prescriptions, aids for daily living and non-formulary items that are essential in order to work towards the Veteran's rehabilitative goals. This would ensure treatment first and appeal process second, putting the Veterans' needs first and bureaucratic encumbrances second;
61. The VAC Drug Formulary for example should be a blend of all the Provincial Drug Formularies in order to provide a high level of service across the country with no regional discrepancies. This initiative should also be implemented for all the VAC TAC Programs of Choice; and
62. The issue with VAC TACs services could be systemic in nature and not necessarily functioning in the best interest of the Veteran. Therefore, an independent study to examine VAC TAC processes and procedures would be beneficial in ensuring maximum efficiencies and services are implemented to best meet the needs of the Veteran and the supporting medical specialists.

Family Support.

63. VAC needs to provide funding for travel and lodging for the spouse/partner to accompany the Veteran for specialized treatment away from the home.

Disability Award (DA)

64. Offer a choice of either a lump sum or annual award.
65. Offer a blended lump sum and annual award.
66. VAC needs to closely monitor the DA program for fairness and suitability in meeting the Veterans' needs. If, over time, the DA is not meeting the needs of the new Veterans, VAC should seek adjustments to the DA. This includes considering reverting back to a monthly indexed award similar in nature to the Disability Pension under the Pension Act, even if this includes Treasury Board reassessment.

Checklist

67. Develop a standardized checklist identifying programs, benefits and services, personalized for the releasing member to which he/she may be entitled to upon release. This checklist would be provided to the member and/or their next of kin at the Transition Interview/Case Plan.

Earnings Loss Benefit (ELB)

68. Ensure parity, as a minimum, between ELB and similar Public Sector plans, including what are considered deductions and what are taxed.
69. Take into consideration the terms of service under which the member was serving and assume a fair case career scenario for the member when determining ELB;

Job Placement

70. VAC track job placement statistics for special needs Veterans and consider putting in place incentives to encourage employers to hire disabled Veterans.

Special Needs Veterans Visitations

71. Special needs Veterans, especially those in receipt of the PIA must receive, at minimum, a semi-annual home visitation by their VAC Case Manager to ascertain standard of living and quality of life levels, and if the Veteran is in receipt of the appropriate programs, benefits and services.

Application Approval

72. Determination of a rehabilitation need and associated services that form part of case management protocols and the case plan should be ascertained as soon as possible, particularly for medically releasing members. Applications for the provision of programs, benefits and services need to be submitted and approved *prior to release* in order to be implemented immediately upon the effective release date to ensure a seamless transition without delays in the provision of programs, benefits and services offered by VAC.

Resourcing

73. VAC to address and resolve the perceived resourcing issues and, if necessary, to increase staff at the District Offices to ensure services are not degraded;
74. Adopting a risk-based approach to resource allocation, VAC conduct internal reviews of frontline services at the District Offices in order to ascertain if resources for services are needed or if better allocation of resources are required;
75. VAC Case Managers need to identify to the Veteran the role of the VAC Case Manager as there may be misunderstandings between the role the CF Case Manager when compared to the VAC Case Manager and the Veteran needs to understand the differences;
76. Case Managers (Area Counselors) need to be directed to be more proactive, accessible and responsive to needs and queries from Veterans and their families; and
77. A VAC Pension Officer should be employed at every CF Base. DND Case Managers could thus direct releasing CF members to the Pension Officer to initiate the application process.

Review of NVC

78. VAC request that Parliament and Senate Standing Committees on National Defence and Veterans Affairs conduct comprehensive reviews of the NVC. These reviews should be done as if Parliament and Senate were reviewing for the first time the contents of The Canadian Forces Members and Veterans Re-establishment and Compensation Act – Bill C-45.

Ste-Anne-de-Bellevue

79. VAC needs to ensure that approved treatment regimes involving sequential treatment programs are not compromised by preventable undue delays involving intra-departmental communications. The Case Manager must manage the scheduling of treatment plans on behalf of the Veteran, the associated specialists and intra-departmental programs.

