

Rehabilitation Services Evaluation

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Audit and Evaluation Division

Canada 

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EXECUTIVE SUMMARY

Background

This Rehabilitation Services Evaluation was conducted in accordance with Veterans Affairs Canada's (VAC) approved Multi-year Risk Based Evaluation Plan 2013-2018.

Established in 2006, the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (hereinafter referred to as the New Veterans Charter or NVC)¹, shifts the Department's focus from one of disability to one of wellness and responds to Canada's commitment to injured Canadian Armed Forces (CAF) members and Veterans. As part of the NVC, the Rehabilitation Services and Vocational Assistance Program (hereinafter referred to as the Program) provides eligible Veteran recipients and their spouse/survivor(s) with one or more of the following types of rehabilitation services: medical, psycho-social, or vocational. In fiscal year 2012-13, the Program funded \$18.4 million in benefits and services.

The intent of the Program is to support the reasonable restoration of functioning in the following five major areas: mental and physical functioning; social adjustment; family relationships; financial security, employment and personal productivity; and community participation. Recipients are primarily Veterans who were recently medically-released from the CAF, or CAF Veterans who have a health problem resulting primarily from service which is creating a barrier to their re-establishment in civilian life. Veterans often present with complex co-morbid² conditions which require the use of the various available medical and psycho-social rehabilitation benefits and services.

The evaluation examined the relevance and performance of the Program and was conducted in accordance with Treasury Board (TB) requirements and TB Secretariat guidance material. The evaluation findings and conclusions are based on the analysis of multiple lines of evidence.

Overall Results

Relevance

The evaluation confirms a continuing need for the Program as the number of eligible recipients is increasing annually, the usage of benefits and services are increasing, and forecasts indicate this trend will continue. In addition, a need for the Program has been indicated by various Veteran groups and studies. The Program is aligned with the priorities of the Government of Canada, as well as the strategic plans of the Department.

¹ The New Veterans Charter is a key component of VAC's efforts to ensure Veterans and their families receive the care and support they need, when they need it. It offers a wide range of programs, services and benefits which continue to evolve with the changing needs of the men, women, and families it serves. Source: www.veterans.gc.ca

² Co-morbid: existing simultaneously with and usually independently of another medical condition. Source: Merriam-Webster's Dictionary.

Performance - Achievement of Expected Outcomes

More appropriate health, functional capacity and vocational performance measures would allow for better measurement of the participant's success in the Program. In addition, the assessment process would benefit by having earlier and more holistic consultation with health and rehabilitation professionals to promote the success of participants in the Program.

For the past three fiscal years, more than 95% of those who apply to the Program became eligible. The evaluation team noted that eligible Veterans:

- received an assessment of need following determination of eligibility;
- received access to funding for rehabilitation services but it was not always timely (within 90 days of eligibility);
- acquired the knowledge, skills, and abilities to achieve their occupational goal; and
- experienced positive family relationships but limited integration within their communities; yet
- were not achieving their employment goals at a high rate.

Data gathered since the Program's inception shows that a participant may remain in the Program for a long period of time. For example, of the participants who entered the Program in 2006-2007, approximately 33% (324 of 989) are still in the Program. As of March 31, 2013, 2,342 recipients have completed the Program since its inception.

The success of the Program is dependent on recipients completing the Program and this is not occurring at the rate expected. The Financial Benefits Program has a range of monetary benefits which may be deterring Veterans from participating in the vocational aspects of the Program and the labour force. These issues may be addressed in the context of the current NVC Review or in response to the House of Commons Standing Committee on Veterans Affairs (ACVA) report, *The New Veterans Charter: Moving Forward* and may be part of an upcoming NVC Financial Benefits Evaluation which the Audit and Evaluation Division plans to begin in 2015-16.

Performance - Demonstration of Economy and Efficiency

Original forecasts for the Program displayed an expected rapid increase and corresponding decrease in expenditures before fiscal year 2010-11. In actuality, the Program experienced a steady growth in expenditures since inception and those expenditures are forecast to continue to increase. As of September 2013, the Department forecasts a 97% increase (\$18.4 million to \$36.2 million) in expenditures between 2012-13 and 2017-18.

Program resource utilization costs are those costs associated with delivering a program and include salaries, operating and maintenance, employee benefits, and contract administration costs. These costs could not be estimated with an acceptable level of

confidence. The allocation method for the Program needs to be revised to more accurately reflect the Program's costs.

Recent initiatives have improved efficiency within the Program such as increased decision-making authority for front-line workers and streamlined policies. Also, a recent legislative amendment has streamlined the process for approving education/training expenses for vocational rehabilitation.

The evaluation findings resulted in the following recommendations:

Recommendation 1

It is recommended that the Assistant Deputy Minister, Service Delivery, develops:

- **measurable program-specific performance indicators to assess “improved health and functional capacity” for the intermediate outcome; and**
- **more appropriate vocational indicators to assess program success.**

Recommendation 2

It is recommended that the Assistant Deputy Minister, Service Delivery, reviews the Program's assessment process to facilitate earlier consultation with health and rehabilitation professionals.

Recommendation 3

It is recommended that the Assistant Deputy Minister, Human Resources and Corporate Services Branch, in collaboration with the Assistant Deputy Minister, Service Delivery, develops an appropriate methodology to accurately calculate the costs of the Program.

1.0 Introduction

VAC's Rehabilitation Services and Vocational Assistance Program was established in 2006 in response to a March 2000 Review of Veterans' Care Needs Phase III. The Review found that most CAF members/Veterans who received services from VAC reported multiple physical health problems and more instances of pain, major depression, and post traumatic stress disorder than the general population. The review also found that, generally, CAF members/Veterans accessing services from VAC had lower levels of wellness and formal education. They also experienced more difficulty obtaining employment than the average Canadian.

The intent of the Program is the reasonable restoration of functioning in the following five major areas:

- mental and physical functioning;
- social adjustment;
- family relationships;
- financial security, employment and personal productivity; and
- community participation.

1.1 Program Overview

The Program is intended to provide timely access to funding for the following types of rehabilitation services: medical, psycho-social, or vocational. A list of the Program services and interventions can be found in Appendix A. These services and interventions are provided to address re-establishment barriers³ associated with career-ending health problems, or health problems resulting primarily from military service which are creating a barrier to re-establishment in civilian life. The Program provides access to other NVC programs, including the Financial Benefits and the Health Benefits Programs. These programs are designed to work together in a wellness model to support a participant's successful re-establishment.

1.2 Program Delivery

The VAC Case Manager coordinates the delivery of rehabilitation services and benefits through the development of a participant's rehabilitation plan⁴, hereinafter referred to as the Plan. It involves coordinating services and facilitating communication between the participant and the providers that are identified in the Plan. The Plan, mutually developed with the participant, is based on the participant's individual needs and goals. It includes one or more of the following types of rehabilitation services: medical, psycho-social, or vocational.⁵

³ A barrier to re-establishment in civilian life limits or prevents the individual's reasonable performance of his/her roles in the workplace, home or community. Source: *NVC Phase III Evaluation, 2011*.

⁴ Rehabilitation plans are developed to address identified barriers and goals based on the rehabilitation assessment. This requires a holistic approach to assessment that goes beyond evaluation of the health problem to also consider the barriers to re-establishment that the health problem poses. Source: *Guides for Case Planning, National Case Management Unit, 2011*.

⁵ Performance Measurement Strategy, Rehabilitation Services and Vocational Assistance Program, May 8, 2013.

VAC has a contract with a national service provider (CanVet) for vocational rehabilitation to be provided by qualified and certified vocational rehabilitation specialists.

1.3 Program Eligibility

There are four groups who may be eligible for the Program.

1. CAF Veterans who were recently (within 120 days prior to applying) medically-released from the CAF (hereinafter referred to as medically-released);
2. CAF Veterans who have a health problem which developed primarily as a result of service and which is creating a barrier to re-establishment in civilian life (hereinafter referred to as rehabilitation need);
3. Spouse or common-law partner of an eligible CAF Veteran when it has been determined that the Veteran would not benefit from vocational rehabilitation as a result of being *Totally and Permanently Incapacitated* (TPI)⁶ by the physical or mental health problem in respect of which the rehabilitation services for the Veteran were approved; or
4. Survivor of a CAF member or Veteran who dies of either a service-related injury or disease or a non-service injury or disease that was aggravated by service.

