Minister of Veterans Affairs | Ministre des Anciens Combattants

Mr. Bryan May, MP
Chair
Standing Committee on Veterans Affairs
131 Queen Street, 6th Floor
House of Commons
Ottawa ON K1A 0A6

Dear Mr. May:

I am pleased to provide a response to the Committee's April 14, 2021 motion to respond, within 30 days, to the testimony received that day including the brief sent by Sean Bruyea containing his recommendations.

I have read the transcript from the April 14, 2021 meeting and the brief submitted. To respect privacy, I cannot comment on individual cases, but encourage anyone experiencing challenges to contact my Department.

I truly appreciate this Committee's work, reports and recommendations aimed at improving benefits and services for Veterans and their families. I am pleased to respond and share with you the steps we are taking which are in line with many of the recommendations.

Veterans Affairs Canada Structure (Recommendations 1, 4, 5, 11, 24, 33, 34, 38, and 40 - 50)

Veterans Affairs Canada's structure and service delivery model are designed to meet the needs of all the people it serves. It is structured to be accessible to people from coast to coast to coast. Currently there are:

- 38 VAC Area Offices;
- 32 Canadian Forces Transition Offices and Satellite Offices;
- 20 Operational Stress Injury Offices and Satellite Offices; and
- more than 600 Service Canada points of service ready to assist Veterans.

VAC's headquarters is in Prince Edward Island, though employees are situated across the country. This allows the Department to recruit the best talent and builds a more diverse and inclusive workforce.

VAC employs a workforce of varying skill sets to meet the diverse needs of Veterans and their families. The Department is dedicated to hiring the right people—especially those on the frontline—to serve Veterans. Many individuals work together with Veterans and their families to assess their needs and the level of intervention required to meet them. These include:

- Health professionals (who are designated under provincial Health Professions Acts);
- Case Managers (with specialization in areas such as social work, physiotherapy, occupational therapy);
- Veterans Service Agents (who have post secondary education); and
- other subject matter experts in the area of mental health, disability and rehabilitation, and policy.

Standards, Training and Evaluation Officers (STEOs) play an important role in supporting frontline staff. Often former field staff themselves, STEOs: develop and offer training; develop programs and business processes; and provide consultation on complex cases. STEOs, along with other mental health and disability consultants, routinely support new program/policy development and implementation.

Listening to our Stakeholders (Recommendations 51-53)

VAC gets advice and recommendations from a wide range of sources. New program/policy research, evaluation and development often stem from work done outside the Department. VAC works with groups such as this Committee, the Senate Committee on Veterans Affairs, and the Veterans Ombudsman to review and identify gaps and pursue possible solutions.

The six Ministerial Advisory Groups, first established in 2016, are also a great source of feedback on issues related to Canadian Armed Forces (CAF) and Royal Canadian Mounted Policy (RCMP) Veterans and their families. The Advisory Groups help shape how the Department moves forward by providing recommendations on current and future program and services. Records of Discussion from meetings are posted online to the VAC web page. These groups are in the process of membership renewal through an open and transparent process. Diversity is a key focus of the renewal process to ensure a cross representation of stakeholders which includes women Veterans and other underrepresented populations. We are in the process of meeting with each group to provide an update on renewal of advisory groups and next steps.

The Advisory Group on Families has provided feedback, suggestions and perspectives from Veterans families. This has aided the development of the Veteran Family Program (VFP) and led to Statistics Canada including a Veteran Identifier question on the 2021 Census. As well, the group has influenced access to mental health support for families through the Program of Choice 12 benefit, and has supported the integration of Veteran families into VAC legislation and regulations. This Advisory Group most recently met on May 11, 2021.

The Mental Health Advisory Group has helped the Department better understand issues like post-traumatic stress disorder (PTSD) and has greatly influenced the creation of the Centres of Excellence on chronic pain and PTSD and related health conditions. Further, the Mental Health Advisory Group has championed the disaggregation of mental health data and has collaborated with the Department on suicide prevention initiatives. Along with the Advisory Group on Families, the Mental Health Advisory Group has also advocated for ongoing mental health supports to families through the Program of Choice 12 benefit. The members met on April 28, 2021.

The Care and Support Advisory Group provided feedback and suggestions that led to the development of an Indigenous strategy and additional funds for the Veterans Emergency Fund. This group continues to provide advice and guidance on eligibility for the Caregiver Recognition Benefit (CRB), and an improved proactive outreach to vulnerable Veterans. The members last met on May 6, 2021.

