



Veterans Affairs
Canada

Anciens Combattants
Canada

EVALUATION OF CASE MANAGEMENT SERVICES

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Audit and Evaluation Division

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EXECUTIVE SUMMARY

The Evaluation of Case Management Services was conducted in accordance with Veterans Affairs Canada's (VAC) approved 2017-22 Risk-Based Audit and Evaluation Plan. The plan was developed to align with the 2016 Policy on Results. This evaluation meets policy requirements for departments to periodically evaluate organizational spending on the programs and services of the department.

The evaluation focused on VAC's Case Management services which assist Veterans with complex needs, and their families, to achieve mutually agreed upon goals through a collaborative, organized and dynamic process, coordinated by a VAC Case Manager.

The evaluation assessed:

- the reach of VAC's Case Management Services,
- the tools used by VAC employees to support the coordination of the services,
- if the services are supporting the needs of a diverse population,
- departmental standards relating to the services, and
- whether there are opportunities for enhanced tools/practices based on experiences at other government Departments.

The evaluation findings and conclusions are based on the analysis of multiple lines of qualitative and quantitative evidence.

The evaluation resulted in the following recommendations:

Recommendation 1:

It is recommended that the Director General, Service Delivery and Program Management, work in collaboration with the Director General, Field Operations to:

- Increase screening and case management reach for Canadian Armed Force (CAF) Veterans and former RCMP members with complex needs; and
- Reduce barriers and provide additional support to further enable Case Managers to transition Veterans that do not have complex needs into a more appropriate level of support.

Recommendation 2:

It is recommended that the Director General, Service Delivery and Program Management improve the effectiveness and efficiency of case management tools by:

- Updating processes to:

- Have Case Managers complete a Case Needs and Complexity Indicator (CNCI) at entry/graduation from Case Management and when their professional judgment deems there is a change in need/complexity level, thus eliminating the requirement to complete it every 90 days;
- Increasing efforts to:
 - Monitor the effectiveness of the new screening tool by developing/implementing performance metrics and quality management processes to assess/measure that clients are being triaged to the appropriate level of service.
- Implementing system/tool/process improvements (over the medium-long term, next 1-3 years) to:
 - Join the case plan tool directly to any assessments completed which identify the needs associated with a case managed client (i.e., health, mental health, social integration, employment, etc.);
 - Establish domains/categories that the case plan desired outcomes, actions steps, and resources can be assigned to;
 - Link action steps and resources to the desired outcomes/goals they are associated with;
 - Streamline and simplify the level of effort required within the Case Plan Tool by: eliminating possible overlap/duplication, creating standard lists and drop-down options where appropriate, and using key fields to automatically generate resource authorizations;
 - Integrate the ongoing assessment of complexity and need directly within the Case Plan, thus eliminating the CNCI tool;
 - Provide options for information to be updated/shared through My VAC Account (where appropriate); and
 - Improve usability features (viewing, reading, editing, spell-check, etc.)

Recommendation 3 (Medium-Long Term):

It is recommended that the Director General, Service Delivery and Program Management work in collaboration with the Director General, Field Operations to:

- develop and implement case management standards based on the client's levels of need and complexity;
- formalize the intended outcomes for VAC's Case Management Services, establish targets and implement monitoring.

1.0 INTRODUCTION

The Evaluation of Case Management Services was conducted in alignment with *Veterans Affairs Canada (VAC's) 2017-22 Risk-Based Audit and Evaluation Plan*. The evaluation was completed in accordance with the directive and standards specified in Treasury Board of Canada's *2016 Policy on Results*.

1.1 Overview

VAC Case Management Services enable recipients to achieve mutually agreed upon goals through a collaborative, organized and dynamic process. The process is coordinated by a VAC Case Manager. Case Managers work with recipients to monitor and evaluate progress and adjust the case management plan as necessary to assist them in reaching their goals, and optimizing their level of independence and well-being. Goals and improvements to well-being are targeted for individuals with complex needs in areas such as physical health, mental health, employment, financial, housing, social integration, life skills, etc. As of March 2018, VAC was providing Case Management Services to 13,437 individuals.

VAC Case Managers are members of interdisciplinary teams and have access to doctors, nurses, occupational therapists, mental health specialists, rehabilitation specialists, and provincial and local programs and service providers. Case Managers report to a Veteran Service Team Manager (within VAC's Field Operations Division), and receive functional direction from VAC's Case Management and Support Services Directorate (within VAC's Service Delivery and Program Management Division). Case Managers are located within Area Offices and Integrated Personnel Support Centers (IPSCs) across Canada.

1.2 Eligibility

Individuals may qualify for Case Management Services if they have complex needs or are finding it difficult to navigate a transition or change in their lives.

Case management recipients can include:

- traditional/war service Veterans;
- still-serving Canadian Armed Forces (CAF) members nearing their release date;
- released CAF Veterans; or
- former members of the RCMP.

Case management is a service, not a program. As such, no application form needs to be submitted. Rather, contact screening is completed by Veteran Service Agents (VSAs), Case Managers, VAC health professionals, or Veteran Service Team Managers (VSTMs) to determine if case management is warranted. A screening is completed every time there is contact with a Veteran whether by phone, in person, or mail. In cases where

there is a need for a comprehensive screening, a risk assessment is also completed. In addition, a risk assessment is completed as part of all Transition Interviews.

Those screened who are determined to have a moderate to high level of risk or meet VAC's indicators for referral are referred to case manager. The Case Manager provides a further assessment to determine whether there is a need for Case Management Services.

In addition, the *Canadian Forces Members and Veterans Re-establishment and Compensation Act (CFMVRCA)* sets out requirements for an assessment of client needs and the development and implementation of a Rehabilitation Program, or Vocational Assistance Plan for each eligible client. Currently, VAC Case Managers lead the assessment and Rehabilitation Program planning process with consultation and support of members of the Veteran Service Team, and subject matter experts as necessary. The Rehabilitation Program uses VAC's Case Plan format and practice guidelines.

This evaluation did not assess performance, standards, or practices specific to the Rehabilitation Program. A separate evaluation of VAC's Rehabilitation Program is scheduled to be completed during fiscal year 2020-21.

2.0 SCOPE AND METHODOLOGY

The evaluation was conducted in accordance with the directive and standards specified in Treasury Board of Canada's *2016 Policy on Results*.

2.1 Evaluation Scope and Questions

The evaluation covered the time period from April 2014 to March 2018.

In support of developing the scope for the evaluation, a risk/calibration assessment was completed as informed by preliminary interviews, a document review, and data analysis. Based on the risk assessment results, as well as the identified need by the service area, the evaluation objective and questions were determined and are outlined in Table 1.

Table 1: Evaluation Scope/Questions

<ul style="list-style-type: none">➤ Are VAC's Case Management Services being provided to Veterans who require this level of support?<ul style="list-style-type: none">A) Are there Veterans who should be getting Case Management Services that are not receiving them?B) Are Case Management Services currently being provided to Veterans who do not require this level of support?
<ul style="list-style-type: none">➤ Are the tools available for case management effective and efficient in achieving their intended results? (RRIT, RRIT-R, CNCI, Case Plan Tool)
<ul style="list-style-type: none">➤ Can VAC's Case Management Services be enhanced by adopting practices and professional standards utilized in other federal government departments?
<ul style="list-style-type: none">➤ Do VAC's Case Management Services support Veterans with complex needs, including women, men and gender-diverse individuals with many identity factors (GBA+¹) in addressing their needs?
<ul style="list-style-type: none">➤ Are VAC Case Management service standards/commitments:<ul style="list-style-type: none">A) Being achieved?B) Appropriate?

Findings from this evaluation will be used to support decision making and implementation of departmental initiatives.

¹ GBA+ is a tool to assess how different groups of women, men and gender-diverse people may experience policies, programs and initiatives. The "plus" in GBA+ acknowledges that GBA goes beyond biological and socio-cultural differences. We all have multiple identity factors that intersect to make us who we are. GBA+ considers many identity factors, like race, ethnicity, religion, age, and mental or physical ability.

2.2 Multiple Lines of Evidence

The research methodology incorporated multiple lines of evidence, ensuring reliability of collected information and reported results. The evaluation uses a mix of qualitative and quantitative data sources, which are outlined below. The lines of evidence used for this evaluation are shown in Table 2.

Table 2: Sources of Information Reviewed During the Program Evaluation

Methodology	Source
Document Review	<p>The following departmental documents/information were reviewed to understand the service objectives/intent, their authorities and requirements, complexity, context and any key issue areas: planning documents, memorandums of understanding and their annexes, policies, business processes, records of decisions, strategic documents, performance reports, research papers, and survey results.</p> <p>Various non-departmental documents such as: literature from other federal departments were reviewed. Parliament reports, Federal Budget and Budget Speeches were also reviewed for context purposes.</p>
Employee Survey	<p>A survey was distributed to VAC Case Managers to obtain feedback in the following areas:</p> <ol style="list-style-type: none"> 1. Tools (RRIT-R, RRIT, CNCI, Case Plan Tool) 2. Caseload 3. Reach 4. Disengagement/Transition to another level of service 5. Non-Case Manager Activities
Participatory Observation	<p>The evaluation team gathered information through participation on relevant project groups and/or was involved in analysis to support these group, including:</p> <ul style="list-style-type: none"> - VAC's proposed New Screening Tool / Risk Comparison Pilot - VAC's Case Management Renewal working group <p>This information was used to inform evaluation questions relating to reach, tools and outcomes.</p>
File Review	<p>A file review was completed to help assess reach, the achievement of Veteran outcomes, and the effectiveness/efficiency of case management tools. The evaluation team was supported by subject matter experts (SMEs) for the file review. The review was completed in two parts:</p> <ol style="list-style-type: none"> 1. Judgemental sampling² was used to randomly select 224 files to assess the reach of Case Management Services.

² Judgmental sampling is a non-probability sampling technique where the researcher selects units to be sampled based on their knowledge and professional judgment.

Methodology	Source
	2. A representative sample of 193 randomly selected files was reviewed to assess the outcomes achieved associated with Case Management Services. This sample size provided a confidence level of 95% (margin of error +/- 7%)
Interviews and/or Site Visits	Over 80 interviews were conducted with VAC senior management, VAC staff involved in case management, and other subject matter experts. Interviews with other Government Department management units were conducted to understand resource models and potential best practices.
Statistical Analysis	Financial, human resource, and operational data collected by VAC for fiscal years 2014 to 2018 was analysed.

2.3 Considerations, Strengths and Limitations

- Case Management is not a program, thus there is no requirement for a Program Information Profile³ (*Policy on Results*). Without the requirement of a Program Information Profile, the associated outcomes for the service are not readily tracked and monitored. The evaluation team utilized available system data, a manual file review, and public opinion research information to assess performance.
- VAC completed a National Survey of clients (Public Opinion Research) in 2017, however prior to this, the last survey conducted by the department was in 2010. The time gap between the surveys limited ability to complete trend analysis.
- Departmental pilots and renewal projects that relate to VAC's Case Management Services were occurring during the period of this evaluation. The evaluation team participated/assessed initiatives where able, however, as implementation will span over future years, the full impacts of these changes could not be evaluated at this time.

³ The document that identifies the performance information for each Program from the Program Inventory.

3.0 REACH

3.1 Are VAC's Case Management Services being provided to clients who require this level of support?

Clients who require the support of a Case Manager includes individuals that have complex needs or are finding it difficult to navigate a transition/change in their lives. The types of complex needs often supported through case management relate to mental health, physical health, employment, finances, social integration, housing, and/or life skills.

3.1(a) Are there Veterans who should be getting Case Management Services that are not receiving them?

There is an opportunity for VAC to increase screening and case management reach for subsets of CAF Veterans and former RCMP Members with complex needs.

This section of the evaluation report provides the findings associated with activities completed in support of assessing whether there are individuals who should be getting Case Management Services that are not receiving them (i.e. identified gaps).

Interviews and data analysis highlighted that the majority of case managed clients are participating in VAC's Rehabilitation Program⁴. As of March 2018, over 90% of clients receiving Case Management Services were in recipient of the Rehabilitation Program. Therefore, the majority of case management recipients are Canadian Armed Forces Veterans, as War Service Veterans and the RCMP do not have eligibility for VAC's Rehabilitation program.

Overall, as of March 2018, 10.4% of all VAC's Veteran clients were receiving Case Management Services (14% of CAF Veterans, 0.2% of War Service Veterans and 1.8% of RCMP Veterans). It is important to note, that all VAC clients with complex needs, regardless of service type, can access Case Management Services. Therefore, when assessing the reach of Case Management Services, the evaluation team looked at Veterans from all services types to identify if there are any gaps.

⁴ VAC's Rehabilitation Program assists CAF Veterans and their families/survivors improve their health to the fullest extent possible and allows them to adjust to life at home, in their community or at work.

War Service Veterans

War Service Veterans make up a small portion of Veterans in receipt of Case Management Services at VAC (0.2% of the war service population at VAC are in receipt of Case Management Services). During interviews, Veteran Service Team Members⁵ and health professionals⁶ were asked if there are gaps relating to War Service Veterans. In most instances it was noted that the needs of War Service Veterans are being met through the work of Veteran Service Agents, Field Nursing Services Officers and Field Occupational Therapy Services Officers, and through traditional programs at VAC such as the Long Term Care Program, Health Care Benefits Program, and the Veterans Independence Program.