Inter-Department Cooperation

80. Improved cooperation with CF Integrated Support Teams (Case Management teams); and
81. Earlier VAC intervention by its Client Service Delivery Team in SI [*severely injured*] and VSI [*very severely injured*] catastrophic injury Veterans.

Communications

82. The use of a “Navigator” (as recommended by Muriel Westmoreland) would facilitate the Veteran in working through and understanding all the documentation and application forms required by VAC;
83. Improved cooperation with CF Integrated Support Teams (Case Management teams);
84. Development of a checklist of programs, benefits and services and how it may relate to the Veteran and his/her family (refer to section 7.e.iii.); and

85. Use e-mail. (SNAG notes that VAC surveys state that the internet has widespread use, yet e-mail is virtually an untapped mode of communication and VAC continues to use written correspondence).

The Family

86. Marital support mechanisms need to be instituted to protect the integrity of the family, such as family and marital counseling;
87. Improve access to education including University upgrading for Veterans. In the case where the Veteran is not able, provide this opportunity for the spouse.

Special Needs Advisory Group – Report 3

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Treatment Benefits

88. It is recommended that for SN [*special needs*] veterans the process for extension of massage, physiotherapy and chiropractic services be streamlined to eliminate delays in the continuation of provision of services allowing for a greater success in treatment outcomes. For SN veterans three options could be considered:
- a. Request a treatment plan from the service provider and approve the recommended plan and not limit it to simply 10 sessions forcing a reapplication or cessation of services;
 - b. Increase the basic limits from 10 sessions to 25 sessions to eliminate the constant need to reapply or concern that treatments may be interrupted; or
 - c. Implement a process in which the service provider can request an extension of service simply by calling the Treatment Authorization Centres (TAC).

Complex Case Management

89. When Veterans are labelled as difficult, VAC needs to implement a critical or complex case management plan/tool that utilizes highly specialized, properly trained area counsellors to work on a case plan to lead to as best an outcome as possible; and
90. If required, critical care management of difficult cases should be contracted out to a third party to remove the VAC/Veteran interfaces with a view to achieving a more successful outcome/rehabilitation.

Holistic Definition

91. VAC develops a definition for the term holistic and follow that definition in its holistic approach when dealing with complex needs clients particularly Special Needs clients where the whole person/family is treated, not dissected into parts each being dealt with independently.

Case Planning

92. Case management plans must include the spouse and family. If the case management plan requires treatment for family members, VAC must consider providing that within the overall case plan. If the spouse is not the principal caregiver, then that caregiver must also be involved in any case management plan development.

Approved Local Service Provider Lists

93. District Offices develop approved lists of local service providers, preferably ones that do direct billing to VAC, so that the AC/CM can use or recommend and provide this list to the Veteran, spouse and/or caregiver.

Families and Caregivers

94. VAC investigate partnering with the CF for the co-use of MFRCs, thus providing a bridge for the Family during the member's transition from serving member to Veteran.

95. Caregivers be participative in the case management plan of their Special Needs Veteran;
96. VAC needs to provide the families and caregivers with psychological, counselling and social support, consideration of a helpline service or access to these services is required;

Medical Treatment Escorts

97. VAC allows the principal caregiver/spouse to be the escort when one is required, and change the regulations and policy accordingly.

Definition of Common Terms

98. The following, just to name a few, are samples of ill-defined terms that would also require referencing to supporting policies:
 - a) Family;
 - b) Holistic;
 - c) Caregiver (including terms of references and VAC expectations);
 - d) Escort for medical treatment;
 - e) Respite; and
 - f) Case Management.

Family access to services

99. Streamline application forms for spouses and children access to counselling services;
100. Consider establishing a type of employee assistance plan (EAP) for the use by spouses, children and families. This would reduce the burden on AC/CM in dealing with issues not necessarily related to the Veteran and it would provide very timely, if not immediate service to the family. This type of EAP contract service is very common in large successful organizations. VAC would do well by considering this.