Regarding the recommendations concerning the Veterans Ombudsperson, it would be inappropriate and beyond the scope of the Department to comment. Likewise, the appointment of commissions, Parliamentary reporting structures and data storage for the whole of Government are outside the purview of my Department.

Culture and Collaboration at VAC (Recommendations 20 – 23, 25, 26, 28 - 31, 35 - 37, 39)

Collaboration—both within and outside of VAC—is an important aspect of meeting Veterans' needs and happens at various levels and locations.

VAC's frontline structure uses Inter-Disciplinary Teams (IDTs) comprised of a:

- doctor;
- nurse;
- occupational therapist;
- rehabilitation specialist;
- mental health consultant, and
- policy and program specialist (STEO).

IDTs rely on Case Managers or Veterans Service Agents to provide client-specific information and reports/recommendations from professionals/specialists in the area of discussion. The Veteran may consent to having family members or others attend IDT meetings.

In order to have a more timely and streamlined Rehabilitation Program, the Rehabilitation Services and Vocational Assistance Procurement Project (RSVP) Request For Proposal has been developed based on vast cross-functional consultation. Consultation included Department subject matter experts, the Care and Support Advisory Group, and the implementation of an industry engagement process. As a result, the new RSVP contract will include the medical and psycho-social elements of

the Rehabilitation program for the first time. This means Case Managers will have more time to dedicate to directly supporting Veterans in their overall case management plan, including interdisciplinary support from health professionals.

As health care is a provincial jurisdiction, VAC works with provincial health care systems to provide primary care. Doctors and other health professionals at VAC do not diagnose or treat Veterans, but use reports and recommendations provided to them to make recommendations and give advice and direction. Recommendations to fund health professionals outside of the provincial systems is a departure from the funding model of healthcare in Canada and outside the purview of VAC.

VAC's client system of record is used to capture all interaction with and for our clients. Recording of IDT decisions is completed when the feedback given is client-specific. When generic program and policy guidance is requested that may be used in a number of files, VAC officials record decisions relevant to the client's file, in alignment with Government of Canada policies surrounding privacy and operations. Advisors only access specific client files when there is a need to know the details of a file, to be able to provide appropriate guidance.

To remain current on program changes and best practices in service delivery, new employees receive job-specific training as well as ongoing national and regional training. All VAC employees can access Canada School of the Public Service training on topics such as mental health and wellness, respect, diversity and inclusion. As well, employees must complete the online course, "Introduction to Gender Based Analysis Plus". Employees are encouraged to participate in interdepartmental and departmental events and commemorative activities on issues of respect and inclusion. Trauma-informed training will be provided to VAC decision-makers, and efforts are underway to make this training available to all employees. A number of VAC employees, including senior and middle managers, are Veterans or family members of Veterans. This means they have lived experiences. Many managers also have frontline work experience.

VAC's Service Delivery Model (Recommendations 2, 3, 6 - 10, 12, 13, 16 - 19, 27, 32)

In the 2020 National Client Survey (https://www.veterans.gc.ca/eng/about-vac/publications-reports/reports/national-client-survey/2020), 81% of respondents said they were satisfied with the quality of service delivery (the same as in 2017). While we are pleased with these results, we continue to work to improve the Veteran experience and well-being.

Case Management is one of VAC's most important services. It is tailored to Veterans who are assessed to have complex needs, with the objective of supporting them to regain their independence and function autonomously. Case Managers are part of Veterans Service Teams, along with Veterans Service Agents and Veterans Service Team Managers. These dedicated staff work together to ensure that excellent service is provided to our Veterans.

Case Managers have all the necessary delegations and authority related to the case management program. All Veterans Service Agents receive extensive training on Guided Support and have the necessary authority and delegations. Guided Support assists Veterans and families navigate our processes and systems and provides a primary point of contact for the Veteran and their family.

Many treatment benefits (e.g. medications, massage therapy) require the authorization of the relevant clinical health professional. This ensures that the medication or type of treatment is appropriate and effective in addressing the medical condition, while ensuring the health and safety of Veterans. The pandemic required us to adapt and streamline many services. For example, we have reduced prescription requirements for some products and services. VAC will monitor and evaluate these changes to ensure improvements continue post-pandemic.

