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Risk Screening at VAC: Review and Considerations

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Risk Screening at VAC: Review and Considerations

Executive Summary

Introduction

Risk screening involves the use of evidence-based procedures and tools to identify individuals with problems, or those who are at risk for developing problems. The "risk" most commonly discussed in the context of Veterans at VAC is risk of poor well-being outcomes, since a key departmental goal is to enable the well-being of Veterans as they transition out of the military and throughout their life course. This includes well-being in the domains of health, purpose, finances, health, social integration, life skills, housing and physical environment, and culture and social environment.

Findings from the Service Delivery Review, the introduction of a new Guided Support model and recommendations that the new CAF-VAC Transition Model include a new screening tool highlighted the need to review the evidence surrounding screening at VAC and in particular risk screening. This report is the first of three related to risk screening at VAC. This first report examines the screening process and risk screening tools at VAC, the evidence on reestablishment risk and risk screening for frail elderly and provides recommendations on developing a new risk screening tool at VAC.

Findings

This report examined various aspects of risk screening and found that: (1) VAC's 2018 screening process includes four screening tools (TI, CIS/DIS, RRIT, RIIT-R); (2) other countries also conduct interviews prior to release and many follow-up with veterans after release, however, specific screening tools were not identified; (3) there is a lack of evidence demonstrating the effectiveness of VAC tools in triaging clients; (4) a self-assessment tool using the domains of well-being was not designed for triaging clients; (5) client need level can be segmented into case management, guided support and self-management; (6) there are 21 high-level indicators currently being used to measure the well-being of Veterans at VAC; and (7) the current well-being framework, evidence on reestablishment risk from LASS, and recent evidence on screening for frailty have not been included in the 2018 risk screening tools.

Conclusion

Given these findings, VAC should consider: (1) developing its own screening tool to replace the four existing tools; (2) the new risk screening component of this tool be developed with the intention to triage between three levels of support; (3) the new screening tool take into account VAC's Well-being Surveillance Framework, evidence from LASS, and recent evidence on the effectiveness of PRISMA-7 in screening for frailty; and (4) this screening tool be tested for its effectiveness in triaging Veterans to various levels of support.

Évaluation des risques à ACC : Examen et considérations

Sommaire

Introduction

L'évaluation des risques implique l'utilisation de procédures et d'outils fondés sur des éléments de preuve pour identifier les personnes ayant des problèmes ou celles qui risquent de développer des problèmes. Le « risque » le plus souvent abordé dans le contexte des vétérans à ACC est le risque de piètres résultats en matière de bien-être, car un objectif clé du Ministère est d'améliorer le bien-être des vétérans lors de leur transition de la vie militaire à la vie civile et tout au long de leur vie. Cela inclut le bien-être dans les domaines suivants : la santé, le sentiment d'un but dans la vie, les finances, la santé, l'intégration sociale, les aptitudes à la vie quotidienne, le logement et l'environnement physique ainsi que la culture et l'environnement social.

Les conclusions de l'Examen de la prestation des services, l'introduction d'un nouveau modèle de soutien encadre et les recommandations selon lesquelles le nouveau Modèle de transition des FAC et d'ACC inclurait un nouvel outil d'évaluation ont mis en évidence la nécessité de revoir les éléments de preuve relatifs à l'évaluation à ACC et en particulier à l'évaluation des risques. Le présent rapport technique est le premier des trois rapports sur l'évaluation des risques à ACC. Ce premier rapport examine le processus d'évaluation et les outils d'évaluation des risques à ACC, les éléments de preuve sur le risque lié à la réinsertion et l'évaluation des risques pour les personnes âgées fragiles, et il fournit des recommandations sur l'élaboration d'un nouvel outil d'évaluation des risques à ACC.

Constatations

Ce rapport examine divers aspects de l'évaluation des risques et montre que : 1) le processus d'évaluation actuel d'ACC comprend quatre outils d'évaluation (ET, SIC / Diagnostic Interview Schedule (DIS), OIRR, OIRR-R); 2) d'autres pays organisent également des entretiens avant la libération et de nombreux suivis avec les vétérans après leur libération, mais aucun outil d'évaluation particulier n'a été identifié; 3) il y a un manque d'éléments de preuve démontrant l'efficacité des outils d'ACC pour le triage des clients; 4) un outil d'auto-évaluation utilisant les domaines du bien-être n'a pas été conçu pour le triage des clients; 5) le niveau de besoin du client peut être segmenté en gestion de cas, soutien encadré et autogestion; 6) 21 indicateurs de haut niveau sont actuellement utilisés pour mesurer le bien-être des vétérans à ACC; 7) le cadre actuel de bien-être, les éléments de preuve sur le risque lié à la réinsertion tirées des EVASM et les éléments de preuve récents sur l'évaluation des risques pour les personnes âgées fragiles n'ont pas été inclus dans les outils actuels d'évaluation des risques.

Conclusion

Compte tenu de ces conclusions, ACC devrait envisager : 1) d'élaborer son propre outil d'évaluation pour remplacer les quatre outils existants; 2) que la nouvelle composante d'évaluation des risques de cet outil soit développée dans l'intention de faire le triage entre trois niveaux de soutien; 3) que le nouvel outil d'évaluation tienne compte du cadre de surveillance du bien-être d'ACC, des éléments de preuve provenant des EVASM et des données récentes sur l'efficacité de PRISMA-7 pour l'évaluation des personnes âgées fragiles ; 4) que cet outil d'évaluation soit testé pour son efficacité de triage des vétérans vers différents niveaux de soutien.

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Introduction

Risk screening involves the use of evidence-based procedures and tools to identify individuals with problems, or those who are at risk for developing problems. It is intended to be an efficient way of raising a "red flag" about the possibility of a particular disorder or problem area and thereby setting the stage for a subsequent, more detailed assessment with a definite view to service planning and delivery (Rush & Castel, 2011). At Veterans Affairs Canada (VAC), risk screening is a process of gathering information about serving members as they transition to civilian life and Veterans to identify their risk level, issues and concerns to determine the most appropriate course of action to address their needs in a timely manner. Screening is a gateway to other services and helps to triage the provision of information, program administration and/or referrals to Veterans and their family members who need them the most.

The "risk" most commonly discussed in the context of Veterans at VAC is risk of poor well-being outcomes, since a key departmental goal is to enable the well-being of Veterans as they transition out of the military and throughout their life course. Enabling well-being requires the ability to identify and address the risk of poor well-being in the following seven domains: health, purpose, finances, health, social integration, life skills, housing and physical environment, and culture and social environment (VAC, 2017).

The 2018 Service Delivery Review highlighted the need for many improvements to support VAC staff in providing excellent service delivery. One area for improvement involved the need for staff to have access to efficient tools and systems. VAC employees do not always have the tools and resources they need to serve Veterans effectively and business processes and reference materials for employees need to be reduced and simplified. The Review also noted that there is simply too much repetition of inputted information, too many additional forms, and opportunities to integrate and consolidate information together.

VAC has also been looking at how best to triage clients and potential clients into the appropriate level of care given the recent implementation of a Guided Support model to serve clients with moderate needs. Also, VAC and the Canadian Armed Forces (CAF) have been working closely together to develop a new integrated CAF-VAC Transition Model. The development of a new screening tool was identified as a key component within the new model.

This report is the first of three related to risk screening at VAC. This first report examines the screening process and risk screening tools at VAC, the evidence on reestablishment risk and risk screening for frail elderly and provides recommendations on developing a new risk screening tool at VAC. The second report describes the development of a new risk screening tool and the third report describes the pilot testing and evaluation of the new risk screening tool.