2.0 Scope and Methodology

The scope of the evaluation was from April 2010 to March 2013. The evaluation focused on two main eligibility groups: CAF Veterans who were medically-released from the military and applied within 120 days of release or who have a physical or mental health problem resulting primarily from service that is creating a barrier in their transition to civilian life. The evaluation was conducted between June 2013 and December 2013.

The scope of the evaluation included reviews of:

- the processes and costs to fund Program services and benefits;
- the eligibility process for the Program; and
- the partnership between VAC and the national vocational rehabilitation service provider as it relates to service outcomes.

⁶ The Veterans Affairs Canada policy on *Totally and Permanently Incapacitated* (TPI) refers to a Veteran being designated TPI as being assessed as not having the capacity to return to any occupation which can provide suitable, gainful employment as a result of the permanent health problem(s) for which the Veteran is eligible for the Rehabilitation Program. Veterans who have been determined to be TPI will continue to be eligible to receive Earnings Loss benefits until they reach the age of 65, or until their health problem no longer meets the criteria for TPI.

2.1 Multiple Lines of Evidence

The lines of evidence used to evaluate the Program's relevance and performance are outlined in Table 1 below:

Table 1 - List of Methodologies

Methodology	Source
Literature Review	<ul style="list-style-type: none">• Departmental reports (Acts, Regulations, program and planning documents)• Previous VAC Evaluations• Program documents and data from United Kingdom, United States, and Australia• Recipient survey results
Documentation Review	<ul style="list-style-type: none">• A review of departmental policies, regulations and procedures, forms, etc.
Research Studies	<ul style="list-style-type: none">• VAC Research Directorate studies• Studies conducted by other federal government departments• Evidence-based non-VAC literature
Key Informant Interviews	<ul style="list-style-type: none">• A combination of 96 in-person, telephone and video interviews with VAC staff, CanVet staff, and departmental subject matter experts
File Review	<p>Two File Reviews (See Appendix B):</p> <ul style="list-style-type: none">• Statistically valid random sample of 134 eligible recipients (confidence level of 90%, with a margin of error of $\pm 7\%$)• Review of all 73 Rehabilitation participants who released after 2006 and had active plans in the 2010 file review conducted during the New Veterans Charter Evaluation Phase III
Statistical/Program Data	<ul style="list-style-type: none">• VAC Finance Division• Program Performance Measurement• Re-establishment Survey• Contractor health claims processing data

2.2 Limitations and Analytical Challenges

The following limitations were identified during the evaluation:

- The evaluation team did not consult with recipients or providers directly; they used results from previous surveys.
- The team did not have the required qualifications or access to subject matter experts or health professionals and therefore were unable to assess participants' health outcomes or case management activities.
- The main performance measure for Program outcomes is based on the Re-establishment Survey which contains self-reported health measures. Analysis of the data is current as of March 31, 2012, and the overall response rate for the

2011-12 Re-establishment Survey was 33% (697 responses from the 2,110 rehabilitation decisions). The evaluation team attempted to mitigate this limitation by acquiring other lines of evidence to support or refute the survey results.

- NVC Financial Benefits were reviewed at a high level as Audit and Evaluation Division plans to evaluate these benefits in 2015-16 at which time it is expected that an in-depth evaluation of Earnings Loss Benefits will occur.
- The evaluation team was unable to estimate with an acceptable level of confidence Program resource utilization costs for the period under review, due to limitations with the current methodology.

These limitations should be considered when reading the evaluation findings.

3.0 Relevance

3.1 Continued Need for the Program

There is a continued need for the Program.

From 2006 to 2011, 8,026 CAF members were released from the military because of an injury or illness that ended their military career.⁷ In general, CAF Veterans accessing services from VAC report complex states of health. CAF Veterans reported receiving a diagnosis by a health professional for at least one physical health condition (91%); a diagnosis for at least one mental health condition (60%); and a diagnosis for both physical and mental health conditions (55%). In addition, participants in the NVC suite of programs had a lower rate of working post-release and higher rates of unemployment than Disability Pension participants and non-participants.⁸

The evaluation team's file review confirmed the prevalence of co-morbidity as 85% (114 of 134) of Program participants had multiple mental/physical conditions noted on their file.

As of March 31, 2013, there were 5,866 participants in the Program. This represents a 126% increase (2,591 to 5,866) from March 31, 2009. Departmental forecasts indicate an ongoing future demand for the Program with the overall number of participants increasing by 55% to 9,100 by 2017-18.⁹

⁷ Office of the Auditor General of Canada, *Report of the Auditor General of Canada to the House of Commons, Chapter 4 Transition of Ill and Injured Military Personnel to Civilian Life*, 2012.

⁸ Thompson JM, MacLean MB, Van Til L, Sudom K, Sweet J, Poirier A, Adams J, Horton V, Campbell C, Pedlar D. *LASS: Survey on Transition to Civilian Life: Report on Regular Force Veterans*. Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa. 04 January 2011:103 p.

⁹ VAC Client and Expenditure Forecast 2014-15.

3.2 Alignment with Government Priorities

The Program aligns with government priorities.

Each year, the federal government's priorities are identified in the Government of Canada's *Speech from the Throne*. The 2011 *Speech from the Throne*, delivered by the Governor General of Canada, notes "Our Government will continue to recognize and support all Veterans". In addition, the 2013 *Speech from the Throne* stated "Our Veterans have stood up for us; we will stand by them".

The Program also aligns with the Department's strategic outcome of "Financial, physical and mental well-being of eligible Veterans". The Program is intended to support eligible Veterans in transitioning to civilian life by addressing the medical, psycho-social and/or vocational rehabilitation barriers.

3.3 Alignment with Federal Roles and Responsibilities

The Program aligns with federal roles and responsibilities.

VAC's legislative requirement for the Program is outlined under Part 2 of the New Veterans Charter: "The Minister may, on application, provide rehabilitation services to a veteran who has a physical or a mental health problem resulting primarily from service in the Canadian [Armed] Forces that is creating a barrier to re-establishment in civilian life." In addition, "The Minister may, on application, provide rehabilitation services or vocational assistance to a veteran who has been released on medical grounds in accordance with chapter 15 of the *Queen's Regulations and Orders for the Canadian Forces*" and who, subject to some exceptions, has applied within 120 days after the day of the Veteran's release.

The Program also directly supports the mandate of VAC which is "the care, treatment or re-establishment in civil life of any person who served in the Canadian [Armed] Forces".¹⁰

There is some duplication or overlap with other Canadian Programs.

Medically-releasing CAF Veterans participating in the Program can receive vocational rehabilitation services and benefits via the Department of National Defence's Service Income Security Insurance Plan (SISIP). The services provided by SISIP include vocational rehabilitation for a period of up to two years following medical release from the CAF. SISIP also provides training and education with the goal of enhancing the former member's existing education, skills, training and experience. SISIP overlaps somewhat with VAC's vocational rehabilitation services which were designed to assist participant's in identifying and achieving appropriate vocational goals. The difference between these programs is that SISIP's vocational training is centered on existing education while VAC's vocational rehabilitation services concentrate on providing

¹⁰ Department of Veterans Affairs Act. Section 4(a)(i)

training for a skill that is appropriate for the participant's health and will provide gainful employment. Also, SISIP does not provide medical or psycho-social rehabilitation services. Once the two year SISIP eligibility has ended, many recipients apply for VAC's Program.¹¹

The Canada Pension Plan (CPP) Disability Vocational Rehabilitation Program offers vocational counseling, financial support for training, and job search services to recipients of the CPP Disability Benefit. There is overlap with the Program; however, VAC's Program, specifically the vocational portion, provides national service and is available to Veteran's families.