VAC recognizes the important role families play in the well-being of Veterans. Families are invited and encouraged to participate in transition interviews, needs assessments, case management plans and all meetings and discussions. Their participation requires the Veteran's consent.

Contacting VAC (Recommendations 14 and 15)

Veterans can access information and services at almost 700 physical points of contact (noted above), as well as by phone and online via MyVAC Account. The 2020 National Client Survey indicates the most common and preferred method of contact is by phone (49%). Currently, 97% of calls are answered within the Service Standard of two minutes. The average wait time is 56 seconds - an improvement from 2019–20 average wait time of one minute 38 seconds.

VAC's National Contact Centre Network (NCCN) is a central point of contact for Veterans to obtain general information and request services. If the nature of a phone call is more specialized and beyond the authority of the analyst, under the First Contact Resolution model, the caller will be transferred to the first available Veterans Service Agent. In the past three months, calls to First Contact Resolution represented less than one call per day per Veterans Service Agent. Post-call surveys, administered in 2020–2021, found that client satisfaction improved and showed:

- 90% of callers were satisfied with the service;
- 93% found staff knowledgeable;
- 91% felt their questions were answered; and
- 93% were satisfied with the wait times.

VAC is committed to ensuring that the collection and disclosure of information is consistent with the *Canadian Charter of Rights and Freedoms* and that all personal information is protected in accordance with the spirit and intent of the *Privacy Act* and the Treasury Board Policy on Privacy Protection.

Veteran Homelessness

Veteran homelessness in Canada is unacceptable. Addressing homelessness is a shared responsibility and requires a whole-of-government approach. In recent years, VAC has approached this issue in consultation with our federal government partners and with input from national, regional and local organizations and stakeholders working with Veterans and to combat homelessness.

Every Veteran deserves a safe and affordable place to call home.

In the 2020 Speech from the Throne, the Government of Canada committed to ending chronic homelessness in Canada. Budget 2021 reiterated this commitment and proposes $45 million over two years, beginning in 2022–23, for Employment and Social Development Canada to pilot a program aimed at reducing Veteran homelessness through the provision of rent supplements and wrap-around services for homeless veterans such as counselling, addiction treatment, and help finding a job.

VAC is also supporting partners and individual Veterans with funding from the National Housing Strategy, Veterans Emergency Fund, and Veteran Family and Well-being Fund. Partnering with other organizations greatly enhances our ability to provide services to homeless Veterans, while also raising awareness about our services and programs. Building capacity at the community level and strengthening relationships at the local level is key to ending Veterans homelessness.

Mental Health and Suicide

Veterans are three to four times as likely to suffer from depressive or anxiety disorders, and over 15 times more likely to experience PTSD than the general population. Veterans are entitled to financial support for mental health care through the Treatment Benefit Program but they can wait long periods of time for a disability decision to be made. To ensure Veterans have timely access to high-quality mental health care, Budget 2021 proposes $140 million over five years starting in 2021–22, and $6 million ongoing, for a VAC program that would cover the mental health care costs of Veterans with PTSD, depressive, or anxiety disorders while their disability benefit application is being processed. This will have a positive impact on the lives of many Veterans and is a high priority for VAC.

Working with the Canadian Armed Forces (CAF), our Joint Suicide Prevention Strategy aims to prevent suicide and enhance the well-being of CAF members, Veterans and their families. VAC has made significant progress on its related action plan: more than 81% of items are either completed or ongoing, and the remaining 19% are in progress. At the same time, knowing that many are struggling, suicide is one issue we must continue to focus on and talk about publicly.

This past year has been a significant challenge for many Canadians and revealed the need for innovative mental health interventions for populations disproportionately impacted by COVID-19. Budget 2021 proposes $50 million over two years, starting in 2021–22 for Health Canada to support a trauma and PTSD stream of mental health programming for populations at high risk. These additional resources will offer further support for Veterans and their families during these difficult times.

Any Veteran, former RCMP member, family member or caregiver in need of mental health support should contact the VAC Assistance Service. It is a toll-free telephone counselling and referral service, available 24/7. The confidential service is delivered through a nation-wide team of mental health professionals employed by or on contract with Health Canada.

Supporting families

VAC recognizes the impact that mental health has on Veterans and their families. We understand that when a member serves, the whole family serves with them, and that their health and well-being is also a priority. The Department offers a range of mental health services for Veterans and their families. A list of services and supports for Veterans and their families is provided in Annex B.