Review of Screening

The Screening Process

Veterans Affairs Canada has a mandate to provide Veterans care, treatment or reestablishment in civilian life. Multiple legislative and regulatory instruments (such as the DVA Act, Veterans Well-being Act[1], etc.) define who is eligible for case management services.

As per VAC's case management mission statement, case management services are available to all clients and their families who may be experiencing difficulty managing a transition or change in their life. A Veteran does not necessarily need to be a VAC client to receive case management services. The risk screening process starts with contact screening done by Veteran Service Agents, Case Managers, National Contact Centre Network (NCCN), VAC health professionals, Veteran Service Team Managers (VSTMs), and/or Medavie Blue Cross using the Client Service Delivery Network (CSDN) Client Screening tool. This client-initiated screening tool is completed every time there is contact with a Veteran whether by phone, walk-in or mail. A more in depth screening is completed using the Transition Interview tool (implemented in 2005).

In 2018, VAC was using four screening tools: the Transition Interview (TI, Annex A), the Client Initiated Screening/Department Initiated Screening (CIS/DIS, Annex B); the Regina Risk Indicator Tool (RRIT, Annex C) and the RRIT-Reestablishment (RRIT-R, Annex D). VAC adapted and fully implemented two versions of the RRIT[2] in 2012: one mainly for elderly clients potentially at risk of institutionalization and the other for younger clients potentially at risk of unsuccessful re-establishment (RRIT-R) which is embedded in the Transition Interview tool. A RRIT/RRIT-R is completed by a Veteran Service Agent (VSA), Field Nursing Services Officer (FNSO), or Case Manager under the following circumstances: at the Transition Interview, at a comprehensive screening (if a RRIT/RRIT-R has not recently been completed and if there has been significant change in health), when a case manager completes the initial assessment; at reassessment or at disengagement, at post decision screening, at a nursing assessment, and at a 90 day post release follow-up.

The RRIT-R is conducted during the transition interview (Table 1). The purpose of the transition interview is to assist releasing members and their families to identify and adequately respond to the key factors for a successful transition to civilian live. The transition interview determines the type and level of support that the member and their family may require from VAC and/or other community support systems. According to guidelines (Transition Interview Process -Voluntary Release effective December, 2011 and Medical Release effective September 2015) the interview should be conducted within the first 7 days for those releasing within 30 days and within the first month for those releasing within 6 months. Those who score as moderate or at risk/high risk on

[1] Prior to April 1st, 2018 it was known as the *New Veterans Charter; Canadian Forces Members and Veterans Re-establishment and Compensation Act,* SC 2005, c 21.

[2] The Regina Risk Indicator Tool (RRIT) was developed in 1995 in the Regina Qu'Appelle Health Region to identify among clients the risk levels for requiring admission to long-term care. It was developed using a committee with representation from medicine, social work, nursing, therapies and administration who reviewed literature related to risk factors associated with institutionalization.

the RRIT-R are followed up 90 days post-release for all release types. Medical releases that are minimal or low risk are also followed up 90 days post-release.

Those screened as moderate to high risk on the RRIT/RRIT-R are referred to a case manager to determine potential need for case management services (Table 1). Those screened as minimal or low risk would have their needs met through a VSA or VSA referral.

Table 1: Regina Risk Indicator Tool Scores, Risk Level and Service Delivery Actions

Score		Risk Level	Service Delivery Actions
Institutionalization	Re-establishment		
0-7	0-4	Minimal	Information, applications or targeted assistance. Veteran Service Agent (VSA) would make referrals for access to benefits and services. No referral indicated.
8-14	5-9	Low	
15-20	10-14	Moderate	WI to CM to determine need for case management.
21+	15+	At Risk/High Risk	Urgent work item to CM for assessment or engagement in determining needs for case management.

VAC Case Management services enable clients with complex needs, and their families, to achieve mutually agreed upon goals through a collaborative, organized and dynamic process, coordinated by the VAC Case Manager. Case Managers perform six core functions: (1) engagement and relationship building; (2) comprehensive assessments; (3) analysis; (4) case planning and consultation; (5) monitoring and evaluation and (6) disengagement.

National Defence has Canadian Forces Health Services Nurse Case Managers (CFHS NuCM) who work with VAC Case Managers in transition to civilian life. DND defines case management as a collaborative and client-centered process for providing services associated with the coordination of health care, health care related activities and benefits for ill and injured CAF members. National Defence screens for assignment to a nurse Case Manager for only those medical releasing using CFHS NuCMs. VAC assigns a Case Manager based on complexity and need for a broader population using mainly Case Managers with a social work background. DND categorizes medically releasing members into complex and non-complex using a tool called the INTERMED® Complexity Assessment, which examines complexity in biological, psychological, social, and health system domains. This tool is used to determine the initial level of VAC support required (eg. low – VSA, high – CM). However, VAC's risk tools may indicate the need for others to receive case management services (eg. initial CAF low rating and/or non-medical releases).

The CAF have made the VAC Transition Interview (TI) mandatory for all releasing regular force members, all medically releasing reservists, and all non-medically releasing Reservists with Special Duty Area (SDA)/Special Duty Operation (SDO). It is available to all other releasing members upon request. Family members are encouraged to attend the transition interview.

VAC and DND launched Enhanced Transition Services to medically releasing members at 12 Integrated Personnel Support Centre (IPSC) sites in July 2015. By September 2015, National implementation at 24 IPSC sites across the country was

achieved. The aims were to: build stronger relationships with medically releasing members prior to release; strengthen joint case management activities between CAF and VAC; assign VAC Case Manager or Veteran Service Agent pre-release, based on the member's need; assist members with completion of VAC program applications; where possible, render New Veterans Charter program eligibility decisions pre-release so that services and benefits are available immediately after release; assist members with registration and navigation of My VAC Account; provide members with a copy of My VAC Book; and provide information on Priority Hiring.

The Transition Process in Other Countries

Many other countries offer services similar to the transition interview (Annex E). However, it is unknown whether any use standardized risk assessment tools. For most countries, transition services are offered to all members releasing. The exception is South Korea who offer services based on length of service. The UK once had a similar policy but eliminated it after research showing early service leavers (less than 4 years of services) had the most difficulty but the least access to services. The start and end dates of the process depend on individual circumstances in Australia, Estonia the Netherlands. New Zealand's process starts at entry and has no defined end period. While the Republic of Croatia, Slovenia, South Korea and the UK have more defined start and end dates. Australia, Estonia, the Republic of Croatia, Slovenia and the UK all follow-up with veterans after release. Latvia follows-up with veterans who plan to seek employment and New Zealand only follows up with those who request it.

