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Chair

Mr. Neil Ellis

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• (1105)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call the meeting to order.

Good morning, everybody. I'd like to welcome all of our guests today and all our witnesses who are here testifying as we resume the study of barriers to transition and measurable outcomes of successful transition.

The panel today consists of the Department of Veterans Affairs and the Department of National Defence.

From the Department of Veterans Affairs, we have Elizabeth Douglas, Director General, Service Delivery Program Management, and Susan Baglole, National Manager, Rehabilitation, Career Transition Services, and Income Support. They will focus on the new Veterans Charter transition program, vocational rehabilitation programs, and statistics.

From the Department of National Defence, we have Commodore Sean Cantelon, Director General, Canadian Forces Morale and Welfare Services, Military Personnel Command, and Phil Marcus, Vice-President, Operations and Support Services. They will focus on support services, service income, and security insurance plans, or SISIPs. To respond to questions about SISIPs, we welcome, from Manulife Financial, Kathleen McIlwham, Vice-President for Wellness, Disability, and Life.

Ms. Douglas, you have the floor for five minutes.

Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs): Thank you.

[Translation]

Good morning, Mr. Chair, Mr. Vice-Chair, members of the committee.

My name is Elizabeth Douglas, Director General for Service Delivery Program Management for Veterans Affairs Canada.

[English]

I'm responsible for approximately 200 employees, located primarily in Charlottetown, in the areas of online services, strategic and enabling initiatives, case management and support services, health care programs, income support programs, rehabilitation services, vocational assistance, and long-term care.

I would like to thank you for the invitation to appear before the committee today. Joining me is Susan Baglole, the National Manager of Rehabilitation, Career Transition Services, and Income Support.

I'm also pleased to provide an overview of our rehabilitation services and vocational assistance program. I note that you emphasized the importance of vocational rehabilitation in your "Comparative Study of Services in Other Jurisdictions" report and concur that workforce reintegration is one of the keys to successful transition. At VAC, the 2016 "Life After Service" study, conducted internally, identified that 52% of our veterans report easy or moderately easy adjustment to civilian life and that veterans who are employed have lower rates of difficulty with transition to civilian life.

Employment can impact health, social integration, and finances. Also, health, social integration, or financial problems can affect the ability to find or retain a job. Research shows clearly that participation in paid employment is beneficial to health. VAC's programs provide an opportunity to close this gap for Canadian Armed Forces personnel in their transition to civilian life. As we will discuss today, there are programs in place that are closing that seam.

Our LASS research shows that overall, veterans do well in the labour market, with 65% employed at the time of our last LASS study in 2016. In addition, 49% of veterans are able to transfer their military skills, knowledge, and abilities to comparable civilian occupations. Also, the unemployment rate for veterans is the same as that of the Canadian general population.

However, veterans are more likely to have activity limitations at work and to face barriers to labour force participation. Some veterans are retired and are not interested in working, while others are at school or pursuing other interests. However, 22% of those not in the labour force reported being on disability.

There are also other subpopulations who may have more difficulty in post-military employment success. These include women, those with fewer years of service, those who are younger, and those who served in the army. While veterans in general are doing well integrating into the civilian workforce, some still need support.

For those who are unable to transition successfully, VAC's rehabilitation services and vocational assistance program provide eligible veterans and their spouses or survivors with medical, psychosocial, and/or vocational services. The intent of the program is to support restoration of functioning in areas such as mental and physical functioning, social adjustment, family relationships, financial security, and employment.

Participants in the rehabilitation program often have complex needs in a number of areas and require medical, psychosocial, and/or vocational services. As of June 30, 2017, 12,245 veterans and 196 spouses or survivors benefited from rehabilitation services.

Vocational professionals work with the veteran to help them transfer skills and education to the civilian labour force. These vocational supports may include help to identify suitable employment, job search skills, resumé development, and financial support for training and related costs. In the first quarter of 2017-18, 76% of veterans were more employable upon completion of a vocational rehab plan.

Education and training may be an important part of a plan for some veterans. Through the rehabilitation program, veterans can access up to \$75,800 for education and related costs. Veterans can work towards a university degree, attend a technical college, or partake in a variety of educational programs.

In most cases, rehab services are provided through a network of local experts. A VAC case manager works with the veteran and their family to help determine what is needed and how to access these services. On behalf of VAC, Canadian veterans vocational rehabilitation services provides the vocational rehabilitation and assistance to help the veteran build their vocational rehab plans and achieve their goals.

Shortly, you'll hear from my CAF colleague about SISIP. Some veterans may be participating in VAC's rehab program, receiving medical and psychosocial rehabilitation services while receiving vocational assistance from SISIP. CAF, VAC, and SISIP case managers work to coordinate these services across organizations.

There are significant efforts under way between the CAF and VAC to enhance transition and to align programs and services. The Prime Minister identified closing the seam between CAF and VAC by reducing complexity and strengthening partnerships as the first priority in the Minister of Veterans Affairs' mandate letter. In an effort to ensure CAF members, veterans, and their families have a successful transition from the military to civilian life, a CAF-VAC seamless transition task force was established in 2016.

Early engagement and intervention is one of the most critical components of a successful transition process from CAF. In 2016, in response to the June 2014 report of the Standing Committee on Veterans Affairs, we launched the CAF-VAC enhanced transition services. This initiative is about VAC engaging earlier with medically releasing VAC members and their families. This results in building stronger relationships with medically releasing members prior to release, the determination of eligibility for programs and services pre-release, and the strengthening of joint case management activities between CAF and VAC.

In conclusion, I want to note that every veteran is different. However, one unifying experience is the major life change that results from the journey to life after service. The most successful transitions occur when a veteran has a positive state of well-being, which is a balance of financial, mental, physical, and social factors. Financial security is critical, but financial security is just one of the domains essential to the overall well-being of the veteran.

The rehabilitation services and vocational assistance program provides individualized, needs-based services to veterans and their spouses and survivors. The program aims to support restoration of functioning in areas such as mental and physical, social adjustment, family relationships, financial security, and employment.

• (1110)

Thank you again for the invitation to speak to you today. I appreciate the opportunity to support the work of your committee and consider what it may hold for the future of Canada's services to veterans and families in the recognition of their extraordinary contributions and service.

Thank you.

The Chair: Thank you for your testimony.

Commodore, we will start with your 10 minutes, please.

Commodore Sean Cantelon (Director General, Canadian Forces Morale and Welfare Services, Military Personnel Command, Department of National Defence): Thank you, Mr. Chair.

Mr. Chair and members of the committee, as the Director General of Morale and Welfare Services, I am also the Managing Director of Non-Public Property and the Chief Executive Officer of the staff of the non-public funds, Canadian Forces. It is in these capacities that I'm responsible for over 5,000 staff of the non-public funds Canadian Forces employees on bases, wings, and units, as well as at the Canadian Forces morale and welfare services headquarters here in Ottawa.

CFMWS works to enhance the morale and welfare of the military community, thus contributing to the operational readiness and effectiveness of the Canadian Armed Forces. The programs and services under my authority are the personnel support programs, or PSP; the CANEX retail operations; military family services; the support our troops program; the Canadian Forces appreciation program; and the Canadian Armed Forces service income security insurance plan, or, as it is now known, SISIP Financial. I'm very pleased to have the opportunity to talk specifically about SISIP Financial products, services, and benefits.

Joining me today as CFMWS's subject matter expert is Mr. Phil Marcus, our Associate Vice-President, Operations, at SISIP Financial, and from Manulife, Ms. Kathy McIlwham, Vice-President of Wellness, Disability, and Life Group Benefits and Retirement Solutions.

SISIP Financial is a non-public property entity created under the National Defence Act in 1969. In the Canadian Forces, the chief of the defence staff is the vested authority for non-public property, and he has delegated the management functions to the managing director of non-public property, who happens to be me, the director general, morale and welfare services. The Canadian Forces morale and welfare services organization is responsible for administering non-public property on behalf of the chief of the defence staff. SISIP Financial is a key division of the Canadian Forces morale and welfare services. Its revenues contribute more than any other division's to corporate non-public property.

• (1115)

[Translation]

The Department of National Defence and the Canadian Armed Forces are committed to the care, health and well-being of all military personnel and their families. Canadian Armed Forces members have excellent benefits, including world-class health care and rehabilitation services, monetary compensation and benefits, a government subsidized insurance program, a comprehensive transition support, and a rich network of support to military families.

[English]

The Canadian Armed Forces long-term disability plan is a key component of the Canadian Armed Forces' suite of group benefits. It provides ill or injured veterans with income and vocational rehabilitation support after their release. The CAF long-term disability plan provides up to 75% of a member's salary at release from the Canadian Armed Forces for both service-related and non-service-related illness and injuries. It is a premium-based disability insurance plan that provides financial benefits, including vocational rehabilitation, to medically releasing members or to members who take a voluntary release and qualify as totally disabled.