The Department has heard from Veterans and families that we need to better understand families' needs. The Prime Minister's January 2021 Supplemental Mandate Letter instructed me to "Review mental health programs and services to ensure Veterans, their families and primary caregivers receive the best possible mental health supports, including timely access to service".

Currently, VAC provides funding for the Veteran Family Program (VFP) which is managed by Canadian Forces Morale and Welfare Services and delivered by Military Family Resource Centres (MFRCs), co-located with military bases at 32 locations across the country.

The VFP ensures that medically released Veterans and their families have continued and uninterrupted access to the Military Family Services Program (MFSP).

In 2019–20 VAC provided $4.7 million in funding which translated into almost 9000 support/service interactions with about 3000 individuals. The service/support interactions include:

- Specialized transition programs and some traditional programing such as;
    - financial assistance and education services;
    - employment resources; and
    - relocation resources.
- Veteran Family Journal;
- Couples overcoming PTSD everyday (COPE);
- Care for the Caregiver;

- Enhanced information and referral services;
- Family Information Line; and
- Mental Health First Aid (MHFA) course.

The Caregiver Recognition Benefit (CRB) recognizes the important role caregivers play supporting Veterans on a day-to-day basis by providing them with a tax free, monthly benefit of $1,053.89 (2021). Caregivers may qualify if they are an informal (unpaid) caregiver who provides or co-ordinates care. The benefit is paid directly to the caregiver which helps to reduce any associated administrative burden.

There is also rehabilitation vocational assistance available to spouses, common-law-partners or survivors of Veterans. The program recognizes the impact the Veterans life in service and after service may have had. The Program helps them transition to civilian life by restoring their employability and meeting vocational needs arising from their experience during the Veteran's military career or from providing care to the Veteran.

The Veterans Emergency Fund (VEF) allows VAC to provide funds to assist Veterans and their families during times of crisis and when facing emergency financial situations that threaten their health and well-being. The intention of the VEF is to assist as many Veterans and their families as possible. The following groups qualify to apply for VEF when they find themselves in an emergency situation:

- Veterans;
- Current Spouses/Common-law partners of Veterans;
- Survivors of Veterans or of deceased Canadian Armed Forces (CAF) members; and
- Orphans of Veterans or CAF members (or the legal guardian if the orphan is under the age of 18 years)

Budget 2021 proposes an additional $15 million over three years, starting in 2021–22, to VAC to expand and enhance the Veteran and Family Well-Being Fund (VFWBF) for projects that will support Veterans during the post COVID-19 recovery, including addressing homelessness, employment, retraining, and health challenges. We will work with Veteran-focused organizations across Canada to expand and enhance the VFWBF to increase innovative programs and services offered to Canadian Veterans and their families, focusing on post-COVID-19 recovery.

Program Specific Inquiries

Although I cannot comment on specific cases, I can provide some clarification on the programs referred to in testimony:

- Health Related Travel (HRT): costs for travel to an entitled treatment/service are eligible for reimbursement.

- Income Replacement Benefit (IRB): a Veteran can earn $20,000 before IRB is offset, dollar for dollar. Diminished Earning Capacity is not a benefit. It is a designation to determine if the Veteran has the capacity for gainful employment which will impact their eligibility for continued IRB, including after the age of 65.
- CAF Long Term Disability (LTD) income support benefits: VAC does not determine offsets nor administer this program. The relevant reference information can be found at https://www.sisip.com/Products-Advice/Insurance/Disability-Insurance.
- Medication reimbursement: formulary-listed medication for entitled and approved service-related injuries are eligible for reimbursement. These expenses can be paid directly to providers who are registered and approved to do so with Medavie Blue Cross (MBC).

In addition, I would like to highlight that Budget 2021 allows VAC to extend the employment of disability adjudication staff that were hired to expedite disability benefit decisions. This will positively impact meeting service standards and will get the necessary supports and services to Veterans and their families in a more timely manner.

Budget 2021 also proposes $11.9 million over three years, starting in 2021–22 to begin consultations to reform the eligibility process for federal disability programs and benefits. VAC will be working with other stakeholders on a steering committee led by Employment and Social Development Canada.

