

VETERANS AFFAIRS CANADA

Ad HOC

SPECIAL NEEDS ADVISORY GROUP (SNAG)

On the implementation of

The Canadian Forces Members and Veterans
Re-establishment and Compensation Act – Bill C-45
“The New Veterans Charter”

REPORT # 2

16 NOVEMBER 2006

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1. **INTRODUCTION**

- a The Canadian Forces Members and Veterans Re-establishment and Compensation (CFMVRC) Act, Bill C-45 was passed into legislation on May 13, 2005. This Act is also known as the New Veterans Charter (NVC). The terms Bill C-45 and the NVC are used interchangeably throughout this report and in all instances imply the Act itself.
- b The Veterans Affairs Canada (VAC) Ad Hoc Advisory Group on Special Needs was established to serve as an appropriate portal that will allow access for “Special Needs Veterans” to be heard. In addition, it will provide comprehensive, balanced and ongoing recommendations to the Department. This Group has become better known as the Special Needs Advisory Group or SNAG for short.
- c There are two principle objectives of SNAG. First, in the short term, obtain input on the development of regulations from those persons (special needs veterans) who may have the greatest apparent re-establishment challenge with the intent of determining if the “client’s needs” are being met and provide recommendations to VAC on improvements, as required. Secondly, over the long-term, post April 1, 2006 implementation, SNAG will provide ongoing advice to VAC on the effectiveness of its policies, programs and services in fully meeting the needs of special needs veterans, identify enhancements that would better respond to those clients’ needs, as well as determine if there are any significant gaps or omissions in benefit and service delivery.
- d This is the second report in a series of ongoing reports. It is a snapshot in time, and the information presented and commented upon is based on the information that was provided to SNAG since 26 January 2006. The NVC is dynamic in its policies and regulations, and consequently there are changes that have taken place since this report was put together which may render certain sections and recommendations outdated.

2. **DISCLAIMER**

- a The information presented in this report represents SNAG's analysis of the material that has been provided to the advisory group by VAC. Consequently, SNAG acknowledges that the material contained in this report may not be complete or based upon all facts that may be available.
- b SNAG reported in its first report that they were aware of the efforts by other independent veterans groups that are concurrently examining the NVC, and that VAC has yet to provide SNAG with a synopsis of those efforts.
- c The members of SNAG are not experts in NVC regulations, consequently many of the observations and recommendations presented here should have this fact taken into account.

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3. **ASSUMPTIONS**

- a It is assumed by the efforts of the SNAG team that programs, benefits and services will continue to evolve so as to better meet the ongoing and changing needs of special needs veterans.
- b SNAG was assembled to examine how the Charter meets the needs of special needs veterans, however in the course of this Group's efforts it has become apparent that this review could not be done in isolation of the entire Charter or the previous Pension Act provisions. Therefore all aspects of the Charter will be reviewed, if not in this report, subsequent reports and compared when applicable to the existing Pension Act.
- c In conversations with VAC it is assumed that the main effort of SNAG commences with the implementation of the NVC on 1 April 2006 and that SNAG will monitor the effectiveness of VACs ability to implement the Charter and provide observations and recommendations for improvement.
- d It is assumed that while SNAG may provide observations and recommendations, VAC does not have to implement them. It is assumed that VAC will provide feedback to SNAG as to the status of the observations and recommendations that were provided, specifically those recommendations that were adopted and for those that were not – why not.
- e It is assumed that the activities of SNAG will become a matter for public record, accordingly this report, and all SNAG submissions are written with that assumption.
- f It is also assumed that SNAG is not required to render an endorsement or rejection of the New Veterans Charter; rather SNAG is to provide unbiased assessment of success or lack thereof of the NVC and its implementation.

4. **SNAG COMPOSITION**

- a SNAG is national in scope and all members are willing to participate and collectively represent their particular area of expertise and/or experience. Membership in SNAG consists of Canadian Forces (CF) veterans (all of whom are special needs veterans of VAC), CF representation, members of the health, medical and family services professions, and Consultants to SNAG from VAC.
- b The current and former members of SNAG along with VAC departmental advisors are listed in Annex A.
- c Members of SNAG, not representing or contracted by the federal government, are reimbursed for services at the prescribed VAC rates. All members of SNAG are reimbursed for travel, meals and lodging expenses to attend scheduled meetings.

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- d All members of SNAG have agreed to and have signed the Terms of Reference, including Conflict of Interest, Ethics and Confidentiality agreements, as presented by VAC. A copy of each is held with VAC.
- e SNAG is a collaborative advisory group; each member brings their own individual experiences and expertise.
- f SNAG is supported administratively by the Secretariat, Consultation Directorate of VAC which is responsible for all administrative support and for maintaining the records management function for SNAG and its operations.