All Canadian Armed Forces members are automatically enrolled in CAF long-term disability coverage and are eligible for benefits starting from their first day of service. Personnel who leave the Canadian Armed Forces because of medical limitations receive income support for up to 24 months, or to age 65 if they're unable to return to work.

[Translation]

A component of this program is a vocational rehabilitation program that enables participants to restore their vocational capacity to prepare them for suitable gainful employment in the civilian sector. To this end, the program focuses on the veteran's abilities, interests, medical limitations and potential economic viability of their chosen plan to help establish their future. Recipients receive training that takes into consideration experience, any existing education plans prior to release and the economic realities in their geographic location. The vocational rehabilitation program support can start up to six months prior to release and is often coordinated with the member to ensure continuity after release.

[English]

In 1975, the CAF LTD insurer developed a vocational rehabilitation program tailored to former military members. Typically, employers provide a return-to-work rehabilitation program. However, fundamental to the Canadian Armed Forces is the principle of universality of service. It holds that Canadian Armed Forces members, regardless of rank or occupation, are liable to perform general military duties and common defence and security duties. Those in breach of universality of service are subject to an eventual release from the Canadian Armed Forces.

This open-ended nature of military service is one of the features that distinguishes the Canadian Armed Forces from a civilian notion of employment. Therefore, a vocational rehabilitation plan was created to provide specific vocational training and assistance with job search to a group of members who could not return to their previous occupation.

SISIP Financial also provides optional life insurance coverage for Canadian Armed Forces members, veterans, and their spouses. This coverage varies from \$10,000 to \$600,000, and premiums are paid by members. The member chooses the level of coverage they desire.

• (1120)

[Translation]

The Canadian Armed Forces pay all premiums for accidental dismemberment insurance, which provides coverage up to \$250,000. There is no qualifying period. Similar to the public service where accidental death and dismemberment is offered though their optional life insurance plans.

In addition, all Regular Force and Class "C" Canadian Armed Forces members are provided with supplementary death benefit coverage, which is equal to two times their salary rounded to the nearest \$250.

[English]

SISIP Financial also provides Canadian Armed Forces members the expertise of qualified financial advisers who understand the military environment and the complicated pay, pension, and benefits regime—including severance, pension transfer values, payment in lieu, and lump sum payments—and can provide them with sound financial advice. With 22 offices at major bases and wings across Canada, SISIP Financial is able to deliver personalized service, tailored advice, tailored product solutions, and an exceptional customer experience to meet those needs.

I would like to thank you again for the opportunity to appear, and I would be pleased to respond to any questions from the committee.

The Chair: Thank you.

We will begin our questioning today with Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Chair.

The first question I'm going to ask is in regard to SISIP. Have you been impacted by the current issues with our pay system?

Cmdre Sean Cantelon: No. The Canadian Armed Forces is not paid by Phoenix, nor are SISIP employees. Staff of the non-public funds is a separate agency and are paid by a different payroll system.

Mrs. Cathay Wagantall: It still seems to take a long time for a lot of these individuals to get their funding. Why is that?

Cmdre Sean Cantelon: I will speak specifically to the SISIP LTD. In fact, I will turn to Mr. Marcus to provide that. The disability payment that comes at 75% is covered by SISIP. Perhaps my colleagues from Veterans Affairs can speak to their benefits.

As I stated in the introduction, normally six months prior to release the individual will meet with the SISIP counsellor, who will go through their files and knows their pay records. Generally speaking, our pay is issued within a normal pay segment upon release through SISIP's financial payment system.

Phil, would you add anything to that?

Mr. Phil Marcus (Vice-President, Operations and Support Service, Department of National Defence): I'm wondering what you mean by "it takes a long time to get paid". Are you referring to LTD benefits, pension benefits, or to a combination of both?

Mrs. Cathay Wagantall: Do you guys follow Facebook?

Cmdre Sean Cantelon: Oh, yes.

Mrs. Cathay Wagantall: A lot of what I hear out there from various veterans organizations is that the funding they should be receiving seems to take longer than they were promised it would take.

Cmdre Sean Cantelon: I will speak to two things on behalf of the chief of military personnel, although it's not my direct responsibility. The director general of compensation and benefits is responsible for the Canadian Forces pension fund, and that pension fund has been passed over to the same pension service centre the federal government employees use. If I recall, roughly 90% of payments are done within the mandated 45 days, within 45 days of release. That would be their pension payment.

Mrs. Cathay Wagantall: Okay.

Cmdre Sean Cantelon: Their long-term disability payment, which comes from the insurance program they subscribe to, is paid through Manulife. That's the one I was talking about regarding their funds. There's a separate regime and series of benefits that come through Veterans Affairs, and I will not comment on that.

Often, when you see someone on Facebook saying they've had pay problems, you need to know which benefit is causing the problem and who should address it. In my mandate, I can speak on the Canadian Forces pay regimes—briefly on the pension, and in detail on the payment for long-term disability.

Ms. Kathleen McIlwham (Vice-President, Wellness, Disability and Life, Manulife Financial): I'm just going to add that in the long-term disability program, generally speaking, we're speaking with the client about six months prior to the date of release. We are quite fortunate: 87% of the clients will know they've been pre-approved prior to their date of release, so most of them know they can expect a payment within a month.

You might ask why it's 87%. Typically, between 8% and 10% of people don't apply until after the date of release. That's the major reason that number is where it is.

• (1125)

Mrs. Cathay Wagantall: You're saying it's the responsibility of the individual who's being released, then. They're not getting their paperwork in order.

Ms. Kathleen McIlwham: They work through CAF to be directed to us, and we get notification. Then we reach out and meet with them. We start with the vocational rehab team, which typically meets with them about a year before their date of release. We can actually start funding their rehabilitation program six months prior to the date of the release so that we can get them into rehabilitation and get them ready sooner. The sooner the better, truthfully, to get people engaged in a program. We get them in there six months before and we start working with them. We have the period between then and the date of release to get the payment approved.

Mrs. Cathay Wagantall: I have a note here that the months leading up to their release give them an opportunity to fill out the necessary applications while they have access to all the relevant information within CAF and are still on full salary. However, once members have been released, it becomes more difficult to obtain certain medical information from military personnel, which can add to the length of time required. Of course, that's because...with the disability program there isn't a concern whether the injuries are due to service or some other reason.

Ms. Kathleen McIlwham: I don't believe that's with respect to the long-term disability program. We rely heavily upon the papers that are coming from CAF to indicate that they are in fact being medically released. We are indifferent in terms of paying, whether it's service-related or non-service-related.

Mrs. Cathay Wagantall: That's the point I'm making.

Ms. Kathleen McIlwham: Either way, we treat them the same. We pay both the same.

Mrs. Cathay Wagantall: In that circumstance, I understand that, but where we're running into trouble with a seamless transition is that the responsibility, then, to determine whether the injury is service-related isn't a concern of the Canadian Armed Forces or SISIP; it falls to VAC. That tends to create all kinds of complications for individuals, because it becomes much more difficult for them to receive their medical records. They then have to fight once they've already been released to prove they have an injury due to service.

That's something that I hear quite a bit, Elizabeth, if you could share.

Ms. Elizabeth Douglas: First, thank you for your question. I believe that you may be speaking about the disability award, the pension award. If that is the case, we do recognize there is a delay to the service standards. We are working on those, but we also recognize it is frustrating. That area, as Commodore Cantelon stated, is his area of responsibility. It's outside mine. However, I can certainly take any questions back, or you can leave any questions with us, and the director general of our centralized operations division would be pleased to answer them.

What I can answer for you today, and what falls under my jurisdiction, is the rehabilitation program. In terms of stats around the rehab program, all our service standards for the rehab program have an 80% service standard. In terms of the eligibility to get into the rehab program, we are at 75%, and the service standard, of course, is 80%. The earnings loss benefit is at 89% right now. Again, the service standard was 80%.

I will also state that once earning loss benefits came into place on October 1, 2016, there was a huge increase, a huge surge in those applications, so for a period of time our turnaround was a little bit longer. We were slower. We had a 36% surge increase, but we're now pleased to announce that we're back up, and we're at 89%.

Mrs. Cathay Wagantall: Thank you.

I have a couple—

The Chair: Sorry. Thank you.

Go ahead, Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you all for coming.

I want to direct this question to Commodore Cantelon and Ms. McIlwham.

