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Report of the Auditor General of Canada to the House of Commons

CHAPTER 4

Transition of Ill and Injured Military Personnel to Civilian Life



Office of the Auditor General of Canada

OAG

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CHAPTER 4

Transition of Ill and Injured Military Personnel to Civilian Life

Performance audit reports

This report presents the results of a performance audit conducted by the Office of the Auditor General of Canada under the authority of the *Auditor General Act*.

A performance audit is an independent, objective, and systematic assessment of how well government is managing its activities, responsibilities, and resources. Audit topics are selected based on their significance. While the Office may comment on policy implementation in a performance audit, it does not comment on the merits of a policy.

Performance audits are planned, performed, and reported in accordance with professional auditing standards and Office policies. They are conducted by qualified auditors who

- establish audit objectives and criteria for the assessment of performance;
- gather the evidence necessary to assess performance against the criteria;
- report both positive and negative findings;
- conclude against the established audit objectives; and
- make recommendations for improvement when there are significant differences between criteria and assessed performance.

Performance audits contribute to a public service that is ethical and effective and a government that is accountable to Parliament and Canadians.

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Transition of Ill and Injured Military Personnel to Civilian Life

Main Points

What we examined

From 2006 to 2011, 8,026 Canadian Forces members were released from the military because of an injury or illness that ended their military career. Ill and injured members and veterans of the Canadian Forces have access to a variety of services, programs, and financial benefits to support their transition from military to civilian life.

Support services and benefits, including those available under the New Veterans Charter, are provided, coordinated, and managed primarily by the Department of National Defence and the Canadian Forces, and Veterans Affairs Canada.

Our audit looked at selected services and benefits provided to support eligible Canadian Forces members and veterans in their transition to civilian life. We examined how the Department of National Defence and the Canadian Forces, and Veterans Affairs Canada manage those services and benefits.

We did not look at whether Canadian Forces members and veterans have received all benefits and services for which they were eligible. Neither did we examine the fairness of departmental services and benefits available, or the quality of medical treatment and care provided.

Audit work for this chapter was completed on 17 July 2012. More details on the conduct of the audit are in **About the Audit** at the end of the chapter.

Why it's important

Ill and injured members of the Canadian Forces and their families may need support in making the transition to civilian life and in coping with their illnesses and injuries. Others who have left the military may develop physical and/or mental health problems over time that are associated with their military service and become eligible for support. Research shows that early detection and appropriate treatment of illness and injuries can have a critical impact on the success of this support, which amounted to about \$500 million in the 2010–11 fiscal year.

How well National Defence and the Canadian Forces, and Veterans Affairs Canada coordinate and manage this support affects the quality of the transition to civilian life that ill and injured Canadian Forces members and veterans are able to make.

What we found

- Canadian Forces members and veterans, as well as departmental staff responsible for assessing eligibility and managing the delivery of services and benefits, find the transition process complex, lengthy, and challenging to navigate. Although National Defence and the Canadian Forces, and Veterans Affairs Canada recognize the challenges and have been working independently and jointly on solutions, it remains difficult to access services and benefits in a timely manner. Reasons include the complexity of eligibility criteria, lack of clear information on support available, the amount of paperwork involved, and case management services that require further improvement.
- Both departments have difficulties in communicating and meeting service delivery standards and requirements, particularly as they relate to assessments and case management services. The result may be that Forces members and veterans do not receive benefits and services to which they are entitled, or do not receive them in a timely manner.
- An overarching governance framework has been established to coordinate, harmonize, and communicate the various programs, services, and benefits available to ill and injured Forces members and veterans. However, it does not specify the authority, responsibility, and accountability of the joint steering committee—the key coordinating mechanism meant to help manage the transition, reintegration, and continuity of support to Forces members and veterans. In addition, measurable objectives and specific timelines have not been established for all joint priorities approved by the committee. The existence of similar income support and vocational rehabilitation programs within each department continues to create confusion and difficulties for veterans and program staff alike.

The departments have responded. The departments agree with all of the recommendations. Their detailed responses follow the recommendations throughout the chapter.

Introduction

4.1 The Government of Canada has made a commitment to provide care to ill and injured Canadian Forces members and veterans. Through a variety of services, benefits, and programs (Exhibit 4.1), two federal departments have primary responsibility for fulfilling this commitment: National Defence and the Canadian Forces, and Veterans Affairs Canada.

4.2 The legislative mandate of National Defence and the Canadian Forces provides for comprehensive medical and dental services for Forces members until their release. (For reservists, the level of care is dependent on their employment status.) Ill and injured Forces members have access to additional support services, programs, and financial benefits. These include vocational rehabilitation and long-term disability benefits through the Service Income Security Insurance Plan (SISIP), as well as support intended to help navigate the administrative requirements and access benefits and services both before and after release.

4.3 The *Department of Veterans Affairs Act* mandates the Minister of Veterans Affairs with “the care, treatment or re-establishment in civilian life of any person who served in the Canadian Forces” and “the care of the dependants or survivors.” Veterans Affairs’ responsibility for eligible veterans’ re-establishment in civilian life begins after their release from the Forces, although planning to support the transition is to begin before release.

4.4 Veterans Affairs fulfills its responsibilities through a set of programs, benefits, and services under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (commonly referred to as the New Veterans Charter), the *Pension Act*, and the *Department of Veterans Affairs Act*.

The transition to civilian life

4.5 According to the Canadian Forces, illnesses and injuries are identified through screenings on initial enrolment in the Forces, post-deployment, and release, as well as through self-reporting and periodic medical assessments. A Forces member in the process of being released for medical reasons should be assigned a Canadian Forces case manager, who is responsible for coordinating and monitoring a case plan aimed at addressing the member’s medical, psycho-social, and vocational needs.

Exhibit 4.1 Support for ill and injured military personnel offered by the Department of National Defence and the Canadian Forces, and Veterans Affairs Canada

Support offered by the Department of National Defence and the Canadian Forces (DND/CF)	Available to Forces members (pre-release)	Available to veterans (post-release)
CF Case Management	✓	
Comprehensive Health Care	✓	
Operational Trauma and Stress Support Centres	✓	
Operational Stress Injury Social Support	✓	✓
Military Family Resource Centre	✓	
CF Family Peer Support Network	✓	✓
Chaplaincy services	✓	
Soldier On program	✓	
Injured Soldier Network	✓	
Shoulder 2 Shoulder Program	✓	✓
CF Member Assistance Program	✓	
CF Accidental Dismemberment Insurance Plan (SISIP)	✓	
Education Reimbursement	✓	
Skills Completion Program	✓	
Second Career Assistance Network	✓	
Return to Work Program	✓	
Joint Personnel Support Units / Integrated Personnel Support Centres	✓	✓
Transition Assistance Program	✓	✓
SISIP Financial Services, Vocational Rehabilitation Program	✓	✓
SISIP Financial Services, Long-Term Disability		✓
Support offered by Veterans Affairs Canada (VAC)		
VAC Case Management	✓	✓
Treatment benefits for awarded condition* (if not provided by CF)	✓	
Treatment benefits for awarded condition*		✓
Integrated Personnel Support Centres	✓	✓
Transition interview	✓	
Operational Stress Injury Clinics	✓	✓
Operational Stress Injury Social Support	✓	✓
VAC Assistance Line	✓	✓
Disability Award	✓	✓
Veterans Independence Program	✓	✓
Career Transition Services	✓	✓
Public Service Health Care Plan		✓
Long-Term Care		✓
Rehabilitation Program (medical, psycho-social, and vocational)		✓
Financial Benefits (for example, earnings loss, permanent impairment allowance, supplementary retirement benefit, CF income support)		✓

*An awarded condition is a service-related injury or illness for which Veterans Affairs Canada has granted a Disability Award.

Source: Department of National Defence and the Canadian Forces, and Veterans Affairs Canada

Universality of Service principle—Canadian Forces members must be able to perform general military duties and common defence and security duties, not just the duties of their military occupation or occupational specification. This may include, but is not limited to, the requirement to be physically fit, employable, and deployable for general operational duties.

4.6 An ill or injured Forces member who cannot perform tasks required by the **Universality of Service principle** and by the member's military occupation is assigned an employment limitation for a medical reason. If the limitation is judged to be permanent after the member's health condition has stabilized, an administrative review is launched to determine the most appropriate course of action:

- retention with or without restrictions,
- transfer to another military occupation, or
- release from the Forces.

4.7 According to National Defence and the Canadian Forces, during the six years from 2006 to 2011, a total of 98,866 Forces members were released, including 8,026 who were released for medical reasons. Other Forces members who were released for other than medical reasons may subsequently develop physical and mental health problems associated with their military service.

4.8 After leaving the Forces, members who are released for medical reasons are entitled to receive a long-term disability benefit for up to two years (or up to age 65 if totally disabled). They are also eligible to participate in the SISIP Vocational Rehabilitation Program for six months prior to release and for up to two years if they apply within 120 days after release. While in that program, they are also eligible to receive medical and psychosocial support under the Veterans Affairs rehabilitation program. Members released for medical reasons are automatically eligible for the Veterans Affairs rehabilitation program if they apply within 120 days after release. Beyond that period, applicants to the Veterans Affairs program must demonstrate that their rehabilitation needs are attributable to military service.

4.9 According to Veterans Affairs, its programs and services are based on modern rehabilitation principles. Any veteran with complex needs or anyone in the rehabilitation program is to be assigned a case manager and to undergo assessments as required. The case manager is to develop a realistic plan with the veteran and to monitor progress against agreed-upon objectives.

4.10 Veterans Affairs does not provide direct care, except at Ste. Anne's Hospital in Quebec. Veterans receive the health services to which they are entitled as provincial or territorial residents, and Veterans Affairs provides additional funding for services that the provinces or territories do not cover.

Operational stress injury—A broadly descriptive category rather than a diagnostic term. The term refers to any persistent psychological difficulty resulting from operational duties performed by a Forces member. It is used by National Defence and the Canadian Forces and by Veterans Affairs for a broad range of problems that result in impaired functioning. Included are diagnosed medical conditions such as depression, post-traumatic stress disorder, and anxiety or panic attacks, as well as less severe conditions.

4.11 In response to the increasing prevalence of **operational stress injuries**, National Defence has established seven Operational Trauma and Stress Support Centres across Canada, and Veterans Affairs has established 10 Operational Stress Injury Clinics. Forces members and veterans can be referred to either.

Estimated annual cost of support

4.12 The total annual cost of support for eligible ill and injured Forces members and veterans making the transition to civilian life is unknown because the expenditures are not tracked separately. Instead they are embedded within the overall costs of services, benefits, and administration provided by National Defence and the Canadian Forces, and by Veterans Affairs, in connection with supporting ill and injured Forces members and veterans in general. However, using unaudited departmental figures of amounts spent on key programs and benefits (disability awards, earnings loss benefits, the rehabilitation program, and Integrated Personnel Support Centres), we estimate that the costs were approximately \$500 million in the 2010–11 fiscal year.