5. **SNAG TERMS OF REFERENCE**

- a VAC has provided Terms of Reference for SNAG generally concerning the objective of the advisory group, membership criteria, operations of SNAG and conflict of interest, ethics and confidentiality guidelines. A copy of SNAG's Terms of Reference is held by VAC.
- b It is felt however that a reiteration of the Terms of Reference Objectives for SNAG would be useful in establishing the basis for this and subsequent reports.

Objective

The immediate objective of the *VAC Ad Hoc Advisory Group on Special Needs* is to obtain input on the development of regulations from those persons who may have the greatest apparent re-establishment challenge. In examining the proposed regulatory content with actual clients, the goals would be to determine if proposals meet clients' needs; if there are variations on the proposals that would better respond to those needs; and, to determine there are any significant gaps in the proposed Government response from a benefits and services perspective. Attention to family needs will be a consideration of the Advisor Groups as well.

The Department recognizes that this regulatory process may not be able to fully address all the challenges facing its special needs clients. The longer-term objective of the *VAC Ad Hoc Advisory Group on Special Needs* is to provide ongoing advice to the Department on the responsiveness of its policies, programs and services in fully meeting the needs of clients with special needs, identifying enhancements that would better respond to these clients' needs as well as determining if there are any significant gaps or omissions in benefit and service delivery. In this way, benefits and service will continue to evolve so as to meet the ongoing and changing needs of special needs Veterans.

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6. **SYNOPSIS OF SNAG ACTIVITIES**

a **Formation.** SNAG was formed in August 2005 with an invitation from VAC to voluntarily participate. Packages of read-in material are provided by VAC to SNAG members on an on-going basis.

b **Conduct of Meetings**

- i. All meeting administrative arrangements are coordinated by the Secretariat, Consultation Directorate of VAC;
- ii. The Chair of SNAG in consultation with VAC establishes the Agenda for upcoming meetings and these are then distributed to members of SNAG via e-mail or by courier;
- iii. At each meeting the Agenda is reviewed and approved by the participants; and
- iv. A Record of Discussion (ROD) is kept by the Secretariat, Consultation Directorate of VAC. The ROD is distributed to all members of SNAG for comments and approval of the ROD is confirmed at the subsequent meeting.

c **SNAG Meetings**

- i. SNAG has met formally three times since the Initial Report was submitted on 26 January 2006, as follows:
 - 1) 14-15 February 2006 in Charlottetown, PE;
 - 2) 14-15 June 2006 in Ottawa, ON; and
 - 3) 19-21 September 2006 in Edmonton, AB.
- ii. Two ad hoc SNAG meeting were convened on 26-27 April and 8 November 2006, both in Ottawa to work on elements of the SNAG Report on VAC Detailed Policy and Business Process Training March 2006 (Annex E) and this Report.

d **SNAG Multilateral Meeting Presentation**

- i. The Chair of SNAG made a presentation to the 6 Veterans organizations on 6 April 2006 as part of the VAC NVC Implementation meetings held in Ottawa. A copy of the presentation is attached in Annex D.

e **VAC Detailed Policy and Business Process Training**

- i. Members of SNAG were invited by VAC to attend VAC front line staff 3C and 3D Detailed Policy and Business Process Training. This training was given to VAC staff in preparation for the implementation of the NVC;

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- ii. 6 SNAG members attended training in three different locations during the period 6-10 March 2006. SNAG attendees were:
 - a. Stephane Martin in Ottawa;
 - b. Louise Richard in Ottawa;
 - c. Geoff Harbinson in Ottawa;
 - d. Ron Stonehouse in Mississauga;
 - e. Dr Greg Passey in Vancouver; and
 - f. Maj Brenda Dorsey in Ottawa.
- iii. SNAG Report on VAC Detailed Policy and Business Process Training March 2006 was prepared and submitted to VAC on 27 April 2006. A copy of that report is attached in Annex E to this report; and
- iv. Contrary to SNAG's Report on VAC Detailed Policy and Business Process Training March 2006 statement (paragraph 2a of Annex E) that elements of that report will be discussed in this Report #2; SNAG has determined that its Report on VAC Detailed Policy and Business Process Training March 2006, is just that – a report on training and no further comments or assessment will be provided by SNAG. The report in essence is SNAG's observations of points raised by VAC frontline staff that have a direct correlation to the NVC as it relates to special needs veterans. VAC departmental advisors in Charlottetown can decide whether to provide feedback to SNAG regarding issues identified in the report.