Over the time we've been doing these studies, we've had some input, some perceptions from veterans with regard to disabilities. We had a report from one veteran who said he had to keep filing the same form for his disability on a yearly basis. We had another one who appeared at this committee in May 2016. He said he was on a long-term disability and for the first two years he wasn't sure what was going to happen after that, explaining that he hadn't really had an explanation and there seemed to be a loss of connection, from what he was describing, between SISIP, Manulife, and VAC.

Can you speak to this? It leads to a public perception challenge. How would you address these, and how would you answer to these kinds of complaints in general when they come across your desk?

• (1130)

Cmdre Sean Cantelon: I'll start with a very global perspective. The program has evolved throughout the years. This is not the program that was signed for as insurance in 1967, let alone 1975. That is what those individuals experienced at the time. Unfortunately, the programs and processes—and I'll let Ms. McIlwham speak to that—are amended, and the next person goes through and doesn't experience that. The happy customer never complains because it isn't there.

Specific to the issue of forms, I'll let Manulife speak about how they've modernized their processes in the last few years.

Ms. Kathleen McIlwham: We take any kind of feedback or appeals very seriously. We have a very low rate of appeals, less than one-half of one per cent. We've averaged about 33 a year for the last five years.

On the case you're referring to, in terms of the annual form we send out, we took that feedback. We were quite concerned that there was a perception that it was very difficult for people to fill out the form. We spoke directly with the gentleman who made the complaint to get his direct feedback and to engage him in discussing what he didn't like about the form. We quickly modified the form to make it more customer friendly.

He also talked about how some people struggle. They're frightened of forms, so the fewer forms and the simpler, the better. At that point we also offered the option to people to do it by phone call. We have found that to be a very popular option. People have higher trust when talking to somebody who can answer their questions. Likewise, if somebody's confused about the extension of their program or if a person is unable to return to the workplace after two years, we continue benefits to age 65. We would reach out...I'm not close to that particular example, but certainly our counsellors would reach out and try to explain it to them. Sometimes people struggle with that information, and we have to explain even very simple facts to people more than once. We would continue to respond as the questions came, to try to give them a clear understanding of what was going to happen.

Mr. Doug Eyolfson: All right. Thank you.

With regard to privacy issues, of course if there are going to be either human resources or medical issues, privacy is paramount. I'm from the medical profession. I understand that as well.

Could you explain the sharing relationship between CAF and Manulife with regard to what processes or what avenues of information are shared?

Cmdre Sean Cantelon: SISIP acts as an agent of CAF, so I'll let Mr. Marcus start with that and Ms. McIlwham will then speak to Manulife.

Mr. Phil Marcus: The application for the Canadian Armed Forces long-term disability plan has a form in it whereby the member consents to the medical information being requested from the CAF. I can let Manulife speak about the protection of that information once the Canadian Armed Forces submits it to them.

We also get into scenarios of the member wanting either Manulife or SISIP services to share information with VAC, or vice versa. In those cases too we both have forms that we sign and we get the member to sign, and we share that with each other under full authority before we request any information.

Mr. Doug Eyolfson: Thank you.

Ms. Kathleen McIlwham: All I can add to that is we take privacy very seriously, given that we are dealing with medical, mental, or possibly other issues that the person has disclosed to us. Anybody who is bringing information to our organization would sign a clearly worded form about who we would be sharing the information with and for what purpose.

There are times when we ask them to sign something to say it's not just with CAF but also with Veterans Affairs and vice versa. Veterans Affairs would have a similar process to ensure it's very clear to the member and it is their option, so that they understand that it's their choice. Sometimes they ask more questions, but generally speaking, it works very well.

Mr. Doug Eyolfson: Thank you.

Just changing gears a little, I only have about 30 seconds.

Ms. Douglas, you mentioned in your brief a benefit for education and training of \$75,800. Are there restrictions on what exactly that money is spent on? For instance, if someone's going back to school, does it have to be for books and tuition, or can they also pay their rent? Is this something they get the money for when they're in school, or do they have to submit receipts for tuition, books, rent, and this sort of thing?

• (1135)

Ms. Elizabeth Douglas: I'm going to turn that over to Ms. Baglole.

Ms. Susan Baglole (National Manager, Rehabilitation, Career Transition Services and Income Support, Department of Veterans Affairs): The amount of \$75,800 is training-related expenses. It does cover things such as tuition and books, and if they're taking a course, specialized equipment. We also have the capacity to pay for dependent care if needed, if they are related. Our contractor, Canadian Veterans Vocational Rehabilitation Services, or CVVRS, processes those claims for us.

The Chair: Thank you.

Mr. Johns, you have six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you for your testimony.

I've recently read reports in the media, namely the *Toronto Star*, to be specific, that there's a backlog of 29,000 disabled members who

are in transition from active duty in the Canadian Armed Forces to receiving services through Veterans Affairs and are without benefits or coverage through that process. The report also states that this represents a 50% increase in the number of disabled service members in transition without benefits in just eight months. Sometimes these men and women are suffering from serious mental and physical health issues. They can be experiencing extremely debilitating health challenges for which urgent care and treatment are required.

Can someone on the panel—panellists can jump in and weigh in—confirm the number of disabled members who are currently in transition without benefits and if, in fact, the wait times for nearly 50% of those in transition still exceed 16 weeks without benefits?

Ms. Elizabeth Douglas: I can take that question.

That too is a question that I'm going to have to refer to the director general of the centralized operations division. That's outside of my authority.

However, again, we do recognize that there have been delays with the service standards, and there is work under way to ensure that this is corrected. I'd be pleased to take that question back and ensure that you have a response for it.

Mr. Gord Johns: You don't have to provide the exact yes or no on those numbers, but we know that it's stunning to hear those numbers. When people serving in the armed forces who have laid their lives on the line to protect the country are left dangling without basic medical benefits or care when leaving active service, that is pretty hard for everyone. What do you think it will take to get that number to zero?

Ms. Elizabeth Douglas: Again, I'm sorry. I don't have the answer to that, because it's not my area of responsibility. Again, we know that we are working on this problem.

I also want to state that VAC takes seriously and is very proud of our veterans and the service they have rendered to their country. Any time there is something outstanding or something that needs to be worked on, there is and will be ongoing attention paid to that.

Cmdre Sean Cantelon: From a Canadian Armed Forces perspective, I'll add that one of the focuses we're working on, one my colleague touched on, is the transition working group. In the Canadian Forces, we put people onto their medical releases. It's a series of.... It could be up to three years' accommodation inside the Canadian Armed Forces while they are getting set up for release. They would have full pay in that time.

As I touched on, the way the long-term disability plan has always been set up is that in the ideal circumstance, there is a medical release. Within a normal pay cycle—so within a month of release—that person's long-term disability plan is flowing because all that is done in advance.

I'm not specifically familiar with the 25,000 number in that article. I've not reviewed it.

Mr. Phil Marcus: It's 29,000.

Cmdre Sean Cantelon: Twenty-nine thousand. That does not sound, with the current stance....

I know you have Brigadier-General Misener coming to speak next week. He is in charge now of the transition process. I'll take that question back so that he'll be prepared to speak to the number of people in the current transition cycle, and how many....

Anyone who is serving in uniform is getting a paycheque. It's only post-release when they would have this issue. It would seem abnormal.... I'm not aware of that kind of number of people not getting disability claim insurance.

I'll leave it at that, and we'll take that back to advise the—

Mr. Gord Johns: We know that there is a number, whatever that number is.

Cmdre Sean Cantelon: There definitely is a number.

Mr. Gord Johns: I'm looking, really, to the witnesses to, hopefully, get some insight on how we get that to zero. What can we do?

Cmdre Sean Cantelon: Again, Brigadier-General Misener will be well positioned to speak to this issue when he testifies.

When I spoke to the panel last year, I was responsible for transition services. This is part of how the chief of the defence staff is increasing the commitment toward our enhanced transition, which is one of our mandate commitments and is in the “Strong, Secure, Engaged” policy.

We've brought a new director general to lead this program, to be in charge of the JPSU. Additional staff are being added. That's exactly the focus: to make this a seamless experience. No one leaves uniform without having either a job set up or the support programs, either from long-term disability or from our colleagues at Veterans Affairs. Their education plan is rolling, or if they're employed, they're straight into their employment, and their adaptive needs, through benefits, are all there. That's the goal.

In reality, there are, unfortunately, a few—usually in the single digits annually—who do slip through those cracks now. Brigadier-General Misener will be able to speak to the total flow that we've seen and how we're going to enhance that and make it.... The goal is always zero. No one will fall through the cracks and no one will be unsupported.

• (1140)

Mr. Gord Johns: I couldn't agree more. We don't want anyone leaving uniform without everything in place, but we're far from that. Do you have any short-, medium-, or long-term recommendations on how we get there?