The Guided Support Model

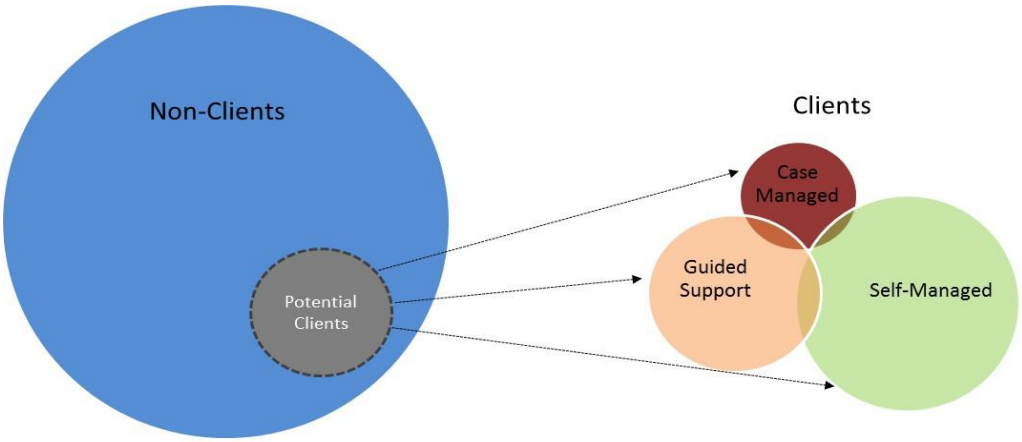
In 2015, VAC completed a Service Delivery Review (SDR) and identified a gap in supports in the current model which was found to work reasonably well for those who are case managed or can self-manage with Targeted Assistance (TA), but not for those with moderate needs. Therefore, it was proposed that "Guided Support" provided by Veteran Service Agents (VSA) would be provided to Veterans with moderate needs requiring additional assistance in navigating VAC processes and community resources (Figure 1). Under this model clients and potential clients would be triaged to three levels of support: case management, guided support and self-managed which included targeted assistance from a VSA. Under guided support, one VSA becomes the Veterans primary point of contact who provides short term, task specific assistance for unmet needs and proactive individualized follow-up to ensure the Veteran's needs are met from start to finish. Currently, VSAs do not have a specific case load on clients.

There are two streams of Guided Support offered. Stream 1 offers post Case Management follow-up and support by a VSA when the Case Manager closes the Veteran's case plan. Veterans are screened a minimum of once every 90 days for one year in order to smooth the transition from Case Management to self-directed service. Stream 2 offers enhanced support and guidance to Veterans who do not require Case Management but do require support beyond that of TA. Veterans who require this stream may have unmet needs, experience difficulty accessing programs or services through VAC, the community, or the healthcare system, require coordination and assistance in addressing significant personal care needs and/or significant equipment needs, and demonstrate that they are overwhelmed with their current circumstances or

VAC processes with a lack of family or community support. It is intended that VAC screening processes will identify appropriate candidates to receive Guided Support.

VAC Service Delivery developed and implemented the Guided Support Pilot Project across five Canadian cities. The satisfaction rate among Veterans participating in the pilot was approximately 90% and the participating VSAs identified improved job satisfaction and an overall sense of being better able to meet Veterans' needs. Guided Support was rolled out across the country on December 17, 2018.

Figure 1: **Framework for Segmenting Veteran Population by Support Level**



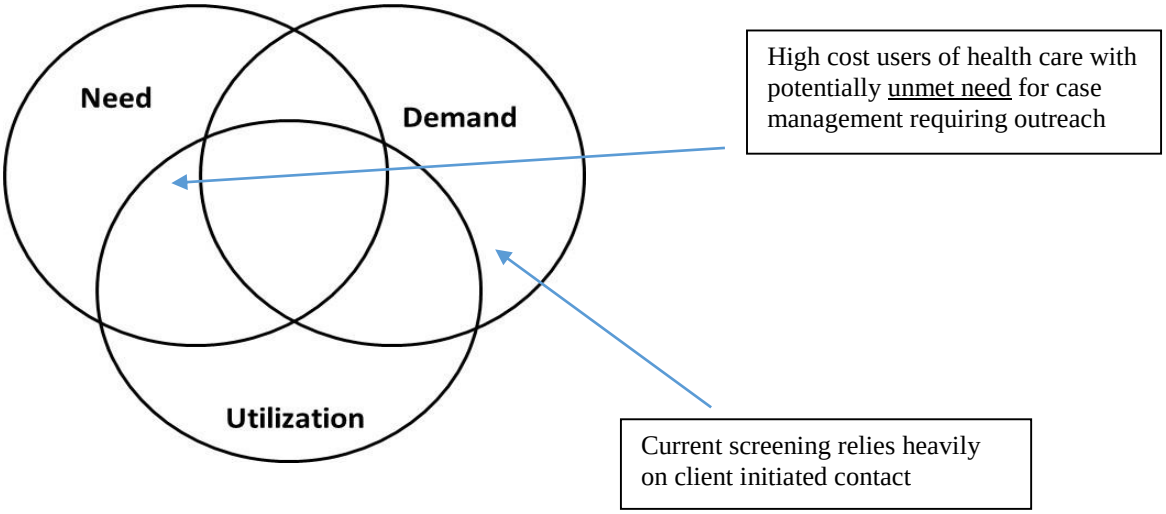
Evidence-base for Current Risk Screening Tools

Shortly after the RRIT tools were launched nationally in 2012, the Research Directorate was asked to examine whether the tools were working to screen the appropriate clients into case management. Currently, the majority of RRITs are conducted with clients. In 2015-16, there were over 10,000 RRIT-Rs conducted and 75% were with clients. For RRIT institutionalization there were almost 10,000 completed and 89% were clients. While a study (MacLean, Sweet & Poirier, 2011) found that there was agreement between the RRIT/RRIT-R and the other workload tools (Client Need and Complexity Indicator (CNCI)), the authors noted that they were unable to determine whether the tools were working to refer the appropriate members and Veterans for case management. They suggested that a study would need to be conducted to answer this question as to the appropriateness of case management referrals. Using administrative data was not useful because, according to protocol, generally only those who scored moderate to high risk on the RRIT/RRIT-R were referred for case management. However, some in the minimal and low risk levels may in fact have required case management. The authors proposed two methods for conducting such a study. The first involving gathering expert opinion and consensus within VAC through a Delphi technique on appropriateness of referrals and the second involving gathering literature and expert opinion on factors associated with need for case management followed by regression analysis.

A recent study on high cost users of VAC health care found that less than 1% of war service Veteran clients were in receipt of case management and that there appeared to be little relationship between need, risk level and receipt of case management

(MacLean et al, 2018). Receipt of case management was for the most part associated with participation in the Rehabilitation Program, not on need or risk level. However, many case managed clients had been assessed as minimal or low risk and most high cost users who were found to be high need were not in receipt of case management. The authors suggested the need for examination of the criteria for receiving case management and further research into effective screening for case management. At the time this study was being conducted, the National Quality Management Team conducted a file review of clients assessed as moderate or high risk to determine if there were unmet needs. They found that 94% had their needs met, however they also noted that the documentation related to decisions regarding receipt of case management was poor on about a third of the cases. Also, file reviews rely heavily on information collected through client initiated contact. However, high cost users may have unmet needs for case management but no contact with the department and therefore no demand for services (Figure 2). Identifying unmet needs requires outreach. The Quality Management team has reviewed the needs of high-cost users and confirmed the need to review the risk screening tools.

Figure 2: Need, Demand and Utilization of Case Management



Well-being Framework

VAC has developed a Well-being Surveillance Framework that identifies an accepted set of 21 high-level indicators (Table 2; VAC, 2017). Many of the indicators chosen are widely used in Canadian health monitoring and are typically captured for all Canadians, allowing for comparison between the Veteran population and the general population. Indicators under the culture and social environment domain were not available in LASS, but partially captured via the sex and service component disaggregation. Several additional indicators were included in this study, such as satisfaction with housing and satisfaction with neighbourhood available in LASS 2010.