f **Sainte-Anne Hospital, Ste-Anne-de-Bellevue Visit**

- i. The Chair, Dr. Passey and Dr. Richardson visited Sainte-Anne Hospital, Ste-Anne-de-Bellevue on 18 August 2006 at the invitation of VAC and Ste Anne's staff. A copy of the Agenda for the visit is attached in Annex C, Appendix 8. Feedback from this visit is detailed in Appendix 6 of Annex C.

g **Conference Calls**

- i. In addition to formal meetings, there have been several conference calls either with the entire SNAG, portions thereof depending upon availability or calls between VAC departmental advisors and the Chair of SNAG as required.
 - 1) 21 March 2006 - SNAG;
 - 2) 5 July 2006 – Chair of SNAG and VAC Secretariat Rob Campbell;
 - 3) 27 July 2006 – Chair of SNAG and VAC Secretariat Rob Campbell;
 - 4) 28 August 2006 – Mr. W.D. Mogan, Executive Director, Modernization Task Force and the Chair of SNAG;

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- 5) 7 September 2006 – Mr. W.D. Mogan, Executive Director, Modernization Task Force, Ken Miller, Director, Program Policy Directorate and the Chair of SNAG;
- 6) 25 October 2006 – Mr. W.D. Mogan, Executive Director, Modernization Task Force and the Chair of SNAG; and
- 7) 15 November 2006 - Chair of SNAG and VAC Secretariat Stacey Ferguson.

h **Interviews**

- i. A series of interviews were conducted by SNAG members and CF veterans in order for members of SNAG to have a broader insight and understanding of the needs of special needs veterans and their families;
- ii. Interviews were conducted in Halifax, Borden, Brampton/Mississauga and Edmonton;
- iii. In order to gain honest insights from the CF veterans all discussions were confidential in nature, no records of discussions were kept and VAC staff were not present for the interviews. However, areas of concern identified during the interviews have been used by SNAG as part of the observation/recommendation portion of this report; and
- iv. Many of the veterans interviewed to date that fall within the mandate of the NVC are still serving and have not entered the transition phase, to this extent, SNAG will be looking at conducting supplementary interviews on selected veterans at a later date to ascertain the effectiveness of VAC Client Service Team and the NVC programs, benefits and services.

i **Presentations**

- i. At each meeting there have been formal presentations made to SNAG by specific individuals related to the issues in the NVC; and
- ii. A list of presentations made to SNAG is attached in Annex B.

j **Documents**

- i. A list of documents pertaining to presentations made to SNAG or provided by VAC to SNAG since the Initial Report is attached in Annex B; and
- ii. A list of documents produced by SNAG that have been provided to VAC are attached in Annex B.

k **Agendas and Records of Discussions**

- i. A copy of all Agendas and Records of Discussions since the Initial Report are attached in Annex C.

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1 **SNAG Veteran Case Scenarios**

- i. At the February 2006 SNAG meeting in Charlottetown, Verna Bruce, the Associate Deputy Minister, offered to have VAC produce a comparative scenario tailored specifically for each veteran on SNAG to demonstrate the strength of the NVC when compared to the Pension Act in the provision of programs, benefits and services. This offer was welcomed and accepted by all five Veterans, however this comparative scenario remains outstanding. VAC staff, at all levels, have indicated that these case scenarios have become very problematic to do and have wondered what the results would demonstrate. VAC has stated that generic case scenarios have already been prepared and widely distributed; and
- ii. SNAG has the task of determining if there are gaps in programs, benefits and services in the NVC; this implies a certain degree of comparison with previous programs, benefits and services to determine if there are gaps. Using the five special needs veterans on SNAG is a very logical test bed to make a comparison in real life rather than generic sample cases.

m **Work Implementation Packages**

- i. Just prior to the SNAG meeting in September 2006, the Chair was provided with 3 Work Implementation Packages (WIPs). These documents are required to better plan SNAG's activities. The preparation of this report was well underway when the WIPs were presented. It was decided that the WIPs would be discussed and implemented after the December 2006 meeting and that VAC would provide detailed assistance in the preparations of the WIPs. The 3 initial WIPs focus SNAG's activities in the following areas:
 - a. NVC Gaps in Client Program Benefits and Services for Special Needs' Veterans (SNAG-2006/07-1);
 - b. NVC Family Needs – Special Needs Veterans (SNAG-2006/07-2); and
 - c. NVC Special Needs' Female Veterans (SNAG-2006/07-3).
- ii. It is SNAG's intention that the 3 WIPs are just a starting point for focused efforts and that additional WIPs will be implemented in the near term and may include the following:
 - a. Case Management and Transition Interview;
 - b. Reservists; and
 - c. Single veterans.