Provincial Workers Compensation Boards provide return-to-work rehabilitation, compensation, and health care benefits; however, they are not targeted to Veterans, nor do they provide treatment for service related illnesses/injuries. Various provincial programs provide services similar to the Program (e.g., Health Care Benefit Trust in BC); however, Veterans are not eligible if their need for the provincial program is as a result of military service. Also, the provincial programs do not provide psycho-social benefits or family assistance.

Differences in program design prevent direct program comparison amongst other countries.

The evaluation team examined Veteran rehabilitation programs in Australia, the United Kingdom, and the United States, as these Rehabilitation Programs have some elements of comparability to VAC's. Each of these countries provides various levels of support for rehabilitation services and benefits.

All three countries have a different health care system; therefore, the delivery of services and benefits to Veterans is specific to each country. Based on the analysis of the three countries, it has been noted that the Australian Program most closely resembles VAC's. For further detail, please refer to Appendix C.

¹¹ DND/VAC/SISIP Program Arrangement (PA) - Questions and Answers, Veterans Affairs Canada, 2013.

4.0 Performance

4.1 Achievement of Expected Outcomes

The effectiveness and success of a program are generally measured through the use of performance measures and program outcomes. This section of the report addresses the progress realized towards achieving the Program outcomes.

Immediate Outcome:	Eligible Veterans and other program recipients have access to medical, psycho-social, and vocational rehabilitation services
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Veterans receive eligibility decisions to the Program within VAC standards but access to rehabilitation services is not always timely.

Generally, the process for access to the Program is:

1. An application for the Program is received and eligibility is confirmed;
2. An assessment is completed by the Case Manager;
3. A plan is developed to determine which services/ benefits will be accessed; and
4. The services and benefits identified in the plan are funded.

As of March 31, 2013, the Program had a 96% favourable rate for eligibility decisions.¹² VAC has a service standard for processing applications for entry into the Program. The standard states that “a decision will be made within 2 weeks of receiving all information in support of your application”. The target (80%) has been achieved every quarter since March 2011. As per legislation, an application for entry into the Program is required. Given the high approval rates for the Program, the Department is looking at streamlining the application process.

The breakdown of eligible Program recipients by fiscal year for 2010-11 to 2012-13 is outlined below in Table 2. Overall, there was a 29.9% increase (4,515 to 5,866) in recipients eligible for the Program from 2010-11 to 2012-13. Although the medically-released recipients increased the most on a percentage basis (39.8%), the most populated eligibility type, rehabilitation need recipients, continues to drive the increase in overall Rehabilitation participants in terms of numbers.

¹² Rehabilitation and Vocational Assistance Program Performance Snapshot and Client Profile, 2012-13.

Table 2 - Total Eligible Program Population at Year End (March 31st)

Eligible Program Recipients	2010-11	2011-12	2012-13	Population Change (2010-11 to 2012-13)
Rehabilitation Need	3,081	3,554	3,883	26.0%
Medically-Released (120 Days)	1,338	1,589	1,871	39.8%
Spouses and Survivors	96	113	112	16.7%
Total	4,515	5,256	5,866	29.9%

Source: VAC Statistics Directorate

VAC policy does not require Case Managers to conduct an in-depth assessment of the Veterans' need for the Program prior to an eligibility decision. The intent of this process is to ensure eligibility decisions are made quickly to ensure Veterans receive needed rehabilitation services or vocational assistance in a timely manner. For example, in situations where the Earnings Loss Benefit¹³ is payable, Veterans will receive the benefit once eligibility for the Program is approved. As an in-depth assessment is not conducted at the application stage, participants can only be provided with general information regarding the Program and its requirements. Detailed information cannot be provided until an assessment is completed, re-establishment barriers are identified and the Plan is developed.

A participant's Plan defines the resources, benefits, and services required for their successful completion of the Program. For fiscal year 2012-13, 58% (3,380 of 5,866) of participants (target 80%) received a Plan within 90 days of their eligibility decision.¹⁴ The delay in development of the Plan means that access to and provision of rehabilitation services is also delayed. New service standards regarding service delivery have been added which require regular follow-up with participants within specified time periods. These standards may address the situation but were out of the evaluation's scope and will be reviewed during the next Program evaluation.

Further, the delay in creating the Plan can mean a delay in consultation between Case Managers and health/rehabilitation professionals. Interviews with staff at varying levels indicated that Case Managers often do not consult with internal health and rehabilitation professionals until the later stages of the participant's Plan. According to the file review, there was no consultation with a VAC health or rehabilitation professional¹⁵ on 31% (28 of 90) of the files¹⁶. When consultation did occur, on average it happened approximately 5 months after approval of the recipient's eligibility. This file review did not measure if consultation with external service providers had occurred; however, a file review of Rehabilitation participants undertaken in the *Audit of Delegated Decision-Making* in

¹³ The Earnings Loss Benefit is one of the supports available through VAC's Financial Benefits Program. Earnings Loss is payable in recognition of the economic impact a military career-ending or service-related disability may have on the Veteran's ability to earn income following release from the CAF. This income replacement ensures that the eligible Veteran's income does not fall below 75% of their gross pre-release military salary.

¹⁴ Rehabilitation and Vocational Assistance Program Performance Snapshot and Client Profile, 2012-13.

¹⁵ Rehabilitation and Health Professionals include the Regional Rehabilitation Officer, Regional Mental Health Officer, District Occupational Therapist, District Nursing Officer, Senior District Medical Officer, and Vocational Specialist.

¹⁶ Only those participants (90/134) of the file review deemed eligible after June 2011 (the implementation of Delegated Decision-Making) were included in the analysis. Delegated Decision-Making provides Case Managers with enhanced decision-making capacity and the choice to consult with a health professional.

December 2013 identified that consultation with external service providers occurred in 44% (53 of 120) of the files reviewed.

The delay in consultation with health and rehabilitation professionals, in addition to any time lapsed from date of injury, negatively impacts the possibility of addressing the recipient's rehabilitation need.¹⁷ The time lapse is a major challenge and further supports the need for early consultation with health and rehabilitation professionals as well as subject matter experts.

In 2009, VAC's Medical Advisory Committee identified that health and rehabilitation professionals are often consulted too late in the process. Evidence-based international research favours early and comprehensive disability intervention guided by multi-disciplinary professionals.¹⁸ It suggests that a lack of consultation at the entry-level stage can affect the consistency of decisions and subsequently the effectiveness of the developed plans. As each type of professional (e.g., occupational therapist, doctor, nurse, or vocational specialist) brings their expertise, a more holistic approach to the creation of the participant's Plan can be developed. Appendix D illustrates the relationship between each of the various Rehabilitation elements and the wide range of professionals that may contribute to the development of the Plan.

Intermediate Outcome: **1. Eligible Veterans and other program recipients experience improved health and functional capacity**

To determine if Program participants experience improved health and functional capacity, additional data/information is required.

Currently outcome measurements are based on self-reported scores from the March 2012 Re-establishment Survey¹⁹ which also contains the Short Form-12 Health Survey²⁰. Based on responses from the Survey, participants who have completed the Program show moderate improvements and/or declines in stress levels, physical health and mental health. As noted in the evaluation limitations, the participation rate for this survey is below adequate²¹ (33% or 697 of 2,110), the most recent results are as of

¹⁷ The file review noted that participants' injuries occurred an average of 14 years before Program eligibility.

¹⁸ Early is defined as one to six months from the start of absence from work. Comprehensive includes the engagement of various health professionals such as physicians, nurses, physical therapists, psychologists, occupational therapists, social workers, rehabilitation specialists and vocational professionals. Source: Thompson JM, MacLean MB. *Evidence for Best Practices in the Management of Disabilities*. Research Directorate, Veterans Affairs Canada, Charlottetown, 27 July 2009.

¹⁹ A voluntary self-reported survey tool that collected data from Rehabilitation Program participants. This tool included the Short Form-12 Health Survey in its entirety and collects data related to quality of life, economic security, community and family integration, employment status, and perceived recognition. The survey was distributed to participants at the time of their Program eligibility and at the time of their completion of the Program in order to allow for the collection of direct "before and after" data.

²⁰ A voluntary self-reported survey that measured health related quality of life. The Department's license for the Short Form-12 Health Survey will expire in the near future and will not be renewed.