In order to better understand the War Service Veteran population's needs, the evaluation team reviewed well-being related questions that were included within VAC's 2017 *National Survey*. The survey included a sample of 185 War Service Veterans (not being case managed). The results of the survey were analyzed to determine whether there were any gaps with respect to War Service Veterans self-rated well-being and the reach of Case Management Services. The following table displays the results associated with this analysis:

Table 3: 2017 VAC National Survey - Overall Well-Being (War Service Veterans)

Satisfaction with Overall Well-Being:	War Service Veterans (not currently being Case Managed)
Satisfied/Very Satisfied	170 (92%)
Neither Satisfied nor Dissatisfied	8 (4.3%)
Very dissatisfied/ Dissatisfied	7 (3.8%)
Total Veterans	185

As reflected in Table 3, the vast majority of non-case managed War Service Veterans are satisfied/very satisfied with their well-being (92%). Of those that identified they were dissatisfied, none reported concerns with their mental health (one of the key factors that may indicate a case management need). This analysis does not indicate/highlight any apparent gaps for War Service Veterans that would require Case Management Services.

Through the July 2018 Case Manager Survey, 223 Case Managers were asked about specific groups and if there are any gaps with respect to the reach of Case Management Services. Interviews were also conducted with Veterans service team members and

⁵ Veteran Service Team Members interviewed included Area Directors, Veteran Service Team Managers, Case Managers, Veteran Service Agents and Administrative Service Agents.

⁶ Health Professional interviews included Field Nursing Services Officers, Field Occupational Therapy Services Officers, and Senior Area Medical Officers.

health professionals to assess any gaps with respect to Case Management Services. The results of the survey and interviewees did not indicate that there are any gaps in case management needs for the War Service Veteran client group.

In support of assessing the reach of Case Management Services, a file review was completed by subject matter experts⁷. The review examined 111 non-case managed clients based on a judgmental sample consisting of various client subsets. A subset of 24 files was extracted containing older Veterans that had a high risk score as per the Regina Risk Indicator Tool (RRIT), and high levels of interaction with VAC⁸. Although the judgmental sample was not representative of overall non-case managed War Service Veterans, none of the Veterans reviewed were deemed to have complex needs that required the support of a VAC Case Manager.

Section 4.1(a) of this report assesses the efficiency and effectiveness of various case management tools. This section identifies that the majority of War Service Veterans who were referred for case management consideration through the Regina Risk Indicator Tool (RRIT), were subsequently not deemed to have complex needs which required the support of a Case Manager.

Royal Canadian Mounted Police (RCMP)

As of March 2018, 1.8% of RCMP Veterans served by VAC were in receipt of VAC Case Management Services. In order to better understand the needs of the RCMP Veteran population, the evaluation team reviewed well-being related questions that were included within *VAC's 2017 National Survey*. The survey included a sample of 195 Veterans who had RCMP service but were not in receipt of Case Management Services. An analysis of the survey questions revealed the following:

Table 4: 2017 VAC National Survey - Overall Well-Being (RCMP Veterans)

Satisfaction with Overall Well-Being:	RCMP Veterans (not currently being Case Managed)
Satisfied/Very Satisfied	161 (82.6%)
Neither Satisfied nor Dissatisfied	19 (9.7%)
Very dissatisfied/ Dissatisfied	15 (7.7%)
Total Veterans	195

As reflected in Table 4, the majority of non-Case Managed RCMP Veterans are satisfied/very satisfied with their well-being (83% of RCMP Veterans). There is however,

⁷ Subject Matter Experts included VAC Case Managers, Case Management Practice Consultants and National Service Specialists.

⁸ For the judgemental sample, the evaluation team defined high levels of interaction as a high volume of client notes (top 10% of interactions for this client group).

7.7% of non-case managed RCMP Veterans who reported being dissatisfied/very dissatisfied with their well-being, and 9.7% who reported that they were neither satisfied nor dissatisfied. Further analysis of these groups shows that many of these RCMP Veterans (73%) also self-reported as having fair/poor mental health (one of the key factors that may indicate a case management need). This analysis highlights that there may be a portion of RCMP Veterans that would benefit from the support of a Case Manager.

Further data analysis was conducted to determine if the RCMP Veterans were being appropriately reached. As of March 2018, 12,360 RCMP clients⁹ were in receipt of VAC's services or benefits (representing 9.6% of the overall Veteran population served by VAC). In comparison, as of March 2018, RCMP Veterans represented 1.8% of the population of Case Managed Veterans at VAC. As mental health needs are one of the primary health factors that leads to case management support, the evaluation team compared the reach of Case Management Services for RCMP and CAF client groups that have mental health conditions. Data analysis shows that 40% of CAF Veterans with a mental health disability benefit condition are receiving Case Management Services, whereas, only 4% of RCMP with a mental health disability condition are receiving Case Management Services from VAC.

In the July 2018 Case Manager Survey, Case Managers were asked about specific groups and whether there are any gaps with respect to the reach of Case Management Services. The RCMP client group was identified as a gap. In addition, interviewees indicated that RCMP clients with complex needs may not be reached appropriately for Case Management Services.

To better understand potential reasons why the RCMP population may be less proportionally represented within case management, an analysis was conducted of VAC's risk tools (RRIT and RRIT-R). The analysis found that RCMP Veterans are much less likely to receive a risk assessments (Regina Risk Indicator Tools)¹⁰ for case management consideration than CAF or WS Veterans. Results are identified in Table 5.

⁹ A portion of VAC's RCMP Clients are still-serving with the RCMP and could be receiving Disability Case Management Services from the RCMP. As there is no requirement for a client to notify the department when he/she releases, we cannot accurately indicate what volume of clients this represents.

¹⁰ **Regina Risk Indicator Tool – Re-establishment (RRIT-R)** Used for releasing or released CAF or the RCMP, as a means of predicting the Veteran's potential risk of unsuccessful re-establishment to civilian life and the need or potential related to CM support. **Regina Risk Indicator Tool (RRIT)** - Used on older Veterans, regardless of client type (War Service, Canada Armed Forces, RCMP), when they present with issues relating to managing independently in the community and to identify the need or potential need related to case management support.

Table 5: Portion of Veterans Receiving Risk Screening by Service Type

Service Type	Portion (%) of Veterans Served by VAC 2014-15 to 2017-18	Portion (%) of RRIT's & RRIT-R's completed during 2014-15 to 2017-18
WS Veterans	21%	24%
CAF Veterans	70%	73%
RCMP Veterans	9%	3%

Table 5 shows that although RCMP Veterans represented approximately 9% of the overall Veterans served by VAC over the past 4 years, only 3% of risk assessments completed are for RCMP Veterans.

As noted previously, in support of assessing the reach of Case Management Services, a file review was completed by subject matter experts. The files of 24 former RCMP members were reviewed that had high levels of interaction with VAC. Of these files, 16 had enough information to be able to assess/draw conclusions relating to case management needs. Although the judgmental sample was not representative of overall non-case managed RCMP Veterans, it indicated that 3 of these clients had complex needs that appeared to meet the criteria for case management services.

Overall, the evaluation finds that there is an opportunity for VAC to increase screening and case management consideration for RCMP Veterans. Please see Recommendation #1 (page 20) relating to this finding.

Canadian Armed Forces Veterans

As of March 2018, 14% of CAF Veterans served by VAC were in receipt of VAC Case Management Services. To better understand the CAF Veteran population's needs, the evaluation team reviewed well-being related questions in *VAC's 2017 National Survey*. The survey included a sample of 199 CAF Veterans in receipt of case management, and 487 CAF Veterans not in receipt of Case Management Services. The results of the survey were reviewed to determine whether there were any gaps with respect to non CAF Veterans self-rated well-being and the reach of Case Management Services. The following table displays the results associated with this analysis:

Table 6: 2017 VAC National Survey - Overall Well-Being (CAF Veterans)

Satisfaction with Overall Well-Being:	CAF Case Managed Veterans	CAF Veterans (Non Case Managed)
Satisfied/Very Satisfied	107 (54.3%)	365 (74.9%)
Neither Satisfied nor Dissatisfied	28 (14.2%)	65 (13.3%)
Very dissatisfied/ Dissatisfied	62 (31.5%)	60 (12.3%)
Total Veterans	197	487

As reflected in Table 6, 74.9% of non-Case Managed Veterans are satisfied/very satisfied with their well-being. There is, however, 12.3% of non-case managed CAF Veterans who reported being dissatisfied/very dissatisfied with their well-being, and 13.3% who reported that they were neither satisfied nor dissatisfied. Further analysis of these groups shows that many of these CAF Veterans (65%) also self-reported having fair/poor mental health. This analysis highlights that there may be a portion of CAF Veterans not currently being reached for Case Management Services, which could benefit from support of a Case Manager.

Although reach of Case Management Services for CAF Veterans as a group was not a gap highlighted through key informant interviews and the July 2018 Case Manager Survey, certain subsets of the population were identified, such as:

- Veterans with mental health conditions;
- Homeless Veterans; and
- Veterans with mental health needs associated with Special Duty Area¹¹ service during the 1970's/1980's (Veterans 50-69 years old).

A review of departmental documentation found that recent strategies/approaches have been developed which should help mitigate reach concerns in relation to CAF Veterans' Mental Health and Veteran Homelessness. However, the evaluation team did not find any documentation or data pertaining specifically to Veterans in the 50-69 age group. As such, the evaluation team conducted further data analysis which showed that 29% of CAF Veterans under the age of 50 and are receiving Case Management Services, which is more than double the 14% of Veterans in the 50-69 age group receiving Case Management Services. Similar results were found when analysing a subset of this group with mental health conditions. The evaluation found that 49.4% of CAF Veterans with mental health conditions under the age of 50 are receiving Case Management Services, compared to 34.7% of CAF Veterans with mental health conditions between the ages of 50-69.

¹¹ **Special duty area** means any countries or areas of the world where Canada participates in peacekeeping operations required because of war, civil conflict or breakdown of law and order.

The file review provides evidence there are Veterans that currently have complex needs and are not in receipt of Case Management Services. The department could benefit from enhanced screening and/or case management consideration for the following groups:

- Canadian Armed Forces Veterans deemed high risk (RRIT-R) and have high levels of interaction with VAC. It was found that 11 (50%) of the 22 cases reviewed identified Veterans with complex needs that could have been supported by a VAC Case Manager;
- Veterans who were previously in receipt of the Rehabilitation Program, however still have complex needs that may require case management. It was found that 6 (37.5%) of the 16 cases reviewed identified Veterans with complex needs that could have been supported by a VAC Case Manager.

Overall, the evaluation finds that there is an opportunity for VAC to increase the reach of case management for certain groups of CAF Veterans. Please see Recommendation #1 (page 20) relating to this finding.

Gender Based Analysis

To better understand if Veterans who may require Case Management Services are currently being reached, an analysis was conducted using various Gender Based groupings such as gender, location, age and marital status.

Gender:

Through data analysis completed regarding Veterans currently in receipt of Case Management Services, it was found that 16% of VAC's female Veteran clients are in receipt of Case Management Services, whereas 10% of VAC's male Veteran clients are receiving Case Management Services. Although the results indicate that a higher portion of female Veterans versus male Veterans receive case management, cross-sectional analysis indicates that this is related to other key factors such as:

- Female Veteran clients having a higher incidence of mental health conditions, which are a key indicator for case management need;
- Female Veteran clients are more represented in younger age groups, and younger Veterans more likely to be reached for case management services;
- Female Veteran clients are more likely to be single than male Veterans, and single Veterans have been receiving case management at a higher rate than married Veterans.

Location:

An analysis was conducted to review the geographical composition of Veterans in receipt of Case Management Services. The analysis shows that rural Veterans in receipt of a benefit or service from VAC were slightly more likely to be in receipt of Case Management Services (11.2%) compared to Veterans in urban areas (10.2%).

Interview's and the July 2018 Case Manager Survey respondents noted limited concerns with regards to reach within rural or urban areas for those individuals who have already identified themselves to VAC. There were a few instances where interviewee's noted potential reach concerns in remote locations of Canada where the Veteran has yet to identify them self to VAC. VAC has initiatives in place to help promote the services and benefits it provides to remote northern locations to help to encourage awareness in these areas.

Table 7: Reach of Case Management Services by Rural/Urban Location

Demographical Indicator:	Reach (%) of Case Management compared to overall Veterans Served by VAC as of March 2018	
Rural/Urban¹²	11.2% of Veterans that live in rural communities	10.2% of Veterans that live in urban areas.

Age:

Throughout the course of interviewing Veteran Service Team Members and analyzing July 2018 Case Manager Survey responses, it was identified that certain age brackets of Veterans may be missed by Case Management Services at VAC. Although age concerns may roughly translate to the various service types outlined in greater detail above in section 3.1(a), an analysis was conducted to see if there were any anomalies or age groupings of clients that could be being missed. Table 8 shows that as the age of a Veteran increases, the proportion of that age bracket in receipt of Case Management Services decreases.

Table 8: Reach of Case Management Services by Age

Demographical Indicator:	Reach (%) of Case Management compared to overall Veterans Served by VAC as of March 2018					
Age	35% of Veterans < 30	30% of Veterans 30-39	23% of Veterans 40-49	17% of Veterans aged 50-59	6% of Veterans aged 60-69	0.3% of Veterans aged 70 or more

Marital Status and Families:

An analysis of the marital status of Veterans in receipt of Case Management Services (Table 9) showed that a slightly greater proportion of single Veterans compared to married Veterans were in receipt of services.

¹² The evaluation team analysed postal codes to estimate the portion of Veterans living in rural/urban areas. The analysis was based on "The second character of the FSA (the digit) identifies whether the postal code is for a rural or urban area. A zero (0) indicates a rural area, while any other digit 1 through 9 represents a (comparatively) urban area (<http://www.columbia.edu/kermit/postal-ca.html>)." This method was used for all Provinces with the exception of New Brunswick, for New Brunswick, any postal codes beginning with E4 and above were considered rural communities.