Cmdre Sean Cantelon: That process is under way right now. I can easily make the recommendations, because they're already there. We're working with our Veterans Affairs colleagues to make sure files move smoothly. We're examining the issue of medical file transfer, which was touched on, to make it very seamless for the individual to understand. We're adapting the process that Manulife brought out of having the individual fill out the form through a conversation versus filling out the paperwork. We're adapting that process into what some have called “conciierge” or “enhanced service delivery”. I'm getting into a bit of the Veterans Affairs side, but it's the same process with the uniforms. We're enhancing the capacity and adding people into the joint personnel support units who are experts in that field, and we've already got expertise that we use right now with Manulife and within SISIP to provide them that. We have the IPSCs working with our colleagues in Veterans Affairs.

Those recommendations stand, and we're just going to make them better so that no one falls through the gaps.

Mr. Gord Johns: I have a quick question. There are 13% who haven't filled out the forms; you said we're at 87% for who are there. Is it possible with that 13% that there are opportunities for better outreach to those who need that care? Some people might be suffering and challenged as they're getting there.

Ms. Kathleen McIlwham: We certainly try to work very closely to get everybody to come in. Unfortunately, there are 8% to 10% who come in after the fact. We give them a priority and try to get them in as quickly as we can. Some people, I think, are still not sure they're going to apply; not everybody who is medically released necessarily is going to apply. They may have other work to go to or other options. We're certainly encouraging them and we certainly try to act as quickly as we can when they come in.

The Chair: Thank you.

Mr. Fraser is next.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Mr. Chair.

Thank you all very much for being here today. This information will be helpful as we continue our study on barriers to a successful transition.

Commodore Cantelon, I would begin with you. I understand that the military family resource centres, or MFRCs, are under your purview in your role, and I know that the 32 MFRCs across the country do great work. I'm very familiar with the one in Greenwood, Nova Scotia, in my riding, and the important work that they do in helping to ease some of the stress for transitioning members and their families.

I know the government had a pilot program that initiated having access available to both veterans and their families as well, and now that's been expanded. An additional investment of \$6 million was announced recently to help with the programming at the MFRCs. I'm wondering if you could speak to the good work that the MFRCs are doing and also suggest what more could be done in programs and services that they're delivering to transitioning CAF members.

Cmdre Sean Cantelon: First of all, yes, those are correct. On the MFRCs, just to nuance a bit on the funding, the \$6 million came from National Defence for serving members, and over \$140 million is coming—over years, not annually—from Veterans Affairs for enhanced veterans services, which are being rolled out across all MFRCs. The \$6 million is annual, so it depends on how you do your math.

The MFRCs remain a very important organization for us. We know that they directly impact about 15% of families. Those are families in crisis, and they touch on up to another 50% of families in guidance. When we deal with the challenge transition—I think this is the key part—MFRCs will remain a key partner going forward. Where are we going to go with that was your question.

We are working with our colleagues through my non-public authority hat, with a memorandum of understanding between Veterans Affairs and the non-public organization, to deliver more services. At the same time, we're working with National Defence on enhanced transition, which has been nominally captured under something we call “the journey”, which is the experience of a family. That family's experience starts from the day the person walks into the recruiting centre and continues all the way through.

We're working with academic colleagues, such as through organizations like CIMVHR to look at family personas, understanding that a young family transitioning is fundamentally different from a single member who's got parents. We've now found, for instance, that we have several hundred families that have declared their parents as a dependant in that type of program.

What we are going to do in the future is get smarter at targeting the types of services to the persona of each of those families, working with our partners in the family resource centres to understand each type of family and where they are and what they need. We'll reflect that with our veteran colleagues, the idea being here that as they take off that uniform and they transition out, the family is so instrumental to a successful transition that supporting the family so they understand the stressors or non-stressors there....

We have some expertise in this, but we have not brought it to—if I was doing a sports analogy—the professional level. That's where we're going in the future. We're involved in that right now; I don't want to give the implication that we're not. The research is going on; I have a new director under the comprehensive military family plan

who is leading that, working with Veterans Affairs while working inside of National Defence.

● (1145)

Mr. Colin Fraser: Okay. Thank you.

You also touched, in your presentation, on SISIP, and I'm wondering if you can talk about barriers to transition. When a member is transitioning from a SISIP case manager to a VAC case manager, are there any barriers there that we should be aware of, or anything that could help in that transition to make it easier for the person?

Cmdre Sean Cantelon: I think that would probably be best addressed by my colleagues at VAC and Manulife, but it's not really an and-or. It's an integrated team approach right now.

From my side, I'll let Manulife speak to how the managers deal with that, and Mr. Marcus will speak.

Mr. Phil Marcus: In terms of transitioning from the CAF LTD—I'm assuming, when you say SISIP, that program—as a first payer, there is an ongoing relationship with a dedicated case manager, and Manulife will speak to that.

Generally speaking, that program is designed to take someone to the point where they are capable of returning to civilian employment. Otherwise, they're fully supported to age 65 under long-term disability for a totally disabled condition.

In instances where they are transferring to a case manager at VAC, it would be a special condition for whatever reason that they need that benefit again. I don't want to call it double-dipping, but Treasury Board constantly asks us whether people are using the benefit twice. There are no real statistics, before you ask me on that, but that is not the purpose of the program. The programs are designed to run and get you a solution within the program itself.

There is coordination, however. There was a document signed between VAC and DND in 2006, and again in 2012, that allows for the coordination of case manager expertise between the two departments. Someone with complicated transition needs who needs the income support and potentially the vocational support from the CAF LTD program, once they're ready, also is coordinated through that case manager, with another VAC case manager for complicated medical and psychosocial support. That coordination between case managers is a must, and it's something that is written in a document.

Mr. Colin Fraser: Thank you very much. I'm limited for time, so I'd like to ask Ms. Douglas this question.

You talked about VAC engaging earlier in the process, and I know there has been a constant effort to try to get VAC engaging earlier on in the transition.

Do you think that VAC could engage even earlier than is happening now, and if so, what would that look like?

Ms. Elizabeth Douglas: Commodore Cantelon and also Mr. Marcus have spoken about the program agreement that was already put in place for better-coordinated integrated services, to have case managers on earlier. Also, since 2016, we have enhanced transition services. We do have the VAC case managers there now, but we also have in place a VAC-CAF joint task force on transition, and these are the pieces that we are looking at and exploring right now: how will we make the transition easier and earlier? How do we ensure that members, when they take off their uniform, are supported during that transition? How do we ensure the benefits that they are looking for, that they have applied for, that they're eligible for, are there by the day after they take off that uniform?

Work is ongoing to expand that and enhance it. Furthermore, we do have some projects already under way. For example, we're working on and piloting right now a risk assessment tool. That risk assessment tool will identify barriers for transition, whether they be financial, whether they be physical, whether they be psychosocial. We will categorize risks in terms of high, medium, or low. We will know who really does need a case manager and how to get them to the case manager as early as required.

• (1150)

Mr. Colin Fraser: Is that determined in an individual interview with the person?

Ms. Elizabeth Douglas: Yes, and then they will be run through this risk assessment tool.

Mr. Colin Fraser: Thanks very much.

The Chair: Thank you.

Go ahead, Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

First of all, Ms. Douglas, you made a comment that I found intriguing: in the first quarter of 2017-2018, 76% of veterans were more employable upon completion of a vocational rehabilitation plan.

How would you define employability, to say they're more employable? I found that was interesting. In other words, they

didn't graduate with a diploma to fix electrical boxes, but they're more employable. Tell me what that means.

Ms. Elizabeth Douglas: What we mean by "more employable"—and that is indeed one of our performance indicators—is that they have gone through a vocational program, an assistance program, and they have better skills. They have better training. We also are aware that when our veterans go through the vocational program, what they're looking for is, for the most part, some type of certification as a trade. There is some university, and some complete high school. Those are the skill sets to make a veteran more employable. We do not measure getting jobs. What we measure is the employability: having that skill set to be able to find a job.

Also, with the vocational program, we look at things such as resumé writing or any type of training they need to get them to a situation where they can be employed. Over and above, we have a program called the career transition program that also looks at things such as resumé writing and how to transfer the skills you currently have as a member into civilian life. That's what we mean by employability.

Mr. Bob Bratina: What relationship would you have with private sector HR departments or employment officers?

Ms. Elizabeth Douglas: I'm pleased to speak about that.

In June of 2015, the priority hiring act was implemented. With the priority hiring act, veterans currently who have been honourably released for service attribution can receive statutory placement into the federal public service. Since June of 2015, 592 veterans have gone into the federal public service. That's between statutory hiring, in terms of that being the highest level, and a regulatory level. In addition, I'm pleased to state that Veterans Affairs Canada has hired 33 veterans since 2015.