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7. **OBSERVATIONS AND RECOMMENDATIONS**

a **General.**

- i. The changes that have been introduced with the implementation of the NVC on 1 April 2006 are profound. VAC needs to recognize that there is a steep learning curve for old and new veterans, the associations and agencies that support them and VAC front line staff in the District Offices from coast to coast. The observations and recommendations put forth in this and other reports examine potential gaps in the provision of programs, benefits and services; and
- ii. SNAG has been provided with presentations and some details pertaining to demographics, statistics, financial data, cost projections, costs of programs, benefits and services, but the information is insufficient to clearly ascertain whether or not the veteran is better served in all aspects by the NVC when compared to the Pension Act. It is clearly understood that it is difficult to compare benefits, programs and services between the NVC and the former Pension Act. It is of fundamental importance that the NVC not disadvantage Canada's veterans; benefits, programs and services should not be a diminishment of what was previously provided under the Pension Act. The NVC, serving the new veteran in the new millennium, must be better for the overall health and well being of the veteran than what was previously in place – anything less is not acceptable and will not be endorsed or supported by SNAG.

b **Report #1 Review.** The first report from SNAG contained 41 observations and 80 recommendations. VAC Departmental advisors have reviewed this report and have provided SNAG with verbal and written responses. SNAG understands that it is in a purely advisory role and as such appreciates any feedback from VAC departmental advisors on issues identified.

c **Format for Observations and Recommendations.** The format for this portion of the report will follow the format that was used in SNAG's Initial Report of 26 January 2006 using the Observation and Recommendation format. The Observations and Recommendations are grouped into the following categories:

- i. Medical/Rehabilitation Services;
- ii. Programs, Benefits and Services;
- iii. Rehabilitation, Transition Interview and Case Management Issues;
- iv. Miscellaneous Observations;
- v. Interview Synopsis;

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- vi. Summary of Observations and Recommendations; and
- vii. Expectations.

d **MEDICAL/REHABILITATION SERVICES**

- i. **General.** VAC needs to be more proactive and responsive to veterans' needs. Resourcing issues need to be addressed and improved, and communications with veterans need to be enhanced, both of which are paramount issues in SNAG's view. These issues are reflected in heightened anxiety amongst the veterans and their families as evidenced in virtually all interviews conducted to date.
- ii. **Directory of Service Providers.** VAC staff are invariably the first to respond to a myriad of queries from veterans and their families. Currently, there is insufficient information on service providers in the veteran's local area including those localities the veteran may relocate to upon transition into civilian life. This lack of information is amplified for special needs veterans with their unique and often multiple needs.

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

- iii. **VAC Treatment Authorization Centres (TAC) Access and Approvals.** Medical specialists have had their specific therapies (e.g. drug therapies) overruled or denied by VAC TAC to the detriment of the veteran.

Recommendations:

- 1) Medical specialists have direct access to their specific VAC TAC for immediate approval of the recommended therapy based upon their professional diagnosis/opinion. With respect to drug therapies for example, the medical specialist would be able to contact the VAC TAC Pharmacology directly for approval; this immediate access would benefit the veteran in that waiting for specific drug approvals would be eliminated;
- 2) Special needs veterans' Blue Cross coverage through the TAC, principally for prescription drugs, needs to be re-evaluated. If there is an issue of a prescribed drug not being on the Blue Cross/VAC formulary the recommended procedure

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could be for co-sharing the costs, where the special needs veteran would pay a percentage of the cost. Comprehensive case management at the time of release will identify all identified needs of the CF member making the transition to civilian life. The case manager's role should be to monitor the new veteran's progress and, working collaboratively with DND and the VAC interdisciplinary teams, help the veteran make the necessary preparations for release. The case plan developed by the VAC case manager and the client is the vital that incorporates all medical needs, including prescriptions, aids for daily living and non-formulary items that are essential in order to work towards the veteran's rehabilitative goals. This would ensure treatment first and appeal process second, putting the veterans' needs first and bureaucratic encumbrances second;

- 3) The VAC Drug Formulary for example should be a blend of all the Provincial Drug Formularies in order to provide a high level of service across the country with no regional discrepancies. This initiative should also be implemented for all the VAC TAC Programs of Choice; and
 - 4) The issue with VAC TACs services could be systemic in nature and not necessarily functioning in the best interest of the veteran. Therefore, an independent study to examine VAC TAC processes and procedures would be beneficial in ensuring maximum efficiencies and services are implemented to best meet the needs of the veteran and the supporting medical specialists.
- iv. **Family Support.** The CF provides travel and lodging support for the spouse/partner to accompany the veteran for specialized treatment at a facility away from the home. VAC does not provide this service, this heightens anxiety levels, and often the burden of travel is borne by the family. This can also compromise the effectiveness of the specialized treatment regimes.