Table 9: Reach of Case Management Services by Marital Status

Demographical Indicator:	Reach (%) of Case Management compared to overall Veterans Served by VAC as of March 2018	
Marital Status	13% of Single Veterans (including Divorced/Widowed)	9% of married Veterans (including common-law)

Interviewees and survey respondents noted that families could be one potential client group being missed by Case Management Services at VAC. It is the department’s practice to invite families to participate in the creation of a case plan for case managed Veterans. In addition, significant work is currently being undertaken in relation to Transition, and the department has recently committed \$22.4 million over three years to better inform Veterans and their families of the supports available to them¹³. These activities/initiatives should help to mitigate reach related concerns that were noted by Case Managers and other Veteran Service Team Members during the survey and/or interviews.

3.1(b) Are Case Management Services currently being provided to Veterans who do not require this level of support?

VAC should undertake further efforts to transition Veterans from case management that do not have complex needs and no longer require this level of support.

This section of the evaluation report provides findings associated with activities completed in assessing whether Case Management Services are currently being provided to Veterans who do not require this level of support.

Participants in the July 2018 Case Manager Survey were asked “considering your current caseload and indicators for disengagement, are you currently case managing any Veterans that should have already been disengaged (i.e. transitioning out of case management to another level of support)?” 83% (184 of 223) of Case Managers reported “Yes” that they are currently case managing Veterans that should have been transitioned out of case management to another level of support. Of these 184 Case Managers, 109 (59%) reported 3 or more Veterans on their caseload that should have been transitioned out of case management to another level of support.

Some potential reasons preventing Veterans from timely moving on from case management to a more appropriate level of support were further elaborated on in the

¹³ The expansion of the Veteran Family Program as part of Budget 2017 will result in medically released Veterans and their families having continued and uninterrupted access to all 32 Military Family Resource Centres.

survey. Such reasons included: the financial disincentive to leave case management¹⁴ is challenging for Case Managers and Veterans; documentation/time burden associated with the process, and that Veterans do not want to lose their Case Manager (single point of contact).

During key informant interviews, Case Managers noted challenges with respect to the amount of time it takes to complete the process for transitioning a Veteran out of case management and that Veterans want to have a single point of contact. There is potential with VAC's guided support program that additional Veteran Service team members may be able to play a greater role and assist with the single point of contact concern raised by Veterans. Interviews also highlighted that there are opportunities for Field Nursing Services Officers, Field Occupational Therapy Services Officers, and Veteran Service Agents to play a greater role in supporting individuals who have needs but do not require one on one Case Management Services.

The file review provides further evidence supporting a need for increased efforts to move a Veteran from case management to a more appropriate level of support when they are ready. This component of the file review examined 123 active files (as of July 2018) based on a judgmental sample.¹⁵ The review found that 36% of the selected files did not have needs that required the support of a Case Manager, and that an additional 15% had needs that were associated with obtaining a diminished earnings capacity¹⁶ decision. Based on the groups targeted for this portion of the file review, additional efforts could be undertaken for:

- Veterans who already have been deemed to have Diminished Earnings Capacity (DEC) and who have low levels of risk and complexity;
- Veterans with minimal activity (progress notes) on their case plan; and
- Veterans with no current desired outcomes in-progress.

There are additional DEC decisions and eventually efforts to transition out of case management required for:

- Veterans who are accessing Vocational Services through the Service Income Security Insurance Plan (SISIP)¹⁷ and do not have any VAC funded medical/psychosocial services; and

¹⁴ Earning Loss benefits are payable to Veterans during the periods where:

- a. the Veteran is participating in a rehabilitation or vocational assistance plan approved by the Minister; or
- b. the Veteran is incapable of suitable gainful employment due to diminished earning capacity because of the health problem which resulted in the need for the rehabilitation or vocational assistance plan.

¹⁵ The judgmental sample used for the review is not representative of the overall Veterans in receipt of Case Management Services, however it does provide evidence that there are specific low-need groups of Veterans that currently have open case plans and that further efforts are required to transition Veterans into a more appropriate level of support.

¹⁶ A DEC determination is reached only after a VAC decision maker has determined, based on the evidence, that the Veteran is not expected to regain the capacity to engage in suitable gainful employment, with or without further rehabilitation. A DEC determination provides the Veteran access to certain financial benefits and may provide eligibility to the Veteran's spouse/common-law partner for the Rehabilitation Program.

¹⁷ SISIP is a group insurance plan that makes insurance available to members of the Canadian Armed Forces (CAF), Regular and Reserve Forces. The plan operates as a non-public funds entity and is considered a division of the Canadian Forces Personnel Support Agency.

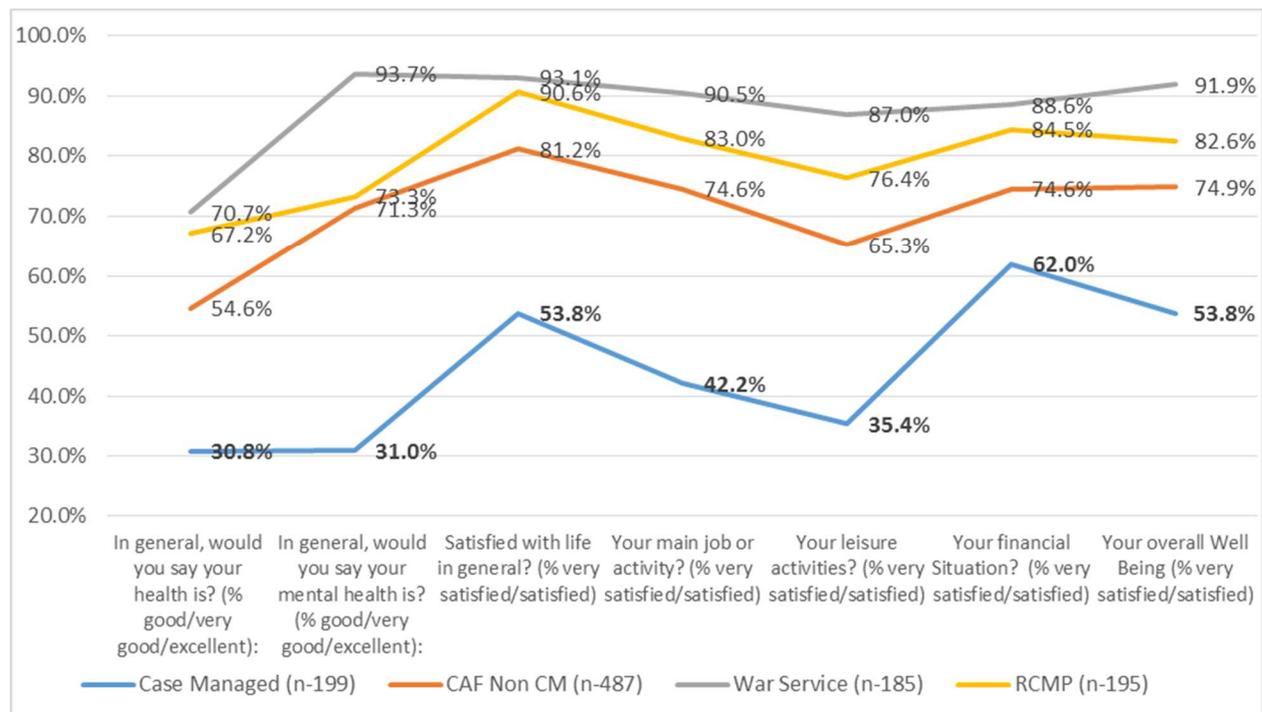
- Veterans who do not have disability benefits, are eligible for the Rehabilitation Program, and have had a case plan open longer than 2 years.

If the results were extrapolated to the case managed Veteran population existing within the criteria listed above it is estimated that over 800 Veterans could potentially be transitioned out of Case Management to a more appropriate level of support. This would include approximately 250 additional Veterans requiring DEC decisions who could also be moved to a more appropriate level of support.

The evaluation team also reviewed documents associated with previous file reviews completed by VAC’s Case Management Support Services Directorate in 2017. The review highlighted there were individuals receiving Case Management that did not have complex needs and met the criteria to no longer be case managed. Efforts as a result of this project resulted in approximately 1,800 Veterans transitioning from being case managed to a more appropriate level of support including guided support, targeted assistance, or self management.

The *VAC 2017 National Survey* included a section on well-being for case managed and non-case managed Veterans. Chart 1 shows responses to various well-being related questions by Veteran type.

Chart 1: VAC’s 2017 National Survey Results, Case Managed Veterans and by Service Type



The trend lines above identify that surveyed individuals in receipt of Case Management Services have lower levels of self-rated health, mental health, and lower levels of

satisfaction with life in general, main job or activity, leisure activities, financial situation, and overall well-being. However, as identified, there are portions (ranging from 30%-62%) of the Case Management Veteran group that reported satisfaction with various well-being questions and subsequently may present an opportunity for their needs to be met with a different level of support.

Overall, based on the multiple activities completed to assess the reach of Case Management Services, the evaluation finds that there is an opportunity for VAC to undertake further efforts to ensure that Veterans who do not have complex needs and no longer require a Case Manager are transitioned to a more appropriate level of support.

Recommendation #1:

It is recommended that the Director General, Service Delivery and Program Management, work in collaboration with the Director General, Field Operations to:

- Increase screening and case management reach for CAF Veterans and former RCMP members with complex needs; and
- Reduce barriers and provide additional support to further enable Case Managers to transition Veterans that do not have complex needs into a more appropriate level of support.

Management Response:

Management agrees with this recommendation. VAC implemented a new screening tool expected to improve the effectiveness of identifying Veteran risk levels and needs in January 2019. This new tool will result in more accurate triaging of Veterans to an appropriate level of service. The screening tool is expected to increase reach to specific groups that may not have been referred for case management consideration in the past.

Management Action Plan:

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
In addition to the new screening tool, the Director General Service Delivery and Program Management will work in collaboration with the Director General Field Operations to:		
i) Develop new service delivery monitoring and follow-up reporting processes to support the early identification/screening of Veterans that may have complex needs based on the Veteran accessing other VAC programming/services;	Director General, Service Delivery and Program Management Division and Director General, Field Operations Division	December 2019

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
ii) Provide enhanced mental health training to Veteran Service Agents to support early identification and triaging of Veterans experiencing mental health concerns.		March 2020
The Director General Service Delivery and Program Management will work in collaboration with the Director General Field Operations to increase screening and case management consideration of former RCMP members by completing the following:		
i) Increasing awareness of services available to RCMP by establishing an outreach program for RCMP / VAC.	Director General, Service Delivery and Program Management Division and Director General, Field Operations Division	March 2020
ii) Developing a RCMP Veteran and Family Resource page, and providing enhanced training for VAC staff to help inform of the services and benefits available.		
iii) Exploring ways for enhanced transition services to be offered to the RCMP.		
iv) Implementing new monitoring reports to ensure RCMP are being screened/reached more proportionally.		
v) Reviewing VAC's resource requirements needed to support RCMP transition and case management services, and if required, exploring options for increased resource allocation.		
The Director General Service Delivery and Program Management and the Director General Field Operations will work in collaboration to reduce barriers and provide additional support to further enable Case Managers transition Veterans that do not have complex needs into a more appropriate level of support.		
i) Conducting a review of case management and rehabilitation processes, including the processes around the decision related to Diminished Earning Capacity, with aim to identify and implement changes that will streamline the process and reduce burden on case managers.	Director General, Service Delivery and Program Management Division and Director General, Field Operations Division	March 2020
ii) Developing a new monitoring, reporting and follow-up process to ensure Veterans are receiving a level of support that aligns with their needs.		
iii) Establishing and implementing a strategy to support the transition of low risk/low needs Case Managed Veterans to guided support services and/or targeted assistance.		

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
<p>iv) Implementing a new team approach to Case Management that will result in Veterans with specific types of needs receiving service delivery support from VAC roles best suited to meet their needs, such as health professionals and/or Veteran Service Agents. If required, changes to delegated decision making authorities will be pursued to support this approach.</p>		
<p>v) Conducting a qualitative research study to follow-up on the VAC National Survey results from 2017 in order to better understand the client experience of case management and inform the development of tools and processes.</p>		<p>June 2019</p>

4.0 CASE MANAGEMENT TOOLS

4.1 Are the tools available for Case Management effective and efficient in achieving their intended results?

The evaluation finds that changes are required in order to improve the effectiveness and efficiency of VAC's case management tools.

During the period of the evaluation, VAC's Case Management Support Services Directorate and VAC's Research Division developed and piloted a new screening tool which would replace the Regina Risk Indicator Tool ((Section 4.1(a)) as well as the Regina Risk Indicator Tool – Reestablishment (Section 4.1(b)). The evaluation team participated in the assessment of this new tool and conducted a comparison analysis between the current risk tools and the new screening tool. Analysis available at the time of writing of this report is reflected in section 4.1(c) – Risk Comparison Analysis.

In addition to the assessment of the new screening tool, Sections 4.1(a) and 4.1(b) include activities the evaluation team completed in order to identify challenges and/or opportunities for improvement that should be considered for the new screening tool.

4.1(a) Regina Risk Indicator Tool

The July 2018 Case Manager Survey found that 35% of Case Managers agree/strongly agree that the RRIT is appropriately identifying Veterans at risk with managing independently in their community and identifying the potential need for Case Management Services. Through the survey, Case Managers identified risk areas that they felt were under-represented in the RRIT, which included mental health and family/social support; and risk areas that they felt were over-represented in the tool, which included aides to daily living and information on hospital stays.

The evaluation assessed whether the RRIT is appropriately identifying at-risk Veterans. During the evaluation period, 6,481 Veterans received an “At-Risk/ High Risk” RRIT score and were referred for Case Manager consideration.¹⁸ Subsequently, of the 6,481 Veterans referred, 870 (13%) ended up receiving Case Management Services. This analysis indicates that the RRIT is not triaging efficiently as referrals are being sent to Case Managers for Veterans that did not require this level of support.