Sexual Misconduct in the Canadian Armed Forces

Veterans and CAF members with a health condition due to sexual trauma related to service (e.g. PTSD, depression, or physical conditions), should apply to VAC for disability benefits. They can apply for any condition linked to sexual trauma related to service with supporting medical information from their treating health professional.

In Budget 2021, the Government of Canada proposes $236.2 million over five years, starting in 2021–22, and $33.5 million per year ongoing for the Department of National Defence and Veterans Affairs Canada to expand their work to eliminate sexual misconduct and gender-based violence in the military and support survivors. VAC's portion of $3.4 million over 3 years will fund a joint VAC-DND pilot for online and in-person peer support groups for CAF members and Veterans who experienced sexual misconduct during their service. Program development will be informed by mental health professionals and engagement with individuals with lived experience will ensure that nothing about people affected by sexual trauma is decided without their input.

Committed to constant improvement

VAC continues to review and reshape the future of its programs and benefits through new initiatives, including: Diversity and Inclusion; Accessibility; the Office of Women and LGBTQ2 Veterans; the Innovation Hub; continued support for research both internally

and externally; renewal of advisory groups; and feedback and insight such as your committee has provided. The Department will continue to evaluate, identify and address gaps to improve its services and programs.

Sincerely,

The Honourable Lawrence MacAulay, PC, MP

Enclosure:

c.c.: Benoit Jolicoeur, Clerk, Standing Committee on Veterans Affairs

ANNEX A

Themes and Recommendations
Veterans Affairs Canada Structure
Recommendations: 1. VAC to hire more case managers and veteran service agents. 4. Case Managers to be considered medical professionals by VAC as most are either certified Nurses, Occupational Therapists, Social Workers or are certified Case Managers. 5. Case Managers to receive similar training stipends as other VAC and Public Service healthcare professionals. 11. VAC fund lifetime case management of those veterans with psychological injuries and their complex needs. 24. Standards, Training, and Evaluation Officers (STEO's) no longer be permitted to play an active role in any veterans' file or VAC decision. STEO's to be relegated as a passive resource to provide a librarian-like function in understanding VAC's complex policies. 33. STEOs as policy experts would no longer be required. Instead, the positions would be converted to mental health and disability experts who would train and educate the entire department on issues affecting veterans with disabilities and their families. 34. These new mental health and disability experts would scrutinize Departmental policies and programs to identify and revise obstacles to care, inherently discriminatory (gender, disability, race) policy and program details, as well as work with communication experts to revise all communications so as to respect the limits, conditions, and sensitivities of psychologically injured veterans and those with complex needs. 38. Comprehensive and regular independent studies be carried out as to the negative impact VAC communications, decision processes, and actions have had upon veterans and their families. The studies would identify that which needs to improve so VAC can remove these negative impacts of its processes and policies in favour of positive impact upon the lives of veterans and their families. 40. All VAC employees be required to record on the Client's file the details of any inquiry made about that file from the Office of the Veterans' Ombudsman. 41. Advisory Groups be established similar to the model of the General Advisory Council and accompanying subcommittees created during World War II. The group members would be independently chosen, composed entirely of non-government

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personnel, and have the authority to create, edit and publish their own reports. 42. Office of the Veterans Ombudsman to be a legislated position reporting to Parliament. 43. Office of the Veterans Ombudsman be empowered to file with the Federal Court with the broad and flexible mandate of making lives better for veterans and their families. 44. Privacy, Information Commissioner and a legislated Ombudsman reporting to Parliament be given enhanced powers of investigation, compelling testimony, and sanction. 45. Data storage is relatively cheap. Beginning with Veterans Affairs and in conjunction with Library and Archives Canada, the Government of Canada establish an easily searchable 20-year database for all computer based records and communications, especially email files. 46. Accurate minutes and attendees be maintained of all meetings held within VAC to make decisions on policy or a the care and benefits of veterans and their families. 47. An independently appointed Board of Directors consisting of a widespread swath of Canadians be established to oversee senior management of the Department. 48. VAC to move its head office from Charlottetown to Ottawa. 49. A hiring freeze for middle and senior managers be put in place for placement in Charlottetown with all such positions being staffed in Ottawa. 50. Call centres, Treatment Authorization Centers, IT Services, etc. can be placed in Charlottetown to minimize any potential economic impact of moving Head Office back to Ottawa.
Listening to our Stakeholders
Recommendations: 51. Appoint a Judicial Commission with a mandate to thoroughly investigate the toxic culture at VAC and make recommendations to comprehensively change it. 52. Appoint a Royal Commission with a broad mandate to investigate, hold public hearings and report upon the care, treatment and re-establishment of Canadian Forces veterans and their families. 53. ACVA hold a year-long study of nationwide public hearings with a similar broad mandate as the Royal Commission recommended above. Interim reports and recommendations would be prepared and acted upon expeditiously with legislation as