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

- v. **Special Needs Access to Services.** Special needs veterans may require specialized tests in order to confirm diagnosis and establish treatment protocols. Delays in accessing these tests in order to determine the best course of action can cause undue stress and potentially exacerbate both physical and mental health problems. Furthermore, since VAC's provision of programs, benefits and services are based solely upon medical assessment of the veteran's condition, delays in this assessment could have an adverse impact on the veteran and his/her family.

Recommendation: Special needs veterans should be provided services without delay, and at VAC's expense, for diagnostic tests such as like MRIs, CAT Scans, and specialist consultations so that an appropriate level of treatment can be implemented

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without delay to the betterment of the special needs veteran's overall health. Utilization of all health care facilities, both private and provincial, must be considered anywhere in Canada if wait lists are unacceptably long.

- vi. **Public Service Health Care Plan (PSHCP) Costs.** The monthly premiums charged by the PSHCP can amount to well over \$350 annually for the basic family plan. In addition, PSHCP only provides coverage at a co-share rate where the Veteran must pay a percentage of the fees charged for services provided for family members.

Recommendations:

- 1) Special needs veterans be provided with a PSHCP premium waiver for all family members; and
- 2) Special needs veterans be exempt from the co-share payment formula for all family members.

e **PROGRAMS, BENEFITS AND SERVICES**

- i. **General.** SNAG remains extremely uncomfortable with the financial benefits package within the NVC, particularly for special needs veterans over the duration of their life. The programs, benefits and services provided within the NVC are particularly focused on wellness, rehabilitation and reintegration, with the basic premise that the veteran will sufficiently recover from his/her injuries. This is not necessarily the case with special needs veterans. Often their injuries are catastrophic in nature and permanently debilitating with no chance or hope of recovery; therefore wellness and rehabilitation plans with the intent that the veteran recovers does not necessarily apply to special needs veterans. Even VAC's own statement lends credence to this assumption in that special needs veterans are not mentioned at all, rather the focus of the NVC is on successful transition to civilian life. Special needs veterans may never be able to have a successful transition to civilian life. From the Summer 2006 Salute:

"The **New Veterans Charter** is a comprehensive "wellness package," designed to provide CF Veterans with the best opportunity for successful transition to civilian life. The new Charter will be most relevant to CF Veterans who have recently been released from the Forces and to serving members who are preparing to release."

- ii. **Disability Award (DA).** The DA has not been well received by SNAG, other veteran organizations and veterans. There are concerns about misuse of this award, how the amount is determined, when it is provided and the lack of a long-term life-line or support. VAC needs to consider a variety of different options on how the DA can be administered.

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Recommendations:

- 1) Offer a choice of either a lump sum or annual award;
 - 2) Offer a blended lump sum and annual award;
 - 3) Provide a larger DA for catastrophic injury special needs veterans (not cumulative pension condition veterans);
 - 4) Consider the provision of an annual supplementary DA based upon initial DA amount and the consumer price index, i.e. if the DA was assessed at \$100,000 and the CPI for a given year is 2.5% then the annual supplementary DA would be \$2,500 for that year; and
 - 5) VAC needs to closely monitor the DA program for fairness and suitability in meeting the veterans' needs. If, over time, the DA is not meeting the needs of the new veterans, VAC should seek adjustments to the DA. This includes considering reverting back to a monthly indexed award similar in nature to the Disability Pension under the Pension Act, even if this includes Treasury Board reassessment.
- iii. **Checklist.** Based upon SNAG interviews with veterans facing imminent medical release, they may possess a basic awareness of programs, benefits and services offered by VAC, but lack sufficiently detailed knowledge to be able to predict their status into the short and long term future. In spite of the website, brochures, and pamphlets, the veteran and his/her family are not aware of specific programs, benefits and services to which they may be entitled, until they are released from the CF and become a client to VAC. Despite the Case Managers' best intentions at describing programs, benefits and services, there remains a lack of retained knowledge and understanding. Early identification of potential entitlements will reduce the pressures and stress associated with the transition from the military.
- Recommendation: Develop a standardized checklist identifying programs, benefits and services, personalized for the releasing member to which he/she may be entitled to upon release. This checklist would be provided to the member and/or their next of kin at the Transition Interview/Case Plan.
- iv. **Supplementary Retirement Benefit (SRB).** SNAG has noted that there may be other options to be considered regarding the administration of the SRB. Withholding the payment of the SRB until the member reaches age 65 and then providing a lump sum benefit precludes the member from benefiting from investment growth over the long term. The 2% per year amount paid out at age 65 is done so without any interest being

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factored in. There is also a question of parity with parallel plans within the Public Service sector for which the amounts may be higher and interest is paid.