Interviewees noted that one of the challenges associated with the RRIT is that often elderly Veterans can score “high risk” but not require a referral to a Case Manager because their needs are being met appropriately by a Veteran Service agent and/or a

¹⁸ As identified in the “Service Delivery Actions” within the RRIT tool guidelines, referrals to Case Managers occur in instances in which the RRIT is scored as High Risk or At Risk.

field nursing services officer. According to procedures, if a Veteran is deemed as high risk on the RRIT, the employee conducting the RRIT does not have the ability to override the referral to the Case Manager.

The findings from this section on the RRIT link to Recommendation #2 (page 29).

4.1(b) Regina Risk Indicator Tool - Reestablishment

The July 2018 Case Manager Survey found that 46% of Case Managers agree/strongly agree that the RRIT-R is appropriately identifying Veterans who are at-risk for unsuccessful re-establishment to civilian life, and who have a potential need for Case Management Services. Through the survey, Case Managers identified risk areas that they felt were under-represented in the RRIT-R, which included mental health, family/social support, and addictions. They also identified risk areas they felt were over-represented in the tool, which included aids to daily living and information on hospital stays.

Veterans who score Moderate/At-Risk/High Risk on the RRIT-R are referred to a Case Manager for consideration for Case Management. The evaluation team completed data analysis which identified that during the evaluation period, 12,893 Veterans received a “Moderate/At-Risk/High Risk” RRIT-R score and would have been referred for Case Manager consideration¹⁹. It was found that 11,237 (87%) of these Veterans ended up receiving Case Management Services. Of this group, 91% were in the Rehabilitation and Vocational Assistance Program. It is difficult to determine if the receipt of Case Management Services was a result of the Veteran receiving a moderate/at-risk/high RRIT-R score, or because they were eligible for the Rehabilitation and Vocational Assistance Program.

During interviews, Veteran Service team members and health professionals employees were divided on whether the RRIT-R is an effective risk screening tool.

4.1(c) Risk and referral comparative analysis

In support of assessing VACs new screening tool, a pilot was completed in order to compare the new screening tool results to the results of existing risk tools (RRIT and RRIT-R). During the period from March 2018 to June 2018, 166 Veterans that had recent RRIT/RRIT-Rs completed were contacted and assessed using the new screening tool questions. A comparative analysis of the existing risk tools to the new screening tool was completed by the evaluation team in order to analyse the impacts on Case Management Services.

¹⁹ As identified in the “Service Delivery Actions” within the RRIT-R tool guidelines, referrals to Case Managers occur in instances in which the RRIT-R is scored as High Risk, At Risk or Moderate Risk.

Comparative analysis of 166 Veterans that had a RRIT/RRIT-R and a screening completed using the new tool found that the overall volume of Veterans who may receive a “referral for Case Management Consideration” will remain relatively the same (-1% change). Further analysis is reflected in Table 10 below.

Table 10: Comparison of Case Management Referrals: Current RRIT/RRIT-R vs. New screening tool

Key indicators	% of Referrals based on existing RRIT/RRIT-R (High Risk + At Risk + RRIT-R Moderate Risk)	% based on new Screening Tool (High Risk Scores)	% Variance
Overall (n-166)	28%	27%	-1%
Veterans < 65 years old (n-88)	41%	40%	-1%
Veterans 65-84 years old (n-46)	11%	9%	-2%
Veterans 85+ years old (n-32)	19%	19%	0%
Veterans with Fair/Poor SR MH (n-78)	51%	54%	3%
Veterans - No one to count on (n-21)	38%	62%	24%
Veterans - Possible alcohol dependence (n-21)	62%	52%	-10%
Veterans - Addiction/recent addiction (n-10)	100%	70%	-30%
Male Veterans (n-146)	28%	26%	-2%
Female Veterans (n-19)	32%	37%	5%

Although the overall volume of Veterans being referred will remain relatively the same, the composition of Veterans being referred will change significantly²⁰.

- Of those that will be referred, it is estimated that 56% are the same Veterans as those that would have been referred under the RRIT/RRIT-R.
- Approximately 44% of high risk scores will be for Veterans who would not have been referred through the RRIT/RRIT-R.
- Approximately 47% of the Veterans who were referred previously through the RRIT/RRIT-R will not be considered as high risk based on the new screening tool.

In comparing the results of this analysis to the feedback received through the July 2018 Case Manager Survey, the evaluation team found that the new tool provides potential enhancements for the following groupings of clients:

- **Mental Health and Family/Social Supports** - Two of the risk areas that Case Managers identified as being “under-weighted/scored” in the current RRIT/RRIT-R

²⁰ At the time of this evaluation being finalized further testing and analysis was in-progress to determine if the changes to the Veterans being referred are appropriate and better aligned with risk and need.

are mental health and family/social support. Referrals for Veterans with these types of risks will increase based on the new screening tool.

- **Aides to daily living and Hospital stays** - Two of the risk areas that Case Managers identified as being “over-weighted/scored” in the current RRIT/RRIT-R are aides to daily living and information on hospital stays. The new screening tool has reduced emphasis on these areas.

The evaluation team found that there was a potential gap in the new tool for one of the risk areas that Case Managers identified as being “under-weighted/scored” in the current RRIT/RRIT-R (addictions). Referrals for Veterans with addictions related risks may decrease based on the new screening tool.

The findings from this section on the risk and referral comparative analysis between existing risk tools and the new screening tool is linked to Recommendation #2 (page 29).

4.1(d) Case Needs and Complexity Indicator (CNCI) Tool

The July 2018 Case Manager Survey found that only 16% of Case Managers agree/strongly agree that “The CNCI helps me to identify the time and effort required for me to work effectively on my assigned caseload.” When Case Managers were provided the opportunity to comment on the CNCI, 114 Case Managers provided significant, primarily critical, textual comments relating to the tool. The main concerns included:

- The CNCI is too subjective and results can vary between Case Managers;
- The CNCI is not accurate in identifying the amount of time/effort a Case Manager requires to work effectively on his/her assigned caseload;
- There is no value added in completing a CNCI; and
- It is taking time away from Veterans/caseload.

These concerns from Case Managers were reiterated further during site visits. Interviewees were critical of the CNCI, noting that: the tool is too subjective and that it is not valuable for Case Managers to be spending their time on it. Interviewees also stated that the tool is not being used as intended (for caseload allocation based on the Intensity Factor Indicator tool²¹).

In support of assessing whether the CNCI is an efficient use of case management resources, the evaluation team completed data analysis and obtained feedback through the July 2018 Case Manager Survey. Data analysis found that during the evaluation period from April 2014 to March 2018, Case Managers completed the CNCI more than

²¹ The Intensity Factor Indicator (IFI) tool is based on a formula involving three (3) indicators: volume, intensity and complexity of each case. Each of these 3 indicators has their own weight which together generates an IFI score. The purpose of the IFI is to help balance the caseloads of Case Managers.

114,000 times. The majority of the CNCIs completed (84%) were associated with the requirement²² for Case Managers to complete a CNCI every 90 days. In analysing the results for CNCIs completed to meet the “90 day requirement,” it was found the overall CNCI score range (Low, Moderate or High) remained the same in 78% of cases when the previous CNCI was completed less than 90 days prior. Feedback received through the July 2018 Case Manager Survey found that 65% of Case Managers did not feel there was a need for the CNCI to be completed every 90 days.

The findings from this section on the CNCI are linked to Recommendation #2 (page 29).

4.1(e) Case Plan Tool

This section of the evaluation report provides the findings associated with activities completed in assessing whether the Case Plan²³ tool is an effective and efficient tool that supports Case Managers in the documentation and monitoring of their case management practices and activities.

The July 2018 Case Manager Survey found:

- 51% of Case Managers agree/strongly agree that "The Case Plan tool in the CSDN is an effective platform to document my case management practices and activities."
- 40% of Case Managers agree/strongly agree that "The Case Plan tool in the CSDN supports the efficient documentation of my Case Management Practices and activities."
- 50% of Case Managers agree/strongly agree that "The Case Plan tool in the CSDN strengthens my ability to monitor Case Management practices and activities."

In addition, Case Managers provided detailed comments relating to each of the 10 sections²⁴ within the Case Plan Tool. The evaluation team reviewed these comments and summarized the primary themes as follows:

- The Case Plan Tool is too administratively burdensome;

²² The CNCI guidelines identify that Case Managers are required to complete a CNCI: As part of initial assessment when it leads to a case plan being opened, every 90 days for every Veteran assigned to them, and at the time of a case plan closure and transition out of Case Management.

²³ A Case Plan is developed by the Case Manager and the Veteran, through consultation with others, such as the Veteran's family, external resources, and members of the interdisciplinary team (IDT) as appropriate, with appropriate internal and external referrals made.

²⁴ Sections of the Case Plan Tool include: Overview of the situation, Where do you want to be?, What is preventing you from getting there?, Desired Outcomes, Action Steps, VAC Client Agreement, Resources, Indicators for Success, Progress Notes, and Disengagement.

- Numerous sections are repetitive with information already captured in other sections of the Case Plan Tool or VAC's Case Manager Assessment;
- The tool needs to be streamlined and simplified - Categories/Standard lists/Drop-down menu;
- The tool should directly align with (integrate/auto populate) other Case Management documentation (RRIT's, CNCI, Area Counsellor Assessment, Rehabilitation Record of Decision, and Summary of Assessment);
- There should be direct links between Desired Outcomes²⁵, Actions Steps²⁶, and Resources²⁷;
- Certain sections within the tool should be linked for the client to access through My VAC Account; and
- There should be improved usability features, such as: ability to save in draft, edit functionality, spellcheck, and reading/viewing.

Similar concerns to those identified in the July 2018 Case Manager Survey were noted to the evaluation team during site visits. Primary concerns identified by interviewees included: too much repetition within the tool, a lack of linkages/alignment within CP tool and also with other case management tools, more efficient to have drop down/pre-populated options, and that there are challenges with usability/viewing/scrolling.

The evaluation team also observed challenges with the Case Plan Tool first-hand by sitting with a Case Manager and through participation in the file review. Some of the challenges observed by the evaluation team included: the usability of the tool, duplication of effort, and a lack of alignment/linkages between key elements of the tool (i.e., Desired Outcomes, Action Steps, and Resources).

In addition to the concerns relating to how the Case Plan Tool supports the Case Manager's practices and activities, the evaluation team also encountered challenges with respect to reporting/performance results available through the Case Plan Tool. The evaluation team found there was incomplete/insufficient data to support outcomes measurement for case management recipients. Data obtained through the Case Plan Tool is able to reflect the overall volume of desired outcomes/action steps/resources completed for a case managed client. However, the tool does not provide any links to the types of domains in which case management is making a difference (i.e., Health, Mental Health, Employment, Social Integration, etc.). Therefore, in order to determine what outcomes are being worked on/achieved for Veterans receiving case management

²⁵ Desired Outcomes are: • decided by the client ; • oriented toward a goal that the client wishes to achieve; they are not aiming for a specific or targeted solution;
 • are present before deciding on action steps; and
 • are documented in a narrative format with all of the S.M.A.R.T components.

²⁶ Action steps allow the client, with the support of the Case Manager, to break down the desired outcomes into manageable activities.

²⁷ The intent of the Resource Section within the Case Plan is to allow for the documentation of approved internal/external resources that support the client's Case Plan.

support, the evaluation team had to undertake a manual file review (results associated with the file review are reflected in section 6.4, page 37). In order for subject matter experts completing the file review to gain enough information regarding a Veteran's needs and outcomes, they needed access to an average of 6 different sources within VACs system (the Case Plan Tool + 5 different forms/tools outside of the Case Plan Tool).

The file review results also identified there are opportunities to better align case management tools. The results of the review indicated that in instances when a need for improvement in a particular domain was identified through initial assessments/screenings; these needs were not always addressed accordingly within the desired outcomes for the Veteran. In this situation, if the tools were aligned/linked appropriately, it would help Case Managers in ensuring that needs are better reflected and monitored within the Case Plan.

The findings from this section on the Case Plan Tool are linked to Recommendation #2 (page 27).

4.1(f) Administrative Burden

Through the evaluation, one of the concerns that the evaluation team was informed of during site-visits and through comments on the July 2018 Case Manager survey was the high levels of administrative-related burden on Case Managers.

Through the survey, Case Managers reported that they should be spending significantly less time documenting than what is occurring. The survey results are reflected in Table 11 below. The results show the majority of Case Managers reported spending > 50% of their time documenting and one third of Case Managers reported spending > 70% of their time documenting. When asked how much time they think should be allocated to documenting, the majority reported in the 21% to 50% range, a significant reduction from the current practice.

Table 11: Time spent documenting case management practices and activities

% of Time	Overall, what portion of your time do you spend documenting your case management practices and activities? (% of Case Manager Responses)	Overall, what portion of your time should be taken to document all of your case management practices and activities? (% of Case Manager Responses)
Over 70% of your time	32.7%	5.8%
61-70% of your time	21.5%	4.9%
51-60% of your time	18.3%	8.1%
41-50% of your time	10.3%	23.3%

% of Time	Overall, what portion of your time do you spend documenting your case management practices and activities? (% of Case Manager Responses)	Overall, what portion of your time should be taken to document all of your case management practices and activities? (% of Case Manager Responses)
31-40% of your time	10.3%	22.4%
21-30% of your time	4.9%	22.0%
11-20% of your time	< 1%	11.2%
Less than 10% of your time	< 1%	2.2%

Recommendation #2

It is recommended that the Director General, Service Delivery and Program Management improve the effectiveness and efficiency of case management tools by:

1. Updating processes to:
 - Have Case Managers complete a CNCI at entry/graduation from Case Management and when their professional judgment deems there is a change in need/complexity level, thus eliminating the requirement to complete it every 90 days;
2. Increasing efforts to:
 - Monitor the effectiveness of the new screening tool by developing/implementing performance metrics and quality management processes to assess/measure that clients are being triaged to the appropriate level of service.
3. Implementing system/tool/process improvements (over the medium-long term, next 1-3 years) to:
 - Join the case plan tool directly to any assessments completed which identify the needs associated with a case managed client (i.e., health, mental health, social integration, employment, etc.);
 - Establish domains/categories that the case plan desired outcomes, actions steps, and resources can be assigned to;
 - Link action steps and resources to the desired outcomes/goals they are associated with;
 - Streamline and simplify the level of effort required within the Case Plan Tool by: eliminating possible overlap/duplication, creating standard lists and drop down options where appropriate, and using key fields to automatically generate resource authorizations;
 - Integrate the ongoing assessment of complexity and need directly within the Case Plan, thus eliminating the CNCI tool;

- Provide options for information to be updated/shared through My VAC Account (where appropriate); and
- Improve usability features (viewing, reading, editing, spell-check, etc.)