Mr. Bob Bratina: Wow. It's probably discouraging, then, that all the good work that's being done is hidden under a basket, whereas cases of extreme disappointment make the headlines and make stories. We confront those problems all the time. It's too bad that somehow, as in police work, you only hear of the difficult situations, whereas so much good work is being done. Does that ever frustrate you at all in terms of how things are covered in those terms?

Ms. Elizabeth Douglas: Thank you for your question, but our guiding principles at VAC are care, compassion, and respect for all veterans and their family members, so as a result, it can't be frustrating.

What we have to then do is find ways to better engage with those veterans who feel that our services or benefits are not yet complete for them, or perhaps we've not yet met our service standards. What we do then is circle back: how do we do this better? How do we get our programs to better serve and assist with the restoration of functioning for our veterans, and how do we ensure the best well-being for our veterans?

Mr. Bob Bratina: Yes.

Commodore, along those lines, you talked about additional staff being added for the work you do. In general terms, we'll never have sufficient resources to do everything we want, but are we moving in the right direction in terms of adequate resources to complete the job requirements?

• (1155)

Cmdre Sean Cantelon: I'll speak from my current responsibilities, which are the SISIP side of this and our contractor relationship on behalf of the Canadian Armed Forces with Manulife.

Absolutely, we're well resourced there. The challenge has been traditionally in the transition space, which previously was an additional mandate.

While not taking away from Brigadier-General Misener's upcoming testimony, we are absolutely moving in the right direction. One of the top three priorities inside chief of military personnel command is the transition group, with recruiting being another of the top ones, so it's both ends of the in and out. Those resources are coming into place, and more will come in the future with the eventual announcement of the Canadian Forces transition group in its initial operating capacity.

Mr. Bob Bratina: This is a carry-over from my question to Ms. Douglas on the issue of morale and well-being. If there are issues with the delivery of service but the clients feel you're doing your best for them and it might take another week, or whatever the issue is, it's okay, as opposed to saying, "Those guys, they don't know what they're doing."

Cmdre Sean Cantelon: In the strategy for Canadian Forces morale and welfare services, the whole point of non-public property is that we're a member-driven organization. The money that we manage and the services we deliver are the members' money, and the services are there for the members. In one way you can think of it as a co-op: every member of the Canadian Armed Forces is a member of this co-op, and we manage all of these services.

We are extremely client-driven. We've just initiated a survey with Nanos on our services. When we look at one of those cases that speaks to frustration, as Phil would know, the moment I read the headline, he has an email in his inbox about two minutes later asking for the status of the file and where we are.

Ms. McIlwham used an excellent example. When we've had a process in the past that caused one of our members friction, the entire point is to learn from that, so when we see those problem headlines, we immediately go into them. For obvious confidentiality reasons, we can't speak to them, but I can assure you that we have looked, for instance, in the financial sphere when anyone comes out and said they're financially challenged. We do monitor Facebook, and we're actively involved. We determine whether or not their disability

payments have gone out on time or if there has been a snag in the file.

We don't forget that one of the key points of this whole organization or structure is that the chief of the defence staff is our boss. He is the chairman of the board, so appeals go to him if necessary. She touched on the appeals; I'm pleased to say that not one has gone to the chief. We've managed them internally and turned them over in favour of the members, because it's a member-driven organization. We're not profit-seeking, we're member-seeking.

The Chair: Mr. Kitchen is next.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Commodore, it's nice to see you again. Thank you and welcome back. I've been away from the committee for a number of months, but it's nice to be back.

Quickly, if you don't mind, I'd like to ask Ms. McIlwham a question. Did I pronounce that correctly?

Ms. Kathleen McIlwham: You did.

Mr. Robert Kitchen: We talked briefly about privacy, and my colleague brought that up. You mentioned the issues and that they sign forms, etc. Can they also rescind that consent?

Ms. Kathleen McIlwham: They can. There are implications to that. Generally, the most common one is that if they are with a program with us and they're also going to apply to a program with Veterans Affairs, they could rescind it with us, and then we don't forward it. The problem then is that they have to gather it up again and then submit it to Veterans Affairs. It's usually in their best interests, if they're going to apply for that program, just to have us do it directly.

Mr. Robert Kitchen: You mentioned that a significant portion of veterans do not apply for this until after they are released.

Ms. Kathleen McIlwham: Yes, 8% to 10%.

Mr. Robert Kitchen: Yet we see information throughout that says that they're advised of this beforehand. How do we stop that? How do we make certain that 100% of them apply beforehand? We're looking at barriers. What can we do to make certain that they're applying before they're done and it's checked off and already done before they've even released?

Cmdre Sean Cantelon: That's a Canadian Forces employer challenge, and the chief's intent is very clear that you will not be able to release until you go to transition services, healthy or unhealthy. Unhealthy is not the issue if they're medically released, and the voluntary releases are exactly that, so you will not be able to get out.

That is a great question to go to Brigadier-General Misener when he comes, because one of his pieces is building that capacity so that every member of the Canadian Forces goes through this transition. They will go through those checklists, and these examples will get caught.

● (1200)

Mr. Robert Kitchen: Don't we have that in place right now, someone to make certain that's done?

Cmdre Sean Cantelon: When you release from the Canadian Armed Forces, you go through a checklist of what you have to do. On that list is whether you have any medical conditions. You must do a medical and a dental check prior to release.

The question always comes up of what kind of circumstance someone would be in to sort of pop up at the other end. An example—and this really gets into the surgeon general area—could be that they have a temporary medical category that precludes their ability to deploy, and because of, say, a mild stroke or something, they've decided through a family relationship that this job is going to “sort of kill you”. They will decide they want to be gone in a month on a voluntary release; then they would reapply at the other end for both programs. There's a window for non-service and service-related for 120 days. There's a little difference for service-related and Veterans Affairs.

That could be an example of someone deciding they are going to get out, even though they know they have some medical issues to be dealt with. The idea of our process is, as the chief said, you won't leave until we get that. We have to become faster in our medical reviews and all of those, and that's best addressed by the surgeon general, but globally that's the concept.

Mr. Robert Kitchen: Thank you.

I grew up in a military family. The assumption is that most soldiers are retiring at the end and that they are ready and are walking out the way they want to go. When my father retired at 55 because of forced retirement—as a general, he had to retire at that age—the transition seemed to be quite easily done. We see that, and that is what the assumption is. He was ready to retire. Now, he came in with a perception of when he was going to get out when he signed up. Over the years, as he re-signed in and stayed in, he had a perception of when he would get out.

The impression I'm getting right now is that this perception isn't there. The perceptions that soldiers have when they are signing up and when they get out are two different scenarios. Have you looked at that? Has VAC looked at what we are saying to them beforehand, when they have a certain perception, yet when they come out, they are expecting something else? Can you comment on that please?

Ms. Elizabeth Douglas: Yes, certainly. It's one of the areas that we really spend a lot of time on, because how do we make members more aware as to what services are available to them with VAC? As you may be aware, over the past couple of years there have been so many more new programs. Indeed, over \$10 billion of new services and benefits have been announced.

To that end, we are looking on several fronts, one of which is working with my colleagues on improving the transition process. We are also exploring numerous other means, including using My VAC

Account, which is an online portal service. We too, through our communications division, monitor what is on Facebook, what veterans are saying, and what their needs are. Through My VAC Account we have all of our information about our programs there. We are working towards an online service portal. We want to know how that we can get it to members when they first register and then how we can make it broader and more inclusive.

One of the pieces we're looking at right now is how we can have just one application form. We're not there yet. There is no other government department that has the number of services and benefits we have that has one application form.

The other piece we're looking at is making My VAC Account very intuitive. If the member or veteran goes in and fills in their circumstances, instead of making them reapply over and over again, the system would tell them what they may be eligible for. It is something we're exploring; it's something we're working on right now.

Mr. Robert Kitchen: That perception is a big issue. Some countries in the world basically have the services embedded within the military, which provides the services, as opposed to a separate entity. Would it stop some of these barriers if we had that contained within DND, versus it being a separate entity?

Ms. Elizabeth Douglas: I'm afraid I can't answer that, as those decisions would be made at the political level.

● (1205)

The Chair: Thank you.

Ms. Lambropoulos is next.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thank you for being here with us to answer our questions.

I recently read that a lot more people have been reaching out in the last two years. A lot more veterans have been reaching out to Veterans Affairs and getting more services. I was wondering what you think has caused this change and how outreach has improved.

Ms. Elizabeth Douglas: I can speak about outreach. Again, I'm speaking about the fact that we are involved in lots of work with my CAF colleagues so that the member is aware of our services. As well, we're reaching out in terms of stakeholder engagement, in terms of having meetings with organizations that represent veterans. With individual veterans, we also have the NCCN line. I just spoke about My VAC Account and how we reach out with web services. In the communications division, again, we are doing a lot of work in terms of answering quickly to things that may be posted about VAC.