Table 2: Well-being Domain Descriptions and Indicators

Domain of Well-Being	Description of Domain	Indicators
1. Health	Heath is a state of physical, mental, social and spiritual functioning, broader than the presence or absence of disease.	A. Self-rated health B. Self-rated mental health C. Activity Limitation D. Need for assistance with activities of daily living
2. Purpose	Purpose is the sense of meaning attained by participation in fulfilling activities, such as employment.	A. Employment rate B. Satisfaction with main activity C. Satisfaction with life
3. Finances	Finances includes household income and financial security.	A. Rate of low income B. Satisfaction with finances
4. Social Integration	Social integration is engagement in mutually supportive relationships (friends, family & community).	A. Sense of belonging B. Social support scale C. Adjustment to civilian life
5. Life Skills	Life skills enable the management of life and contribute to resilience; they include personal health practices, coping skills and education.	A. Education level B. Daily smoking C. Heavy drinking D. Obesity E. Mastery
6. Housing and Physical Environment	Housing and physical environment includes the built environment as well as the natural environment.	A. Veteran rate among homeless
7. Culture and Social Environment	Culture and Social Environment is the impact of the dominant values, beliefs and attitudes of society on the well-being of a population.	A. Canadians' attitudes towards Veterans B. Employers' attitudes towards Veterans C. Veteran sex, component, rank and branch at release (by domain)

Reestablishment Risk

The LASS surveys indicate that about one-quarter to one-third of CAF Veterans report experiencing a difficult or very difficult adjustment to civilian life (VanTil et al, 2017). Difficult adjustment was found to be related to many dimensions of well-being (MacLean et al, 2014). Higher odds of difficult adjustment were found among lower ranks and medical, involuntary, mid-career and Army releases. While the odds of difficulty were higher among Veterans who were medically released compared to those released at retirement age, only half of medically released Veterans reported difficulty.

Given these findings on difficult adjustment, the effectiveness of transition screening was examined by linking data from transition interviews to LASS survey data on adjustment to civilian life (MacLean, Sweet & Poirier, 2011). This study found that most transition interviews were with members least at risk of adjustment difficulties following release, suggesting that targeting at-risk groups would be a more effective use of resources than the current policy of offering transition interviews to all releasing members. Further, it was found that members who do have a transition interview and are at risk are unlikely to be identified by VAC. The interview itself identified only one-quarter of those at risk.

It is not surprising that the transition interview was not necessarily identifying those at risk, given that among those who reported difficult adjustment to civilian life, most were not medically released (Thompson et al, 2015). The screening is mainly geared to identifying health problems at release while difficult adjustment involves other determinants of well-being such as employment, income, stress and coping and social environments.

Based on a broader conceptual framework of domains of well-being, a team of researchers from Veterans Affairs Canada, the Canadian Armed Forces, and the Department of National Defence have created a short self-assessment tool called the Road to Civilian Life (R2CL) Transition Checklist (Thompson et al, 2017). This tool includes questions regarding the domains of well-being that are important for adjusting to civilian life to help serving CAF members and Veterans decide whether they should seek additional supports during military-civilian transition (MCT). It was designed to help releasing and released CAF members think through whether they and their families are completely ready for civilian life or whether further assistance is needed. The VAC–CAF team collaborated to develop an initial prototype of the tool by expert consensus through a priori development of design criteria and consultations with transition services in the CAF and VAC.

The purpose of the R2CL Transition Checklist was to develop a simple, easy-to-use tool that would encourage members and Veterans to seek assistance in their MCT when they ordinarily would not have done so, or reassure them that they do not need to seek additional assistance. The R2CL Transition Checklist was not designed to assess the risk of poor well-being in transition.

Risk Screening for Frail Elderly

Risk of institutionalization, further declines in functional autonomy and caregiver burden are also important to identify in the Veteran population. In Quebec, the Program of Research to Integrate Services for the Maintenance of Autonomy (PRISMA) model is an integrated service delivery (ISD) program that includes mechanisms and tools designed to improve continuity of care and address the above risks in the most efficient manner (Hebert et al., 2003; Hebert, Tourigny & Raiche, 2008). The key elements of PRISMA are coordination between decision makers; a single entry point; a case-management process; individualized service plans; a single, common assessment tool; and a computerized clinical record, accessible by all caregivers. The PRISMA-7 screening tool is a seven-question instrument developed to triage clients by identifying frail elderly patients with moderate-to-severe functional decline who would be eligible for the ISD program. Its development involved gathering literature and expert opinion followed by regression analysis of a sample of cases.

PRISMA-7, which can be used by non-health professionals, identifies elderly people with moderate to severe loss of autonomy, as measured by a Functional Autonomy Measurement System (Système de mesure de l'autonomie fonctionnelle or SMAF). SMAF is a 29-item scale developed according to the WHO classification of disabilities, and measures functional ability in the following five areas: activities of daily living, mobility, communication, mental function, and instrumental activities of daily living. Previous research had found that case management was effective at slowing the rate of decline of functional autonomy for those with moderate to severe loss of functional autonomy who scored 15 or greater on a scale of 0 to 87 (Herbert 2005). The objective of the PRISMA-7 was to develop a tool that would be quicker to administer than the entire SMAF assessment, which takes about 15 to 20 minutes. A list of questions was drawn up following a review of scientific and clinical literature on loss of autonomy by a committee of clinical geriatric experts. They selected a list of 23 questions that targeted the main problems associated with loss of autonomy in elderly people that could be answered by a "yes" or "no." Subsequently, regression analysis pinpointed the most effective questions associated with a SMAF score of 15 or greater.

The PRISMA-7 questions (Table 3) are designed as a screening tool to quickly and accurately identify individuals at risk of losing their autonomy who should then undergo comprehensive assessments. PRISMA-7 can be used in places of consultation, in care establishments or in assistance services: in medical clinics, home nursing services, emergency rooms, home care services etc. The seven-question tool, with a cut-off score of three or more positive answers, has been found to have sensitivity and specificity at this cut-off of 78% and 75%, respectively (Raiche, Hebert and Dubois, 2008). This combination of sensitivity and specificity makes it extremely useful for public health purposes, making it possible to conduct mass case-finding of prevalent significant disability in a simple, fast way. The tool has also been shown to be effective compared to other simple tools. A recent study (Hoogendijk et al, 2013) compared five instruments for risk screening to identify frail older adults who may benefit from geriatric interventions. The five instruments included clinical judgement of the general practitioner, prescription of multiple medications, the Groningen frailty indicator (GFI), PRISMA-7 and the self-rated health of the older adult. The study found that PRISMA-7 was the best of the five instruments with good accuracy.

Table 3: PRISMA-7 screening instrument questions

Question	Answers	
1) Are you older than 85 years?	Yes	No
2) Are you male?	Yes	No
3) In general, do you have any health problems that require you to limit your activities?	Yes	No
4) Do you need someone to help you regularly?	Yes	No
5) In general, do you have any health problems that require you to stay at home?	Yes	No
6) If you need help, can you count on someone close to you?	Yes	No
7) Do you regularly use a cane, a walker, or a wheelchair to move about?	Yes	No
Total 3 or more yes answers: referral to case management		

Many provinces have adopted the interRAI assessment tools which include: the MDS Home Care (MDS-HC; for home care clients); the MDS Long Term Care Facility Version 2.0 (MDS-LTCF, MDS 2.0, MDS-RAI; for long term care clients); and the MDS Assisted Living (MDS-AL; for clients in supportive housing settings). There are two tools in the interRAI suite that are used in the screening for need for home or institutional care: MAPLe and MI Choice. The first such tool is the Method for Assigning Priority Levels (MAPLe) (Hirdes et al, 2008; Noro et al, 2011). MAPLe differentiates service seekers/clients into five priority levels, based on their risk of adverse outcomes. Clients in the lowest priority level have no major functional, cognitive, behavioral, or environmental problems and are considered self-reliant. The highest priority level is based on presence of ADL impairment, cognitive impairment, wandering, behavior problems, and the interRAI nursing home risk CAP. Research has demonstrated that the five priority levels are predictive of risk, with individuals in the highest priority level nearly nine times more likely to be admitted to a long- term care facility than are the lowest priority clients. MAPLe also predicts caregiver stress. A version of MAPLe suitable for use in hospital has also been validated. However, the MAPLe assigns priority levels to each home care client based on information from the RAI-HC assessment. The MDS-HC contains 238 items, not including demographic items, takes up to 2 hours to complete and is intended for use by health care professionals as a clinical assessment (Morris, 1997) and therefore has limited application as a risk screening tool for VAC.