Recommendations: VAC needs to provide SRB options to include annual payments to allow for investment growth over the course of the veteran's life.

- 1) Provide the benefit prior to age 65 in order to maximize interest growth potential over time. Consider annual disbursements that can be rolled over into an RRSP, tax-free;
 - 2) Provide the ability to roll-over the SRB into an RRSP, tax-free;
 - 3) Ensure there is, as a minimum, parity with other similar/parallel plans within the public sector; and
 - 4) Allow the veteran to make matching contributions, if in a position to do so.
- v. **Earnings Loss Benefit (ELB)**. The ELB is not equitable in its application as it uses the veteran's rank as a discriminator. The ELB provides a guarantee for eligible applicants of 75% of pre-injury income, however it is based upon rank at injury and there is a substantial difference between, for example, a Corporal's salary and a Captain's salary. The ELB in essence discriminates against the lower income veteran by differentiating this benefit based upon rank. VAC does not track statistics by rank, yet this benefit is based solely upon rank. There is also no consideration for career advancement had the member stayed in the military and completed his/her terms of service. ELB is artificially relegating members by rank into a standard of living/lifestyle that is not necessarily reflective upon the individual. Furthermore, there may not be equity/parity to similar Public Sector plans. Finally, many Canadians work beyond age 65 and capping ELB at age 65 could be viewed as disadvantageous. VAC needs to re-evaluate the ELB to make it more equitable.

Recommendations:

- 1) Ensure parity, as a minimum, between ELB and similar Public Sector plans, including what are considered deductions and what are taxed;
- 2) Take into consideration the terms of service under which the member was serving and assume a fair case career scenario for the member when determining ELB;
- 3) Provide annual increases to the ELB based upon current rates of pay and annual CF pay rate increases;

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- 4) Consider the severity of injury and the likelihood that the veteran may never be able to re-enter the workforce in any productive manner to provide a factor to take the ELB beyond 75% for those special needs veterans (this would be in addition to any other benefits such as the Permanent Incapacity Allowance (PIA)); and
 - 5) Recognize that many Canadians work beyond 65 and the widespread industry trend is to increase the mandatory age of retirement, therefore ELB should not be capped at 65; in fact it is recommended that it continues for life and not to be offset by deductions.
- vi. **Job Placement.** Special needs veterans, by virtue of their injuries, may not be pre-disposed to successful job placement initiatives. Despite VAC's intentions, employers must be willing to accept a certain amount of risk when employing disabled veterans.

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

- vii. **Special Needs Veterans Visitations.** In SNAG's experience from veteran interviews, personalized VAC Case Manager interaction is essential in order to better identify the most appropriate benefits, programs and services that may be required as conditions change in the veteran's life. Many veterans and/or their families are either unable to ask for support, or too proud or unaware that they may ask for assistance or support and as a result do not. However, a home visitation by the Case Manager will identify problem areas for which VAC may have support programs. Visitations of this nature would allow VAC to provide a more comprehensive level and standard of care. VAC resourcing issues should not be a detractor from this service.

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

f **REHABILITATION, TRANSITION INTERVIEW AND CASE MANAGEMENT ISSUES**

- i. **General.** SNAG is very concerned about the ability of VAC to provide, in a timely manner, the programs, benefits and services available with the NVC. There are systemic issues ranging from a bureaucracy that has not fully empowered the front line staff, shortages in front line staff and a cumbersome application process that challenge VAC to provide the best possible service to the veteran.
- ii. **Application Approval.** In SNAG veteran interviews, veterans have noted that there were delays in the provision of VAC programs, benefits and services because

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applications for those services could not be approved until a case plan was developed and the member was released from the CF. Improvements in the application approval process would significantly contribute to the overall wellness of the transitioning member.

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

- iii. Resourcing. In SNAG veteran interviews, all the veterans stated that they had received little or no assistance in the preparation of the various VAC application documents. In spite of VAC policy and stated processes, it is clear that the veterans are not receiving the comprehensive assistance and guidance they require due to perceived shortages of staff within the VAC District Offices. As well, CF members are uncertain as to when VAC comprehensive rehabilitative case planning can commence for CF members slated to be medically released. SNAG finds it hard to comprehend how VAC will be able to administer separate veterans' plans (the Pension Act, the NVC and the blended plan) without a thorough review of its frontline staff's ability to perform the required tasks to meet the needs of all veterans.