²¹ Response rates approximating 60% for most research should be the goal of researchers, *Response Rates and Responsiveness for Surveys, Standards, and the Journal*, American Journal of Pharmaceutical Education, 2008.

March 2012, and survey participants may not have been representative of the overall program participant population.²²

As part of the NVC Phase III Evaluation, an occupational therapist, external to the department, conducted a file review which provided an overall assessment of progress for participants in the Program. The sample population for this file review consisted of individuals who entered the Program between April 1, 2006, and October 31, 2009, and who had participated in the program for at least six months. The Evaluation Team reviewed assessments of 73 of these participants, who continued to have open Plans in 2010, to obtain further information on the perceived change in health and functional capacity. 53 participants in the file review had an assessment completed before October 2009 and another assessment completed between November 2009 and September 2013 (the end of file review data collection for the current evaluation).

The findings from the file review are similar to that of the Re-establishment Survey. More detailed results of the file review can be found in Appendix E. It should be noted that there are limitations to the file review as assessments by a Case Manager are not conducted on a regular basis and some or all of the above information is self-reported by the recipient. The Re-establishment Survey also has some limitations. Self-reported health measures are a predictor of health status but should be used to complement other health status indicators.²³ In addition, research indicates respondents may inflate the incidence and severity of health problems and disability in order to rationalize labour force non-participation and/or receipt of disability benefits.²⁴ Additional measures from alternate sources would assist in performance measurement for this outcome.

Intermediate Outcome: **2. Eligible Veterans and other program recipients have the knowledge, skills, and abilities to achieve an appropriate occupational goal**

Eligible Veterans are acquiring the knowledge, skills, and abilities to achieve their occupational goal.

The purpose of vocational rehabilitation is to assist Veterans with a health problem become employable given their education, training, and experience. Vocational services and benefits include vocational assessments, training, career exploration, job placement, and follow-up support.

According to the Re-establishment Survey, for fiscal year 2011-12, 54% (91 of 168) of recipients felt prepared to find employment at the beginning of the Program compared to 82% (116 of 141) who were prepared when the Program was completed. Also, most participants who completed the Program indicated that their knowledge/skills increased

²² Any participant who leaves the program for any reason prior to completing it (e.g., voluntary withdrawal, cancellation due to non-compliance or death) was not included in the survey. Source: New Veterans Charter Re-establishment Survey Results for the Rehabilitation Program, June 2013.

²³ *Indicators of Well-Being in Canada*, Health and Social Development Canada, 2012.

²⁴ *How Large Is The Bias In Self-Reported Disability?* Journal of Applied Econometrics, 2004.

in résumé writing, interview techniques, conducting a job search, labour market information, employment planning, and self-marketing.²⁵

The CanVet Quarterly Client Training Report, for fiscal year 2012-13, reported that of the 218 participants who enrolled in training, 69% (151) of recipients successfully completed one or more of the training programs that were included in their Individualized Vocational Rehabilitation Plan²⁶ (IVRP).

While these results are positive, i.e., participants in vocational rehabilitation are acquiring the knowledge, skills, and abilities to achieve their occupational goal, over the three year period from 2010-11 to 2012-13, the proportion participating in vocational rehabilitation funded by VAC has decreased from 27% (1,207 of 4,515) to 22% (1,309 of 5,866) respectively.²⁷

Ultimate Outcome: **1. Eligible Veterans and other program recipients actively participate in the civilian workforce**

The number of eligible Veterans achieving their employment goals is below the Program's target.

From 2010-11 to 2012-13, the employability outcome (Veterans attaining their employment goal) at the end of a recipient's IVRP increased from 20% (9 of 46) to 28% (84 of 297). This remains below the 80% target.²⁸

As of March 31, 2013, 22% (1,309) of the eligible 5,866 Program participants were accessing vocational rehabilitation. As 32% (1,883 of 5,866) were eligible for Earnings Loss and in receipt of SISIP (VAC has no authority to provide Vocational Services) and a further 16% (914 of 5,866) have been determined TPI it is unlikely that these individuals would be participating in vocational rehabilitation. The remaining 30% (1,760 of 5,866) of eligible Program participants were not accessing vocational rehabilitation as it was determined they were not currently suitable or they had no interest. This information is represented below in Figure 1.

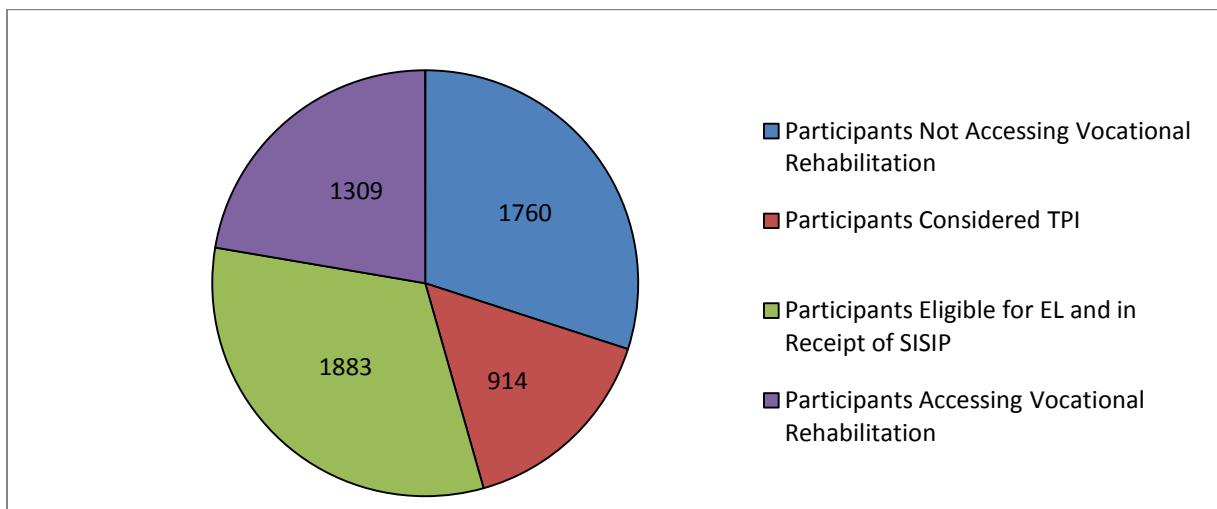
²⁵ Rehabilitation Intake and Program Completion Survey Results, Fiscal Year 2010-11 and 2011-12.

²⁶ A written plan that includes all activities/steps required to reach the participant's vocational rehabilitation goal, along with applicable cost and time lines. It is also an agreement between VAC, the service provider, and the participant regarding deliverables to be completed in order to enable the participant to reach his goal.

²⁷ Rehabilitation and Vocational Assistance Program Performance Snapshot and Client Profile, Fiscal Year 2012-13.

²⁸ Rehabilitation and Vocational Assistance Program Performance Snapshot and Client Profile, 2012-13.