Furthermore, there has been a surge in our numbers. As I mentioned earlier on, we have had a 36% surge related solely to the increase in the earnings loss benefit when it went up to 90% on October 1, 2016. The number of medical releases has also gone up, from 1,500 to about 2,500 per year, so we have an awful lot more members who, when they become veterans, are very interested in our services. We are writing, and have right now, a VAC 101 brochure, so we're following all the communications avenues we can pursue, as well as the outreach via stakeholder engagement, etc.

Ms. Emmanuella Lambropoulos: Thank you.

Have you thought of ways that it can improve even further? Obviously you've done quite a few things in the last few years that would help it improve, but are you working on better ways to improve?

Ms. Elizabeth Douglas: With all of our programs, we also measure. When there is a headline around anything that is problematic, we pay immediate attention to it. It is something that we at VAC take very seriously.

We look at all of those pieces. We look at our performance measures. We see how we can take anything that may not be reaching our service standards, make that better, and build that into outreach about those programs.

Ms. Emmanuella Lambropoulos: What would you say is the biggest barrier to outreach?

Ms. Elizabeth Douglas: The biggest barrier to outreach...we find it at different stages in a veteran's career. For example, when a member releases, we often do not see that member at VAC because they may not be ill at that time. The injury—perhaps it's something that is psychological—may not happen until a later date. What we also have to do is ensure that veterans are aware of our programs and services at any point in their life. That's something that we are aware of, and we look at that outreach as well.

Ms. Emmanuella Lambropoulos: Thank you.

My next question is with regard to transition. What would you say are the gaps in transition? I know that you said you have case workers, case managers working with specific veterans and their families in order to give them the best services available for their specific situations, but what are the gaps at the moment? How do you think we can improve transition?

You spoke also about the risk assessment tool. I was wondering if you could go further into what exactly that entails.

Ms. Elizabeth Douglas: The risk assessment tool was based on a tool that was developed in the west and used in a different setting. We have taken it on ourselves at VAC, because we thought there was value to it. However, we recognized that we had to update it to better meet the needs of veterans. That's what's being piloted right now, and we're quite confident of the accuracy. The functionality will define whether it is a high, medium, or low risk, again under all of those indicators of well-being. It's going to look at, for example, financial well-being. Is it a high risk, medium risk, or low risk? We can go through all of the well-being indicators on that front.

Once we have our pilot completed, we will have more information about how well it's working. If there are tweaks that are needed, we will certainly undertake that.

In terms of transition, I think it's going to be the subject for next week. We are going to be talking about the centres, the JPSUs, and also where our VAC case managers are. In some centres, we have more than just case managers; we have a full team there. It depends on the particular centre and it depends upon the need of the centre.

We will continue this. Our work with the VAC-CAF joint task force is just beginning. We have identified priority areas. We are looking for those priorities to be signed off by our deputy and by the chief of the defence staff. After that, we will have a clearer platform as to what our priorities should be and how we should deliver those.

• (1210)

Cmdre Sean Cantelon: I'll just add to that from a CAF perspective so that there's not a misrepresentation here.

This work has been ongoing for several years now, so we're into a new phase of it. Brigadier-General Misener will be able to touch on that, but the example of the increased medical releases and awareness is one of the things the Canadian Armed Forces is working very hard on. We want to make sure people are aware.

Going back to your earlier question about releasing, we know that the average non-commissioned member will serve about 12 years. They need to know while they're in uniform that should a psychosocial injury show up later on, after an initial successful transition, they can call My VAC. That's a large part of making sure people are aware of what's out there to help them, and that's a team effort.

Ms. Emmanuella Lambropoulos: I feel that even though it may happen 30 years afterwards, they might still not reach out. It might be something that's embarrassing to reach out about, especially if it's PTSD.

In previous studies we've mentioned how maybe the two departments should be more linked in terms of sharing information, having people transfer right away, or creating a My VAC account immediately after release.

The Chair: Thank you.

Mrs. Wagantall, you have five minutes.

Mrs. Cathay Wagantall: Thank you.

Ms. Douglas, in your briefing notes at the beginning, you said, "In response to the June 2014 report of the Standing Committee on Veterans Affairs, in 2016 we launched the CAF VAC enhanced transition services." What was the date of that announcement? Are you familiar with when it was introduced?

Ms. Elizabeth Douglas: I'm sorry, but I'd have to check back to find the actual date. I can certainly do so.

Mrs. Cathay Wagantall: That would be great. Thank you.

Ms. Elizabeth Douglas: We'll have to get you the date.

Mrs. Cathay Wagantall: That's fine.

Our committee had a report in June 2015, "Continuum of Transition Services". It made it clear that it can be very difficult to reach reservists after their service has come to an end. In June 2016, in response to a question our colleague Ms. Romanado posed, this answer was stated by a co-witness of yours, Ms. Pellerin, who said:

The group we're not so successful with in terms of reach is the non-medically releasing reservist group. As part of this seamless transition task force work that is just getting under way, that is one group we will be focusing on in terms of how we can better reach and serve them and make sure they are successful in their transition.

That was in the beginning of June.

Approximately 5,000 reservists leave each year. Can you tell me currently how many you are contacting per year for a transition review?

Ms. Elizabeth Douglas: Again, I would have to find out the number of reservists that we are contacting. I can get back to you with that.

Mrs. Cathay Wagantall: That would be great.

Ms. Elizabeth Douglas: Again, this is one of the reasons we are really concerned around awareness and outreach of using—

Mrs. Cathay Wagantall: That's great. Thank you. I have just a few more questions I want to get to, but I appreciate what you're saying, and outreach is very important.

In your preamble as well, you indicated that the life after service survey conducted by VAC identified that 52% report easy or moderately easy adjustment to civilian life, which is good, but that means 48% would be poorly or very poorly transitioning. I'm just wondering if within that report there is clarity on which service members are in which group. Is rank a factor at play? If they were combat boots on the ground or air force, is information available to know which ones are responding well to transition and which ones are not?

Ms. Elizabeth Douglas: Yes. The LASS studies were looking at rank. For example, we do know that the younger members without any type of education are having more difficulty. We know, for example, that women may be having more difficulty. We also know the physical conditions that show up more in the LASS studies, which were, for example, arthritis, depression, PTSD, and anxiety.

Mrs. Cathay Wagantall: Would you say that rank plays a role in that?

Ms. Elizabeth Douglas: I don't want to come to that conclusion about rank playing a role, but we do know—

Mrs. Cathay Wagantall: Would that not be important to know?

Ms. Elizabeth Douglas: Well, we could look at those through the LASS studies, and what the LASS study is indeed showing is that junior non-commissioned members are having more difficulty.

• (1215)

Mrs. Cathay Wagantall: Thank you.

Also, you mentioned on page 3 of your report that:

Participants in the rehabilitation program often have complex needs in a number of areas requiring medical, psychosocial and/or vocational services. As of June 30, 2017, 12,245 Veterans and 196 spouses/survivors benefited from rehabilitation services.

You used the word "benefit". I just wonder if you could elaborate on that. Does that mean benefited as in applied for and received services, or does that mean you have done follow-up and have confirmed that there were positive outcomes from being part of that program?

Ms. Elizabeth Douglas: The 12,000 number is currently the number of veterans we have had in the program, so that would be who benefited. What's really unique about our case management program and rehabilitation is that we do an assessment. Once they meet with the case manager, there is an assessment. We also do evaluation and we do monitoring, so we have to follow up with those veterans or the spouses and survivors, and we do so. That could be a face-to-face meeting. That could be a meeting with the contractor who's reviewing how they're doing with their training. That is what's going on, and we do have service standards around that.

Mrs. Cathay Wagantall: Out of those evaluations, do you have reports that show what's working well and what isn't, as information that could be applied to making these transitions better?

Ms. Elizabeth Douglas: I'm going to turn that over to Susan.

Ms. Susan Baglole: At the completion of the rehabilitation program, we look at program outcomes for things like that. For example, 83% of participants demonstrate that they have improved physical or psychological function; 84% have improved independent functioning or social adjustment; 68% who completed services were more employable at closure; and 77% of participants had improved role performance at home or in the community. In the whole of the rehabilitation program with the three components, our goal is to improve that level of functioning at home, at work, and in the community.

Mrs. Cathay Wagantall: Thank you.

The Chair: Mr. Johns, you have three minutes.

Mr. Gord Johns: I'll switch gears a little bit, for a more positive note.