Recommendations:

- 1) VAC address and resolve the perceived resourcing issues and, if necessary, increase staff at the District Offices to ensure services are not degraded;
- 2) Adopting a risked-based approach to resource allocation, VAC conduct internal reviews of frontline services at the District Offices in order to ascertain if resources for services are needed or if better allocation of resources are required;
- 3) VAC Case Managers need to identify to the veteran the role of the VAC Case Manager as there may be misunderstandings between the role the CF Case Manager when compared to the VAC Case Manager and the veteran needs to understand the differences;
- 4) Case Managers (Area Counselors) need to be directed to be more proactive, accessible and responsive to needs and queries from veterans and their families; and

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- 5) A VAC Pension Officer should be employed at every CF Base. DND Case Managers could thus direct releasing CF members to the Pension Officer to initiate the application process.

g **MISCELLANEOUS OBSERVATIONS**

- i. **General.** Members of SNAG are often made aware of issues concerning VAC and the veterans from various sources. While the focus of SNAG is identifying gaps within the parameters of the NVC for the special needs veterans there are issues that need to be considered that do not necessarily fall within this category.
- ii. **Review of NVC.** SNAG, notwithstanding all the efforts of VAC in designing the NVC, must insist that VAC engage Parliamentary and Senatorial committees to conduct their reviews and provide, once and for all, irrefutable endorsement of the NVC that it best meets the needs of the veterans.

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

- iii. **Veterans Review and Appeal Board (VRAB).** SNAG welcomes the recent initiative of VAC to place veterans as members of VRAB. Notwithstanding this recent change, SNAG has observed that some cases in front of the VRAB have been denied due to lack of incident reports or the lack of records in the soldiers' medical documents. Most members of the VRAB making decisions on whether or not a condition is relevant to service know very little of the military occupation; therefore their decision may not be based upon sound background knowledge/experience. Subject matter expert input would greatly benefit both the decision makers, the veterans and ensure the continued relevance of the VRAB.

Recommendation: VRAB, through DND, should contact branch/occupational advisors from the CF for advice on those cases where veterans' claims are being made would benefit from the input from expert witnesses about the occurrence/frequency of service related conditions.

- iv. **Ste-Anne-de-Bellevue.** Members of SNAG visited Ste-Anne-de-Bellevue facility in August 2006 and noted that there were intra-departmental gaps in provision of approved treatment regimes, which created conditions for treatment failure. The rationale for this assessment was based upon VAC front line staff comments that treatment regimes involving sequential treatment programs were being compromised by preventable undue delays involving intra-departmental communications. The Case

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Manager must manage the scheduling of treatment plans on behalf of the veteran, the associated specialists and intra-departmental programs.

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

h **INTERVIEW SYNOPSIS**

- i. **General.** SNAG has had the unique opportunity to speak with veterans including some special needs veterans from various geographical locations within Canada. Despite the distance between them, similar issues have been identified. This interview synopsis is an attempt at packaging the observations and recommendations gleaned from the various veteran interviews.
- ii. **Anxiety and Stress.** Virtually every veteran interviewed has experienced significant heightened levels of anxiety and stress in dealing with VAC, the transition process and the unknown. Many of the observations and recommendations in this report can be directly linked to veteran anxiety and stress levels. Major stressors listed below are viewed by veterans and their families as barriers to successful transition and reintegration.
 - 1) The inability to directly contact Case Managers;
 - 2) Confusion with the roles of Case Managers, Area Counsellors, Client Service Agents etc;
 - 3) The lack of response to queries from Case Managers and the District Office;
 - 4) Lack of compassion by VAC staff;
 - 5) VAC staff impersonality;
 - 6) Bureau of Pension Advocates were deemed “cruel and insensitive” and took far too long to process the files; and
 - 7) Changing of staff and having to repeat previous discussions with new staff.
- iii. **Inter-Department Cooperation.** Seriously Injured (SI) and Very Seriously Injured (VSI) CF members with catastrophic injuries undoubtedly will become special needs veterans with VAC. The CF Integrated Case Management team works with the CF member and his/her family as soon as practical post injury; however, the VAC Client

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Service Delivery Team is only engaged later in the process, usually when a release date has been determined, this is too late in the process for the provision of a seamless transition.