Management Response:

Management agrees with this recommendation.

Management Action Plan:

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Field Operations, to improve the effectiveness and efficiency of case management tools by:		
1. Implementing system and process changes to eliminate the need for a CM to complete a CNCI every 90 days.	Director General, Service Delivery and Program Management Division and Director General, Field Operations Division	June 2019
2. Developing a quality management framework for the new screening tool to ensure that Veterans are being triaged to the appropriate level of service, and implementing ongoing performance metrics to monitor the effectiveness of the new screening tool.		April 2020
3. i) Leveraging the development of the client plan as part of Pension for Life to update and finalize new case plan/client plan requirements that will: <ul style="list-style-type: none"> • Align client assessments to goals/outcomes within the plan; • Establish domains/categories that case plan desired outcomes, actions steps, and resources can be assigned to; • Improve usability, including streamlining, and providing standardized options where appropriate; • Integrate the ongoing assessment of complexity and need directly within the Case Plan, thus eliminating the CNCI tool; • Provide options for information to be updated/shared through My VAC Account (where appropriate). 		April 2020

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
3. ii) Establishing an implementation strategy for the new case plan/client plan requirements, and if required, identifying/pursuing additional resource requirements.		
3. iii) Fully implementing a new case plan/client plan.		April 2021

5.0 CAN VAC’S CASE MANAGEMENT SERVICES BE ENHANCED BY ADOPTING PRACTICES AND PROFESSIONAL STANDARDS UTILIZED IN OTHER FEDERAL GOVERNMENT DEPARTMENTS?

To determine whether there were other federal departments that should be consulted with, the evaluation team conducted an in-depth analysis of results for the 2017 Public Service Employee Survey (PSES). In comparing results for similar classification/positions that perform case management functions between VAC, Correctional Services Canada (CSC), and the Department of National Defence (DND), it was evident that VAC Case Managers were more likely to identify concerns relating to complicated or unnecessary business processes, than similar positions at CSC and DND. Although these results highlight potential opportunities for VAC to enhance processes and tools, it is not a direct comparison of Case Management Services at these departments as the Case Management models used are different. These results are reflected in Table 12 below.

Table 12: 2017 PSES Results, Breakdown for VAC WP-04/CSC WP-04/ DND NU-03

Question	VAC (WP-04) ²⁸ n = 269	CSC (WP-04) ²⁹ n = 1084	DND (NU-03) ³⁰ n = 61
I feel that the quality of my work suffers because of overly complicated or unnecessary business processes.	76%	50%	43%
What causes you stress at work? ...Information overload	54%	30%	8%

In addition, during key informant interviews, VAC Case Managers were asked about their previous employment experiences and if they would recommend any best practices from previous federal government departments. Interviewees with previous experience working for the Correctional Service of Canada identified that it would be valuable for the evaluation team to observe the case management system/tools that are in place at the Correctional Service of Canada (CSC).

Subsequently, the evaluation team completed a site-visit at a CSC location and found that the correctional plan used at CSC is directly linked to initial assessments that identify levels of risk and need for improvement. The results of the assessments determine the domains applicable for improvement, and identify the level of need for

²⁸ The majority of VAC WP-04 positions are VAC Case Managers.

²⁹ CSC WP-04 positions are associated with Parole/Corrections Officers.

³⁰ DND NU-03 positions are associated with DND Nurse Case Managers.

each domain. This approach from CSC directly aligns with findings previously identified in section 4.1(e), and further supports Recommendation #2 and the need for significant system/tool/process improvements associated with VAC's Case Management Services. Further findings associated with the site-visit to a CSC office are included in section 7.0.

Interviews with DND Nurse Case Managers identified that their (DND's) case management system is not as textual based as VAC's (standardized options/ pre-populated goals are provided). This further supports findings previously identified in section 4.1(e), and the associated recommendations for improvement.

Overall, with respect to professional standards at other Federal Departments, the evaluation team was informed that Parole/Corrections Officers at CSC (WP-04 positions), are not part of a professional designation/certification program, which aligns with VAC's WP-04 Case Managers. Whereas, DND Nurse Case Managers (NU-03) are required to maintain a professional designation as Registered Nurses (RNs). During key informant interviews, concerns regarding lack of certification were noted on a minimal basis. Through discussions with management, the evaluation team was informed that the department has not undertaken any activities to review whether there would be benefits to professional certification. Therefore, upon implementation of recommendations relating to case management tools (Section 4.0) and case management standards (Section 7.0), the evaluation team feels that there is an opportunity for the department to further study and assess whether professional certification should be considered.

6.0 DO VAC'S CASE MANAGEMENT SERVICES SUPPORT VETERANS WITH COMPLEX NEEDS, INCLUDING WOMEN, MEN AND GENDER-DIVERSE INDIVIDUALS WITH MANY IDENTITY FACTORS (GBA+) IN ADDRESSING THEIR NEEDS?

The evaluation finds that VAC's Case Management Services are supporting Veterans to reduce their level of complex needs, especially for Veterans most in need (that have a considerable need for improvement).

VAC's Case Management Service is not a program, therefore, there is no requirement for a Program Information Profile³¹ (*Policy on Results*). Without the requirement of a Program Information Profile, the associated outcomes for the service have not been readily tracked and monitored. The evaluation finds that to effectively monitor the performance of VAC's Case Management Services, formal outcomes and associated targets must be established. This finding links to Recommendation #3 on page 45.

In the absence of readily available outcomes measurement data, the evaluation team analyzed system data, undertook a manual file review, and reviewed public opinion research information to assess performance/outcomes associated with Case Management Services.

6.1 Case Plan Tool

In support of assessing outcomes associated with Veterans who were transitioned out of Case Management Services, the evaluation team first analysed data available through VAC's Case Plan tool. The data provided information with respect to the volume of Veterans who transitioned out of case management into another level of support, and the number of goals/actions that were completed for these Veterans. The data showed that during the period from April 2014 to March 2018:

- 9,296³² Veterans were transitioned out of Case Management Services.
 - The average length of time these Veterans had an open case plan was 978 days (2.7 years)
- 33,147 Desired Outcomes were recorded for these individuals, an average of 3.6 per Case Plan
 - 22,012 (66.4%) of the Desired Outcomes added were achieved, an average of 2.4 achieved per Case Plan.
- 19,615 Indicators for Success were recorded, an average of 2.1 per Case Plan.
- 59,328 Case Manager Action Steps were completed, an average of 6.4 Case Manager Actions Steps per Case Plan.

³¹ The document that identifies the performance information for each Program from the Program Inventory.

³² This overall volume of Veterans transitioned out of case management includes 758 Veterans that passed away.

- 52,189 Veteran (Client) Action Steps were completed, an average of 5.6 Veterans (Client) Actions Steps per Case Plan.

Although the Case Plan Tool data identified overall volumes of activity, it could not provide sufficient information to identify whether Veterans' complex needs had been addressed, or identify what domains Veterans were receiving support for (i.e., Health, Mental Health, Social, etc.). To gain further information in assessment of complex needs, the evaluation team; reviewed the results of the *2017 VAC National Survey*, conducted an in-depth analysis of VAC's case management tools completed at intake/transition out of case management (RRITs and CNCI), and completed a file review. The results of these individual activities are identified in the following three sections.

6.2 2017 VAC National Survey – Satisfaction with Case Management Services

The *2017 VAC National Survey*³³ reported generally positive response results from case management recipients. The results showed that of the case management recipients surveyed (204):

- 83% agreed/strongly agreed that “My Case Manager and I have worked together to develop a plan to best meet my need.”
- 80% agreed/strongly agreed that “I have developed a productive working environment with my Case Manager.”
- 78% agreed /strongly agreed that “As a result of working with my Case Manager, I am better informed on how to access the services and supports I need.”
- 72% agreed/strongly agreed that “My case plan has helped me make progress towards reaching my goal.”
- 71% agreed/strongly agreed that “My Case Manager and I had regular discussions about my progress, my achievements and any problems that I was having.”

It is important to note that case management recipients surveyed were a random sample of overall clients in receipt of case management, and may have included clients who only recently started to receive case management support. Therefore, in these instances, results may be lower due to certain clients not having been in receipt long enough to have time to make progress towards reaching their goals and/or have discussions about progress/achievement/problems. In future surveys, it would be helpful for VAC to ensure the length of time in receipt of case management is included in the data for further cross-sectional analysis to be completed.

³³ http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/veterans_affairs_canada/2017/043-16-e/report.pdf

6.3 Analysis of CNCIs/RRIT-Rs completed at entry and transition out of Case Management

The evaluation team worked in collaboration with the Service Delivery and Program Management Division’s Business Intelligence Unit to assess results associated with RRIT-R and CNCI. In instances that these tools were completed at entry and when a Veteran was transitioned out of needing case management, key indicators/questions were analysed to determine if there was an improvement to the Veteran’s needs.

6.3.1 RRIT-R Analysis of Entry vs. Case Plan closure

The results associated with the RRIT-R analysis (entry to Case Management vs. Case Plan closure from Case Management) for the period from April 2014 to March 2018 are reflected in the following section.

In addition, an in-depth analysis of RRIT-R results was conducted to focus specifically on Veterans with poor self-rated physical health/mental health, and to review these results against key identity factors (GBA+). This analysis is reflected in Table 13 below.

Table 13: Analysis of Case Managers Impact on Veterans with Poor Self-Rated Physical Health

Key Demographical Indicator	# that reported poor self-rated physical health at entry	#/% with improved self-rated physical health at case plan closure
Overall Veterans	593	399 (67%)
- Male	489	331 (68%)
- Female	104	68 (65%)
- Married/ Common-Law	397	262 (66%)
- Single/Divorced	196	137 (70%)
- Veterans under 40 years of age	56	42 (75%)
- Veterans 40 to 50 years of age	212	148 (70%)
- Veterans over 50 years of age	325	209 (64%)

As reflected in Table 13, improvements to self-rated physical health were generally consistent between gender and marital status. The biggest variance reflected was associated with the Veterans age group, and found that Veterans in younger age groups were more likely to report improvements to their physical health than Veterans in older age groups.

Table 14: Analysis of Case Managers Impact on Veterans with Poor Self-Rated Mental Health

Key Demographical Indicator	# that reported poor self-rated mental health at entry	#/% with improved self-rated mental health at case plan closure
Overall Veterans	682	528 (77%)
- Male	568	438 (77%)
- Female	114	90 (79%)
- Married/ Common-Law	437	338 (77%)
- Single/Divorced	245	190 (78%)
- Veterans under 40 years of age	102	85 (83%)
- Veterans 40 to 50 years of age	239	173 (72%)
- Veterans over 50 years of age	370	294 (80%)

As reflected in Table 14, improvements to self-rated mental health were generally consistent between gender and marital status. The biggest variance reflected was associated with the Veterans age group, Veterans aged 40-50 were less likely to identify improvements in their mental health than Veterans that fell in younger or older age groups.

Overall, based on the analysis of the 1,853 RRIT-Rs completed for Veterans graduating/disengaging from case management, it was found that the differences were statistically significant.³⁴ It can be concluded that physical health, and mental health both improved when comparing Veterans self-rated results at the end of their case plan to their self-rated results at entry to case management.

³⁴ Statistical significance was based on *The Wilcoxon Signed Rank Test* which tests whether the median of differences between outcomes at entry and when the case plan was closed was different than zero. If the difference in outcomes is found to be significantly different than zero, then the outcome measured has either improved or worsened upon case plan closure compared to entry.

6.3.2 CNCI Analysis of Entry vs. Case Plan Closure

An analysis of CNCI results was conducted to focus specifically on Veterans with considerable needs for improvement in each of the CNCI domains. The results, comparing needs at Case Management entry to Case Plan closure for the period of April 2014 to March 2018 are reflected in the following charts.



As identified above, in instances where Veterans had a “considerable” need for improvement within each domain, the majority of Veterans (76%-91%) had reduced levels of need at the end of their case plan.

Overall, based on the analysis of all 4,712 CNCIs completed for Veterans transitioning out of case management during the period of April 2014 to March 2018 (regardless of their level of need), it was found that improvements (differences) were statistically significant.³⁵ It can be concluded that all domains captured in the CNCI improved when comparing Veterans situations at the end of their case plan to their entry to case management.

6.4 File Review Results

During the period from July 2018 to September 2018, a review was conducted on 193 Veteran files³⁶ to assess needs associated with Veteran domains of well-being and associated changes during VAC’s Case Management Services. The sample was drawn from case plans:

- that were closed during the period of April 2016 to March 2018; or
- that have been open more than 2 years.

Each of the 193 files examined were reviewed to determine if the Veteran had an initial need in the following domains³⁷:

1. Health - Physical;
2. Health - Mental;
3. Addiction related Mental Health;
4. Employment;
5. Finances;
6. Social Integration;
7. Housing; and
8. Life Skills.