Focus of the audit

4.13 Our audit objective was to determine whether National Defence and the Canadian Forces, and Veterans Affairs Canada adequately manage selected services and benefits to support eligible ill and injured Canadian Forces members and veterans in their transition to civilian life.

4.14 The audit focused on three areas:

- the ways in which the two organizations manage aspects of their service delivery. We paid particular attention to the case management services at Veterans Affairs because, according to the Department, this service is the foundation and key to the successful delivery of the New Veterans Charter;
- performance measurement and reporting; and
- the ways in which National Defence and the Canadian Forces, and Veterans Affairs coordinate transition support to ill and injured Forces members and veterans.

4.15 We did not look at whether Canadian Forces members and veterans received all the benefits and services for which they were eligible. We also did not examine the fairness of departmental services and benefits available to eligible Forces members and veterans, or the quality of medical treatment and care provided.

4.16 More details about the audit objective, scope, approach, and criteria are in **About the Audit** at the end of this chapter.

Observations and Recommendations

Service delivery

4.17 We examined whether National Defence and the Canadian Forces, together with Veterans Affairs Canada, have service commitments and delivery standards that are met and communicated to all Forces members and veterans, and whether the delivery approaches support an efficient transition and continuity of care, taking into account the assessed needs of ill and injured Forces members and veterans.

The transition process is complex

4.18 Staff at both departments told us that the transition process is complex. They must deal with a large number of departmental policies and procedures, which often change. As a result, employees find it increasingly difficult to understand the process and keep up to date. Some were concerned they might make decisions or provide advice on the basis of outdated information or without having considered all relevant policies.

4.19 In interviews, veterans voiced concerns about

- the complex eligibility criteria,
- the lack of clear program and benefits information,
- the amount of paperwork needed to access programs and benefits, and
- the length of time it takes to access programs and receive benefits.

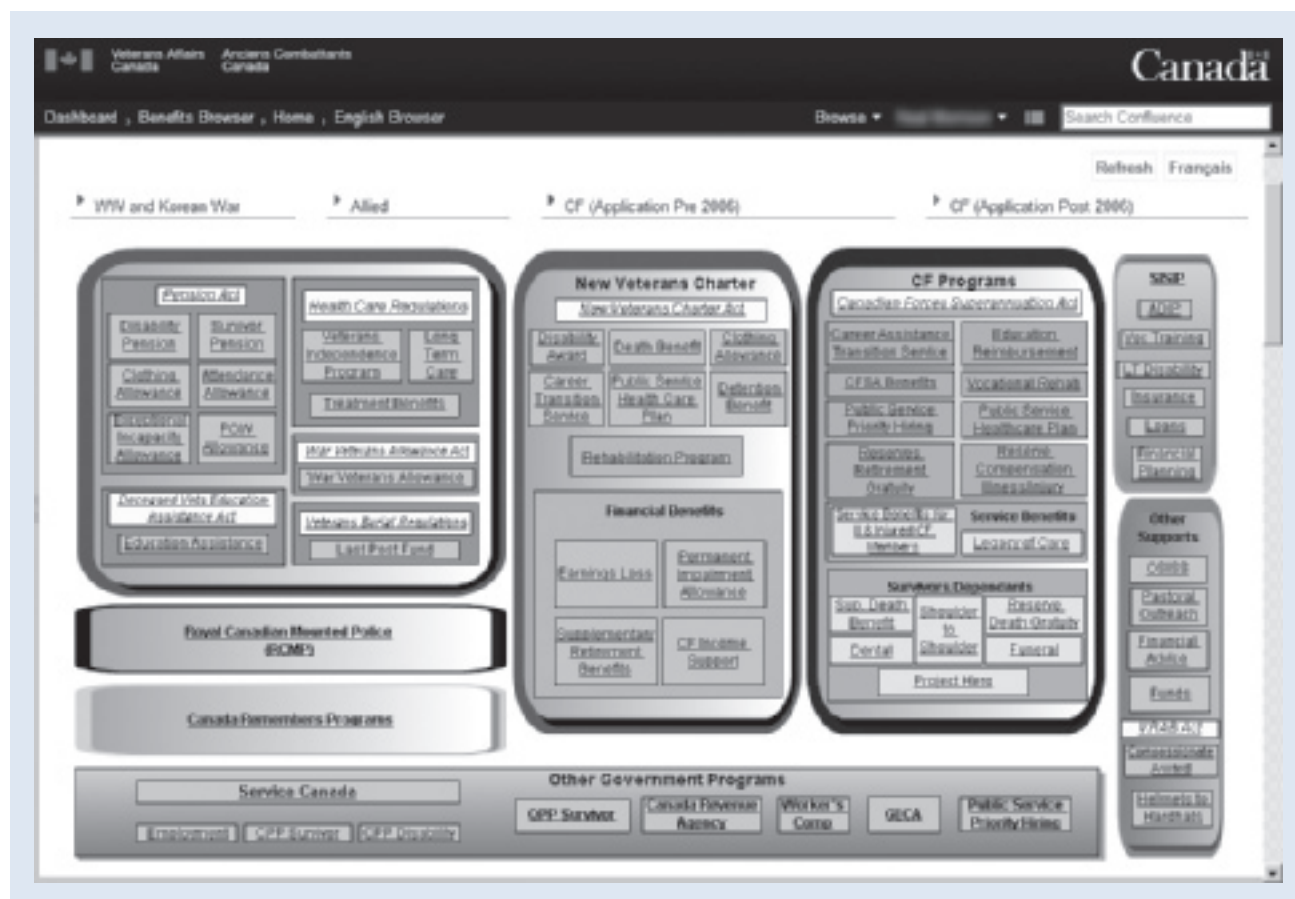
4.20 The current application process at Veterans Affairs Canada creates an administrative burden for Forces members and veterans. They have to submit applications and supporting documents for each of their medical conditions to access different programs and benefits. This approach can be time-consuming and may delay access to programs and benefits.

4.21 Several veterans also mentioned that they needed help to fill out various forms. They often had to telephone Veterans Affairs for clarification and guidance. We assessed the complexity of the language used to describe some departmental services and benefits for applicants, including documents from both National Defence and Veterans Affairs websites. We reviewed their content, using a language complexity

analysis tool. The findings indicated that some documents used language best suited to individuals with some post-secondary education. However, only 15 out of 80 (about 20 percent) of the Forces members and veterans whose files we reviewed had education beyond the high-school level.

4.22 One tool that could help Veterans Affairs provide more accurate and timely service is the Benefits Browser, a software application being reviewed by the Department but not yet implemented (Exhibit 4.2). During our field visits, a client service agent using a test version told us that with this tool he could find up-to-date information much more quickly and had to refer far fewer calls to other staff members. The Browser greatly cuts the volume of documentation needed by agents.

Exhibit 4.2 The Benefits Browser (software application)



Source: Veterans Affairs Canada

4.23 Recommendation. National Defence and the Canadian Forces, and Veterans Affairs Canada should streamline and automate their transition policies and administrative processes to make it easier for ill and injured Forces members and veterans to access programs and benefits in a timely manner.

National Defence and Canadian Forces' response. Agreed. The recently published document, *Caring For Our Own: A comprehensive approach for the care of CF ill and injured members and their families*, and the regularly updated booklet, *Death and Disability Benefits, Programs and Services: A Guide for Serving and Former Canadian Forces Personnel and Their Families*, are illustrative of our efforts in consolidating policy and procedural information and communicating it in non-technical terms. In collaboration with Veterans Affairs Canada, National Defence and the Canadian Forces will continue to streamline and, where practical, automate transition policies and administrative processes.

Veterans Affairs Canada's response. Agreed. Veterans have told us they want a more hassle-free system, and the Department is committed to delivering this. Through the Transformation Agenda, all programs, policies, and business processes are under review. Measures to cut red tape, overhaul service delivery, and improve technology platforms mean that veterans and their families will get faster, one-stop access to information and support when they need it and for as long as they need it. For example:

- Veterans now can visit any of Service Canada's 600 points of service for information on programs or help applying for benefits.
- Some 80 percent of calls to the Department are answered within two minutes.
- Benefits are being delivered faster. Most disability applications are processed within 16 weeks, 30 percent faster than before. Most rehabilitation applications are processed in two weeks or less, 50 percent faster than before.
- More avenues have been identified to support homeless veterans.

By March 2013, the Department will do the following:

- review, revise, and reduce the number of policies guiding the delivery of benefits. Policies will offer clear, modern-day solutions to veterans' needs, and will foster greater harmony related to the spectrum of health care benefits available to serving and released Canadian Forces members;

- better streamline and coordinate services through each of the 24 Integrated Personnel Support Centres so that injured and ill Canadian Forces members and veterans have faster, more seamless access to the benefits they need;
- make it easier for individuals to be referred to the network of mental health clinics operated by Veterans Affairs Canada and National Defence; and
- further improve turnaround times to 12 weeks for disability benefit decisions.

4.24 Recommendation. National Defence and the Canadian Forces, and Veterans Affairs Canada should continue to simplify the language that explains the support available to ill and injured Forces members and veterans. They should ensure that information is updated and communicated to staff and potential beneficiaries, as appropriate, using online tools such as the Benefits Browser.

National Defence and Canadian Forces' response. Agreed. National Defence and the Canadian Forces are taking action to address this recommendation. A new, user-friendly website designed to communicate information on benefits and programs in clear and concise language is under development. We will undertake a review during 2013 of pamphlets, information booklets, and other hard-copy materials made available to Canadian Forces members and their families to ensure that information on benefits and programs is up to date and understandable. Additionally, the outreach briefings provided to Regular and Reserve Force units will be reviewed for currency and clarity. The feasibility and resource implications of including formal readability reviews as part of the development process for any new information tools will also be investigated during 2013.

Veterans Affairs Canada's response. Agreed. Veterans Affairs Canada believes veterans have the right to access information that is clear and easy to understand. As part of the Department's ongoing commitment to reach out to veterans and their families:

- Work has accelerated to simplify disability benefit decision letters, as well as decision letters related to health care and home care benefits. This builds on work that began in 2009.
- By March 2013, veterans and their families will find it easier to apply online for benefits and navigate the website with the help of a new Benefits Browser that simplifies the process of gathering information about programs and policies.

- A similar type of Benefits Browser already is being used internally by staff to help them access relevant information online to serve veterans more quickly.
- Work is well under way to simplify forms and minimize the amount of paperwork that veterans and families must submit.
- In cooperation with National Defence, the Canadian Forces, and other service partners, the Department also will continue to attend events and information sessions across the country to share clear information on benefits and services with veterans, still-serving personnel, and their families.