MI Choice (Fries et al, 2002 & 2004) is a brief screening tool that groups individuals in one of five categories: nursing home, home care, intermittent personal care, homemaker, and information and referral. The screen can be used over the phone to identify persons who are likely to meet health, cognitive, and functional criteria for home care or institutional services. This enables expensive in-person assessment resources to be targeted to persons who are screened as more likely to qualify as medically eligible for assistance. During the assessment process, MI Choice can also serve as a complement to the assessor's clinical insights and the individual's preferences about the most appropriate care setting. While the telephone screen has utility as a broad targeting mechanism that allows agencies to avoid costly in-person assessments for all program seekers, the evidence does not support its use alone to determine either medical eligibility or a specific level of care.

Summary of Findings

This report examined various aspects of risk screening and found that: (1) VAC's current screening process includes four screening tools (two risk screening tools); (2) other countries also conduct interviews prior to release and many follow-up with veterans after release, however, specific screening tools were not identified; (3) there is a lack of evidence demonstrating the effectiveness of VAC tools in triaging clients; (4) a self-assessment tool using the domains of well-being was not designed for triaging clients; (5) client need level can be segmented into case management, guided support and self-management; (6) there are 21 high-level indicators currently being used to measure the well-being of Veterans at VAC; and (7) the current well-being framework, evidence on reestablishment risk from LASS, and recent evidence on screening for frailty have not been included in the current risk screening tools.

Future Approach to Risk Screening

Given these findings, VAC should consider: (1) developing its own screening tool to replace the four existing tools; (2) the new risk screening component of this tool be developed with the intention to triage between three levels of support; (3) the new screening tool take into account VAC's Well-being Surveillance Framework, evidence from LASS, and recent evidence on the effectiveness of PRISMA-7 in screening for frailty; and (4) this screening tool be tested for its effectiveness in triaging Veterans to various levels of support.

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Annex A: Transition Interview

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Transition Interview

Protected B when completed.

CSDN ID	File No.

Last name*	First name*	Middle name(s)

Service information

Member type*	Reserve type	RCMP type

Service No.(s)/RCMP Regimental No.(s) (if applicable)

Service branch of Military/Service*	Rank at time of release*
Military Occupational Code (MOC)	Date of enlistment (yyyy-mm-dd)
Anticipated date of release (yyyy-mm-dd)	Date last worked (yyyy-mm-dd)

Release type*

Medical ◯ Voluntary ◯ 5F ◯ Other ◯ (specify: RCMP, etc.) _____

Does the member have a CAF Case Manager?* Yes ◯ No ◯ Not applicable ◯

If **yes,** provide name of CAF CM (last name, first name)

Interview information

Date of interview (yyyy-mm-dd)* ☐ Unable to complete interview

Reason unable to complete interview

If "**other**" is selected, explain below

Completed by*

Position*

Interview conducted:* In person ◯ By phone ◯

Location of interview* If "**other**" is selected, specify location

Interview participants (select all that apply)*

☐ Member ☐ Spouse/Partner ☐ Other support

If "**other support**" is selected, specify relationship to member

Was the member aware he/she could invite someone to attend the interview with him/her?* Yes ◯ No ◯

Deployments

Did the member have any deployments?* Yes ◯ No ◯

Select 4 most recent deployments

Protected B when completed.

Last name*	First name*	CSDN ID	File No.

Relocation

Is the member relocating?* Yes ◯ No ◯

Intended area of relocation

If "**other**" is selected, explain below

Details of relocation (Specify location if available, e.g., city/town (urban or rural), date of move, with family/friends, etc.)

General knowledge of Veterans Affairs Canada (VAC)

Was the member aware of VAC services and benefits prior to the interview?* Yes ◯ No ◯

Was the other participant(s) in attendance aware of VAC services and benefits prior to the interview?* Yes ◯ No ◯ Not applicable ◯

Member's health and functioning

Does the member have any physical health concerns or issues?* Yes ◯ No ◯

If **yes**, outline below. (Specify physical health conditions, self-rated physical health, service-related injuries, chronic pain, hospitalizations, impacts on ADLs and IADLs, etc. The narrative should support RRIT-R scoring.)

Does the member have any mental and/or emotional health concerns or issues?* Yes ◯ No ◯

If **yes**, outline below. (Specify mental health conditions, addictions, service-related injuries, impacts on ADLs and IADLs, etc. The narrative should support RRIT-R scoring)

Do these health concerns or issues reduce the amount or kind of activity that the member can do at home, at work, at school and in other activities such as leisure and transportation?* Often ◯ Sometimes ◯ Never ◯ Not applicable ◯

Describe how these health concerns or issues reduce the amount or kind of activity that the person can do at home, at work, at school, and in other activities such as leisure and transportation.

Protected B when completed.

Last name*	First name*	CSDN ID	File No.

Member's health and functioning (continued)

Does the member have any concerns about the impact of their physical, mental and/or emotional health issues on the family?* Yes ◯ No ◯ Not applicable ◯

If **yes**, outline below

Stress, coping and social support

Ask these questions exactly as written:

Thinking about the amount of stress in your life, would you say that most days are:

How are you coping with your pending release?

I have close relationships with people I can depend on who provide me with support and a sense of security and well being.

How satisfied are you with the plans you have made for after your release (e.g., work, school, volunteer work, hobbies, etc.)?

Outline coping strategies and social supports below. (Concerns or issues the member has with the pending release, coping strategy(s) (positive or negative), social supports they have in place, etc.)*

Family functioning

Does the family member have any concerns about the impact of the member's physical, mental and/or emotional health issues on family functioning?* Yes ◯ No ◯ Not applicable ◯

If **yes**, outline below

Protected B when completed.

Last name*	First name*	CSDN ID	File No.

Family functioning (continued)

Will the member's and/or family's lifestyle be affected by the release?*

Yes, negatively ◯ Yes, positively ◯ No impact ◯ Not applicable ◯

Explain below. (Include financial, family functioning, supports [formal or informal], available family support, etc. The narrative should support the RRIT-R scoring.)

Do any family members have physical, mental or emotional health concerns or issues that require the member to provide them support?* Yes ◯ No ◯ Not applicable ◯

If **yes**, outline supports required below

How does the spouse/partner/family feel about the member's pending release from the service? (The narrative should support the Family/Social Support section of the RRIT-R.)

Employment status of spouse/partner*

Employed ◯ Unemployed ◯ Not applicable ◯

Protected B when completed.

Last name*	First name*	CSDN ID	File No.

Community connections

Is the releasing member and/or family members aware of the community services, resources and supports available in the community?* Yes ◯ No ◯

If no, outline actions taken below. (Follow-up with new or existing Area Office, information shared, etc.)