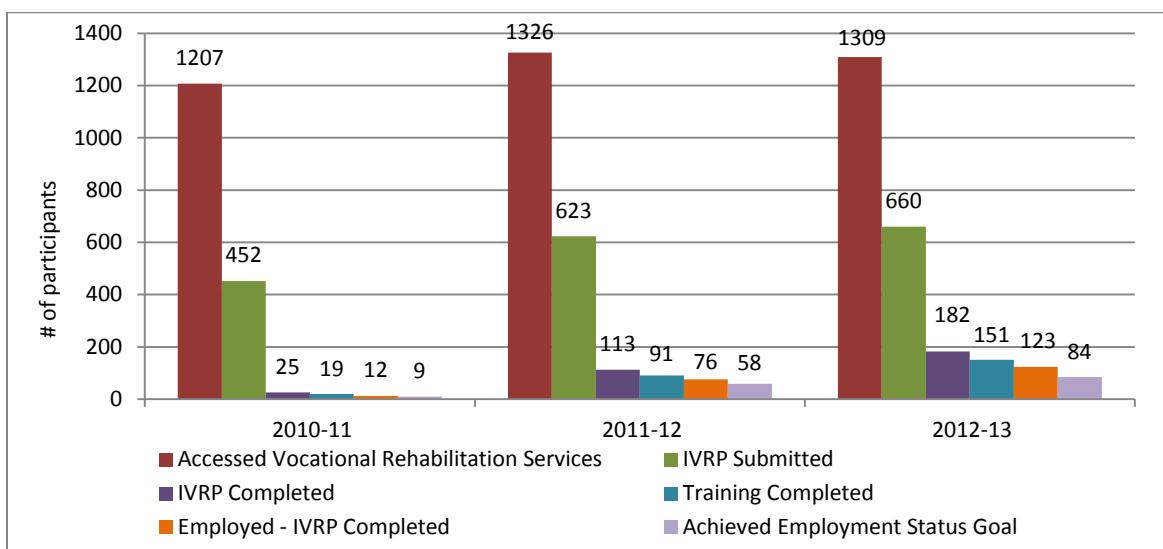
Figure 1 – Breakdown of Vocational Rehabilitation, SISIP, and TPI Participants - March 31, 2013



Source: Rehabilitation and Vocational Assistance Program Performance Snapshot and Client Profile, 2012-13

Figure 2 below displays the number of participants who accessed vocational rehabilitation services, submitted an IVRP, completed an IVRP, completed training, became employed, and achieved their employment status goal. Although the number of participants becoming employed or achieving their employment status goals has increased annually, this number is small in comparison to the number of participants who accessed vocational rehabilitation and submitted an IVRP.

Figure 2 - Overall Achievement of Employment Goals by Eligible Recipients



Source: CanVet Quarterly Reports

One benefit available to rehabilitation participants is the Earnings Loss Benefit. This benefit recognizes the economic impact that a service-related disability may have on the

participant's ability to earn income following release from the CAF. When combined with other potential benefits (e.g., Permanent Impairment Allowance, Permanent Impairment Allowance Supplement)²⁹, a recipient can receive a substantial monetary benefit while not participating in the workforce.

Employment has an impact on physical, mental, and social health; provides compensation; as well as a sense of identity, purpose, and social contacts.³⁰ It is important that the monetary benefits received by Program participants do not detract from the outcome of participation in the workforce. Research supports the notion that increases in monetary benefits can have a detrimental effect on program completion rates and outcomes. MacLean and Campbell (2013) state "... the generosity of benefits can be a financial disincentive undermining employment goals ..."³¹. Recent research also identifies that Veterans' success in the workplace contributes to a successful transition to civilian life³² yet many participants may never reach the reasonable standard of living as defined by the Earnings Loss Benefit (currently a total pre-tax income of at least \$42,426 as of 2013). If a participant can earn more income while receiving the Earnings Loss Benefit than they would from a job, there would be a lack of incentive to participate in the workforce. Interviews with Case Managers and other VAC staff supported the notion that monetary benefits can impact a participant's motivation to participate in and complete the Program.

In most cases, when a participant is confirmed to have a health problem which does not enable him/her to reach 66 2/3% of their pre-release earnings, he/she may be deemed TPI. A participant who is declared TPI may receive monetary benefits from VAC for life without need for employment. While the majority of TPI Veterans reported being permanently unable to work or not being in the active labour force, 27% had been working in the year following release from the military. A TPI classification does not recognize the varying degrees of work capacity which can encourage labour market engagement by Veterans. Evidence-based research identifies that with the increase in monetary benefits and the increase in the income threshold introduced in 2011, the number of TPI Veterans has tripled.³³

In summary, these findings raise questions about whether the monetary benefits available under the Financial Benefits Program have created an unintended outcome for the Program by acting as a deterrent to active participation in the Program. As financial benefits may be a reason to remain in the Program for a longer period of time, it may

²⁹ Permanent Impairment Allowance (PIA) and PIA Supplement - The PIA was developed to recognize that severe permanent impairment may lead to economic loss with respect to employment potential and career advancement opportunities, and to compensate CAF Veterans for these losses. The PIA and the PIA Supplement are taxable, monthly allowances payable for life or until such time as the Veteran no longer meets the eligibility requirements for payment. The amount of PIA payable is based on the extent of the Veteran's permanent and severe impairment. The payment of the PIA Supplement is based on whether the Veteran is totally and permanently incapacitated to the extent that it prevents the Veteran from performing any occupation that would be considered to be suitable gainful employment. Source: Veterans Affairs Canada.

³⁰ Public Health Agency of Canada, *What Makes Canadians Healthy or Unhealthy?*, 2013.

³¹ MacLean MB and Campbell L. *Income Adequacy and Employment Outcomes of the New Veterans Charter*. Research Directorate, Veterans Affairs Canada, Charlottetown. 2014.

³² VanTil L, Fikretoglu D, Pranger T, Patten, Wang JL, Wong M, Zamorski M, Loisel P, Corbière M, Shields N, Thompson J, Pedlar D. *Work Reintegration for Veterans with Mental Disorders*, 2012.

³³ MacLean MB and Pound T. *Compensating for Permanent Losses: Totally and Permanently Incapacitated*. Research Directorate, Veterans Affairs Canada, Charlottetown. 6 January 2014: p. 31.

affect a participant's motivation to actively engage in the labour market. These issues may be reviewed under the current NVC Review and are part of the upcoming NVC Financial Benefits Evaluation which Audit and Evaluation Division plans to begin in 2015-16.

Ultimate Outcome:	2. Eligible Veterans and other program recipients actively participate and are integrated into their communities
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Eligible Veterans are experiencing positive family relationships but limited integration within their communities.

According to the 2011-12 Re-establishment Survey results, 75% (246 of 326) of participants reported they were very or somewhat involved in the day-to-day activities of their families and 73% (238 of 326) of participants reported having a positive relationship with their families when they complete the Program. Responses in regards to community involvement were less favourable as only 33% (106 of 321) of recipients reported satisfaction with their level of community involvement and 26% (85 of 328) of recipients reported having a positive sense of belonging to their local community in the 2011-12 fiscal year.³⁴

File review results from the most recent assessments by a Case Manager indicated 34% (25 of 73) of participants reported a somewhat strong sense of belonging to their community, followed by somewhat weak (29% or 21 of 73), and very weak (21% or 15 of 73).³⁵ In addition, the *Life After Service Survey on Transition to Civilian Life* noted that NVC participants reported a very low rate of community belonging (39%) compared to Disability Pension participants (56%) and non-participants (62%).³⁶ These findings support the mixed sense of belonging that recipients feel within their communities.

4.2 Demonstration of Economy and Efficiency

4.2.1 Program Expenditures and Participants

Expenditures have increased annually and are forecast to continue to increase.

According to the initial Program forecast, the Department did not anticipate the current level of expenditures or number of participants in the Program. The forecast was based on industry standards for rehabilitation that assumed, on average, participants would require rehabilitation treatment between 18 and 24 months³⁷.