Problems exist with information sharing and data reliability

4.25 National Defence and the Canadian Forces, and Veterans Affairs Canada recognize the importance of having reliable and timely information. They acknowledge the need to improve their information-sharing systems and have identified an initiative, the Transfer of Electronic Health and Administrative Records, as a joint priority. Under this priority, they aim to streamline interdepartmental functions and have recently started a pilot project to transmit medical data electronically. In the next few years, this streamlining may take the form of improved business processes, new tools, and/or electronic data exchange. Meanwhile, more needs to be done to ensure that information on Canadian Forces members is accurate and that authorized information is passed to Veterans Affairs in a timely manner.

4.26 The Canadian Forces service number is the main identifier used by National Defence and the Canadian Forces to create and retrieve records on military personnel. Veterans Affairs uses some information contained in a Forces member's records for tasks such as determining eligibility and support level. While we were selecting a sample of cases for review from the Veterans Affairs rehabilitation database, we noted that approximately 1,650 (24 percent) of the service numbers were inaccurate or missing. We also found errors in key data originating with National Defence and the Canadian Forces, and used by Veterans Affairs to determine eligibility for its rehabilitation program—for example, type of Forces service (regular or reserve), date of release, and release item. Of the 50 rehabilitation cases that we reviewed, we found that the two departmental databases contained inconsistent data about the same Forces member in 9 cases (18 percent). The data concerned release dates, release items, or service in **special duty areas**—matters that could affect services and benefits.

Special duty area—An area outside of Canada where Canadian Forces members are exposed to conditions of elevated risk not normally associated with service in peacetime.

4.27 We also noted that National Defence and the Canadian Forces provided information to Veterans Affairs mainly in paper rather than electronic format. Medical files may be stored at locations across the country. When a medical file is requested, it must be located, photocopied, and reviewed to remove third-party personal information. This paper-based approach delays information transfers and increases the risk of error.

4.28 Recommendation. National Defence and the Canadian Forces, and Veterans Affairs Canada should ensure that their databases contain reliable data about Forces members, and that Canadian Forces and Veterans Affairs processes are managed to facilitate the timely and efficient sharing of authorized information.

National Defence and Canadian Forces' response. Agreed. In close cooperation with Veterans Affairs Canada, National Defence and the Canadian Forces will continue to improve business processes and implement new tools to facilitate the maintenance of accurate information and the timely and efficient sharing of such information. The primary Canadian Forces database for casualty administration is the Mission Support System. It is currently being upgraded and is expected to be rolled out in early 2013. In the area of medical information, Veterans Affairs Canada and the Canadian Forces currently have a joint project under way that will enable the disclosure of Canadian Forces members' personal health information to Veterans Affairs Canada in a more efficient, centralized, and trackable way. The intent is to conduct pilot tests in fall 2012, and undertake nationwide implementation in 2013. Methods for ensuring database accuracy will be reviewed as integral elements of these programs.

Veterans Affairs Canada's response. Agreed. Sharing information internally and with the Canadian Forces through a secure electronic environment is a key initiative under the Department's Transformation Agenda.

- In 2012, the Canadian Forces service number that individuals receive when they join the military has become the standard way to identify those who later apply for departmental benefits. This will make it easier to track the benefits and services veterans receive over their lifetime, leading to better continuity of care, accurate information sharing, and better privacy safeguards.
- The switch to electronic records already is under way. To date, more than two million pages of veterans' files have been scanned.

- In July 2012, the electronic transfer of still-serving members' files began at two Canadian Forces bases. Already, the positive results from these pilots suggest that the national rollout to another 21 bases may conclude well ahead of the scheduled completion date of 2015.
- By 2015, or before, the time to transfer records will drop from seven weeks to one week, further accelerating the decision-making process so that veterans receive faster access to benefits.

Policies and processes at the Integrated Personnel Support Centres have not been fully implemented

4.29 Since March 2009, National Defence and the Canadian Forces, under the direction of the VAC-DND Steering Committee (see paragraph 4.68), have established 24 Integrated Personnel Support Centres and 9 satellites across the country. The centres are intended to provide ill and injured personnel with dedicated supervision and access to a set of support services—for instance, support for returning to work, outreach, casualty support, and advocacy services. The centres have a one-stop approach and incorporate Veterans Affairs staff. The aim is to ensure comprehensive and consistent support.

4.30 In interviews, veterans and staff at both departments spoke positively about the role of the support centres. With Veterans Affairs staff available on the base, Forces members have the opportunity to learn more about the transition support available to them and all parties can come together in one place to coordinate support.

4.31 We visited three centres. We observed that service delivery varied from one centre to another. Delivery depended heavily on personal relationships between staff of Veterans Affairs and the Canadian Forces, as well as between staff at the centres and the base. For example, we observed different casualty tracking practices at different centres. In some centres, staff members actively sought information. In other centres, they were uncertain of their authority to do so and therefore took a less active approach. In our view, until the departments fully implement formal policies and processes for coordinating service delivery, it will be difficult to ensure that Forces members and veterans receive comprehensive and consistent support across Canada.

4.32 Staff responsibilities at the centres continue to evolve. We found that in some cases, these responsibilities have not been fully implemented. For example, employees have recently been given the responsibility of developing integrated transition plans for members who are severely ill or injured, with complex needs. However, in the

three centres we visited, we found that staff had not yet developed any integrated transition plans and they had not been given guidance on how to create these plans.

4.33 Recommendation. National Defence and the Canadian Forces, and Veterans Affairs Canada should develop and implement policies and processes for coordinating the delivery of services to Forces members and veterans at the Integrated Personnel Support Centres.

National Defence and Canadian Forces' response. Agreed. The requirement to develop integrated transition plans was announced on 11 October 2011. Guidance was issued, via a Canadian Forces directive, on 30 October 2011, to assist all Integrated Personnel Support Centres in developing integrated transition plans for their clients. Business processes and standard operating procedures in this area have been, and will continue to be, reviewed, standardized, and implemented as the Joint Personnel Support Unit framework evolves, with a target date of December 2013 for completion of this effort.

Veterans Affairs Canada's response. Agreed. Already, staff from Veterans Affairs Canada, National Defence, and the Canadian Forces work side by side to support up to 1,300 injured and other Forces members and veterans who contact the national network of 24 Integrated Personnel Support Centres each month.

Operational guidelines for the centres are already in place. As of October 2011, integrated transition plans are offered to all severely injured and ill personnel, although not all accept the offer. The role of the Veterans Affairs case manager is well established in this process.

Since the first centres were launched in 2009, all partners have learned a great deal about how best to support those who are injured and ill. In 2013, the best practices that have been developed will be used to fully implement a set of common business processes and practices across the network of centres. This will further streamline and coordinate the delivery of programs and services to all those who seek support.

The Canadian Forces is not fully meeting its case management requirements and service standards

4.34 According to National Defence and the Canadian Forces, the goal of case management is to ensure that all eligible Forces members have access to and knowledge of the scope of services and benefits available to them. Case managers

- assess the members' health needs and reassess them when required;

- develop and monitor a case plan;
- inform members about available programs and benefits; and
- in some cases, help members apply for related benefits.

4.35 We examined 80 case files to see whether Forces members received case management and related services for which they were eligible. We found a number of instances in which they did not (Exhibit 4.3).

Exhibit 4.3 Canadian Forces members did not always receive case management and related services for which they were eligible

Canadian Forces service requirement	Non-compliance rate	Potential impact
Case management services: Any Forces member being released for medical reasons should receive case management services.	Of the sample of 80 cases, 54 Forces members were released for medical reasons. Of the 54 members, 7 (13%) did not receive case management services.	Without case management, a Forces member does not have access to certain services.
Case plan: Anyone who is receiving case management services should have a case plan.	Of the sample of 80 cases, 54 Forces members were released for medical reasons and 47 of these received case management services. Of the 47 members, 5 (11%) did not have a case plan.	If a Forces member does not have a case plan, steps might be missed in the release process—for example, applying to the Service Income Security Insurance Plan or the Veterans Affairs rehabilitation program within 120 days.
Reassessment: Anyone who is receiving case management services should be reassessed by a case manager.	Of the sample of 80 cases, 54 Forces members were released for medical reasons and 47 of these received case management services. Of the 47 members, 4 (9%) were not reassessed after an initial meeting.	If the Forces member does not receive regular follow-up, the case manager may not be aware of the client's current situation and potential need for support.

4.36 We also looked at the 80 case files to determine whether the Canadian Forces met case management service standards. We found that service standards for assessments were not being met for most cases (Exhibit 4.4).

Exhibit 4.4 Canadian Forces case management service standards for assessments are not being met for most cases

Canadian Forces service standard	Non-compliance rate	Potential impact
Initial assessment: The case manager should assess a Forces member within one week of referral.	Of the sample of 80 cases, 54 Forces members were released for medical reasons and 47 received case management services. Of the 47, 44 had a referral date for case management and 37 out of 44 referral dates (84%) did not meet the standard.	Delay in obtaining case management services.
Reassessment: The case manager must reassess the Forces member according to level of case complexity, with complex cases being reassessed more frequently.	Of the sample of 80 cases, 54 Forces members were released for medical reasons and 47 received case management services. Reassessments for 31 of the 47 cases (66%) did not meet the standard.	Services could be interrupted. According to Canadian Forces policy, members in the case management program should be monitored regularly to ensure continuity of services.

The Canadian Forces has not set performance standards for decisions on employment limitations for medical reasons and on medical release

4.37 A key part of the process of release for medical reasons is the decision about employment limitations due to the member's medical condition. We found that there is no time limit for making the decision. Our file review showed that the time taken for this decision ranged from 14 days to 10 months, with an average of about 5 months. The next key decision in the process is the administrative decision on whether to release the member for medical reasons. We found that the time taken for the decision ranged from 12 days to more than six years, with an average of about 9 months. Departmental officials told us that because of the length of time it takes for an administrative decision to be made on medical release, some members choose to leave the Forces voluntarily. They thereby lose access to the additional support available to members who are released for medical reasons.

4.38 The lack of formal performance standards means that the Forces members do not know how long they have to wait for a decision. The lack of standards also makes it difficult to monitor and evaluate departmental performance. Questions could be raised as well

about perceived fairness and consistency, given the length of time it takes to reach decisions for different Forces members.