Application Preparation

101. VAC provide a peer support coordinator to assist all applicants in their preparation of their application;
102. VAC hire more Pension Officers trained and located within the Director of Casualty Support and Administration (DCSA) detachments on all CF bases.

Medical Forms

103. VAC negotiate better support from the CF in supporting releasing members in their successful transition with the completion of requisite medical forms; and
104. VAC, in partnership with the CF's Health Services and DCSA, develop a medical releasing unit that has designated VAC and CF medical officers, Pension Officers, CF Case Managers, DCSA staff and VAC Transition Area Counsellors working as a multi disciplinary- interdepartmental proactive cell to ensure that medical releasing members are properly prepared for release.

Remote Location Services

105. VAC establishes mobile clinics specifically designed to reaching out to Special Needs clients on a regular scheduled basis and providing support at the clients' residence as part of active case management.

Operational and Trauma Stress Support Centres and OSI Hand-Off

106. VAC and the CF jointly manage the OTSSC and OSI clinics to enable a successful hand-off from the serving member at the OTSSC to the Veteran at the OSI clinic particularly when it comes to case plan management for both the Veteran and their family.

Duty Travel Claims

107. Claims by Veterans who may have been injured reporting to duty during an alert or recall should be considered to be on duty for pension purposes; and

Permanent Incapacity Allowance [PIA]

108. VAC review the criteria for awarding PIA, if it is too restrictive it is not meeting the needs of the Special Needs Veterans and their families that should qualify for it; and

Catastrophic Injury Benefit

109. Implement a Catastrophic Injury benefit; or adjust the PIA to allow for an exceptional grade.

Treatment Benefits

110. It is recommended that an additional Program of Choice (POC) category be added to the Veteran Card, "Box 15" entitled Socio/Psycho Services. This POC should have expanded limits of treatments for the majority of services that PTSD Veterans require, including not only increased limits for the Veteran but also for the caregiver and family members, if needed and referred by a physician. In addition, Box 15 would include the ability to prescribe medications that may be in excess of the Pharmacy TAC and treatments such as massage therapy in excess of the Massage Therapy TAC.

Veterans Independence Program Benefits

111. Housekeeping services, if warranted, should be automatically approved for Special Needs Veterans in recognition and acknowledgement that the spouses of Special Needs Veterans are in most cases also the principal caregivers and housekeeping services provide a small modicum of respite.

VIP Benefit Reductions

112. VAC must ensure that there is national consistency for VIP benefits being allocated.
113. VAC Area Counsellors must not base decisions for the approval or denial of VIP benefits based upon the age or marital disposition of a Veteran, but on the nature of the disabilities.

Medical insurance plan coverage

114. AC/CM needs to better explain the benefits of PSHCP to Veterans and their spouses.

PSHCP Costs

115. VAC needs to investigate the premium costs being charged to Veterans by the PSCHP and align those monthly premiums with other members of the public sector PSCHP plans. This could be viewed as discriminatory that Veterans are being charged a higher rate for PSCHP than other members.

National Contact Centre Network Inquiries

116. When a Special Needs Veteran calls the NCCN for an inquiry, due the complex nature of many Special Needs Veterans, the call should be forwarded to the Veteran's AC to make a decision in consultation with the case plan and the Veteran.

Program, Benefits and Services Evaluation

117. VAC contract services to determine which programs benefits and services are providing the best services to the Veteran, spouse and families.

VAC Data Collection

118. VAC makes its requests for information, application forms and other documentation accessible on the Internet and available for download utilizing secure network services;
119. VAC develop e-mail correspondence protocols in order to disseminate blanket information to all Veterans (example; advise clients of policy changes to VIP);
120. Tombstone data should only be collected once, held on file and auto-populate all applicable sections on VAC application forms as required;
121. Medical and dental information collected by VAC for verification and establishment of claims needs to be held electronically on file and be accessible by the Veteran and VAC staff as required;

122. AC/CM when doing visits with clients should bring the client's electronic file with them (laptop/blackberry) for instant updating or accessing for validation of information;
123. Veterans have access to files retained on the NCCN to ensure information is correct; and
124. VAC AC/CM client notes should be available to the client to ensure transparency, accountability, consistency and fairness.