If a need was identified in any of the above domains, the file reviewer recorded: the initial level of improvement required (considerable, moderate, or minimum), what the current level of improvement for the domain was (considerable, moderate, minimum, or none),

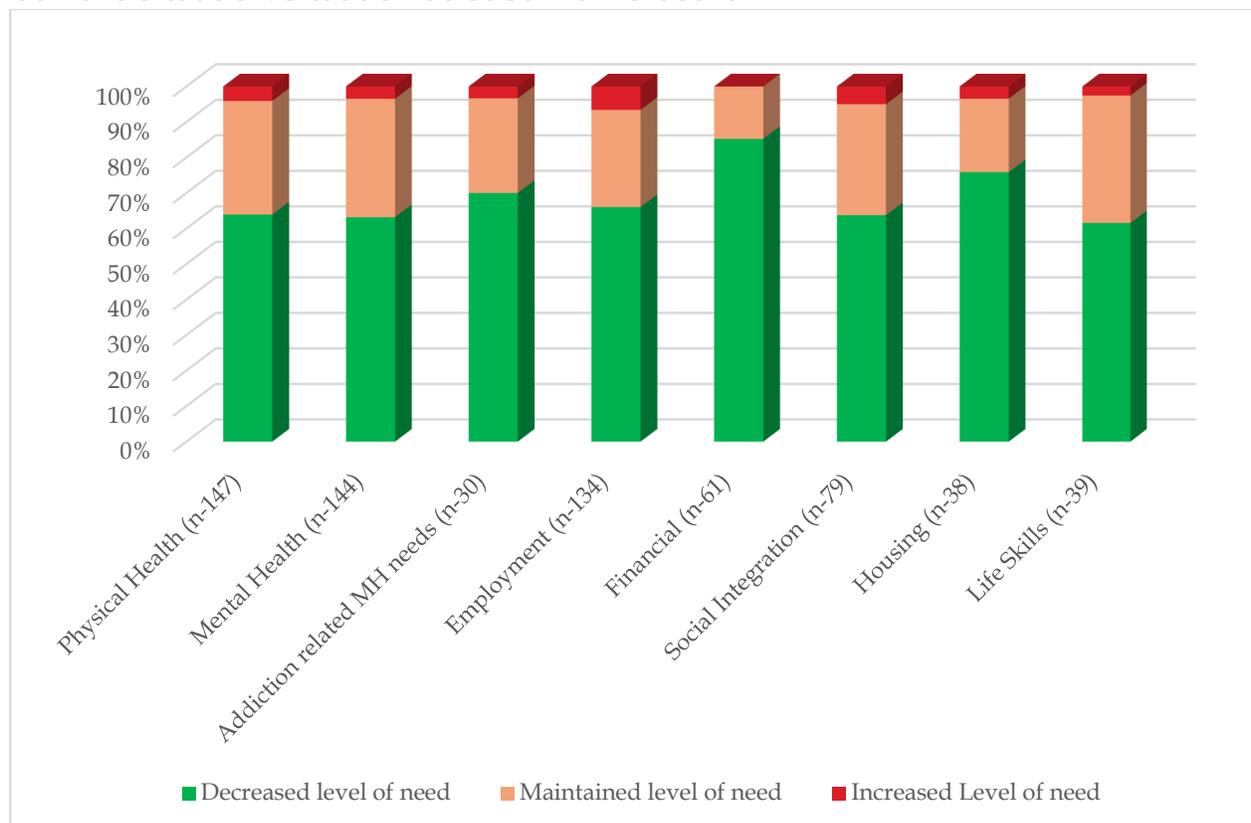
³⁶ This random sample size provided a confidence level of 95% (margin of error +/- 7%).

³⁷ **Physical Health:** Veterans are functioning well physically / **Mental Health/Additions:** Veterans are functioning well mentally / **Employment or Other Activity:** Veterans are engaged in activities that are beneficial and meaningful to them. / **Finances:** Veterans are financially secure. / **Social Integration:** Veterans are in mutually supportive relationships and are engaged in their community. **Housing:** Veterans are living in safe and stable housing. / **Life Skills:** Veterans are able to adapt, manage, and cope.

and/or the level of improvement at the time of the case plan closure (considerable, moderate, minimum, or none).

The results associated with each domain, based on the Veterans initial situation vs. the Veterans current situation/situation when case plan was closed identified in the following chart.

Chart 2: Assessment of Veterans’ Needs- Initial Entry to Case Management vs. Current Situation/Situation at Case Plan Closure



As reflected, the majority of case managed Veterans (ranging from 63% to 85%) with needs in each domain are having their needs reduced during the receipt of Case Management Services. It is important to note, that the results associated with a Veterans change in level of need for employment and financial domains were found to be significantly different in instances where a Veteran was deemed to have Diminished Earnings Capacity (DEC)³⁸.

In instances that a Veteran received an eligible decision for DEC, needs associated with employment decreased for 97% of the Veterans assessed. In instances that a Veteran

³⁸ A DEC determination is reached only after a VAC decision maker has determined, based on the evidence, that the Veteran is not expected to regain the capacity to engage in suitable gainful employment, with or without further rehabilitation. A DEC determination provides the Veteran access to certain financial benefits and may provide eligibility to the Veteran’s spouse/common-law partner for the Rehabilitation Program.

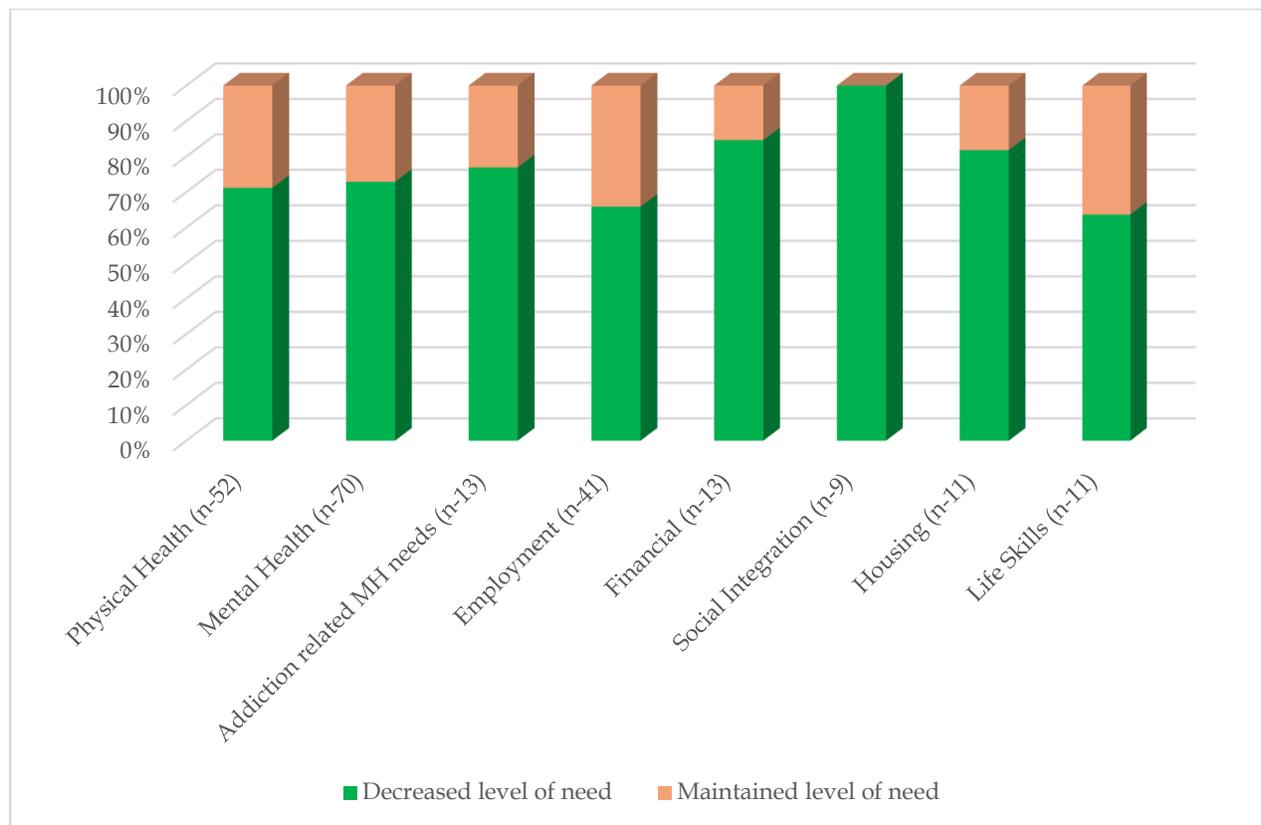
did not have an eligible DEC decision, 50% of Veteran files reviewed had decreased levels of employment needs.

In instances that a Veteran received an eligible decision for DEC, financial needs decreased for 100% of the Veterans assessed. In instances that a Veteran did not have an eligible DEC decision, 75% of Veteran files reviewed had decreased levels of financial needs.

Charts identifying the assessment results for case managed Veterans initial needs vs. current needs/needs at the end of a case plan can be found in Appendix A.

In further analyzing the results of each domain, the evaluation team focused on the situations which identified Veterans that were most in need (had considerable need for improvement). As identified in Chart 3 below, through receiving Case Management Services, needs are being reduced for these Veterans.

Chart 3: Assessment of Veterans’ with “Considerable Need for Improvement”- Initial Entry to Case Management vs. Current Situation/Situation at Case Plan Closure



Changes in Complex Needs Based on Key Demographic Indicators (GBA+)

File reviewers were asked to provide an assessment of the Veterans' overall complex needs for each file they reviewed. The results based on key demographic indicators for the 192 files are reflected in Table 15 below.

Table 15: File Review Results by Key Demographic Indicator

Demographic Indicator	Percentage with Reduction in Complex Needs	Percentage with maintained Complex Needs	Percentage with Increased Complex Needs
Gender			
Male	65%	29%	6%
Female	58%	36%	7%
Marital Status			
Married/Common Law	66%	31%	3%
Single/Divorced	60%	30%	10%
Age			
<40	70%	14%	16%
40-50	58%	43%	0%
50-59	58%	35%	7%
>/=60	69%	28%	3%
Location			
Rural	63%	28%	9%
Urban	64%	31%	6%

*May not add due to rounding.

As identified, complex needs are being reduced across all key demographical indicators available.

7.0 ARE VAC CASE MANAGEMENT SERVICE STANDARDS/ COMMITMENTS BEING ACHIEVED AND ARE THEY APPROPRIATE?

The evaluation finds that VAC's standards in relation to Case Management Services should be reviewed in order to align with a client's level of need and complexity.

This section of the evaluation report assesses whether VAC's case management related services standards/commitments are being achieved and whether they are appropriate.

VAC uses two primary standards relating to Case Management Services, these two standards are:

1. A [published service standard](#) which states "The ratio of case managed clients to Case Managers will not exceed 25:1."
2. An internal standard which states "A Case Manager will contact the Veteran at least every 90 days to discuss progress towards achieving their goals"

7.1 Ratio of Case Management Clients to Case Managers will not Exceed 25:1

This section of the report identifies the results of key activities the evaluation team completed in support of assessing the results associated with the 25:1 service standard and to determine if this is an appropriate standard.

7.1.1 Data Analysis

In analysing the volume of case managed clients (open case plans) assigned to each of VAC's Case Managers, the evaluation team found that as of March 2018:

- 86% of VAC's Case Managers had a caseload size of greater than 25.
- 56% of VAC's Case Managers had a caseload size of 35 or greater.

To further assess VAC's performance against this standard and accurately report against the average caseload size, the evaluation team completed an in-depth data analysis. The data analysis compared the overall volume of clients receiving Case Management Services, to; a) the volume of case management resources based on VAC's Financial Management System Data; and b) the volume of Case Manager positions based on VAC's Human Resource system data. In both instances, the analysis shows similar results, which are reflected below.

7.1.1.1 Case Plan Ratio Based on VAC's Financial Management System Data

Analysis of VAC's Financial Management system data shows that the number of Case Manager position full-time equivalents (FTEs) utilized has increased substantially over

the past 4 years. Between fiscal years 2014-15 and 2017-18, Case Manager FTEs increased from 197.9 to 361.3, an increase of 82.6%.

During the same time period, the volume of case managed clients also increased substantially. Between March 2015 to March 2018 case managed clients increased from 7,448 to 13,437, an increase of 80.4%. The surge in Veterans requiring Case Management services can be explained by two factors: Government of Canada approved changes to the Earnings Loss Benefit in October 2016 which increased Veteran earnings from 75% to 90% of pre-release salary, coupled with increases in medical releases from the Canadian Armed Forces.

Table 16 shows the year-over-year analysis of FTEs in the Case Manager position and the average volume of case managed clients.

Table 16: Average Case Managed Clients per Case Manager by Fiscal Year

Fiscal Year	Average Case Managed Clients per Case Manager
2014-15	36.5
2015-16	34.6
2016-17	33.3
2017-18	35.0

As shown in Table 16, despite significant recruitment and staffing efforts for Case Managers, the increasing number of case managed clients has prevented VAC from achieving the 25:1 case plan ratio commitment.

A further breakdown of resources and case managed clients by location and year, can be found in Appendix B.

7.1.1.2 Case Plan Ratio Based on VAC’s Human Resource System Data.

As of April 2018, VAC had:

- 407.4 indeterminate Case Managers, of these:
 - 350.2 were “Active” in their position as a Case Manager
 - 7 were “on assignment/acting” outside of their position as a Case Manager
 - 50.2 were on a period of leave with/without pay

In addition to the 350.2 “Active” indeterminate Case Managers, there were 8 employees on assignment/acting in Case Manager positions and 14.3 individuals were casual/term-position Case Managers. This resulted in an overall total of 372.5 active Case Managers.

As of March 31, 2018, there were 13,437 case managed clients, resulting in overall average of 36.1 clients per Case Manager, above the 25:1 service standard target.