4.39 Under the new Career Transition Support Policy issued in October 2011, some severely ill or injured Forces members may continue to receive transition support from the Forces for up to three years after the final decision is made to release them. These are members who have permanent employment limitations for medical reasons and cannot meet the Universality of Service principle, and who also have complex transition needs. However, it is not clear how this extended retention period will contribute to a successful transition to civilian life—particularly since release is inevitable and the Veterans Affairs’ rehabilitation program stresses early intervention. In our file review, we found that Forces members were retained in the Forces for an average of about 10 months following the decision to release for medical reasons. The retention period ranged from 43 days to about three years.

4.40 Recommendation. National Defence and the Canadian Forces should develop and communicate service standards for the decision on employment limitations for medical reasons and the decision on medical release.

National Defence and Canadian Forces’ response. Agreed. Since May 2012, the Director of Military Careers Administration has been engaged in a complete review of the efficiency, effectiveness, and service delivery of administrative procedures. This will enhance the ability of the Canadian Forces to complete administrative reviews and to render decisions within improved timelines. While taking into consideration the average volume of files to be considered, essential procedural requirements, and staff resources available, National Defence and the Canadian Forces undertake to review, by March 2013, the feasibility of establishing service standards for typical non-complex cases, for both the medical employment limitation decision process and the medical release review process.

4.41 Recommendation. In consultation with Veterans Affairs Canada, National Defence and the Canadian Forces should evaluate how the new Career Transition Support Policy affects ill and injured members’ reintegration into civilian life.

National Defence and Canadian Forces’ response. Agreed. The provision of a seamless transition between partnering organizations, through improved communication and co-location, is one of the objectives identified in the Joint Personnel Support Unit performance

measurement framework. This framework will be further developed to ensure that we are able to assess whether the new transition policy is in fact meeting the requirements of our ill and injured personnel. Once the Mission Support System rollout is completed (current estimate is early 2013), the Canadian Forces and National Defence will be able to develop indicators of transition readiness, and in collaboration with Veterans Affairs Canada, will attempt to capture post-release information on how the Career Transition Support Policy affects reintegration into civilian life.

Veterans Affairs Canada's response. Agreed. Up to six months before release, Veterans Affairs case managers, in collaboration with National Defence and the Canadian Forces, help Forces members who are being released to access services. This early intervention gives members and their families the ability to transition from the military to civilian life as seamlessly as possible. Once they are released, veterans may qualify for Veterans Affairs Canada's Rehabilitation Program, where the focus is on assessing their needs, rehabilitating them to the fullest extent possible, and then linking them with vocational rehabilitation experts who can help them prepare for a meaningful civilian career.

Veterans Affairs Canada also is working with the business community and various not-for-profit organizations to create more employment opportunities for Forces members who are being released and former Forces members.

Veterans Affairs Canada will continue to assist and support National Defence and the Canadian Forces, as appropriate, in their efforts to further assess if the Career Transition Support Policy is, in fact, meeting the requirements of ill and injured personnel.

Veterans Affairs case management services need improvement

4.42 Veterans Affairs Canada is responsible for implementing the New Veterans Charter, which came into effect on 1 April 2006. The Charter provides a medical, psychosocial, and vocational rehabilitation program, supported by case management services. It also provides financial benefits to offset the loss of earnings, as well as disability awards, survivor benefits, and group health insurance. In 2005, Veterans Affairs reported that it had developed sufficient business processes and was implementing a comprehensive training plan to prepare for implementation of the Charter. We reviewed how Veterans Affairs was handling case management. We found opportunities to improve key elements of this important service.

4.43 According to Veterans Affairs policy, within six months before release the Department should offer a transition interview to all Regular Force members who are being released for any reason and to Reserve Force members who are being released for medical reasons. It is the responsibility of the Forces member to attend the interview. The purpose of the interview is to

- identify potential barriers to a successful return to civilian life,
- inform the Forces member of the range of services and benefits available, and
- identify anyone at risk who may require Veterans Affairs case management services.

4.44 In our sample of 80 cases, 70 members should have been offered a transition interview. We identified 6 (9 percent) who did not receive this interview.

4.45 According to Veterans Affairs, veterans enrolled in the rehabilitation program are required to be assessed and provided case management services. In our review of files, we found that of the 50 veterans enrolled in the rehabilitation program, 49 had needs assessments completed and 1 veteran had not. Consultations between the case manager and other experts, such as medical officers and mental health specialists, are required when a veteran has health needs that are not being met or there is a change in medical condition. Of the 49 veterans with completed assessments, we found that, according to the Department's documents, 38 had at least one unmet need identified. But, there was no documentation of any consultation for 15 of the 38 veterans (40 percent).

4.46 During our field visits, Veterans Affairs medical officers expressed concern that needs assessments were being performed by staff without the advice of qualified experts when required, especially for veterans with mental health issues. The officers were also concerned that they were not being consulted at appropriate times—for example, during the development of the case plan. We noted that while it is required to document interdisciplinary assessments, there is no requirement to document the advice received or the action taken in response to that advice. This raises the risk of inappropriate referrals and inefficient use of available resources.

4.47 We visited two operational stress injury clinics. At one of them, we were told that 3 of 21 case managers made the majority of referrals to the clinic and that the facility could serve approximately 50 percent more clients at no extra cost to Veterans Affairs. At the second clinic,

we were told that some case managers actively made referrals, while others refrained from referring clients who could benefit from the clinic's services.

4.48 The case plan helps the veteran and the case manager focus on achieving agreed-upon, documented goals. According to Veterans Affairs, a case plan is to be prepared for any veteran identified as being at risk of not successfully returning to civilian life or any veteran enrolled in the rehabilitation program. Of the 68 Forces members who had transition interviews (from our sample of 80 cases), 20 were identified as being at risk of unsuccessful re-establishment. We found, however, that no case plans had been prepared for 4 of the 20 (20 percent). In addition to these 4, there were 4 veterans in the rehabilitation program for whom no case plans had been prepared. Therefore, the required case plans were lacking for a total of 8 out of 54 (15 percent), and there was no explanation on file as to why. Without a case plan, it is difficult for the case manager to track progress and ensure that the veteran's needs are being met.

4.49 Veterans Affairs specifies 10 components of case planning and monitoring to be carried out by the case manager with the veteran (Exhibit 4.5). For the 45 case plans developed, we reviewed whether managers had carried out the required components. We found that not all of the components had been fully implemented in the case plans we reviewed. Components with high completion rates included an overview of the situation, identifying desired outcomes, and progress notes. Components with low completion rates included evidence of signed consent and action steps taken. These low completion rates may indicate a need to improve documentation or a lack of emphasis on achieving rehabilitation goals.

4.50 In interviews, Veterans Affairs service delivery staff told us of their concern about the lack of a formalized departmental process for identifying and dealing with the many changing policies, procedures, and guidelines pertinent to their work. Some felt that there was no cohesive understanding at Veterans Affairs of what case management means, and that the roles and responsibilities of case managers and other staff were not clearly defined. In January 2012, Veterans Affairs set out the roles and responsibilities for service delivery staff, including case managers and client service agents. Veterans Affairs reported that it was developing the roles and responsibilities of other service delivery staff at the district, regional, and national levels, including health professionals.

4.51 In 2010, the Veterans Affairs National Case Management Unit reviewed case management practices in four regions. The resulting report referred to gaps that made it difficult for case management services to fully support clients' rehabilitation progress. The gaps included

- the absence of case planning for mental health issues,
- the lack of clarity concerning family and community roles in case planning, and
- the lack of understanding of how pain influences the ability to function.

Exhibit 4.5 Completion rates for some key components of Veterans Affairs case plans were low

Veterans Affairs key case plan components		Description	Percentage of cases where the component was complete in the case plan (out of 45 case plans)
1	Overview of the situation	Veteran's self-identified needs and concerns, genetics and environmental risks, challenges and strengths, family and social support, etc.	98%
2	Client's goals: Where do you want to be? (what and how)	Realistic and specific long-term goals are set.	78%
3	Barriers: What is preventing you from getting there?	Identify the elements and obstacles that are preventing the veteran from meeting the long-term goals.	76%
4	Desired outcomes	Outcomes are set and oriented toward a goal the veteran wishes to achieve.	93%
		The outcomes are specific, measurable, attainable, realistic, and timely (SMART).	26%
5	Action steps: due date, completed or in progress	Break down desired outcomes into manageable activities, and follow up according to due dates or at least every 90 days.	49%
6	Veterans Affairs agreement with the veteran	A signed commitment between the case manager and the veteran to abide by the case plan.	22%
7	Resources	Document services and benefits being provided to the veteran.	89%
8	Indicators of success	Significant milestones the veteran has achieved toward completing the desired outcomes.	31%
9	Progress notes, consultations, etc.	Direct contact should occur with the veteran at least every 90 days.	80%
10	Disengagement	Document the plan for disengagement.	20%

4.52 The report also noted weaknesses in case planning, service coordination, and monitoring and evaluation. Veterans Affairs has undertaken several initiatives to address gaps and weaknesses in case planning. These include developing case planning guidelines as well as a case management performance measurement plan and framework. However, there is no department-wide quality management system in place.

4.53 Recommendation. Veterans Affairs Canada should clarify and communicate the roles and responsibilities of all parties involved in the case management service. It should develop and implement a department-wide quality management system for this service.

Veterans Affairs Canada's response. Agreed. The ability to monitor and measure the success of the case management function is a priority for the Department and a cornerstone of the Transformation Agenda. To strengthen support to veterans with more complex needs:

- Roles and responsibilities have been clarified for Veterans Affairs' client service team members. As business processes and veterans' needs evolve, roles and responsibilities will continue to be adjusted and communicated to all those involved in the case management process.
- Veterans enrolled in the Rehabilitation Program have faster access to benefits that are part of their case plan now that case managers have been empowered to make more decisions without additional approvals.
- Processes and standards are in place to give all case-managed veterans more access to their case manager.
- National training and learning tools are in place, and more are planned for 2012–13.
- National monitoring processes will be reviewed and adjusted, as needed, to continue to ensure that case management is delivered as intended.

Performance measurement and reporting

4.54 We examined how well National Defence and the Canadian Forces, and Veterans Affairs Canada measure and report on performance, and use the performance information to improve the management of programs and services offered to ill and injured Forces members and veterans in their transition to civilian life.

The Canadian Forces does not maintain consolidated information on ill and injured members, and some administrative data is unreliable

4.55 The Canadian Forces does not maintain consolidated information on all ill and injured Forces members, including members with permanent medical employment limitations, those receiving case management services, those who will be released for medical reasons, and those receiving transition support services. Some of this information is currently contained in individual medical files, while administrative information is contained in several databases. Consequently, the Canadian Forces does not have readily available information to efficiently manage programs and services and to support ill and injured Forces members in their transition.