Has the member applied for provincial medical coverage?*	Yes ◯	No ◯	Not applicable ◯
Has the member found a family physician?*	Yes ◯	No ◯	Not applicable ◯
Has the member found health care providers for other complex health issues?*	Yes ◯	No ◯	Not applicable ◯
Has the member found a dentist?*	Yes ◯	No ◯	Not applicable ◯
Will the member maintain the PSHCP post-release?*	Yes ◯	No ◯	Not applicable ◯

Transition Supports and Services

Was the member/family informed about VAC Case Management Services?*	Yes ◯	No ◯	Not applicable ◯
Was the member/family informed about the Rehabilitation Program?*	Yes ◯	No ◯	Not applicable ◯
Was the member/family informed about the VAC Assistance Service?*	Yes ◯	No ◯	Not applicable ◯
Was the member informed about My VAC Account?*	Yes ◯	No ◯	Not applicable ◯
Was the member informed about Hire A Veteran?*	Yes ◯	No ◯	Not applicable ◯
Was the member informed about Career Transition Services?*	Yes ◯	No ◯	Not applicable ◯
Was the member informed about the Priority Hiring initiative?	Yes ◯	No ◯	Not applicable ◯

Actions Resulting from Interview

Select all that apply:*

- ☐ Provision of information
- ☐ Rehabilitation application given
- ☐ External referral/recommendation
- ☐ Referral back to DND
- ☐ No action required
- ☐ Disability Benefits application given
- ☐ Internal referral
- ☐ Targeted assistance
- ☐ Referral back to RCMP
- ☐ Other

If "**other**" or "**no action required**" is selected, explain below

Protected B when completed.

Last name*	First name*	CSDN ID	File No.

Re-establishment section

Is this member at risk for an unsuccessful re-establishment and/or transition difficulties?* Yes ◯ No ◯

Summary of interview - The narrative should support all scoring for the RRIT-R that has not yet been captured and include the RRIT-R score and resulting Service Delivery actions.*

Privacy Notice

The personal information is collected for the purpose of identifying client needs. Provision of the information is on a voluntary basis.

This personal information may be shared with other VAC programs for case management purposes, to determine your eligibility for additional benefits, or for commemorative activities, where applicable. The information may be used for the planning, research, development, evaluation and/or reporting of programs, policies and services.

Under the *Privacy Act*, you have the right to request access to your personal information held by a government institution, and to request corrections should you believe the information you provided contains errors or omissions.

Additional information about how the Department handles this personal information can be found in the Veterans Affairs Canada section of the Info Source publication (**http://www.Infosource.gc.ca**).

Annex B: Client and Department Initiated Screening

CLIENT INITIATED SCREENING - BLANK FORM

Name:
File Number:
Service Number:

*Mode of Contact

Created By

*Contact Date

*Reason for Contact

- ☐ Appeals / Redress / Ministerial
- ☐ Assistance Fund / Benevolent Fund / Trust Fund
- ☐ Canada Services Veteran
- ☐ Change in Health Needs
- ☐ Commemoration / Canada Remembers
- ☐ Education
- ☐ Education Assistance Program
- ☐ Employment
- ☐ FHCPS - Account Maintenance
- ☐ FHCPS - Treatment Benefits
- ☐ Funeral / Burial & Dept Grave Marker
- ☐ Long-Term Care
- ☐ Medical Travel / Escorts
- ☐ Pensions / Special Awards / Treatment Allowance
- ☐ Tombstone Data Update
- ☐ Unmet Needs - Initial Contact
- ☐ VIP Inquiry
- ☐ War Veterans Allowance
- ☐ Other (specify)

If 'Other' please specify:

Contact Resulting in

- ☐ Annual Follow-up
- ☐ Benefit Declaration
- ☐ LTC Client/Family Satisfaction Questionnaire
- ☐ Newly-Pensioned Client Contact
- ☐ VIP Annual Follow-up - Primary Caregiver
- ☐ VIP Annual Follow-up - Veteran
- ☐ VIP Annual Renewal - Survivor
- ☐ VIP Primary Caregiver Initial Contact
- ☐ VIP Survivor Initial Contact
- ☐ VIP Veteran Initial Contact
- ☐ Other (specify)

If 'Other' please specify:

Contact Name:

*VIP Action
(Required if Reason for Contact is VIP-related.)

- ☐ Amendment
- ☐ Initial Application Process

- [ ] No Action
- [ ] No Change
- [ ] Reassessment
- [ ] Referral (Work Item to VAC)
- [ ] Suspension
- [ ] Termination

Reason for Contact Comments

*While I have you on the phone (or since you are here in the office), may I ask you some questions to determine if VAC can be of further assistance to you? Please be advised that participation is voluntary.

Yes ○ No ○ Not Applicable ○

*The Department offers many programs/services to assist our clients and their dependants. Are you or a family member experiencing any issues or concerns with which the department may assist you? (Refer to "Type of Issue" list below as prompts.)

Yes ○

- [ ] What is the issue or concern?
- [ ] How are you managing/coping?
- [ ] Do you want or need anyone to help?

No ○

- [ ] Just to confirm, you or your family have no issues or concerns with which the Department may assist you?

Type of Issue:

- [ ] Accomodations
- [ ] Death
- [ ] Education
- [ ] Employment
- [ ] Family
- [ ] Finances
- [ ] Level of Independence
- [ ] Lifestyle
- [ ] Mental Health
- [ ] Physical Health
- [ ] Support
- [ ] Other

*Screening Comments:

*Action(s) taken:
(All appropriate boxes should be ticked and specified.)

- ☐ Internal Referral
- ☐ External referral
- ☐ Provision of Information
- ☐ Targeted Assistance
- ☐ No Action
- ☐ No Action Requested by Member
- ☐ Other

*The requirements for the annual VIP follow-up:
Have been met ○ Have not been met ○

The annual follow-up date for this non-VIP client:
Is required ○ Is not required ○ Has been declined ○ Should remain as is ○

(* = Required field for SAVE.)

DEPARTMENT INITIATED CLIENT SCREENING - BLANK FORM

Name:
File Number:
Service Number:

*Contact Initiated By
Medavie ○ VAC ○

*Mode of Contact

Created By

*Contact Date

*Reason for Contact

- ☐ Annual Follow-up
- ☐ Benefit Declaration
- ☐ LTC Client/Family Satisfaction Questionnaire
- ☐ Newly-Pensioned Client Contact
- ☐ VIP Annual Follow-up - Primary Caregiver
- ☐ VIP Annual Follow-up - Veteran
- ☐ VIP Annual Renewal - Survivor
- ☐ VIP Primary Caregiver Initial Contact
- ☐ VIP Survivor Initial Contact
- ☐ VIP Veteran Initial Contact
- ☐ Other (specify)

If 'Other' please specify:

Contact Resulting in

- ☐ Appeals / Redress / Ministerial
- ☐ Assistance Fund / Benevolent Fund / Trust Fund
- ☐ Canada Services Veteran
- ☐ Change in Health Needs
- ☐ Commemoration / Canada Remembers
- ☐ Education
- ☐ Education Assistance Program
- ☐ Employment
- ☐ FHCPS - Account Maintenance
- ☐ FHCPS - Treatment Benefits
- ☐ Funeral / Burial & Dept Grave Marker
- ☐ Long-Term Care
- ☐ Medical Travel / Escorts
- ☐ Pensions / Special Awards / Treatment Allowance
- ☐ Tombstone Data Update
- ☐ Unmet Needs - Initial Contact
- ☐ VIP Inquiry
- ☐ War Veterans Allowance
- ☐ Other (specify)

If 'Other' please specify:

*VIP Action
(Required if Reason for Contact is VIP-related.)