7.1.2 Site Visit Interviews

Case Managers interviewed identified that they are currently assigned a much higher caseload than 25:1. However, when Case Managers were asked what they felt an appropriate caseload size would be, most estimated a range of around 30:1 and felt that 25:1 may be too low. In addition, interviews also identified that caseload standards should be based on the level of need/complexity of Veterans, as each Veterans' needs are unique the level of support required could vary significantly.

7.1.3 Case Manager Survey

Through the July 2018 Case Manager Survey, when asked about their current caseload:

- 76% of Case Managers reported that they are overburdened/ over-capacity.
- 21% of Case Managers reported that they are at optimal capacity.
- 3% of Case Managers reported that they are under-capacity.

The Case Managers who identified that they are “overburdened/over-capacity” or “under capacity” were asked “what caseload size do you feel you would be closest to optimal capacity?” Responses showed:

- 2% reported they would be closest to optimal capacity with a caseload size > 40.
- 15% reported they would be closest to optimal capacity with a caseload size of 35-40.
- 32% reported they would be closest to optimal capacity with a caseload size of 30-34.
- 43% reported they would be closest to optimal capacity with a caseload size of 25-29.
- 8% reported they would be closest to optimal capacity with a caseload size under 25.

Similar to the feedback received through interviews, findings from the survey highlighted that a large portion of Case Managers felt an optimal caseload size would be higher than 25:1.

In addition, when Case Managers were asked what the most appropriate method would be for measuring their caseload, 74% of Case Managers reported that the most accurate method of representing their caseload would be based on “A combination of the volume, intensity and complexity of the Veterans they are case managing.” This finding highlights that caseload related standards for Case Managers should be broader than a volume of cases per Case Manager ratio.

7.1.4 Observation

During the evaluation team’s site-visit to an office of Correctional Services Canada (CSC), the team was informed that caseload allocation at CSC is based on the level of

needs for each individual. The level of need determines the frequency of contacts that a Parole Officer should have with that individual. The primary method of allocating caseload for Parole Officers is by reviewing the volume of contacts (based on the needs of the individual) each officer is responsible for, rather than the specific volume of cases.

7.1.5 Conclusion/Summary

As identified in this section, VAC has significantly increased the volume of Case Managers over the past 4 years. Despite these staffing efforts, the surge in case managed clients combined with VAC's need to increase efforts to transition Veterans out of case management when it is no longer the appropriate level of support (as highlighted in section 3.1(b) has prevented the department from achieving the 25:1 case ratio standard, instead resulting in averages of 35-36:1. In reviewing the appropriateness of the case ratio standard, it was determined that a large portion of Case Managers feel that a higher target ratio than 25:1 would be optimal (in the 30:1 range). However, through interviews, the Case Manager survey, and observations at another government department, the evaluation team found that caseload allocation should also be based on other factors, such as the level of the Veterans needs/complexity. These findings are used to contribute to Recommendation #3 (page 45).

7.2 A Case Manager will contact the Veteran at least every 90 days to discuss progress towards achieving their goals

This section of the report identifies the results of key activities the evaluation team completed in support of assessing the results associated with the case managed client contact every 90 days, and whether this is an appropriate standard.

7.2.1 Data Analysis

Analysis found that VAC Case Managers are achieving the internal standard of Veteran contact every 90 days. During the period of April 2014-March 2018, case managed clients had direct contact with their Case Manager 360,840 times. In 88.5% of these instances, the contact was less than 90 days since the previous contact. In a large portion of cases (77.1%) contact occurred less than 60 days since previous contact, and in over half (59.6%) of the contacts were less than 30 days since previous contact. Overall, during the 4 year period, on average case managed clients were contacted every 40 days. Breakdowns of the yearly results are included in Table 18 below.

Table 18: Analysis of Case Management Client Contact (based on progress notes with client contact)

	Fiscal Year 2014-15	Fiscal Year 2015-16	Fiscal Year 2016-17	Fiscal Year 2018-19	Totals
Total contacts with Case Managed clients	64,890	73,210	101,486	121,245	360,840
- % of contacts within 30 days	57.7%	58.1%	61.8%	59.7%	59.6%
- % of contacts within 60 days	75.5%	75.3%	78.8%	77.5%	77.1%
- % of contacts within 90 days	88.3%	87.3%	89.3%	88.8%	88.5%
Average days between contact	39.0	41.2	38.2	40.3	39.6

7.2.2 Site Visit Interviews

During interviews with Case Managers, they highlighted it is valuable/appropriate to have a client contact related standard, however the standard should be based more on the clients' level of needs/complexity rather than a blanket standard for all clients. It was identified that in instances when clients have considerable needs, a more frequent standard (shorter than 90 days) would be more appropriate.

7.2.3 Observation

During the evaluation team's site-visit to an office of Correctional Services Canada, the team was informed that the level of need an individual has determines the frequency of contacts that a Parole Officer should have with that individual. This approach results in individuals with high levels of need being contacted on a more frequent basis.

7.2.4 2017 VAC National Survey

Results from the *2017 VAC National Survey* found that 76% of case managed clients interviewed agreed/strongly agreed that "I am satisfied with my Case Manager's availability."

In addition, as part of the *2017 VAC National Survey*, VAC asked clients "what could VAC do to better the service experience for you?" The evaluation team reviewed the textual responses to this question for the 124 case managed clients that responded. In total, 30 (24%) made reference to wanting additional direct contact with their Case Manager (via more frequent contacts, wanting regular meetings, a direct line, by hiring more Case Managers, etc.). These results highlight that while a large portion of case managed clients are satisfied with their Case Managers availability, there is an opportunity to increase contacts with clients based on their level of need.

Overall the findings of this section, combined with the findings of section 7.1 regarding the case plan ratio standard, contributed to the following recommendation.

Recommendation #3 (Medium-Long Term):

It is recommended that the Director General, Service Delivery and Program Management work in collaboration with the Director General, Field Operations to:

- develop and implement case management standards based on the client’s levels of need and complexity;
- formalize the intended outcomes for VAC’s Case Management Services, establish targets and implement monitoring.

(Consideration on the timing of management actions for this recommendation will need to be based upon previous recommendations being implemented to ensure case management is appropriately reaching Veterans with complex needs (Recommendation #1), and to improve the effectiveness and efficiency of tools used to support case management (Recommendation #2))

Management Response:

Management agrees with this recommendation.

Management Action Plan:

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Field Operations, to develop and implement case management standards based on the client's level of needs by:		
i) Conducting research and environmental scans of other federal and provincial case management service standards and models.	Director General, Service Delivery and Program Management Division and Director General, Field Operations Division	September 2019
ii) Developing approaches to defining client's needs and complexity.		March 2020
iii) Developing service standards, as part of the program management framework, that will meet the needs of clients and demonstrate outcomes based on the domains of well-being.		March 2021
The Director General, Service Delivery and Program Management, work in collaboration with the Director General, Field Operations, to formalize the intended outcomes for VAC's Case Management Services, including targets and associated monitoring by:		

Corrective Actions to be taken	Office of Primary Interest (OPI)	Target Completion Date
i) Formally identifying the intended outcomes that are to be achieved by VAC's Case Management Services (supporting domains of well-being for Veterans).	Director General, Service Delivery and Program Management Division and Director General, Field Operations Division	March 2020
ii) Implementing the ongoing monitoring/reporting of VAC's Case Management outcomes, including targeted performance levels.		June 2020
iii) Developing a program management (performance) framework.		

8.0 UNINTENDED FINDINGS OF THE EVALUATION

This section of the report highlights areas of concern the evaluation team found that were outside of the original scope of the evaluation. These areas are highlighted within the report as opportunities to further improve Case Management Services and support Case Managers.

8.1 Well-Being of VAC's Case Managers

Through interviews with Case Managers and other Veteran Service Team Members, the evaluation team was informed of issues/concerns impacting Case Managers, such as; high caseloads, challenges in recruitment/retention, constantly changing expectations, and burdens associated with administration/documentation within VAC's system/tools.

The analysis of the 2017 Public Service Employee Survey results, found the WP-04 positions at VAC (primarily represented by Case Managers) reported significant concerns relating to their level of stress, changing priorities and heavy workload. The results for VAC's WP-04 positions, compared with the results for overall VAC employees and to other groups of similar positions at other government departments are included in Table 19 below.

Table 19: 2017 PSES Results, Breakdown

Question	All VAC n = 1,972	VAC (WP-04)³⁹ n = 269	CSC (WP-04)⁴⁰ n = 1084	DND (NU-03)⁴¹ n = 61
I can complete my assigned workload during my regular working hours.	58%	24%	61%	79%
I feel that the quality of my work suffers because of constantly changing priorities.	44%	62%	47%	33%
Do you intend to leave your current position in the next two years?	25%	20%	12%	18%
What causes you stress at work? ... Heavy workload	35%	71%	50%	19%
What causes you stress at work? ... Lack of clear expectations	21%	35%	20%	10%

³⁹ The majority of VAC WP-04 positions are VAC Case Managers.

⁴⁰ CSC WP-04 positions are associated with Parole/Corrections Officers.

⁴¹ DND NU-03 positions are associated with DND Nurse Case Managers.

Question	All VAC n = 1,972	VAC (WP-04)³⁹ n = 269	CSC (WP-04)⁴⁰ n = 1084	DND (NU-03)⁴¹ n = 61
What causes you stress at work? ... Not enough employees to do the work	40%	67%	44%	28%
Overall, my level of work-related stress is high or very high.	23%	45%	34%	16%
After my workday, I feel emotionally drained.	37%	61%	50%	41%

Based on this information, the evaluation team finds there is an opportunity for VAC to undertake activities aimed at supporting the well-being of VAC Case Managers. and implement methods of monitoring Case Manager well-being to ensure progress is being made. During the course of the evaluation, a Mental Health and Well-Being strategy was drafted for Veterans Affairs Canada. The draft strategy focuses on three strategic goals: Changing culture to be respectful of the mental health of all colleagues; Building capacity with tools and resources for employees at all levels; and Measuring and reporting on actions.

8.2 Activities that Case Managers do not feel adds value to their roles.

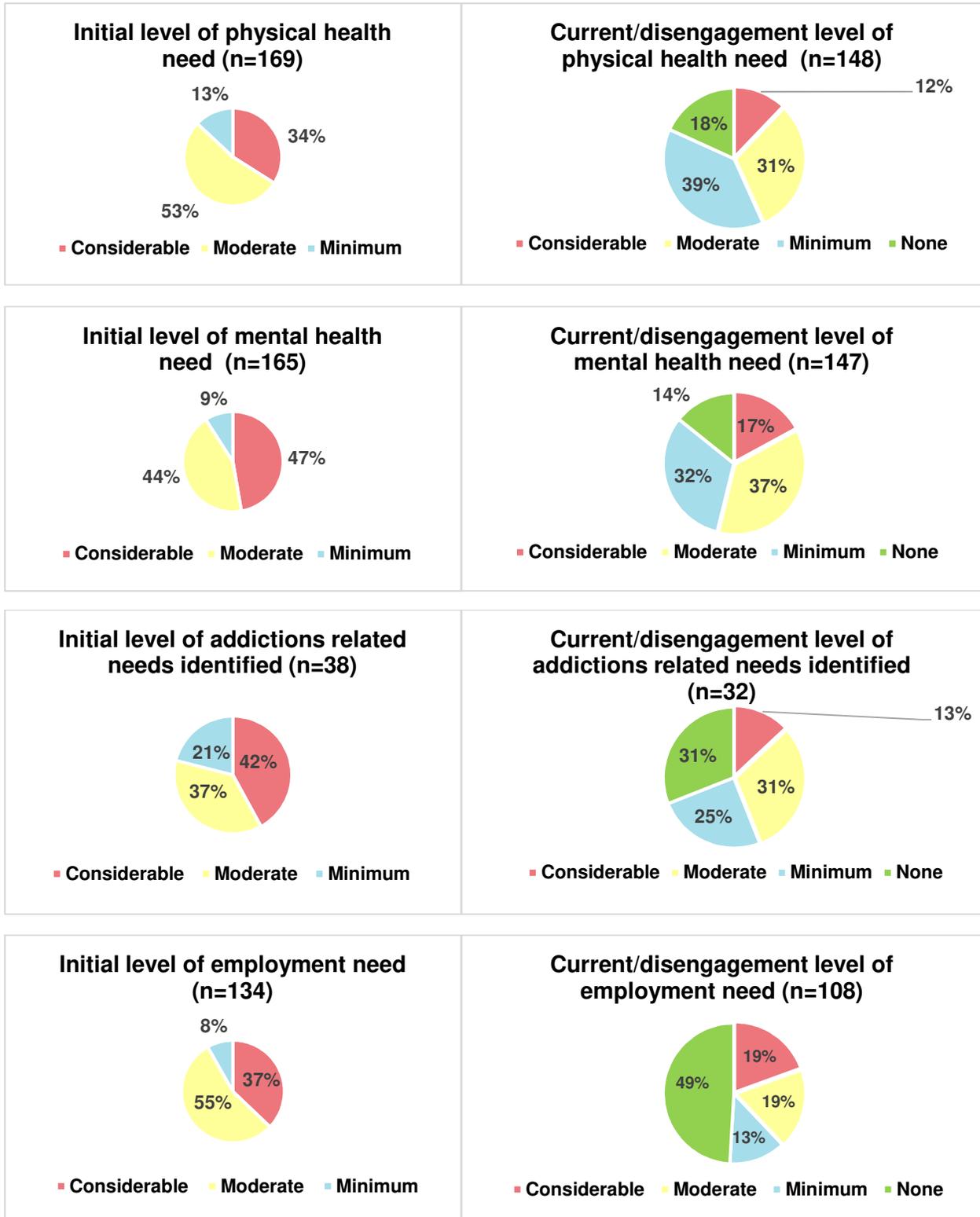
Through the July 2018 Case Manager Survey, 65% (145) of Case Managers reported “there are currently activities/tasks they are responsible for which do not add value to their role as a Case Manager.” These Case Managers were asked to provide textual feedback on what these activities included. The themes identified are as follows (in order of prevalence):

- Significant amount of time spent on administrative work/activities that could be supported through other positions and allow Case Managers more time to work with and support Veterans in need;
- Special Awards applications (Attendance Allowance/Clothing Allowance/ Exceptional Incapacity Allowance);
- Responding to questions regarding financial benefit decision/calculations which would be better responded to by the decision maker/SME in that area;
- Completing a CNCI every 90 days;
- Inquiries relating to third party contractors;
- Inquiries relating to Disability Benefits and application status; and
- Completing Diminished Earnings Capacity (DEC) Reviews.