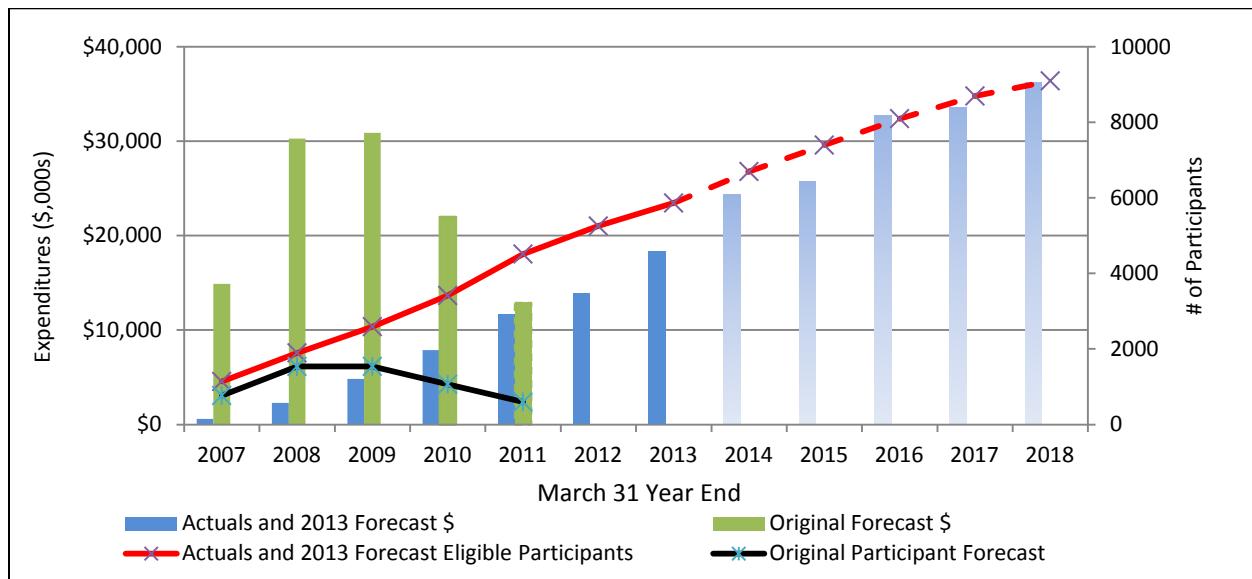
³⁴ Rehabilitation Intake and Program Completion Survey Results, Fiscal Year 2010-11 and 2011-12.

³⁵ File Review

³⁶ Thompson JM, MacLean MB, Van Til L, Sudom K, Sweet J, Poirier A, Adams J, Horton V, Campbell C, Pedlar D. *LASS: Survey on Transition to Civilian Life: Report on Regular Force Veterans*. Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa. 04 January 2011.

³⁷ *New Veterans Charter Evaluation - Phase I*: December 2009.

Figure 3 - Rehabilitation Participants and Expenditures (Actuals and Forecasts), 2006-07 to 2017-18

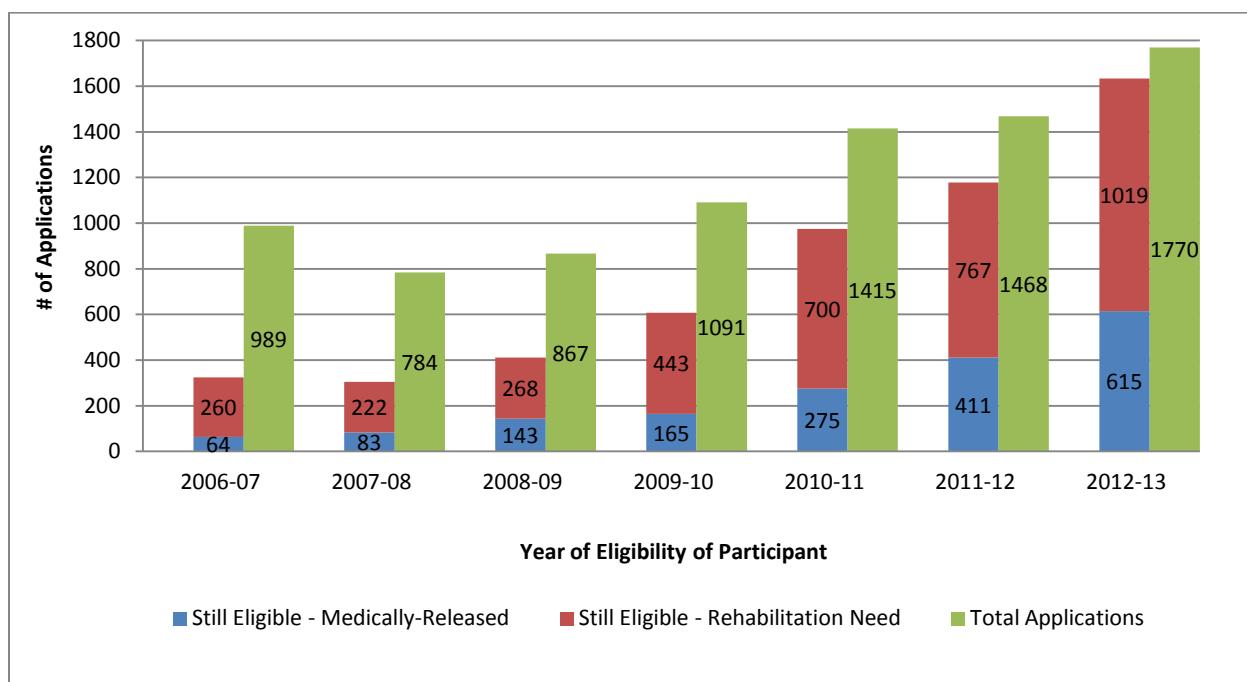


Sources: Original forecast from the Integrated Results-based Management Framework and Risk-based Audit Framework (RMAF/RBAF) for the NVC Memorandum to Cabinet. Actual and 2013 Forecast data is from the 2013 VAC Client and Expenditure Forecast document.

Figure 3 above illustrates the original forecast, actuals, and recent forecasts of both participants and expenditures. At inception, the Department expected a sharp increase and corresponding decline in the number of participants in the Program. In actuality, participants and expenditures have continued to increase year over year.

Data compiled since the Program's inception shows that the length of time an individual remains in the Program can vary considerably. The evaluation did not examine if the participants' plans included discussions regarding the timeframes for identified resources, benefits, and services as this is a case management activity. Case management was not included in the scope of the review. Figure 4 below shows the number of participants who entered the Program each fiscal year and those who are still eligible for the Program. Of the participants who entered the Program in 2006-07, approximately 33% (324 of 989) are still in the Program.

Figure 4 - Rehabilitation Applications and Eligibility by Type, 2006-07 to 2012-13



Note: Due to small reporting numbers, unknown and survivor applications were excluded from the number of still eligible applications. Any applications that were cancelled, not eligible, withdrawn, had invalid coding, or belonged to a deceased participant were excluded. Source: VAC Statistics Directorate

The number of participants still in the Program is further supported by the findings of the file review. It identified that of the 73 participants who had open plans in 2010, 40% (29 of 73) are still in the Program.

As shown below in Table 3, between 2010-11 and 2012-13 Program expenditures have increased by 57.3% (\$11.7 million to \$18.4 million). In addition, the number of recipients participating in the Program has increased by 29%, from 4,515 in 2010-11 to 5,866 in 2012-13.

Table 3 - Program Expenditures at Year End (March 31st)

Program Information	2010-11	2011-12	2012-13	Change from 2010-11 to 2012-13
Program Expenditures	\$11.7M	\$13.9M	\$18.4M	57.3%
Program Participants	4,515	5,256	5,866	29.9%
Average Program Expenditures per Participant	\$2,591	\$2,645	\$3,137	21.1%

Source: VAC Facts and Figures

While both participant numbers and Program expenditures are increasing, Program expenditures are increasing at a higher rate. This increase is mostly due to a growth in

the usage of related health services³⁸ and the cost of vocational rehabilitation services which has resulted in increasing expenditures per participant per year.

As of March 31, 2013, 2,342 recipients have completed the Program since its inception. On the contrary, there are a large number of Veterans (2,863 or approximately half of the 5,866 total participants)³⁹ that have remained in the Program for longer than originally expected. Of the participants that have been eligible since 2006-07, 44% (143 of 324) of them have been deemed TPI. In subsequent years, the majority of eligible participants deemed TPI continue to be comprised mostly of participants eligible through a rehabilitation need. For a detailed annual breakdown of the eligible TPI participants that have remained eligible for longer than expected, please refer to Table 4.