- ☐ Amendment
- ☐ Initial Application Process

- [ ] No Action
- [ ] No Change
- [ ] Reassessment
- [ ] Referral (Work Item to VAC)
- [ ] Suspension
- [ ] Termination

Contact Name:

Reason for Contact Comments

*While I have you on the phone (or since you are here in the office), may I ask you some questions to determine if VAC can be of further assistance to you? Please be advised that participation is voluntary.

Yes ○ No ○ Not Applicable ○

*The Department offers many programs/services to assist our clients and their dependants. Are you or a family member experiencing any issues or concerns with which the department may assist you? (Refer to "Type of Issue" list below as prompts.)

Yes ○

- [ ] What is the issue or concern?
- [ ] How are you managing/coping?
- [ ] Do you want or need anyone to help?

No ○

- [ ] Just to confirm, you or your family have no issues or concerns with which the Department may assist you?

Type of Issue:

- [ ] Accomodations
- [ ] Death
- [ ] Education
- [ ] Employment
- [ ] Family
- [ ] Finances
- [ ] Level of Independence
- [ ] Lifestyle
- [ ] Mental Health
- [ ] Physical Health
- [ ] Support
- [ ] Other

*Screening Comments:

*Action(s) taken:
(All appropriate boxes should be ticked and specified.)

- ☐ Internal Referral
- ☐ External referral
- ☐ Provision of Information
- ☐ Targeted Assistance
- ☐ No Action
- ☐ No Action Requested by Member
- ☐ Other

*The requirements for the annual VIP follow-up:
Have been met ○ Have not been met ○

The annual follow-up date for this non-VIP client:
Is required ○ Is not required ○ Has been declined ○ Should remain as is ○

(* = Required field for SAVE.)

Annex C: Regina Risk Indicator Tool

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Regina Risk Indicator Tool**

Protected B when completed.

CSDN ID	File No.

Last name*	First name*	Middle name(s)
Reason completed*		Date completed (yyyy-mm-dd)*
Completed by*	User code*	Postal code*
Area office*	Source(s) of information* ☐ Client ☐ Family/Friend ☐ Professional ☐ Other	Case managed Yes ○ No ○

Age	79 years and under (0)	
	80 - 84 yrs (1)	
	85 - 89 yrs (2)	
	90+ yrs (3)	
	unable to complete (-3)	
Gender	male (0)	
	female (1)	
	unable to complete (-1)	
Marital status	single (1)	
	married (0)	
	widowed (1)	
	divorced/separated (1)	
	involuntarily separated (1)	
	unable to complete (-1)	
Net monthly income	$1,500+ (0)	
	$1,200 - 1,499 (1)	
	$900 - 1,199 (2)	
	<$899 (3)	
	unable to complete (-3)	
Living arrangements	lives alone (1)	
	with spouse only (0)	
	with spouse and others (0)	
	with other family (1)	
	living with others (2)	
	unable to complete (-2)	
Type of residence	house/apt. (0)	
	housing (1)	
	housing with supports (2)	
	assisted living, group (3)	
	no fixed address (4)	
	unable to complete (-4)	
Caregiver support	stable, available (0)	
	stable, limited (1)	
	unstable, available (2)	
	unstable, limited (2)	
	short term, occasional (2)	
	no significant (3)	
	unable to complete (-3)	

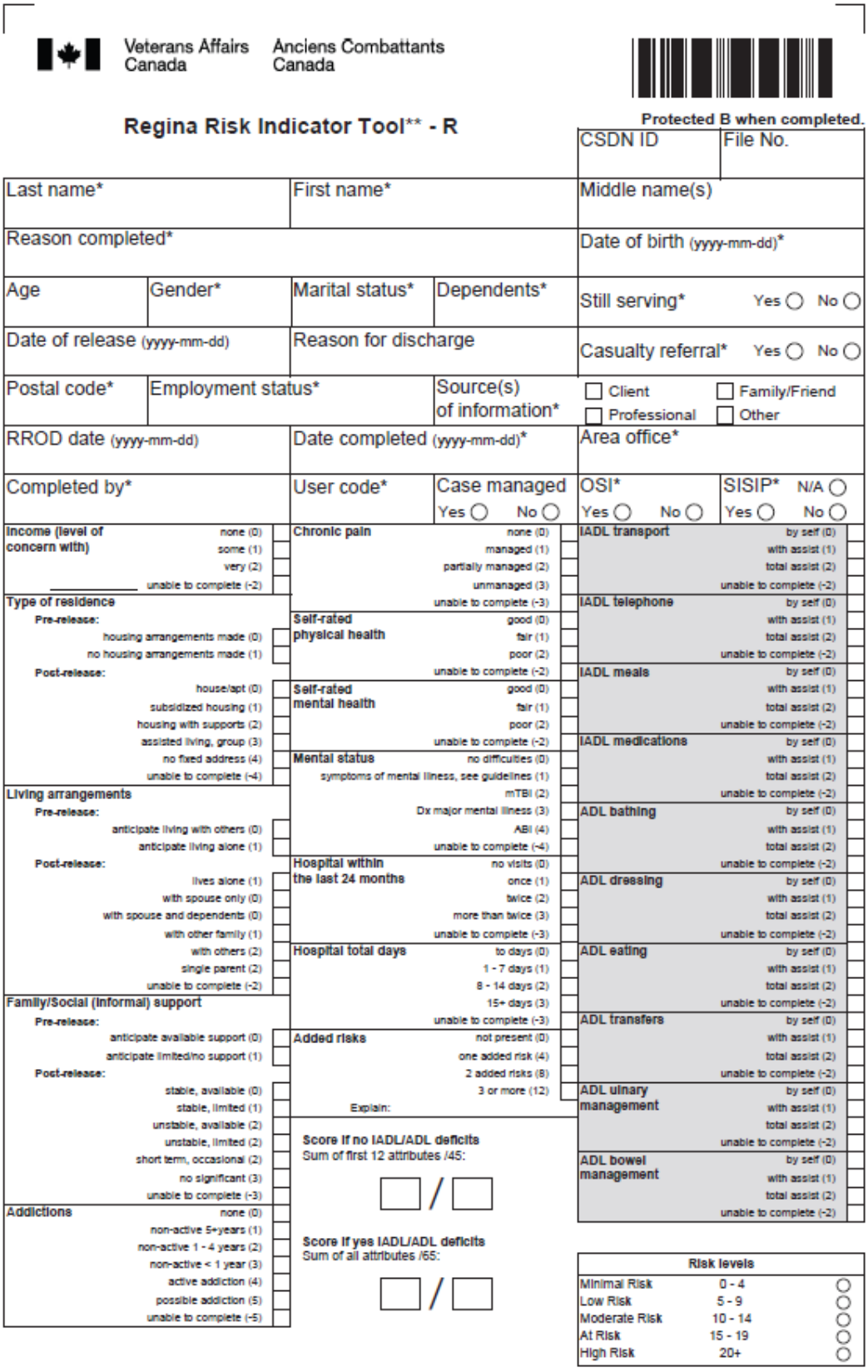
Mental status	no difficulties (0)	
	symptoms of depression (1)	
	Dx major mental illness (3)	
	MMSE 26 - 30 (0)	
	MMSE 21 - 25 (1)	
	MMSE 16 - 20 (2)	
	MMSE 15 or less (4)	
	developmental disability/ABI (4)	
	palliative (4)	
	unable to complete (-4)	
Self-rated health	good (0)	
	fair (1)	
	poor (2)	
	unable to complete (-2)	
Level of activity	2 - 3 times/week (0)	
	no regular activity (1)	
	unable to complete (-1)	
Hospital within the last 12 months	no visits (0)	
	once (1)	
	twice (2)	
	more than twice (3)	
	unable to complete (-3)	
Hospital total days	no days (0)	
	1 - 7 days (1)	
	8 - 14 days (2)	
	15+ days (3)	
	unable to complete (-3)	
IADL telephone	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
IADL transport	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	