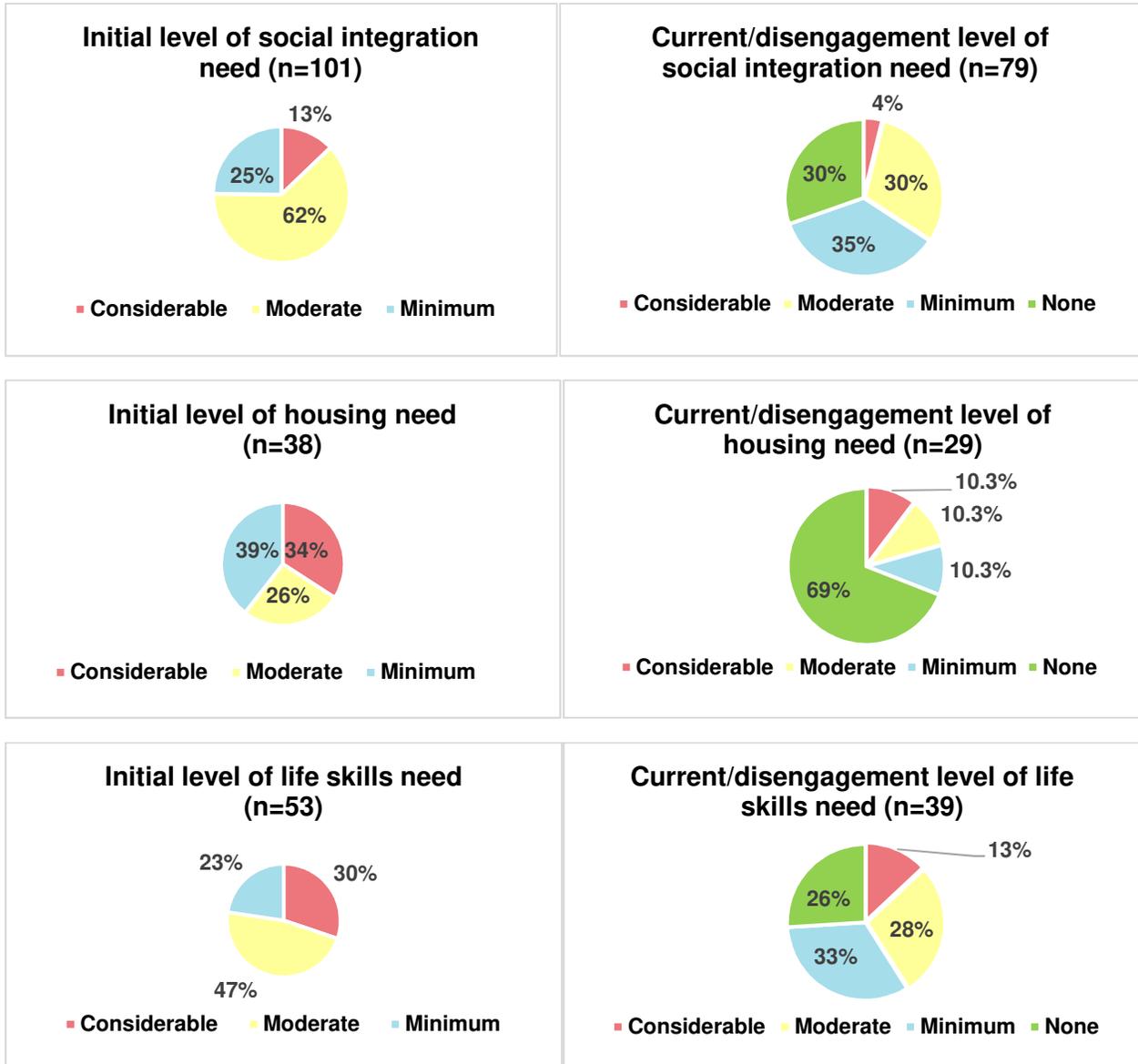
As noted in section 8.1, only 24% of VAC’s WP-04s (primarily represented by Case Managers) reported being able to complete their assigned work during regular working hours, and 71% reported that heavy workload is causing them stress.

The evaluation finds there is an opportunity for VAC to review the activities a Case Manager is currently responsible for, and where possible/appropriate, reduce and/or realign these activities as to allow Case Managers more time provide direct services to Veterans most in need.

APPENDIX A: FILE REVIEW RESULTS, ASSESSMENT OF VETERAN NEEDS



Appendix A - continued



APPENDIX B:

Case Managed Clients and Case Manager FTEs by Location

Area	Fiscal Year 2014/15				Fiscal Year 2015/16			
	Actual Utilization FTE / ETP 2014/2015	# of Case Managed clients by Area as of March 2015	Average Case Managed Clients During 2014-15 (Average Between Start/End of Year)	Average Clients per Case Manager	Actual Utilization FTE / ETP 2015/2016	# of Case Managed Clients by Area as of March 2016	Average Case Managed Clients During 2015-16 (Average Between Start/End of Year)	Average Clients per Case Manager
Nova Scotia Area	18.59	831	770	41.4	27.11	970	901	33.2
New-Brunswick/ PEI/Gaspésie Area	14.79	576	545	36.8	17.21	649	613	35.6
Newfoundland/Labrador Area	6.62	294	284	42.9	8.45	335	315	37.2
Eastern Québec Area	23.00	771	757	32.9	29.55	1,139	955	32.3
Western Québec Area	19.53	704	678	34.7	24.61	808	756	30.7
Southwestern Ontario Area	18.06	704	721	39.9	18.46	785	745	40.3
Central Ontario Area	19.33	794	751	38.8	23.25	950	872	37.5
Northeastern Ontario & Nunavut Area	25.55	980	908	35.5	33.37	1,286	1,133	34.0
Manitoba & Saskatchewan Area	11.90	390	385	32.4	12.56	418	404	32.2
Alberta & the Northwest Territories Area	16.46	641	656	39.8	18.58	853	747	40.2
B.C. Mainland and the Yukon Area	13.71	422	437	31.8	15.51	539	481	31.0
Vancouver Island & The Islands Area	10.40	340	343	32.9	11.25	441	391	34.7
Actuals Grand Total	197.94	7,448	7,231	36.5	239.91	9,173	8,310	34.6

Appendix B - continued:

Case Managed Clients and Case Manager FTEs by Location

Area	Fiscal Year 2016/17				Fiscal Year 2017/18			
	Actual Utilization FTE / ETP 2016/2017	# of Case Managed Clients by Area as of March 2017	Average Case Managed Clients During 2016-17 (Average Between Start/End of Year)	Average Clients per Case Manager	Actual Utilization FTE / ETP 2017/2018	# of Case Managed Clients by Area as of March 2018	Average Case Managed Clients During 2017-18 (Average Between Start/End of Year)	Average Clients per Case Manager
Nova Scotia Area	40.09	1,354	1,162	29.0	43.60	1,604	1,475	33.8
New-Brunswick/PEI/Gaspésie Area	22.43	991	820	36.6	28.89	1,296	1,144	39.6
Newfoundland/Labrador Area	12.85	446	391	30.4	13.57	503	475	35.0
Eastern Québec Area	38.33	1,419	1,279	33.4	41.26	1,532	1,476	35.8
Western Québec Area	30.20	1,029	919	30.4	32.73	1,137	1,083	33.1
Southwestern Ontario Area	26.40	960	873	33.1	29.78	1,027	994	33.4
Central Ontario Area	27.90	1,196	1,073	38.5	33.40	1,207	1,202	36.0
Northeastern Ontario & Nunavut Area	44.56	1,617	1,452	32.6	54.36	1,866	1,742	32.0
Manitoba & Saskatchewan Area	15.07	535	477	31.6	16.67	633	584	35.0
Alberta & the Northwest Territories Area	23.70	1,064	959	40.4	29.60	1,249	1,157	39.1
B.C. Mainland and the Yukon Area	19.77	649	594	30.1	20.10	694	672	33.4
Vancouver Island & The Islands Area	14.48	602	522	36.0	17.35	689	646	37.2
Actuals Grand Total	315.78	11,862	10,518	33.3	361.30	13,437	12,650	35.0

GLOSSARY OF TERMS

Action Steps - allow the client, with the support of the Case Manager, to break down the desired outcomes into manageable activities.

Canadian Armed Forces (CAF) Veterans – those who served Canada since the Korean War (post-1953). VAC considers any former member of the CAF who releases with an honourable discharge and who successfully underwent basic training to be a Veteran.

Canadian Forces Members and Veterans Re-establishment and Compensation Act (CFMVRCA) - sets out requirements for assessment of need and development and implementation of a Rehabilitation Program or Vocational Assistance Plan for each client type (Rehabilitation Need veteran, Medically Released veteran, spouse/common-law partner or survivor) who is determined to be eligible under the program.

Case Management - a service offered by VAC to assist former members, Veterans, RCMP and their families with complex needs and who may be finding it difficult to navigate a transition or change in their lives. VAC Case Management Services enable Veterans, and their families, to achieve mutually agreed upon goals through a collaborative, organized and dynamic process, coordinated by a VAC Case Manager.

Case Needs and Complexity Indicator (CNCI) - a tool used to identify and isolate caseload indicators that are predictive of the amount of time and effort a Case Manager requires to work effectively with his or her assigned case managed Veterans.

Case Plan – a tool to document the case management process, developed by the Case Manager and the Veteran, through consultation with others, such as the Veteran's family, external resources, and members of the interdisciplinary team as appropriate, with appropriate internal and external referrals made. The Case Plan includes sections: Overview of the situation, Where do you want to be?, What is preventing you from getting there?, Desired Outcomes, Action Steps, VAC Client Agreement, Resources, Indicators for Success, Progress Notes, and Disengagement (transition to a more appropriate level of support).

Desired Outcomes - decided by the client, these are oriented toward a goal that the client wishes to achieve; they are not aiming for a specific or targeted solution; are present before deciding on action steps, and are documented in a narrative format with all of the S.M.A.R.T components.

Diminished Earnings Capacity (DEC) - a determination reached after a VAC decision maker has determined, based on the evidence, that the Veteran is not expected to regain the capacity to engage in suitable gainful employment, with or without further rehabilitation. A DEC determination provides the Veteran access to certain financial benefits and may provide eligibility to the Veteran's spouse/common-law partner for the Rehabilitation Program.

Disengagement - the final step of the case management process. Ideally, this step occurs as the result of the Veteran and their family becoming better equipped to

independently address needs and maintain their optimal level of functioning. This occurs when the Veteran's goals have been achieved and a plan to maintain well-being has been established. Alternatively, disengagement may occur and the Case Plan closed when a Veteran voluntarily chooses to leave the rehabilitation program and/or Case Management Services.

Gender Based Analysis Plus (GBA+) - a tool to assess how different groups of women, men and gender-diverse people may experience policies, programs, and initiatives. The “plus” in GBA+ acknowledges that GBA goes beyond biological and socio-cultural differences. GBA+ considers many identity factors, like race, ethnicity, religion, age, and mental or physical ability.

Guided Support Program - VAC is piloting a new type of support that pairs Veteran Service Agents with Veterans and their families to navigate through the VAC application process to help with the transition.

Intensity Factor Indicator (IFI) - a tool based on a formula involving three (3) indicators: volume, intensity and complexity of each case. Each of these 3 indicators has their own weight which together generates an IFI score. The goal of the IFI is to help balance the caseloads of Case Managers. Veteran Service Team Managers can use the IFI scores to assess Case Manager workload and assign new files to Case Managers.

Policy on Results - sets out the fundamental requirements for Canadian federal departmental accountability for performance information and evaluation, while highlighting the importance of results in management and expenditure decision making, as well as public reporting.

Regina Risk Indicator Tool (RRIT) – a tool used on older Veterans, regardless of client type (War Service, Canada Armed Forces, RCMP), when they present with issues relating to managing independently in the community and to identify the need or potential need related to case management support.

Regina Risk Indicator Tool – Re-establishment (RRIT-R) – a tool used for releasing or released CAF or the RCMP, as a means of predicting the Veteran's potential risk of unsuccessful re-establishment to civilian life and the need or potential related to CM support.

Rehabilitation Program - designed to support modern-day Veterans who are transitioning to civilian life. Through this Program, Veterans have access to rehabilitation services, as part of an individualized plan that can help restore their ability to function in their home, community and workplace by addressing health problems and resulting barriers to re-establishment. Based on need, the Case Manager, health care and other professionals will work with the Veteran to stabilize and improve their health and overall functioning to the fullest extent possible. Services are provided through a network of local medical and psycho-social rehabilitation providers and a national vocational rehabilitation provider.

Resource Section - within the Case Plan, this allows for the documentation of approved internal/external resources that support the client's Case Plan.

Transition Interview - All releasing Canadian Armed Forces members, Regular, and Reserve Force, are entitled to a transition interview. During a transition interview, VAC provides information on programs and services available including support in determining rehabilitation needs, advice and guidance on disability applications, and referrals to service providers needed.

Veteran Service Team - members include Veteran Service Team Managers (VSTM), Case Managers (CM), Veteran Service Agents (VSA) and Administrative Service Agents.

War Service Veteran - someone who served in the First World War, Second World War or the Korean War. Also known as traditional Veterans.