Table 4 - Historic Number of Participants Deemed TPI, 2006-07 to 2010-11

		Year of Eligibility				
		2006-07	2007-08	2008-09	2009-10	2010-11
# of Participants Becoming Eligible Each Year		324	306	415	612	983
	# who are TPI	143	102	105	148	194
	% who are TPI	44%	33%	25%	24%	20%
Medically-Released within 120 Days	# of Eligible Participants TPI	26	18	38	49	67
	% of Eligible Participants TPI	18%	18%	36%	33%	35%
Rehabilitation Need	# of Eligible Participants TPI	117	84	67	99	127
	% of Eligible Participants TPI	82%	82%	64%	67%	65%

Source: VAC Statistics Directorate

Many of these Veterans require long-term support. This is affecting the Program's ability to achieve the outcomes as designed. The Audit and Evaluation Division's *New Veterans Charter Evaluation - Phase III (February 2011)* recommended the Department develop a strategy to address the needs of participants who require long-term support; however, the recommendation has yet to be addressed and may be reviewed in the context of the NVC Review or in response to the ACVA report entitled *The New Veterans Charter: Moving Forward*. With these participants remaining in the Program for extended periods of time, expenditures should continue to climb sharply. As of September 2013, the Department has forecast an increase in expenditures from \$18.4 million to \$36.2 million (97% increase) between 2012-13 and 2017-18.⁴⁰

³⁸ Benefits from health professionals such as chiropractors, massage therapists, acupuncturists, physiotherapists, chiropodists and psychologists.

³⁹ Rehabilitation and Vocational Assistance Program Performance Snapshot and Client Profile, Fiscal Year 2012-13.

⁴⁰ VAC Client and Expenditure Forecast, September 2013.

4.2.2 Program Resource Utilization

The methodology for calculating the allocation of costs for the Program needs to be revised.

Assessment of resource utilization is concerned with the degree to which a program demonstrates efficiency and/or economy in the usage of resources. The costs associated with delivering a program include salaries, operating and maintenance, employee benefits, and contract administration costs. Usage of program resources is driven by a number of factors, including:

- program expenditures;
- recipient population;
- delivery mechanisms; and
- eligibility criteria.

The evaluation team attempted to obtain the actual program resource utilization costs for the Program for 2010-11, 2011-12 and 2012-13 but noted limitations in the quality of data available related to costs. For example, each year VAC's Finance Division used varying methodologies to determine how costs were allocated when calculating program resource costs.

The evaluation team also determined that resource utilization costs attributed to the Program may be understated as supported by qualitative information gathered during interviews with staff. Case Managers interviewed noted that a significant percentage of their time was allocated to Program related activities. This would indicate that a large portion of Case Manager's salaries should be allocated to the Program. Based on information from VAC Finance Division, this salary amount is not being reported as program resource utilization costs.

Due to the data currently available, the evaluation team could not estimate, with an acceptable level of confidence, the resource usage in relation to progress toward expected outcomes.

4.2.3 Efficiency

Recent initiatives have improved the efficiency of the Program.

Recent implementation of initiatives have improved efficiency within the Program. As part of Transformation, VAC has streamlined the Program policies to assist decision-making and reduce complexity for staff.

In 2011, VAC implemented enhancements to delegated decision-making, which provided Case Managers with more authority to make medical/psycho-social decisions for Program participants in order to reduce the time to deliver benefits to participants. Audit and Evaluation Division's *Delegated Decision-Making Audit* of this process showed that Veterans were receiving more timely and effective responses from decision-makers due to the increased delegation of authority.

In addition, recent changes to policies for vocational services allow for more flexibility in education/training amounts and eligible expenses. VAC's national contractor, CanVet, has the authority to recommend and pay for more training expenses, without a maximum stipulated per benefit, for a maximum of up to \$75,800 for needed training expenses arising out of an approved Plan.

5.0 Conclusions and Recommendations

In conclusion, there is a need for the Program. The Program has experienced an annual increase in the number of eligible recipients and the usage of benefits and services, and forecasts indicate this trend will continue. In addition, the Program is aligned with the priorities of the Government of Canada, as well as the strategic plans of the Department.

The eligibility process does not involve an in-depth assessment of applicants' needs. More appropriate health and vocational performance measures would provide additional information to allow for more precise measurement of the participants' achievement of success. In addition, the assessment process would benefit from earlier and more holistic consultation with health/rehabilitation professionals which should ensure consistency of planning and ultimately, participants' successful completion of the program.

In general, Veterans are not very successful in achieving their vocational goals. The Financial Benefits Program has a range of monetary benefits which may be deterring Veterans from actively participating in the vocational aspects of the Program and the labour force. These issues may be reviewed under the current NVC Review or in response to the ACVA report entitled *The New Veterans Charter: Moving Forward* and may be reviewed as part of the upcoming NVC Financial Benefits Evaluation which Audit and Evaluation Division plans to begin in 2015-16.

Finally, the cost allocation method for the Program needs to be revised to more accurately reflect the costs of the Program.

5.1 Management Response and Action Plan

Recommendations	Management Response and Planned Action	Office of Primary Interest (OPI)	Action Completion Date
<p>Recommendation 1: It is recommended that the Assistant Deputy Minister, Service Delivery, develops:</p> <ul style="list-style-type: none"> • measurable program-specific performance indicators to assess “improved health and functional capacity” for the intermediate outcome; and • more appropriate vocational indicators to assess Program success. (Essential) 	<p>Management agrees with this recommendation.</p> <p>Reviewing and updating of the Rehabilitation Services and Vocational Assistance Program's Program Performance Measurement Strategy and Performance Measurement Plan will be required, including the development of new performance indicators and data collection tool(s). The new data collection tool(s) will be implemented for the 2016-17 fiscal year.</p> <p>1.1 Review current Program outcomes, in consultation with Strategic and Program Policy, and amend if necessary. Update the Program's logic model if required.</p> <p>1.2 Identify and/or develop, in consultation with the VAC Research Directorate, appropriate data collection strategies/tool(s), and obtain the necessary approvals. Identify and request any system changes and/or national vocational rehabilitation contract amendments required to implement the new tool(s).</p> <p>1.3 In consultation with Service Delivery, Planning, Reporting and Performance Monitoring and the Statistics Directorate, review and amend the Program Performance Measurement Strategy and the Performance Measurement Plan. Confirm A&E acceptance and obtain ADM approval.</p>	<p>Health Care, Rehabilitation and Income Support Programs Directorate</p>	<p>March 2015</p> <p>December 2015</p> <p>December 2015</p>

Recommendations	Management Response and Planned Action	Office of Primary Interest (OPI)	Action Completion Date
	1.4 Implement the new data collection tool/process in support of the amended Performance Measurement Strategy and Performance Measurement Plan. Develop and/or update impacted business processes, and distribute to affected VAC staff.		April 2016
<p>Recommendation 2: It is recommended that the Assistant Deputy Minister, Service Delivery, reviews the assessment process to facilitate earlier consultation with health and rehabilitation professionals. (Essential)</p>	<p>Management agrees with this recommendation.</p> <p>The development of compliant and timely rehabilitation and vocational assistance plans requires initial and ongoing consultation with treating clinicians and other rehabilitation professionals, and access to, as needed, the support of Rehabilitation Program consultants and VAC Health Professionals. This direction was provided as part of Program training completed by VAC case managers last fall, and is also being specifically highlighted in upcoming Program decision-making training.</p> <p>2.1 Program decision makers will participate in Program decision-making training which highlights initial and ongoing consultation with treating clinicians and other rehabilitation professionals in decision-making processes and accessing the support of Rehabilitation Program consultants and VAC Health Professionals, as needed.</p> <p>2.2 Review the Program's business processes.</p> <ul style="list-style-type: none"> • Update the business processes to strengthen the message regarding the need for professional clinical assessments in support of rehabilitation or vocational assistance plans. 	<p>Health Care, Rehabilitation and Income Support Programs Directorate</p>	<p>Completed</p> <p>Completed</p>

Recommendations	Management Response and Planned Action	Office of Primary Interest (OPI)	Action Completion Date
	<ul style="list-style-type: none"> • Update the business processes to provide specific direction consistent with the Department's Decision-Making Policy Guidebook regarding when to seek advice and/or consult with other VAC staff. <p>2.3 Distribute the amended business processes to affected VAC staff via Service Delivery Advisory Team.</p>		Completed
<p>Recommendation 3: It is recommended that the Assistant Deputy Minister, Human Resources and Corporate Services Branch, in collaboration with the Assistant Deputy Minister, Service Delivery, develop an appropriate methodology to accurately calculate the costs of the Program. (Critical)</p>	<p>Finance agrees to work with Service Delivery Branch, to determine an appropriate methodology to allocate costs. This includes Program expenditures and resources utilized in Program delivery to ensure all costs associated with the Program are captured & reported.</p> <p>3.1 In conjunction with the Integrated Planning and Performance Division, consult with the Service Delivery Branch to develop an appropriate costing methodology for Program costs and regular operating budget resources, to ensure a more accurate allocation of Rehabilitation costs within the Health Care Program and Re-establishment Services.</p>	Joint – Finance Division, Financial Planning Directorate, Integrated Performance and Planning (IPP) Division, in consultation with Service Delivery Branch.	March 2015