4.56 In addition, according to Canadian Forces Health Services staff, the poor quality of some Canadian Forces data limits the ability to forecast the demand for services and measure effectiveness. For example, data on reservists was so poor that they had to be excluded from the May 2011 report, *Canadian Forces Cancer and Mortality Study: Causes of Death*. We were also told that the administrative data on deployments was not sufficiently reliable for use in studies such as the November 2011 report, *Cumulative Incidence of Post-Traumatic Stress Disorder (PTSD) and Other Mental Disorders in Canadian Forces Personnel Deployed in Support of the Mission in Afghanistan, 2001-2008*. We noted that the lack of reliable data was acknowledged in June 2009, when the *Report on the Evaluation of Support to Injured CF Members and their Families* stated, “The extent to which statistics are kept is uneven at best.”

4.57 Recommendation. National Defence and the Canadian Forces should maintain consolidated information on ill and injured Forces members who will be released for medical reasons to help better manage programs and services to support their transition.

National Defence and Canadian Forces’ response. Agreed. The Canadian Forces remain committed to ensuring our programs and services are meeting the needs of our ill and injured Forces members. The Joint Personnel Support Unit’s performance measurement framework will continue to be used as the blueprint for the measurement, evaluation, and reporting of program and service performance. Surveys administered to Joint Personnel Support Unit clients and the local chain of command will be used to assess the utility of programs and services from a user perspective. There are also a number of projects under way that are designed to improve the consolidation of personal health information, in accordance with the

Privacy Act, as well as a project to ensure that all Reserve documents are available electronically in the Canadian Forces Health Information System by the end of 2012. A new policy mandating that all new forms go through a standardized approval process to prevent the proliferation of separate systems and non-standardized forms is expected by fall 2012. Finally, a quality assurance program is now being developed for rollout at the local level, with headquarters oversight and guidance, in 2013.

The Canadian Forces has not yet fully addressed important issues to improve management of its support for the transition to civilian life

4.58 Information is available to monitor some aspects of the performance of Canadian Forces programs and services supporting the transition of ill and injured Forces members. However, we found that issues previously identified have not yet been fully addressed. The June 2009 evaluation report identified issues concerning difficulties in monitoring individuals during and after release, and noted that some vulnerable Forces members had been without Canadian Forces or Veterans Affairs Canada support during their transition to civilian life. The Canadian Forces developed action plans in response to the recommendations in the report. However, our work, including interviews with veterans, confirmed that these issues persist, particularly in the case of reservists.

4.59 Recommendation. National Defence and the Canadian Forces, in cooperation with Veterans Affairs Canada, should continue to improve management of its support for the transition to Veterans Affairs Canada of ill and injured Forces members, particularly reservists.

National Defence and Canadian Forces' response. Agreed. While recognizing that Canadian Forces responsibility for follow-up formally ends when a member is released, ill and injured members will be tracked by the Canadian Forces until an individual returns to unrestricted duty; a former Canadian Forces member (including reservists) is able to resume or seek employment; a member is able to cope independently without any further assistance; or a member expresses that he or she no longer wishes any further contact. By June 2013, the Canadian Forces and National Defence will review procedures to ensure that, when required or appropriate, members who are being released for medical reasons, especially reservists, successfully make the transition to Veterans Affairs Canada care. In partnership with Veterans Affairs Canada, the Canadian Forces and National Defence will, also by June 2013, examine options to improve systematic post-release follow-up.

Veterans Affairs Canada's response. Agreed. In collaboration with National Defence and the Canadian Forces, work is ongoing to

- provide ill or injured members with immediate and ongoing support through all stages of recovery, rehabilitation, and reintegration into civilian life;
- offer transition interviews to Regular and Reserve Force members who are being released, and their families, and encourage them to attend; and
- provide members who are being released for medical reasons or those who have not been able to make a successful transition with timely access to Veterans Affairs Canada's Rehabilitation Program.

In 2013, the Department

- will collaborate with National Defence and the Canadian Forces to examine options to further improve systematic post-release follow-up; and
- in collaboration with National Defence and the Canadian Forces, will partner with Statistics Canada to conduct research on the transition experience of former reservists. This is a follow-up to the 2011 Life After Service Study, which included an increased focus on reservists in addition to Regular Force veterans. Going forward, these research findings will add to the Department's understanding of how to design, implement, and deliver policies, programs, and business processes that best meet the needs of ill and injured personnel, including reservists.

Performance reporting on Veterans Affairs service delivery is incomplete

4.60 The Veterans Affairs Canada website provides information on service standards for processing times for applications to selected programs, including targets. However, the Department has not reported on its performance against those targets on its website since the 2007–08 fiscal year. As a result, veterans lack information about the length of time actually required to process applications. For example, our sample of 80 cases included 50 participants in the Veterans Affairs rehabilitation program. We found that in 34 of the 50 cases (68 percent) we reviewed, the Department did not meet applicable service standards for making a decision on the complete rehabilitation application.

4.61 Further, in its 2010–11 Departmental Performance Report, Veterans Affairs stated that it was able to reduce the average time required for decisions on disability applications from 24 weeks to 16 weeks, but it did not explain how it achieved the reduction. In the 2010–11 fiscal year, the service standard was 24 weeks measured from the date the Department received the application. As of 1 April 2011, we noted that the service standard was reduced to 16 weeks but the period is now measured from the date on which Veterans Affairs considers it has received all the information required to support the application. We reviewed 22 applications for disability awards submitted in 2010–11 and found that the average processing time measured from the date of the application to the time of the decision was 21 weeks. The Department in fact reduced the average time for decision making on disability applications for our sample of cases. However, from the perspective of veterans, it is not clear whether service delivery actually improved as much as reported by the Department or whether some of the decrease was due to the change in the way the processing time was calculated.

4.62 Recommendation. Veterans Affairs Canada should publicly communicate performance against service standards.

Veterans Affairs Canada's response. Agreed. By May 2013, the Department will formally post its performance against all published service standards for the 2012–13 fiscal year on the Department's website. These results will be updated every year.

Veterans Affairs' forecasting of clients and expenditures for New Veterans Charter programs needs improvement

4.63 Veterans Affairs Canada produces an annual Client and Expenditure Forecast, which it uses to support planning. The Department has identified a high variation in the accuracy of forecasts for New Veterans Charter programs (Rehabilitation and Financial Benefits) for the last three years. According to the Department, it does not have enough performance information to consistently assess trends and provide forecasts. The forecasts relied on historical data; however, other factors also contribute to the variation in the accuracy of the forecasts.

4.64 We noted that past Veterans Affairs forecasts did not take into account information about the increasing number of Canadian Forces members with mental health issues, such as post-traumatic stress disorder. In our view, this would help to improve the accuracy of the forecasts. It also underscores the need for the Department to cooperate

more closely with the Canadian Forces. In developing forecasts, it is important for Veterans Affairs to make better use of information about the expected number of ill and injured Forces members who will need its support.

4.65 We also noted that veterans are staying in the rehabilitation program longer than the two years estimated by Veterans Affairs at the time of approval of the New Veterans Charter. The Department recognizes the situation but it has not fully determined the impacts on veterans' reintegration into civilian life and on future program funding requirements for the New Veterans Charter.

4.66 Recommendation. Veterans Affairs Canada should improve its client and expenditure forecasting for the New Veterans Charter programs.

Veterans Affairs Canada's response. Agreed. As part of the action plan to improve the accuracy of client and expenditure forecasting, the Department will continue to

- expand partnerships and consultation with National Defence and the Canadian Forces to source all possible data relevant to forecasting methodologies;
- validate forecasting assumptions and methodologies through an independent third party; and
- continue to partner with National Defence, the Canadian Forces, and Statistics Canada on a series of research projects to better understand the transition experience of both Regular and Reserve Force members. This follow-up to the 2011 Life After Service Study will include data on the overall veteran population, not just those who receive departmental benefits, allowing for a broader understanding of veterans' health and wellness over their lifetime. In addition, the current study will place increased emphasis on reservists, a group making up about 50 percent of Canada's overall population of veterans.

Governance and coordination

4.67 We looked at whether National Defence and the Canadian Forces, and Veterans Affairs Canada have an overarching governance framework to coordinate, harmonize, and communicate the various services and benefits available to ill and injured Forces members and veterans.

4.68 In 1999, the Chief of Military Personnel and his counterparts at Veterans Affairs put in place a steering committee, the VAC-DND Steering Committee, to help manage the evolving needs of Forces

members and veterans. The stated purpose and objective of the committee is to identify and manage joint priorities and to be a decision-making body that will enable seamless transition and reintegration, and will provide continuity of support during the release from the military to civilian life. The co-chairs of the committee are Veterans Affairs' Assistant Deputy Minister of Service Delivery and the Canadian Forces Chief of Military Personnel.

Gaps exist in the overarching governance framework

4.69 There are three gaps in the overarching governance framework. They concern the committee's mandate, the management of joint priorities, and information sharing.

4.70 Committee's mandate. The committee's terms of reference do not specify the scope of its delegated decision-making authority and what it is accountable for. Consequently, accountability for the committee's decisions and how it manages joint priorities is unclear.

4.71 Joint priorities. We found that there are long-standing joint priorities for which the committee has no clear measurable objectives, and it has only recently set timelines for completion for some priorities. Examples include

- harmonizing policies and programs,
- developing joint mental health and outreach strategies, and
- transferring electronic health and administrative records.

Although progress has been made, we noted that none of these priorities has been completed.

4.72 Information sharing. There is no formal requirement in the committee's terms of reference to consult and share information on proposed policy and program changes in each department that could affect the transition of ill and injured Forces members and veterans, or the benefits and services they receive. This situation increases the risk of overlaps and gaps in continuity of care. It could also have unintended effects that impede successful transitions.

4.73 Recommendation. National Defence and the Canadian Forces, and Veterans Affairs Canada should update the joint steering committee's terms of reference to specify its authority, responsibility, and accountability.

National Defence and Canadian Forces’, and Veterans Affairs Canada’s response. Agreed. By March 2013, National Defence and the Canadian Forces, and Veterans Affairs Canada will update the terms of reference for the committee to ensure a clear delineation of committee authority, responsibility, and accountability.

4.74 Recommendation. For each approved joint priority, the steering committee should establish measurable objectives and specific timelines for completion. It should prepare an annual report to the Deputy Ministers and the Chief of the Defence Staff, summarizing progress achieved against the joint priorities.

National Defence and Canadian Forces’, and Veterans Affairs Canada’s response. Agreed. In 2011, the joint steering committee identified objectives and timelines for seven priorities: continuity of care; transition management; transfer of electronic Canadian Forces personnel records; a joint mental health strategy; outreach, consultation and engagement; commemoration; and research. These priorities continue to evolve as progress is achieved and new plans are developed.