Declaration Form

125. Remove intimidation and inherent level of mistrust by adjusting the font size to normal.

Veteran Interviews and Surveys

126. VAC commit to SNAG to provide opportunities to interview Special Needs Veterans as part of all SNAG regular meetings.

Repeat Job Placement benefits

127. VAC considers altering the conditions for Job Placement and offer additional/repeat Job Placement opportunities if and when circumstances warrant.

VAC Hours of Operation

128. VAC establishes after-hours (evening and weekends) hours of operation to accommodate Veterans and their families' unique situations. Moreover, by offering after-hour services, this approach would tie into the "client-centre philosophy of VAC, where the focus will be on the Veterans and their families rather than on VAC hours of operation.

Benefit of Doubt

129. VAC POC TAC and AC apply the "benefit of doubt" when Veterans are making applications. Reasons for denial should be clearly stated and if a medical authority has rendered the decision the name of the medical authority and their qualifications to render a decision should be clearly stated; and
130. VAC needs to delegate approving authorities to the lowest possible level resulting in fewer decisions needing to be appealed to the next higher level.

Area Counsellor/Case Manager Portability

131. VAC should consider amending its allocation of AC by postal codes to something less rigid, especially within large urban areas.

Determination of Disability Award Level

132. VAC clearly state when the DA percentage is determined and develop policies and business processes that ensures that VAC compliance on timings of determination of DA are made; and

133. VAC provides the DA within a three-year maximum timeframe.

Special Needs Advisory Group – Report 4 and Report 5

Reports 4 and 5 included observations only and not specific recommendations.

Standing Committee on Veterans Affairs (ACVA)

A Timely Tune-up for the Living New Veterans Charter

June 2010

1. That VAC reiterate its commitment to making the New Veterans Charter (NVC) a living document, and introduce as soon as possible the 16 framework recommendations made by the New Veterans Charter Advisory Group, including those entailing legislative or regulatory amendments.
2. That VAC: pursue its planned agenda of new measures for career transition services that are provided to military members before their release; communicate clearly the objectives of its career transition programs and the way they operate; continue to collaborate with the DND, in order to clarify VAC's role in providing these services, to further close the existing gaps in the programs, and to improve participation.
3. That VAC collaborate with DND and the Service Income Security Insurance Plan (SISIP) in order to make its programs more consistent, to prevent overlap and to intervene directly with members from the moment the decision is made to release them for medical reasons.
4. That VAC collaborate with DND to identify and implement all strategies based on best rehabilitation practices around the world, as those presented by the Canadian Association of Occupational Therapists, to ensure that the largest possible number of members injured on a deployment can remain active within the Canadian Forces. That at the initiative of VAC, the Government of Canada formally acknowledge it has a responsibility to Veterans as their employer to make greater efforts to integrate into the public service those who have had to be released for medical reasons, and to initiate partnerships with prospective private and public employers to promote the hiring of Veterans.
5. That VAC collaborate with DND and SISIP enabling it to intervene through its vocational rehabilitation program from the moment the decision is made to release a member from the Canadian Armed Forces for medical reasons.
6. That VAC more clearly define the objectives of the permanent impairment allowance and assure Veterans whose injuries are too serious to enable them to return to gainful employment are eligible.
7. That the family members of Veterans are able to access VAC rehabilitation programs independently, and that all important information pertaining to the rehabilitation program is made available without breaching confidentiality.
8. That VAC conduct a detailed analysis of the reasons for the unexpected length of the rehabilitation program and report the results in its NVC programs evaluation plan.
9. That, by 1 November 2010, VAC present to the House of Commons Standing Committee on Veterans Affairs a plan with options for a new system of Disability Awards where the severity and nature of the disability, and the age and circumstance of the soldier or Veteran, are taken into account on a case by case basis through a combination of lump sum payments, annuities and/or structured settlements.

10. That VAC ensures that family members who take care of severely disabled Veterans are compensated appropriately.