Mr. Cantelon, maybe you could speak about some of the programs that are working, some of the success stories that you're seeing, and how we can take the lessons learned from those success stories and use those to plug the gap on transition in areas where we have holes.

Cmdre Sean Cantelon: A time immemorial success story, and my own personal experience as a junior officer in the early 2000s, is that once people have been medically identified to have breached the universality of service and they're going to get out, we start early with the engagement with the vocational rehabilitation SISIP file to get them examined and in. Therefore, up to a year in advance, they're looking at what kinds of skill sets they need to find gainful employment. That's a success story that is working and has worked and has been adjusted over time.

I would turn to Manulife to give a more modern, concrete example.

Ms. Kathleen McIlwham: Our goal very much is to approach every person who's going to come to us, so it's not as if they have to decide to apply. Anybody who comes into our LTD program is contacted by a vocational rehab specialist. All of our rehab people are in house, so they have access to the information that the case manager has. There's a lot less going back and forth trying to sort all of that out.

They can be pretty effective almost immediately. About 75% of the plans are assessed, made, and agreed upon with the member on the first meeting. When we look at the plans, we look at a member very much holistically. There's the education and training that they have from their military experience, but they may have hobbies or other types of things that they're interested in—electronic stuff, or whatever. We look at the region they live in, and where they want to live. We try to assess what makes sense for them to re-enter the workforce.

We can get them into the program six months before the actual date of release so that they can really get engaged up front. We believe very strongly that the quicker you get people engaged and looking to their future, the more success they'll have.

Mr. Gord Johns: Ms. Douglas, did you want to speak to it as well?

• (1220)

Ms. Elizabeth Douglas: We have several programs that we think are a success, one being our rehab program itself. We've just heard about the stats coming from that program, and for the most part they are successful. We are successful in dealing with our veterans and ensuring, as they move into home, community, and workforce, that they are higher-functioning than they were when they arrived with us.

Mr. Gord Johns: Speaking of community, what role could associations, community-based organizations, and the private sector play in supporting transition?

Ms. Elizabeth Douglas: In terms of not only supporting transition but of supporting the veteran overall, we rely greatly on our partnerships with several of the organizations, such as the Royal Canadian Legion. There are a number of veteran's organizations that really help our veterans, work with us, and partner with us.

In addition to that, we do have a new well-being fund that is going to come into place on April 1. With that, there will be funding of approximately \$3.5 million yearly to look at research into addressing veterans' needs and to look at innovative new programs. We are expecting that some of our non-profit organizations will be putting forward applications for that program.

The Chair: Thank you.

Mr. Kitchen, you have six minutes.

Mr. Robert Kitchen: Thank you, Mr. Chair.

Ms. Douglas, you mentioned a number of reports just previously. Could we get copies of those presented to the committee? I think it would be of benefit if we could.

Ms. Elizabeth Douglas: Do you mean the life after service studies? Yes, absolutely.

Mr. Robert Kitchen: Thank you very much.

As we look at our soldiers as they're transitioning... I had mentioned that my father transitioned out quite easily, although he had back problems, etc. I was a family member, I was older, and I had a career of my own. The reality is that it was quite easy. Let's move that to 20 years earlier, if my father had to transition out because of jumping off of tanks all of his life, resulting in a bad back, and look at it from a family perspective.

I recall all the military stuff when I was younger. I was always brought onto bases for my health care. When I went to boarding school, who was covering my health care was a big challenge.

Family members have these transitions as they transition out. How are you dealing with that, and how are we closing that seam so that families are having an easier time during that transition process?

Do you have any suggestions for what we should look at to help family members as they transition?

Ms. Elizabeth Douglas: Indeed, the health of the family member is an indicator of the well-being of the veteran and his family. We have numerous programs in place. We've spoken about the increased to 32 of military family resource centres. That too will be implemented, as of April 1 this year, and there are a wide span of programs available there—everything from emergency counselling to child care.

During transition, we encourage family members to be with the member, soon to be a veteran, who is going through that transition process. Quite often we cannot enforce that, but we do strongly encourage it.

From a VAC perspective, we also have a 1-800 telephone line for assistance. We have counselling services. We've just put in place a new online caregiver course, so if you're caregiving for a family member, for a veteran, you can go online and take this course and get support. There are numerous processes, programs, benefits, and supports in place.

We also recognize through the rehabilitation program that counselling is available for problems of marital stress or problems with a child. Services are open to others besides the veteran if that is needed.

Mr. Robert Kitchen: My colleagues and I often hear from veterans who have problems filling out forms. It's form after form after form. We've heard from Ms. McIlwham about an initiative whereby they've been doing it over the phone, and I know veterans would much prefer to have that type of service. Do you have it? If not, why not, and if not, can you put it in place?

• (1225)

Ms. Elizabeth Douglas: First, when you call our NCCN number, you can get assistance in completing forms. What we're trying to do is move people towards online services and a My VAC Account. To that end, we have offered training to our case managers so they can assist the veterans in using their My VAC Account to do their forms. We're doing the same with Service Canada and we have services offered through them.

On the My VAC Account, we have tutorials on how to complete forms. We can go back and look into doing even more of that, but we do recognize that streamlining our application forms is part of our service delivery and we're in the process of doing that right now. We're looking at how we can eliminate some of these forms. Ultimately, we would like to get to one application.

Mr. Robert Kitchen: I'll defer to my colleague.

Mrs. Cathay Wagantall: Thank you.

I'd like to ask a couple questions on case managers.

I've had many conversations with vets who say their case manager is made of gold. They value them so much and they are a crucial part of this whole process, but when I look at trying to make transitions smoother, I see that case managers are stuck between a rock and a hard place. They're dealing with veterans and they're dealing with the bureaucracy. A lot of times, with all the transitions taking place in programming, case managers are not educated and are not trained and do not have the authority they could have if given the responsibility to make decisions and show what's available to veterans so that there isn't more delay and a long wait for a response.

One individual got funding to go to school and had a unique ask that her manager hadn't seen before. She took it to the higher-ups. At first they said yes, and then, after she'd enrolled in school, they changed their mind and said he didn't qualify for the funding after all. It then becomes the case manager's responsibility to share that information.

Would it not be better to give case managers the training, responsibility, and authority they need to deal with their clients and take care of the responsibilities within VAC??

Ms. Elizabeth Douglas: In 2015, in response to some earlier outcomes having to do with the rehabilitation program, we put in place an extensive national training program for new case managers. We've now widened the program to include case managers who have been working for some time, as well as others who work in the area offices.

That program lasts 10 months. You're not in training all of the time. First you get basic knowledge about the department, the acts, the delegation of authority, and what you can do. Then we break it down into personalized training and professional training. You go back to the workplace and find out what your challenges are, and then you come back into the training.

There may not be such an extensive case manager program anywhere else. It's really quite complete, quite rich, and quite an investment. We have made huge strides in going forward with our training. We've also created a national training unit that looks strictly at case management and how we can improve it.

The Chair: Thank you.

Go ahead, Mr. Samson.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you, and thank you all for your presentations. It's extremely interesting, because it's a file that's very important to our veterans and our military people. I really feel that there's been a lot of improvement over time. There's no question about that, and we praise that.

I'll try to fire some questions. Of course, having the opportunity to speak later drives some questions a little differently, but I'll ask a couple.

Mr. Cantelon, you said that no one should be released prior to all benefits and everything being in place, and I'm 100% behind that. I don't know many professions that are not there. That's very concerning for me, and I believe in it 100%. I know we're saying that we might get there, that we want to get there, and that we will get there.

My question is going to be focused on universality of service. Do you think that would help? If you're not going to be released, then you have two options, guaranteed: either I send you home and I pay you or I find some work in the interim. What is your opinion about changing universality of service or looking at possibilities around universality of service, or not, or to what extent?

• (1230)

Cmdre Sean Cantelon: I don't have a personal opinion, just to clarify my response—

Mr. Darrell Samson: Of course not, but what about the positives and negatives?

Cmdre Sean Cantelon: I know the chief has said publicly that we are, and I don't mean to imply that we're not. We're looking at universality of service. An example that the surgeon general and I have spoken about—I'm not a doctor—is that there have been massive advances in terms of the stability of medication. Many of our policies date from the days when they had to be in a fridge, but we have medication now that's stable in hot environments, which goes to the idea that you wouldn't have access to medical care. With respect to the idea that we would deploy somewhere in danger where we wouldn't have medical care, our goal is to have people in a hospital so that we can deal with them. That's why we have such a high survival rate out of Afghanistan.

The real issue, then, comes down to how we interpret this to provide flexibility. That's exactly where we are. Right now in the Canadian Armed Forces, a person may be what we call "accommodated" in a position for up to three years after they've been deemed to be in breach of the universality of service principle. Part of what we're looking at there is a policy change. Are our universality of service medical principles too rigid? Remember that what we're focused on is the ability to deploy. The chief has spoken about that.