In 2013, National Defence and the Canadian Forces, and Veterans Affairs Canada will begin working together to deliver an annual report to the Deputy Ministers and Chief of the Defence Staff that updates the progress achieved against these joint priorities and establishes work for the coming year. This reporting requirement will be included in the revision of the committee’s terms of reference, which is to be completed by March 2013.

Similar income support and vocational rehabilitation programs in each department continue to create confusion and difficulties

4.75 The Service Income Security Insurance Plan (SISIP) provides income support for members who are being released for medical reasons, for up to two years after release (or until the age of 65 if declared totally disabled), and vocational rehabilitation during the six months before release and up to two years after release. Veterans Affairs Canada offers vocational rehabilitation after release. While Veterans Affairs promotes intervention at the earliest stage of transition, it has expressed concern that its inability to do so could have a negative impact on the outcome of the process.

4.76 In its 2005 proposal to the government that led to the New Veterans Charter, Veterans Affairs acknowledged the issue that both departments would operate similar income support and vocational rehabilitation programs. We found that under the auspices of the joint

steering committee, between 2005 and 2009 an interdepartmental working group studied the model of a single service provider. However, in July 2009, the committee decided not to pursue this model because of the lack of support needed to advance the initiative. The committee took this decision without any analysis of the impact on Forces members who were being released. The committee also did not analyze the cost and possible inefficiencies of operating similar programs in two departments. Last, we did not see documented evidence that the joint committee reported its decision to the responsible Deputy Minister or the Chief of the Defence Staff.

4.77 Of our sample of 32 veterans who were eligible and participated in the SISIP vocational rehabilitation program, we found that 3 of them (about 9 percent) were also eligible and subsequently participated in the Veterans Affairs vocational rehabilitation program. In interviews, veterans and staff also told us that Forces members and veterans feel frustrated that they have to deal with the staff of multiple departments, submit the same documents over again, and repeat their stories before they can access benefits and services.

4.78 A SISIP annual report dated 2009 stated that the existence of two similar programs had created confusion and misunderstanding among some Forces members. The report also cited communications difficulties between staff of the two programs. In 2010, SISIP reported that the situation caused some Forces members to miss deadlines for vocational support or to act on the basis of incorrect information. Recently, SISIP reported improved communication between staff of the two programs; this is expected to reduce overlaps and confusion for Forces members being released from the military.

4.79 Finally, we found that the contract between the Canadian Forces and the private sector insurer that delivers the Service Income Security Insurance Plan dates back to 1969. Since then, it has not been subject to a competitive tendering process. As a result, there is a risk that costs are higher than necessary.

4.80 Recommendation. To inform the future direction of their respective income support and vocational rehabilitation programs, National Defence and the Canadian Forces, and Veterans Affairs Canada should conduct a joint analysis (including tracking outcomes) of the costs and benefits of each department operating similar programs.

National Defence and Canadian Forces' response. Agreed. Under the current program arrangement, Service Income Security Insurance Plan—Long Term Disability is the first provider of income support and vocational rehabilitation services for Canadian Forces members upon medical release. Veterans Affairs Canada's program provides vocational rehabilitation and income benefits to veterans who identify a service-related re-establishment need subsequent to release. This arrangement is supported by National Defence and Veterans Affairs Canada, and achieves the necessary interim alignment recommended in the Veterans Affairs Canada independent assessment of the New Veterans Charter in 2010. National Defence and the Canadian Forces will collaborate with Veterans Affairs Canada to establish, where possible, common program evaluation metrics to allow for program comparability. When sufficient data is available, the Chief of Military Personnel will consult with the Treasury Board of Canada Secretariat to review options for the future direction of the program.

Veterans Affairs Canada's response. Agreed. With the introduction of the New Veterans Charter in 2006, additional rehabilitation support became available to Canadian Forces veterans, some of whom may not previously have qualified for such support through the Service Income Security Insurance Plan—Long Term Disability. In 2013, Veterans Affairs Canada will collaborate with the Canadian Forces to explore the costs and benefits—including outcomes—of operating income support and vocational rehabilitation programs that may serve different groups of individuals but that offer similar outcomes. In undertaking this exercise, Treasury Board of Canada Secretariat guidance will be sought. The findings will inform the future direction of the two programs.

4.81 Recommendation. National Defence and the Canadian Forces should follow a competitive tendering process to select its private sector insurer.

National Defence and Canadian Forces' response. Agreed. The Chief of Military Personnel intends to obtain direction and guidance from the Chief of the Defence Staff by March 2013 on re-tendering the vocational training and long-term disability benefits program, and subsequently, to consult with the Treasury Board of Canada Secretariat to seek agreement and advice on the way ahead.

Conclusion

4.82 The Department of National Defence and the Canadian Forces, and Veterans Affairs Canada have taken some steps and have plans to address most of the issues identified in this audit. However, during the period covered by the audit (1 April 2006 to 31 March 2012), they had not taken sufficient steps to adequately manage the selected services and benefits we examined.

4.83 Both departments have difficulties in communicating and meeting service delivery standards and requirements, particularly as they relate to assessments and case management services. Problems with information sharing and data reliability also exist. In addition, both departments need to improve their performance measurement and reporting on programs and services.

4.84 An overarching governance framework has been established, with a joint steering committee to coordinate, harmonize, and communicate the various programs, services, and benefits available to ill and injured Forces members and veterans. However, this framework contains important gaps in the areas of the steering committee's mandate, the management of joint priorities, and information sharing. The existence of similar income support and vocational rehabilitation programs in each department continues to create confusion and difficulties for veterans and staff alike.

4.85 National Defence and the Canadian Forces, and Veterans Affairs Canada recognize these challenges and continue to work independently and jointly on solutions.

About the Audit

All of the audit work in this chapter was conducted in accordance with the standards for assurance engagements set by The Canadian Institute of Chartered Accountants. While the Office adopts these standards as the minimum requirement for our audits, we also draw upon the standards and practices of other disciplines.

Objective

The audit objective was to determine whether National Defence and the Canadian Forces, and Veterans Affairs Canada adequately manage selected services and benefits to support eligible ill and injured Canadian Forces members and veterans in their transition to civilian life.

For the purposes of this performance audit, adequate management of services and benefits means that National Defence and the Canadian Forces, and Veterans Affairs

- have an overarching governance structure to coordinate, harmonize, and communicate the spectrum of care, services, and benefits available to ill and injured Forces members and veterans, taking into account their assessed needs for care, treatment, and re-establishment in civilian life. That structure should also include systems and practices to identify and minimize any gaps and inefficiencies (such as overlap and duplication of departmental services and benefits), where their respective statutory and legislative mandates might allow, and to address instances of non-compliance with applicable legislation and regulations;
- have service commitments and delivery standards that are met and communicated to all Forces members and veterans, and delivery approaches that support an efficient transition and continuity of care, taking into account the assessed needs of ill and injured Forces members and veterans; and
- measure and monitor performance, act on improvement opportunities to support the transition from military life and re-establishment in civilian life, and report on performance.

Scope and approach

The audit focused on National Defence and the Canadian Forces, and Veterans Affairs Canada—the two main federal organizations responsible for managing selected federal services and benefits available to Canadian Forces members and veterans with service-related illnesses and injuries in their transition to civilian life.

The selected National Defence and Veterans Affairs services and benefits for supporting ill and injured Forces members and veterans in their transition to civilian life included

- case management services;
- mental health services and benefits;
- physical and psychosocial rehabilitation treatment services and benefits;
- vocational services and benefits;

- disability awards, and temporary and extended earnings loss financial benefits;
- transitional services provided by National Defence and the Canadian Forces to Forces members in the process of medical release, through Joint Personnel Support Units and the Integrated Personnel Support Centres;
- screening to identify and contact Forces members who are at risk of developing service-related physical and mental health problems after deployment; and
- outreach services to identify and communicate with all ill and injured Forces members and veterans in order to inform them of transition services and benefits for which they may be eligible.

The audit scope did not include an examination of whether Forces members and veterans received all benefits and services for which they were eligible. It also did not include an examination of the fairness of departmental services and benefits available to eligible Forces members and veterans, or the quality of medical treatment and care provided.

The audit approach involved reviewing selected departmental policies, systems, practices, and data, as well as other relevant documents. It also involved interviewing responsible departmental officials at headquarters and in two regions (Western and Atlantic), as well as representatives of selected veterans' organizations.

In addition, audit evidence was obtained from an examination of the records of 80 Forces members and veterans, who were randomly selected from two departmental databases:

- Canadian Forces members who were released for medical reasons between 1 April 2006 and 31 December 2011 (population = 7,705); and
- veterans who were released from the Forces between 1 April 2006 and 31 December 2011, and who became clients of the Veterans Affairs rehabilitation program in that period (population = 3,254).

The sample of 80 cases is divided as follows:

Type of release	Veterans Affairs' rehabilitation clients	Not-Veterans' Affairs rehabilitation clients	Total
Medical release	24 members	30 members	54 medical releases
Non-medical release	26 members	0	26 non-medical releases
Total	50 Veterans Affairs' rehabilitation clients	30 who are not Veterans Affairs' rehabilitation clients	80 cases

To obtain comments directly from Canadian Forces members and veterans about their transition experience, we also contacted a random sample of 100 veterans. We selected 50 veterans from each of the two databases mentioned earlier. Of these, we interviewed 25 who agreed to participate.

It is important to note that the file review and the interview samples, which were randomly selected from departmental administrative records, were not drawn as statistical samples. Therefore, caution should be exercised with regard to any statistical extrapolation to the overall populations.