Appendix A - Program Overview⁴¹

Program Description	Services and Interventions	Delivery Method
<p>Medical Rehabilitation is designed to <u>stabilize</u> participant functioning, <u>reduce</u> symptoms and <u>restore</u> basic physical and psychological functioning to the extent possible.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> • Psychiatric treatment; • Prosthetics and aids; • Massage therapy; • Occupational therapy; and • Medications. 	External health professionals reimbursed for service
<p>Psycho-Social Rehabilitation is designed to <u>restore</u> independent functioning and <u>promote</u> adaptation to permanent disabilities that impact on daily activities at home and in the community.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> • Life skills; • Psychological counseling; • Occupational therapy; • Physiotherapy; and • Family or couples counseling. 	External health professionals reimbursed for service
<p>Vocational Rehabilitation is designed to <u>identify</u> and <u>achieve</u> an <u>appropriate occupational goal</u> for a person with a physical or a mental health problem, given their state of health and the extent of their education, skills and experience.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> • Vocational evaluations/counseling; • Education/training; • Child care; • Work place ergonomic assessment and modification; and • Job finding/placement services. 	National contractor
<p>Vocational Assistance applies to the medically-released CAF and/or spouses of eligible Veterans or survivors of deceased Regular Force Veterans or Members. The goal is to <u>find suitable employment</u>. A plan is developed and is based on the person's previous education, skills and experiences.</p>	<p>Services that may be provided include:</p> <ul style="list-style-type: none"> • Employability assessments; • Career counseling; • Training; • Job-search assistance; and • Job-finding assistance. 	National contractor

⁴¹ New Veterans Charter Evaluation – Phase I (December 2009).

Appendix B - File Review

Objective

The following sampling plans were applied in assessing CAF Veterans' use of the Program. Specifically, the evaluation team completed two separate file reviews:

- **Part A** - File review of eligible participants for the Program
- **Part B** - Follow-up file review of the NVC Phase III file review of 73 Veterans who released after 2006 and had an active plan in 2010

Part A – Eligible Participants for the Program

Definition of the Population and Sample

The assessment was based on a sample of participants that were eligible for the Program. These participants were deemed eligible between April 1, 2010 and March 31, 2013, which was consistent with the evaluation's scope. The statistically valid sample was derived from rehabilitation participant data provided from VAC's Statistics Directorate.

The sample was stratified by the following eligibility types:

- Medically-released - Veterans deemed eligible for the Program based on being medically-released from the military and applying to the program within 120 days. Approximately 39% (52 of 134) of Program participants eligible during the timeframe noted above were eligible based on this eligibility type.
- Rehabilitation need - Veterans deemed eligible for the Program based on a rehabilitation need. Approximately 61% (82 of 134) of Program participants eligible during the timeframe noted above were eligible based on this eligibility type.

Part B - NVC Evaluation Phase III

In 2011, The New Veterans Charter Evaluation – Phase III was completed. Part of the evaluation consisted of a file review conducted by an occupational therapist of seven mutually exclusive participant groups. The evaluation team selected all 73 Veterans from the participant group in the original file review who released after 2006 and, who in 2010, had an active plan. This assisted in determining whether those participants made progress in the past 3 years.

Appendix C - Program Comparison with Other Countries

Comparison to VAC's Rehabilitation Services Program			
Comparison Country	Program Similarities	Program Differences	
		Comparison Country	VAC
Australia	<ul style="list-style-type: none"> ▪ Internally and externally resourced ▪ Recently modernized disability compensation systems ▪ Earnings Loss benefits stop at 65 ▪ Rising program costs ▪ Similar medical, psycho-social, and vocational rehabilitation services 	<ul style="list-style-type: none"> ▪ Participants can choose between choice of loss-of-earnings capacity or impairment based 	<ul style="list-style-type: none"> ▪ Participants do not have the choice of earnings loss replacement methods
		<ul style="list-style-type: none"> ▪ Participants are not able to choose service provider 	<ul style="list-style-type: none"> ▪ Participants are able to choose service provider
		<ul style="list-style-type: none"> ▪ Case Managers approve but do not create the rehabilitation plan 	<ul style="list-style-type: none"> ▪ Case Managers create rehabilitation plans
United Kingdom	<ul style="list-style-type: none"> ▪ Recently modernized disability compensation systems 	<ul style="list-style-type: none"> ▪ Longer length in service equates to more benefits 	<ul style="list-style-type: none"> ▪ Length in service does not equate to more benefits
		<ul style="list-style-type: none"> ▪ Earnings Loss Benefit continues for life 	<ul style="list-style-type: none"> ▪ Earnings Loss Benefit stops at age 65
		<ul style="list-style-type: none"> ▪ Externally resourced 	<ul style="list-style-type: none"> ▪ Internally and externally resourced
United States	<ul style="list-style-type: none"> ▪ Prevalence of chronic pain and PTSD amongst Veterans in Program ▪ Rising program costs 	<ul style="list-style-type: none"> ▪ Internally resourced 	<ul style="list-style-type: none"> ▪ Internally and externally resourced
		<ul style="list-style-type: none"> ▪ Focuses mainly on vocational rehabilitation 	<ul style="list-style-type: none"> ▪ Focuses on medical, psycho-social, and vocational rehabilitation

Appendix D - Elements of Comprehensive Management of Disability.⁴²

Element	Conventional terms	Professions that may be involved (illustrative, not conclusive)
Case management*	--	Physicians, nurses, nurse practitioners, rehabilitation case managers.
Treatment for physical and mental health conditions causing or contributing to disability.	"individual" "biological" "medical"	Physicians, nurses, nurse practitioners, psychologists, physiotherapists, occupational therapists, rehabilitation professionals and others.
Assistance with mental adaptation to disability.	"psycho-"	Primary care and specialist physicians, psychiatrists, psychologists, nurses, social workers, and others.
Social interventions to mitigate disability.	"-social"	Social workers, vocational rehabilitation professionals, physicians, psychologists and others.
Changing the person's physical environment to mitigate disability.	"-social" and "vocational"	Social workers, vocational rehabilitation professionals, and others.
Enabling employment	"vocational"	Vocational rehabilitation professionals and others.

* In some models, case managers may also participate in various aspects of treatment.

⁴² Thompson JM, MacLean MB. Evidence for best practices in the management of disabilities. Research Directorate Technical Report. Veterans Affairs Canada. Charlottetown. 27 July 2009; p. 23.

Appendix E - Analysis of the Recipient Health Status from the File Review

In the file review, 53 of the 73 participants had an assessment conducted in each file review period (before and after October 31, 2009), during their program eligibility. The findings are as follows:

Health Indicator	Findings
Physical Health Conditions	<ul style="list-style-type: none">• 42 participants (79%) continue to have a physical health condition(s);• 7 participants (13%) had a physical health condition(s) but no longer have one; and• 4 participants (8%) had no physical condition.
Self-reported Mental Health	<ul style="list-style-type: none">• 18 participants (34%) remained the same;• 17 participants (32%) noted improved mental health;• 12 participants (23%) noted worsening mental health; and• 6 participants (11%) did not know/did not respond.
Self-reported Stress	<ul style="list-style-type: none">• 20 participants (38%) noted same stress level;• 19 participants (36%) noted improvements in their stress levels;• 8 participants (15%) noted their stress levels increasing; and• 6 participants (11%) did not know/did not respond.

Note: There were limitations to these measures as assessments by a Case Manager are not conducted on a regular basis and the information is self-reported by the participant.