Recommendations:

- 1) Improved cooperation with CF Integrated Support Teams (Case Management teams); and
 - 2) Earlier VAC intervention by its Client Service Delivery Team in SI and VSI catastrophic injury veterans.
- iv. **Communications**. Veterans explained that information from VAC was often not processed by the member or understood.

Recommendations:

- 1) The use of a “Navigator” (as recommended by Muriel Westmoreland) would facilitate the veteran in working through and understanding all the documentation and application forms required by VAC;
 - 2) Improved cooperation with CF Integrated Support Teams (Case Management teams);
 - 3) Development of a checklist of programs, benefits and services and how it may relate to the veteran and his/her family (refer to section 7.e.iii.);
 - 4) In the case of a personality conflict between the veteran and the VAC Case Manager the ability to request a change; and
 - 5) Use e-mail. (SNAG notes that VAC surveys state that the internet has widespread use, yet e-mail is virtually an untapped mode of communication and VAC continues to use written correspondence).
- v. **The Family**. Veterans explained that they felt that VAC has an anti-family focus despite the VAC literature. They felt that their families were being ignored.

Recommendations:

- 1) The removal of spousal and children benefits in the NVC without being replaced with anything tangible needs to be corrected, perhaps the provision of a spousal or children allowances needs to be reconsidered;

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- 2) Marital support mechanisms need to be instituted to protect the integrity of the family, such as family and marital counselling;
- 3) In order to protect the DA from abuse it should be tied with mandatory financial controls; and
- 4) Improve access to education including University upgrading for veterans. In the case where the veteran is not able, provide this opportunity for the spouse.

i **SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS**

- i. This report contains approximately 20 observations and 45 recommendations for VAC's consideration. First and foremost is the level of anxiety and stress veterans and particularly special needs veterans and their families related to the transition from the military to post military lifestyles. This stress and anxiety comes from a number of factors some obvious and some not so clear.
- ii. Issues that concern SNAG and have been identified in this report are summarized as follows:
 - 1) Perceived resourcing issues faced by VAC in the provision of sufficient and properly trained staff to manage Pension Act Veterans, NVC Veterans and blended plan Veterans;
 - 2) Communications at all levels, including VAC Client Service Team, the veteran, his/her family, medical specialists, community resources/partners and all service providers;
 - 3) Health care issues, costs and coverage;
 - 4) Parity, as a minimum, with similar/parallel public sector programs, benefits and services;
 - 5) Financial concerns, including financial security over the long term specifically from a special needs veteran's and family perspective;
 - 6) Insufficient value placed on the veteran's family by VAC;
 - 7) The requirement for VAC to understand and comprehend the intense level of stress and anxiety that veterans and their families face; and
 - 8) The views of the veterans and their families cannot be understated.

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j **EXPECTATIONS**

- i. SNAG has certain expectations from VAC with regards to this report and previous reports. It is expected that VAC will provide timely feedback on useful recommendations and an explanation as to why other recommendations may not have been accepted.
- ii. Additional WIPs may be required to focus SNAG activities on examining specific gaps in programs, benefits and services; yet at the same time not limiting SNAG activities to just WIP content.

8. **SUMMARY**

- a. Further study is required by VAC to ensure that the veteran under the NVC is no worse off with regards to programs, benefits and services than the veteran under the Pension Act. Any diminishment of programs, benefits and services will forever tarnish VAC in the eyes of veterans for generations to come. VAC needs to ensure that the NVC is substantially better in all aspects than the PA and as a minimum on par with the public sector. The design of the programs, benefits and services under the NVC should not be a balance of give and take driven by associated costs. Rather, all programs, benefits and services should be what is needed and right for the veteran and his/her family. There is a perception that programs, benefits and services provided within the NVC were a compromise driven by budget considerations and not what was necessarily the best for the veteran.
- b. VAC must take responsibility to ensure adequate and thorough follow-up for all clients is maintained and if necessary enshrined in legislation. VAC should not simply out-source or rely on other provincial and federal programs to provide programs, benefits and services for the special needs veterans or their families without ensuring safeguards are in place.
- c. VAC needs to have an independent public inquiry into the programs, benefits and services under the NVC to establish once and for all that the NVC is better in all aspects than the previous plan especially for special needs veterans who may never fully recover or successfully transition from the military to civilian life. VAC has a duty and responsibility to provide for those unable to do so for themselves and their families.
- d. VAC needs to ensure, in all aspects of the NVC particularly with special needs veterans, that there is a level of compassion demonstrated; that programs, benefits and services provide flexibility, parity and equality, that the family is respected and that the veteran and his/her family is treated with respect and dignity.