Criteria

Criteria	Sources
To determine whether National Defence and the Canadian Forces, and Veterans Affairs Canada adequately manage selected services and benefits to support eligible ill and injured Canadian Forces members and veterans in their transition to civilian life, we used the following criteria:	
National Defence and the Canadian Forces, and Veterans Affairs Canada have an overarching governance structure to coordinate, harmonize, and communicate the spectrum of care, services, and benefits available to ill or injured Forces members and veterans, taking into account their assessed needs for care, treatment, and re-establishment in civilian life.	<ul style="list-style-type: none"> • <i>Federal Accountability Act</i> • <i>Canadian Forces Members and Veterans Re-establishment and Compensation Act</i> • <i>Veterans Health Care Regulations</i> • Management Accountability Framework, Treasury Board of Canada Secretariat • Veterans Affairs Canada Service and Program Modernization Task Force, Principles and Policy Directives, 2004 • Five-Year Strategic Plan 2009–14, Veterans Affairs Canada • 2010–11 Report on Plans and Priorities, Veterans Affairs Canada • Departmental Performance Report 2010–11, National Defence
National Defence and the Canadian Forces, and Veterans Affairs Canada have systems and practices to identify and minimize any gaps and inefficiencies (such as overlap and duplication of departmental services and benefits), where their respective statutory and legislative mandates might allow, and to address instances of non-compliance with applicable legislation and regulations.	<ul style="list-style-type: none"> • Companion Guide—The Development of Results-based Management and Accountability Frameworks for Horizontal Initiatives, Treasury Board of Canada Secretariat • Policy on Transfer Payments, Treasury Board, 2008
National Defence and the Canadian Forces, and Veterans Affairs Canada have service commitments and delivery standards that are met and communicated to all Forces members and veterans, and delivery approaches that support an efficient transition and continuity of care, taking into account the assessed needs of ill and injured Forces members and veterans.	<ul style="list-style-type: none"> • Communications Policy of the Government of Canada, Treasury Board, 2006 • Management Accountability Framework, Treasury Board of Canada Secretariat • Veterans Bill of Rights, 2007 • Veterans Affairs Canada Service and Program Modernization Task Force, Principles and Policy Directives, 2004 • Five-Year Strategic Plan 2009–14, Veterans Affairs Canada • 2010–11 Report on Plans and Priorities, Veterans Affairs Canada • Military Human Resources Strategy 2020, National Defence • Case Management Vision, Canadian Forces • Departmental Performance Report 2010–11, National Defence
National Defence and the Canadian Forces, and Veterans Affairs Canada measure and monitor performance, act on improvement opportunities to support the transition from military life and re-establishment in civilian life, and report on performance.	<ul style="list-style-type: none"> • Policy on Management, Resources and Results Structures, Treasury Board, 2010 • Policy on Evaluation, Treasury Board, 2009 • Statement of Recommended Practice (SORP-2), Public Performance Reporting, Public Sector Accounting Board, 2006

The management of National Defence and the Canadian Forces, and Veterans Affairs Canada reviewed and accepted the suitability of the criteria used in the audit.

Period covered by the audit

The audit covered the period from 1 April 2006 to 31 March 2012, including any significant subsequent events up to the date of the audit report. Audit work for this chapter was completed on 17 July 2012.

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Appendix List of recommendations

The following is a list of recommendations found in Chapter 4. The number in front of the recommendation indicates the paragraph where it appears in the chapter. The numbers in parentheses indicate the paragraphs where the topic is discussed.

Recommendation	Response
<p>Service delivery</p> <p>4.23 National Defence and the Canadian Forces, and Veterans Affairs Canada should streamline and automate their transition policies and administrative processes to make it easier for ill and injured Forces members and veterans to access programs and benefits in a timely manner. (4.18–4.22)</p>	<p>National Defence and Canadian Forces’ response. Agreed. The recently published document, <i>Caring For Our Own: A comprehensive approach for the care of CF ill and injured members and their families</i>, and the regularly updated booklet, <i>Death and Disability Benefits, Programs and Services: A Guide for Serving and Former Canadian Forces Personnel and Their Families</i>, are illustrative of our efforts in consolidating policy and procedural information and communicating it in non-technical terms. In collaboration with Veterans Affairs Canada, National Defence and the Canadian Forces will continue to streamline and, where practical, automate transition policies and administrative processes.</p> <p>Veterans Affairs Canada’s response. Agreed. Veterans have told us they want a more hassle-free system, and the Department is committed to delivering this. Through the Transformation Agenda, all programs, policies, and business processes are under review. Measures to cut red tape, overhaul service delivery, and improve technology platforms mean that veterans and their families will get faster, one-stop access to information and support when they need it and for as long as they need it. For example:</p> <ul style="list-style-type: none"> • Veterans now can visit any of Service Canada’s 600 points of service for information on programs or help applying for benefits. • Some 80 percent of calls to the Department are answered within two minutes. • Benefits are being delivered faster. Most disability applications are processed within 16 weeks, 30 percent faster than before. Most rehabilitation applications are processed in two weeks or less, 50 percent faster than before. • More avenues have been identified to support homeless veterans.

Recommendation	Response
<p>4.24 National Defence and the Canadian Forces, and Veterans Affairs Canada should continue to simplify the language that explains the support available to ill and injured Forces members and veterans. They should ensure that information is updated and communicated to staff and potential beneficiaries, as appropriate, using online tools such as the Benefits Browser. (4.17–4.22)</p>	<p>By March 2013, the Department will do the following:</p> <ul style="list-style-type: none"> • review, revise, and reduce the number of policies guiding the delivery of benefits. Policies will offer clear, modern-day solutions to veterans' needs, and will foster greater harmony related to the spectrum of health care benefits available to serving and released Canadian Forces members; • better streamline and coordinate services through each of the 24 Integrated Personnel Support Centres so that injured and ill Canadian Forces members and veterans have faster, more seamless access to the benefits they need; • make it easier for individuals to be referred to the network of mental health clinics operated by Veterans Affairs Canada and National Defence; and • further improve turnaround times to 12 weeks for disability benefit decisions. <p>National Defence and Canadian Forces' response. Agreed. National Defence and the Canadian Forces are taking action to address this recommendation. A new, user-friendly website designed to communicate information on benefits and programs in clear and concise language is under development. We will undertake a review during 2013 of pamphlets, information booklets, and other hard-copy materials made available to Canadian Forces members and their families to ensure that information on benefits and programs is up to date and understandable. Additionally, the outreach briefings provided to Regular and Reserve Force units will be reviewed for currency and clarity. The feasibility and resource implications of including formal readability reviews as part of the development process for any new information tools will also be investigated during 2013.</p> <p>Veterans Affairs Canada's response. Agreed. Veterans Affairs Canada believes veterans have the right to access information that is clear and easy to understand. As part of the Department's ongoing commitment to reach out to veterans and their families:</p> <ul style="list-style-type: none"> • Work has accelerated to simplify disability benefit decision letters, as well as decision letters related to health care and home care benefits. This builds on work that began in 2009.

Recommendation	Response
<p>4.28 National Defence and the Canadian Forces, and Veterans Affairs Canada should ensure that their databases contain reliable data about Forces members, and that Canadian Forces and Veterans Affairs processes are managed to facilitate the timely and efficient sharing of authorized information. (4.25–4.27)</p>	<ul style="list-style-type: none"> • By March 2013, veterans and their families will find it easier to apply online for benefits and navigate the website with the help of a new Benefits Browser that simplifies the process of gathering information about programs and policies. • A similar type of Benefits Browser already is being used internally by staff to help them access relevant information online to serve veterans more quickly. • Work is well under way to simplify forms and minimize the amount of paperwork that veterans and families must submit. • In cooperation with National Defence, the Canadian Forces, and other service partners, the Department also will continue to attend events and information sessions across the country to share clear information on benefits and services with veterans, still-serving personnel, and their families. <p>National Defence and Canadian Forces’ response. Agreed. In close cooperation with Veterans Affairs Canada, National Defence and the Canadian Forces will continue to improve business processes and implement new tools to facilitate the maintenance of accurate information and the timely and efficient sharing of such information. The primary Canadian Forces database for casualty administration is the Mission Support System. It is currently being upgraded and is expected to be rolled out in early 2013. In the area of medical information, Veterans Affairs Canada and the Canadian Forces currently have a joint project under way that will enable the disclosure of Canadian Forces members’ personal health information to Veterans Affairs Canada in a more efficient, centralized, and trackable way. The intent is to conduct pilot tests in fall 2012, and undertake nationwide implementation in 2013. Methods for ensuring database accuracy will be reviewed as integral elements of these programs.</p> <p>Veterans Affairs Canada’s response. Agreed. Sharing information internally and with the Canadian Forces through a secure electronic environment is a key initiative under the Department’s Transformation Agenda.</p> <ul style="list-style-type: none"> • In 2012, the Canadian Forces service number that individuals receive when they join the military has become the standard way to identify those who later apply for departmental

Recommendation	Response
<p>4.33 National Defence and the Canadian Forces, and Veterans Affairs Canada should develop and implement policies and processes for coordinating the delivery of services to Forces members and veterans at the Integrated Personnel Support Centres. (4.29–4.32)</p>	<p>benefits. This will make it easier to track the benefits and services veterans receive over their lifetime, leading to better continuity of care, accurate information sharing, and better privacy safeguards.</p> <ul style="list-style-type: none"> • The switch to electronic records already is under way. To date, more than two million pages of veterans' files have been scanned. • In July 2012, the electronic transfer of still-serving members' files began at two Canadian Forces bases. Already, the positive results from these pilots suggest that the national rollout to another 21 bases may conclude well ahead of the scheduled completion date of 2015. • By 2015, or before, the time to transfer records will drop from seven weeks to one week, further accelerating the decision-making process so that veterans receive faster access to benefits. <p>National Defence and Canadian Force's response. Agreed. The requirement to develop integrated transition plans was announced on 11 October 2011. Guidance was issued, via a Canadian Forces directive, on 30 October 2011, to assist all Integrated Personnel Support Centres in developing integrated transition plans for their clients. Business processes and standard operating procedures in this area have been, and will continue to be, reviewed, standardized, and implemented as the Joint Personnel Support Unit framework evolves, with a target date of December 2013 for completion of this effort.</p> <p>Veterans Affairs Canada's response. Agreed. Already, staff from Veterans Affairs Canada, National Defence, and the Canadian Forces work side by side to support up to 1,300 injured and other Forces members and veterans who contact the national network of 24 Integrated Personnel Support Centres each month.</p> <p>Operational guidelines for the centres are already in place. As of October 2011, integrated transition plans are offered to all severely injured and ill personnel, although not all accept the offer. The role of the Veterans Affairs case manager is well established in this process.</p>

Recommendation	Response
<p>4.40 National Defence and the Canadian Forces should develop and communicate service standards for the decision on employment limitations for medical reasons and the decision on medical release. (4.37–4.39)</p>	<p>Since the first centres were launched in 2009, all partners have learned a great deal about how best to support those who are injured and ill. In 2013, the best practices that have been developed will be used to fully implement a set of common business processes and practices across the network of centres. This will further streamline and coordinate the delivery of programs and services to all those who seek support.</p> <p>National Defence and Canadian Forces’ response. Agreed. Since May 2012, the Director of Military Careers Administration has been engaged in a complete review of the efficiency, effectiveness, and service delivery of administrative procedures. This will enhance the ability of the Canadian Forces to complete administrative reviews and to render decisions within improved timelines. While taking into consideration the average volume of files to be considered, essential procedural requirements, and staff resources available, National Defence and the Canadian Forces undertake to review, by March 2013, the feasibility of establishing service standards for typical non-complex cases, for both the medical employment limitation decision process and the medical release review process.</p>
<p>4.41 In consultation with Veterans Affairs Canada, National Defence and the Canadian Forces should evaluate how the new Career Transition Support Policy affects ill and injured members’ reintegration into civilian life. (4.37–4.39)</p>	<p>National Defence and Canadian Forces’ response. Agreed. The provision of a seamless transition between partnering organizations, through improved communication and co-location, is one of the objectives identified in the Joint Personnel Support Unit performance measurement framework. This framework will be further developed to ensure that we are able to assess whether the new transition policy is in fact meeting the requirements of our ill and injured personnel. Once the Mission Support System rollout is completed (current estimate is early 2013), the Canadian Forces and National Defence will be able to develop indicators of transition readiness, and in collaboration with Veterans Affairs Canada, will attempt to capture post-release information on how the Career Transition Support Policy affects reintegration into civilian life.</p> <p>Veterans Affairs Canada’s response. Agreed. Up to six months before release, Veterans Affairs case managers, in collaboration with National Defence and the Canadian Forces, help Forces members who are being released to access services. This early</p>