IADL meals	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
IADL medications	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
ADL bathing	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
ADL dressing	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
ADL eating	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
ADL transfers	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
ADL urinary management	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
ADL bowel management	by self (0)	
	with assist (1)	
	total assist (2)	
	unable to complete (-2)	
Added risks	not present (0)	
	present (4)	
Explain:		

Total score	out of
= sum of scores for each section	= 54 minus the sum of each unable to complete section

Risk levels		
Minimal Risk	0-7	○
Low Risk	8-14	○
Moderate Risk	15-20	○
At Risk	21-25	○
High Risk	26+	○

Annex D: Regina Risk Indicator Tool – Reestablishment



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Regina Risk Indicator Tool - R**

Protected B when completed.

CSDN ID	File No.				
Last name*	First name*	Middle name(s)			
Reason completed*		Date of birth (yyyy-mm-dd)*			
Age	Gender*	Marital status*	Dependents*	Still serving* Yes ○ No ○	
Date of release (yyyy-mm-dd)		Reason for discharge		Casualty referral* Yes ○ No ○	
Postal code*	Employment status*		Source(s) of information*	☐ Client ☐ Family/Friend ☐ Professional ☐ Other	
RROD date (yyyy-mm-dd)		Date completed (yyyy-mm-dd)*		Area office*	
Completed by*		User code*	Case managed Yes ○ No ○	OSI* Yes ○ No ○	SISIP* N/A ○ Yes ○ No ○

Income (level of concern with) _____
- none (0)
- some (1)
- very (2)
- unable to complete (-2)

Type of residence

Pre-release:
- housing arrangements made (0)
- no housing arrangements made (1)

Post-release:
- house/apt (0)
- subsidized housing (1)
- housing with supports (2)
- assisted living, group (3)
- no fixed address (4)
- unable to complete (-4)

Living arrangements

Pre-release:
- anticipate living with others (0)
- anticipate living alone (1)

Post-release:
- lives alone (1)
- with spouse only (0)
- with spouse and dependents (0)
- with other family (1)
- with others (2)
- single parent (2)
- unable to complete (-2)

Family/Social (informal) support

Pre-release:
- anticipate available support (0)
- anticipate limited/no support (1)

Post-release:
- stable, available (0)
- stable, limited (1)
- unstable, available (2)
- unstable, limited (2)
- short term, occasional (2)
- no significant (3)
- unable to complete (-3)

Addictions
- none (0)
- non-active 5+years (1)
- non-active 1 - 4 years (2)
- non-active < 1 year (3)
- active addiction (4)
- possible addiction (5)
- unable to complete (-5)

Chronic pain
- none (0)
- managed (1)
- partially managed (2)
- unmanaged (3)
- unable to complete (-3)

Self-rated physical health
- good (0)
- fair (1)
- poor (2)
- unable to complete (-2)

Self-rated mental health
- good (0)
- fair (1)
- poor (2)
- unable to complete (-2)

Mental status
- no difficulties (0)
- symptoms of mental illness, see guidelines (1)
- mTBI (2)
- Dx major mental illness (3)
- ABI (4)
- unable to complete (-4)

Hospital within the last 24 months
- no visits (0)
- once (1)
- twice (2)
- more than twice (3)
- unable to complete (-3)

Hospital total days
- to days (0)
- 1 - 7 days (1)
- 8 - 14 days (2)
- 15+ days (3)
- unable to complete (-3)

Added risks
- not present (0)
- one added risk (4)
- 2 added risks (8)
- 3 or more (12)

Explain:

Score if no IADL/ADL deficits
Sum of first 12 attributes /45: ☐☐ / ☐☐

Score if yes IADL/ADL deficits
Sum of all attributes /65: ☐☐ / ☐☐

IADL transport
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

IADL telephone
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

IADL meals
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

IADL medications
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

ADL bathing
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

ADL dressing
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

ADL eating
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

ADL transfers
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

ADL urinary management
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

ADL bowel management
- by self (0)
- with assist (1)
- total assist (2)
- unable to complete (-2)

Risk levels		
Minimal Risk	0 - 4	○
Low Risk	5 - 9	○
Moderate Risk	10 - 14	○
At Risk	15 - 19	○
High Risk	20+	○

Annex E: Transition Process in Various Countries

Country	Description	Start and End of Process	Follow-up After Release
Australia	Transitioning members are offered a meeting with an On Base Advisory Service officer.	Varies depending on circumstances	Yes, letter to all former members, advising them of DVA services and support.
Estonia	All Estonian former service members have to fill out a questionnaire prior to exit and again six months post-release.	There are no limits timewise. There are financial limits.	Yes, there is a questionnaire that has to be filled 6 months after release.
Latvia	All former service members receive an interview and complete a questionnaire prior to leaving service. Interview includes what to expect after release, where to seek a job, benefits former service members can receive.	Process starts before release and ends at release or when they secure employment.	Yes, will remain in contact until they are employed (if part of transition).
Netherlands	An examination takes place as well as an interview with the commander. If there are psychological or physical issues a more tailored made process starts.	Varies depending on circumstances	No
New Zealand	Offers an online exit interview. Education and transition information starts at the beginning of their service with the forces.	At entry to service, no defined end	Yes at the request of the member
Republic of Croatia	Every member receives counsel regarding the formal and administrative elements of the end of their military career, in addition to, transitional counselling about support during transition from military to civilian life. Veterans receive "rights" to healthcare, pension insurance, allowance for children, employment, housing, shares, and disability benefits if required.	6 months before discharge and ends during first year after discharge (there is formal regulation of transition)	Yes
Slovenia	Members are provided information, options, counseling, and assistance in the implementation of their rights as former service members.	6 months before the contract expires and ends when all their "rights" exercised	Yes, through the Association of Pensioners and the Ministry of Defense.
South Korea	Support is provided to those who have been discharged after over 5 years of service without any injury or ailments, in order to aid them in their transition to civilian life. These supports include loans, education supports, and medical care. Expanded supports are provided for veterans with more than 10 years of service, including screening for social adaptation and employment carried out by vocational guidance support personnel.	Veterans Affairs provides guidance support for the military personnel from a year before the scheduled discharge. The services last about six months after their discharge.	No
United Kingdom	Exit interviews are offered to all personnel leaving the services. Three main levels: Early Service Leavers (those with less than 4 years of service or compulsorily discharged), Employment Support Program (those with between 4 and less than 6 years of service) and Core Resettlement Program (6 or more years of service). An interview is arranged with a Service Resettlement Advisor during which the process, entitlements, planning factors, how to access supports and formal registration with the Career Transition Partnership (CTP) occurs. The CTP resettlement support services are delivered by a contractor for Ministry of Defence.	6 to 12 months prior to release and 2 years after	Yes at 6, 12 and 24 months among those enrolled in the CTP