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required.
VAC Culture and Collaboration
Recommendations: 20. It be recognized that senior District Medical Officers, District Nurses, STEO's, Rehabilitation and Mental health specialists do not know what is best for the veteran. As such, Case Managers and Veteran Service agents to work closely on case managed files since they best know the veteran and the family members 21. IDTs to include the veteran and family member when decisions are made affecting them. IDT team members including the CM, VSA, DMO, DNO, and "specialists" must meet with the veteran before coming to any conclusions let alone rendering a decision. 22. Primary Care practitioner of the veteran such as a family doctor, psychologist, psychiatrist and/or occupational therapist must be present during IDTs 23. Former CF medical doctors acting as Senior District Medical Officers (SDMO's) receive sensitivity training from one of the more recognized international trauma societies such as ISTSS to eradicate the longstanding CF bias towards labelling PTSD falsely as Personality Disorder. 25. STEO's be required to carry out sensitivity training to understand CF culture, veterans living with disabilities, and mental health issues. 26. All advice and/or opinions contributed by IDT members or other VAC officials such as STEO's, Mental Health and Rehabilitation specialists, be accurately recorded on the clients' file such as CSDN with the names and details of that input clearly recorded. 28. VAC fund a nationwide network of independent Primary Care medical doctors or provide funding directly to veterans' existing primary care practitioners such as family General Practitioners to work on a veteran's Primary Care Team (PCT). 29. VAC fund a nationwide community of experienced occupational therapists to also work on PCTs. 30. Veterans would select the PCT (Medical Doctor, Clinical Case Manager, and Occupational Therapist) best suited to their needs. PCTs would then collaborate with the veteran and family members to develop an ongoing rehabilitation plan. 31. Existing CMs and VSAs, in addition to continuing their current administrative roles with much reduced administrative burdens, would coordinate with the various PCTs to secure community resources selected by the PCT for the veteran and the family. This coordination would minimize delays to accessing treatment as well as other resources necessary for the PCT established rehabilitation plan.

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35. All communications concerning a veteran and his/her family must include the full name and file number of the veteran in the subject line so as to facilitate Access to Information and Privacy requests. All consultation, communication, recommendations, and references affecting a veteran and the family be clearly entered into the official record (CSDN) with the identity of the source clearly identified. Any breaches of this requirement be met with automatic sanctions such as fines proportional to an employee's salary or leave without pay.

36. Case Management policy immediately reverse its narrow interpretation of eligible conditions in favour of the intent of the Veterans Well-Being Act which is to be "holistic" and "flexible" in recognizing that all health conditions suffered by the veteran and all mental health conditions suffered by the family be included in any Case Management plan.

37. VAC employees, especially those in policy, STEO positions, appeal, adjudication, and senior management to undergo regular sensitivity training to better understand psychological injuries, the impacts upon the veteran and the family, as well as the negative impacts that impersonal decisions making processes have had upon veterans and their families over time.

39. All senior and middle managers who have never worked as a frontline worker to be obligated to carry out one week per year working as a frontline worker, answering phones, filling out applications, speaking with treatment providers, etc.

Service Delivery Model

Recommendations:

2. CM's and VSA's work closely together with case managed clients. This micro team to be provided with dedicated administrative support to assist with the administrative burden.

3. An external independent audit be commissioned to thoroughly evaluate administrative burdens upon VAC frontline workers with the goal of reducing that burden.

6. Case Managers to be included in all healthcare team meetings at district, regional, and national level.

7. VAC to restore autonomy to Case Managers to independently authorize treatment, devices, and programs recommended by the Case Manager or by a treating medical practitioner.