Recommendation	Response
<p>4.53 Veterans Affairs Canada should clarify and communicate the roles and responsibilities of all parties involved in the case management service. It should develop and implement a department-wide quality management system for this service. (4.42–4.52)</p>	<p>intervention gives members and their families the ability to transition from the military to civilian life as seamlessly as possible. Once they are released, veterans may qualify for Veterans Affairs Canada's Rehabilitation Program, where the focus is on assessing their needs, rehabilitating them to the fullest extent possible, and then linking them with vocational rehabilitation experts who can help them prepare for a meaningful civilian career.</p> <p>Veterans Affairs Canada also is working with the business community and various not-for-profit organizations to create more employment opportunities for Forces members who are being released and former Forces members.</p> <p>Veterans Affairs Canada will continue to assist and support National Defence and the Canadian Forces, as appropriate, in their efforts to further assess if the Career Transition Support Policy is, in fact, meeting the requirements of ill and injured personnel.</p> <p>Veterans Affairs Canada's response. Agreed. The ability to monitor and measure the success of the case management function is a priority for the Department and a cornerstone of the Transformation Agenda. To strengthen support to veterans with more complex needs:</p> <ul style="list-style-type: none"> • Roles and responsibilities have been clarified for Veterans Affairs' client service team members. As business processes and veterans' needs evolve, roles and responsibilities will continue to be adjusted and communicated to all those involved in the case management process. • Veterans enrolled in the Rehabilitation Program have faster access to benefits that are part of their case plan now that case managers have been empowered to make more decisions without additional approvals. • Processes and standards are in place to give all case-managed veterans more access to their case manager. • National training and learning tools are in place, and more are planned for 2012–13. • National monitoring processes will be reviewed and adjusted, as needed, to continue to ensure that case management is delivered as intended.

Recommendation	Response
<p>Performance measurement and reporting</p> <p>4.57 National Defence and the Canadian Forces should maintain consolidated information on ill and injured Forces members who will be released for medical reasons to help better manage programs and services to support their transition. (4.55–4.56)</p> <p>4.59 National Defence and the Canadian Forces, in cooperation with Veterans Affairs Canada, should continue to improve management of its support for the transition to Veterans Affairs Canada of ill and injured Forces members, particularly reservists. (4.58)</p>	<p>National Defence and Canadian Forces’ response. Agreed. The Canadian Forces remain committed to ensuring our programs and services are meeting the needs of our ill and injured Forces members. The Joint Personnel Support Unit’s performance measurement framework will continue to be used as the blueprint for the measurement, evaluation, and reporting of program and service performance. Surveys administered to Joint Personnel Support Unit clients and the local chain of command will be used to assess the utility of programs and services from a user perspective. There are also a number of projects under way that are designed to improve the consolidation of personal health information, in accordance with the <i>Privacy Act</i>, as well as a project to ensure that all Reserve documents are available electronically in the Canadian Forces Health Information System by the end of 2012. A new policy mandating that all new forms go through a standardized approval process to prevent the proliferation of separate systems and non-standardized forms is expected by fall 2012. Finally, a quality assurance program is now being developed for rollout at the local level, with headquarters oversight and guidance, in 2013.</p> <p>National Defence and Canadian Forces’ response. Agreed. While recognizing that Canadian Forces responsibility for follow-up formally ends when a member is released, ill and injured members will be tracked by the Canadian Forces until an individual returns to unrestricted duty; a former Canadian Forces member (including reservists) is able to resume or seek employment; a member is able to cope independently without any further assistance; or a member expresses that he or she no longer wishes any further contact. By June 2013, the Canadian Forces and National Defence will review procedures to ensure that, when required or appropriate, members who are being released for medical reasons, especially reservists, successfully make the transition to Veterans Affairs Canada care. In partnership with Veterans Affairs Canada, the Canadian Forces and National Defence will, also by June 2013, examine options to improve systematic post-release follow-up.</p>

Recommendation	Response
	<p>Veterans Affairs Canada's response. Agreed. In collaboration with National Defence and the Canadian Forces, work is ongoing to</p> <ul style="list-style-type: none"> • provide ill or injured members with immediate and ongoing support through all stages of recovery, rehabilitation, and reintegration into civilian life; • offer transition interviews to Regular and Reserve Force members who are being released, and their families, and encourage them to attend; and • provide members who are being released for medical reasons or those who have not been able to make a successful transition with timely access to Veterans Affairs Canada's Rehabilitation Program. <p>In 2013, the Department</p> <ul style="list-style-type: none"> • will collaborate with National Defence and the Canadian Forces to examine options to further improve systematic post-release follow-up; and • in collaboration with National Defence and the Canadian Forces, will partner with Statistics Canada to conduct research on the transition experience of former reservists. This is a follow-up to the 2011 Life After Service Study, which included an increased focus on reservists in addition to Regular Force veterans. Going forward, these research findings will add to the Department's understanding of how to design, implement, and deliver policies, programs, and business processes that best meet the needs of ill and injured personnel, including reservists.
<p>4.62 Veterans Affairs Canada should publicly communicate performance against service standards. (4.60–4.61)</p>	<p>Veterans Affairs Canada's response. Agreed. By May 2013, the Department will formally post its performance against all published service standards for the 2012–13 fiscal year on the Department's website. These results will be updated every year.</p>
<p>4.66 Veterans Affairs Canada should improve its client and expenditure forecasting for the New Veterans Charter programs. (4.63–4.65)</p>	<p>Veterans Affairs Canada's response. Agreed. As part of the action plan to improve the accuracy of client and expenditure forecasting, the Department will continue to</p> <ul style="list-style-type: none"> • expand partnerships and consultation with National Defence and the Canadian Forces to source all possible data relevant to forecasting methodologies;

Recommendation	Response
	<ul style="list-style-type: none"> • validate forecasting assumptions and methodologies through an independent third party; and • continue to partner with National Defence, the Canadian Forces, and Statistics Canada on a series of research projects to better understand the transition experience of both Regular and Reserve Force members. This follow-up to the 2011 Life After Service Study will include data on the overall veteran population, not just those who receive departmental benefits, allowing for a broader understanding of veterans' health and wellness over their lifetime. In addition, the current study will place increased emphasis on reservists, a group making up about 50 percent of Canada's overall population of veterans.
<p>Governance and coordination</p> <p>4.73 National Defence and the Canadian Forces, and Veterans Affairs Canada should update the joint steering committee's terms of reference to specify its authority, responsibility, and accountability. (4.69–4.72)</p> <p>4.74 For each approved joint priority, the steering committee should establish measurable objectives and specific timelines for completion. It should prepare an annual report to the Deputy Ministers and the Chief of the Defence Staff, summarizing progress achieved against the joint priorities. (4.69–4.72)</p>	<p>National Defence and Canadian Forces', and Veterans Affairs Canada's response. Agreed. By March 2013, National Defence and the Canadian Forces, and Veterans Affairs Canada will update the terms of reference for the committee to ensure a clear delineation of committee authority, responsibility, and accountability.</p> <p>National Defence and Canadian Forces', and Veterans Affairs Canada's response. Agreed. In 2011, the joint steering committee identified objectives and timelines for seven priorities: continuity of care; transition management; transfer of electronic Canadian Forces personnel records; a joint mental health strategy; outreach, consultation and engagement; commemoration; and research. These priorities continue to evolve as progress is achieved and new plans are developed.</p> <p>In 2013, National Defence and the Canadian Forces, and Veterans Affairs Canada will begin working together to deliver an annual report to the Deputy Ministers and Chief of the Defence Staff that updates the progress achieved against these joint priorities and establishes work for the coming year. This reporting requirement will be included in the revision of the committee's terms of reference, which is to be completed by March 2013.</p>

Recommendation	Response
<p>4.80 To inform the future direction of their respective income support and vocational rehabilitation programs, National Defence and the Canadian Forces, and Veterans Affairs Canada should conduct a joint analysis (including tracking outcomes) of the costs and benefits of each department operating similar programs. (4.75–4.79)</p>	<p>National Defence and Canadian Forces’ response. Agreed. Under the current program arrangement, Service Income Security Insurance Plan—Long Term Disability is the first provider of income support and vocational rehabilitation services for Canadian Forces members upon medical release. Veterans Affairs Canada’s program provides vocational rehabilitation and income benefits to veterans who identify a service-related re-establishment need subsequent to release. This arrangement is supported by National Defence and Veterans Affairs Canada, and achieves the necessary interim alignment recommended in the Veterans Affairs Canada independent assessment of the New Veterans Charter in 2010. National Defence and the Canadian Forces will collaborate with Veterans Affairs Canada to establish, where possible, common program evaluation metrics to allow for program comparability. When sufficient data is available, the Chief of Military Personnel will consult with the Treasury Board of Canada Secretariat to review options for the future direction of the program.</p> <p>Veterans Affairs Canada’s response. Agreed. With the introduction of the New Veterans Charter in 2006, additional rehabilitation support became available to Canadian Forces veterans, some of whom may not previously have qualified for such support through the Service Income Security Insurance Plan—Long Term Disability. In 2013, Veterans Affairs Canada will collaborate with the Canadian Forces to explore the costs and benefits—including outcomes—of operating income support and vocational rehabilitation programs that may serve different groups of individuals but that offer similar outcomes. In undertaking this exercise, Treasury Board of Canada Secretariat guidance will be sought. The findings will inform the future direction of the two programs.</p>
<p>4.81 National Defence and the Canadian Forces should follow a competitive tendering process to select its private sector insurer. (4.75–4.79)</p>	<p>National Defence and Canadian Forces’ response. Agreed. The Chief of Military Personnel intends to obtain direction and guidance from the Chief of the Defence Staff by March 2013 on re-tendering the vocational training and long-term disability benefits program, and subsequently, to consult with the Treasury Board of Canada Secretariat to seek agreement and advice on the way ahead.</p>