8. Recognize that Veteran Service Agents have neither the time or training to provide "guided support". In order to provide guided support VSA's would require:

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a. Specialized training in how to provide this “case management lite” to veterans. b. Autonomy and authority to authorize treatment and services for veterans and their families under their “guided support”. 9. Family members to be included in all Case Management plans without exception. 10. Enforcement of the POC 12 policy that all veterans with psychological injuries and/or complex needs be case managed. 12. Recognize that “maintenance therapy” also requires active case management. 13. All veterans, especially those with complex needs and/or a psychological injury, be provided with a frontline employee who will assist in writing and submitting applications, as well as exploring unaddressed or unidentified needs. The focus and intent would be to assist veterans to provide information sufficient to meet VAC program standards, recognizing that disabilities, especially psychological injuries, affect cognitive functioning and diminish resilience to deal with complex bureaucratic processes. 16. Independent and ongoing reviews be commissioned to determine the true caseload carried by CMs and VSAs. 17. Interdisciplinary Teams (IDT’s) and their associated meetings to undergo a rethink. The needs of the veteran and family members must be put above all else including prioritized over goals to reduce case management ratios, the reflex reaction by VAC to deny or limit care or save money, etc. The question before any opinions or recommendations are put forward by IDT members should be “how can we provide the care and treatment veterans and their families need”. 18. Veteran Service agents to be included in all Interdisciplinary Team meetings. 19. CM’s and VSA’s to take the lead during IDT meetings while all other IDT members defer to these individuals. 27. VAC fund a nationwide community of clinical case managers (social workers, occupational therapists, and registered nurses) to work independently from VAC’s processes. Veterans would be allowed to select which clinical CMs is the best fit. Current CMs will continue with their administrative roles processing treatment and benefits. 32. IDTs would no longer be necessary in their current form. Instead, the various positions would help CMs and VSAs expedite PCT designated treatment and benefits. DMOs, RNOs, Rehabilitation and Mental Health policy experts would instead advocate and coordinate the necessary policy changes to accommodate PCT, practitioners with

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a Collaborative Care Model, as well as veteran and family needs.
Contacting VAC
Recommendations: 14. First Call Resolution to be scrapped in favor of a first point of contact program that best addresses the needs and limits of veterans and their families while also respecting the limits of frontline workers. 15. In scrapping the First Call Resolution, VSA's be allowed to spend the time on the phone necessary to address the needs and concerns of the veteran and family member without interruption from VAC managers.

ANNEX B

SERVICE AND SUPPORTS FOR VETERANS AND THEIR FAMILIES

Services	
Case management	https://www.veterans.gc.ca/eng/health-support/case-management
Transition Interview	https://www.veterans.gc.ca/eng/education-and-jobs/prepare-to-release/transition-interview
Benefits Navigator Tool	https://www.veterans.gc.ca/eng/resources/benefits-navigator
Mental health and wellness	
VAC Assistance Service	https://www.veterans.gc.ca/eng/contact/talk-to-a-professional
OSI Clinics	https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/assessment-treatment/osi-clinics
Peer Support	https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/counselling-services/someone-who-can-relate
Families and Caregivers	
Veteran Family Journal	https://www.cafconnection.ca/National/Programs-Services/For-Transitioning-Veterans-and-their-Families/Veteran-Family-Journal.aspx
Veteran Family Program	https://www.cafconnection.ca/National/Programs-Services/For-Transitioning-Veterans-and-their-Families.aspx
Caregiver Zone	https://caregiverzone.ca/#!/forefront/home
OSISS Family peer support	https://www.veterans.gc.ca/eng/family-caregiver/health-programs-services/osiss-families
Caregiver Recognition Benefit	https://www.veterans.gc.ca/eng/family-caregiver/health-programs-services/caregiver-recognition-benefit
Group Health Insurance	https://www.veterans.gc.ca/eng/family-caregiver/health-programs-services/group-health-insurance
Operational Stress Injury Resource for Caregivers	http://www.cfmwsmfs.com/caregiver/story_html5.html
Pastoral Outreach	https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/counselling-services/speak-to-a-chaplain
Family Information Line	https://www.cafconnection.ca/National/Stay-Connected/Family-Information-Line.aspx
Military Family Resource Centres	https://www.cafconnection.ca/National/Local-Sites/Connect-to-Your-Local-CAF-Community.aspx
Veterans Independence Program for:	
Veterans	https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/help-at-home/veterans-independence-program

Survivors	https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/help-at-home/veterans-independence-program-survivors
Primary Caregivers	https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/help-at-home/veterans-independence-program-caregivers