Needless to say, there are many people in NDHQ who are not current on their gas mask or on firing their C7 on the range. You would have to be able to do that, but many positions don't require you to deploy in those environments. The accommodation process is part of it.

At the core part, from a military perspective, you obviously want your Canadian Armed Forces to be able to go to bad places, such as a flood or a fire inside the country. There is room for redoing that, and we're in the process of doing it.

Mr. Darrell Samson: Thank you. Again, we want to be able to say 100% that we have to put some steps in place. Thank you for that answer.

The second question is for Ms. Douglas. The main focus of this study is to identify what the problems are and then give the solutions. We need to zero in. If we're going to say 100%, we need to zero in. If we're trying to focus on the one, two, or three main issues, we need to identify them. Did the transition task force identify the two or three main ones, and if so, what are the recommendations around those?

Ms. Elizabeth Douglas: The task force right now is looking at what our priority items are. There's a list of priority items that need to be approved. However, I think that the better answer to that question may be our longitudinal LASS studies. They have identified the fact of that loss of identity during transition. When a member removes his or her uniform is really one of the critical elements around transition. That is also why VAC is looking at the well-being and looking at a holistic model for a veteran. We're looking at the programs and services that fulfill and help to fulfill the functioning of a veteran in those areas.

Mr. Darrell Samson: Thank you.

Again, before this study is over I'd like to have exactly the pinpoint—one, two, three.

Let me lead into the third question, which I think is essential. I know there are two departments. There's Veterans Affairs and there's DND. I'm not saying today we should join them, but should we join them when it comes to seamless transition release? I don't mean the bodies, but should we have a joint, seamless transition in which that team is solely responsible for ensuring that no one is released before everything is in place and that everything is in place.

It's not as a criticism, of course, but three times in the discussions so far I've heard, "Not in my responsibility, not in my jurisdiction." No one could say that if that body were there. I know you're not going to give your opinion, but I'm just asking, what are the positives? Would you see any positives in having a joint team? On the release, no one is released unless everything is in place, and who is to be in charge of that? It's not one or the other, but a joint team.

• (1235)

Ms. Elizabeth Douglas: Our goal is certainly working towards a seamless transition as much as possible. We too see the benefits of having the CAF employees there, having the case managers from CAF, and working side by side in an integrated fashion with our colleagues from the CAF. Absolutely, from a workplace perspective, we totally agree.

The Chair: Thank you.

Go ahead, Mr. Johns.

Mr. Gord Johns: Mr. Chair, how much time do I have?

The Chair: You have six minutes.

Mr. Gord Johns: That's great.

I have a question. You talked about the 33 veterans who have been employed by VAC. How many of them are case managers?

Ms. Elizabeth Douglas: I don't have that exact number, but again, I can go back and look into it for you.

Mr. Gord Johns: That would be great.

Cmdre Sean Cantelon: Could I just add what I think is an important note? Of SISIP's Manulife case managers, 70% are ex-military in their files, and about 50% of those have had a disability, so that speaks to the case management on that side.

Mr. Gord Johns: Maybe you could speak a bit about the differences in needs between young and old veterans—that's World War II veterans versus Afghanistan veterans—and how the programs are adapting to the differences.

Ms. Elizabeth Douglas: I do have the numbers on this. First, I will go back and give you what our veteran numbers are right now.

Currently we are serving 191,000 veterans. The CAF numbers are increasing, and currently we have 93,795 CAF veterans. Our war service veterans have decreased to 23,000.

We are again looking at services that meet the needs of our war veterans, but also ramping up the benefits and services that meet the needs of our CAF veterans.

In terms of war veterans, obviously some of them will be getting disability awards, disability pensions, but our biggest program for those war veterans can be... We look at our VIP program, which is really a gold standard around the world. We look at things such as snow removal. We look at care within the home, such as ensuring they have Meals on Wheels or some type of nutrition in the home to keep a war service veteran in their home. There's a whole spectrum of care along that, ultimately ending with long-term care if that's where they need to go.

As you may be aware, we have contract beds and also community beds for our war service veterans.

Mr. Gord Johns: On Vancouver Island, where we have a high number of veterans, we have a housing crisis, as you know. Real estate has gone through the roof. We're seeing a lot of veterans falling through the gaps and ending up homeless.

Could you talk a bit about your outreach to homeless veterans and how you're reaching them?

Ms. Elizabeth Douglas: As of April 1 of this year, we will have a new veteran emergency fund. That veteran emergency fund will be available for veterans and spouses, and it will have from \$2,500 up to \$10,000 yearly. If a veteran has an emergency need, such as having nowhere to live or needing to have a medical bill such as a drug bill paid, for example, or to buy some drugs, they can use that money for those purposes. Currently we also have trust funds that pay for those types of emergency medical services.

We were speaking earlier about our partnerships with non-profit organizations, and there are numerous non-profit organizations that do reach out to our homeless veterans.

Susan, is there anything you'd care to add to that about trust funds?

Ms. Susan Baglole: Yes. We currently have a number of non-public trust funds. There's one specifically for Vancouver Island. We've done outreach to ensure that the case managers in the various offices—the veterans' service agents—are aware of the funds and that they use them. There's a lot of outreach. There's also a quick turnaround time. It's usually within 24 to 48 hours that the money can be placed in the veteran's hand.

• (1240)

Mr. Gord Johns: Can you speak a bit more to the outreach? How are you getting to the people on the street who aren't going in to get help or access the service? How are you working with those non-profits that you discussed?

Ms. Elizabeth Douglas: Our case managers quite often are aware of the situations with some of our veterans, but over and above that, we do have in place right now a contract with Vets Canada. They do outreach to vets who are homeless.

Mr. Gord Johns: I raised that because obviously there are still a lot of veterans who are falling through the cracks, and we're looking at how we can improve that outreach.

Ms. Elizabeth Douglas: That is why the new program, the veteran emergency fund, which has already been announced, will be implemented on April 1 of this year.

Mr. Gord Johns: We'll do our best to make sure that people are aware of it in our communities.

Are the experiences of reservists and their families different from those of Canadian Armed Forces members? Can you talk about the difference in the experience?

Ms. Elizabeth Douglas: Do you mean in terms of homelessness or in terms of overall programs?

Mr. Gord Johns: Yes, overall.

Ms. Elizabeth Douglas: It depends again on eligibility for our programs.

For example, our new career transition services will be available April 1 for reservists who have completed basic training. We try as much as possible to ensure the reservists are part of our veteran family and that they are treated with respect, dignity, care, and compassion in our program and with our services.

Mr. Gord Johns: Great.

Mr. Cantelon, do you want to speak to that as well?

Cmdre Sean Cantelon: I can certainly speak to where we're going with reservists.

With respect to the reserves, it's important to note that there is a nuance, which I think the committee is very aware of, with respect to whether they were in class B or class C service. We know the vast majority of our reservists are class A. In the "Strong, Secure, Engaged" plan, one of the places we're increasing our services is in the personal support program, where for the first time ever we've hired fitness and well-being instructors who will be working solely with reservists.

I have a case example that's very close to you. We've never had full-time staff in Vancouver. We've added two full-time staff members there to work with the reserve units in the delta and up into mainland British Columbia. We'll be doing that across.... We're doing outreach to all our reserve organizations through our MFRC partners and also through our CAF appreciation program, CANEX, and SISIP. We've been briefing them about the services there. It's a total-package piece. That should prepare them with the knowledge so that when those unfortunate circumstances arrive, they know about My VAC Account and all of that. It's the class A community in particular that we're worried about, because they're doing that part-time, call-out, weekend training—those types of activities.

The Chair: Thank you.

We'll end now with Mr. Eyolfson for six minutes.

Mr. Doug Eyolfson: Thank you. I'd like to give my time to Ms. Romanado.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): Thank you.

Thank you all for being here today.

I'm not sure if my colleagues will agree, but I have to say it's great to see DND and VAC at the same table answering questions. We've heard a lot about the VAC portion of available benefits and services because we are the ACVA committee, but seeing it from the time that you're still an active member until the time you become a VAC client is, I think, really important.

On that note, I'm a very visual person, so while you were talking and giving your testimony, I was drawing my little timeline here to walk myself through the workflow process of somebody leaving the Canadian Armed Forces involuntarily due to a medical condition. For instance, the person becomes ill or injured and goes into the JPSU for a maximum period of three years. At some point during that time they are identified as breaching universality of service, and then six months prior to release they start having the conversation regarding LTD and so on.

When they leave, regardless of whether they're receiving their CAF superannuation pension, with LTD they can go up to two years. Is that correct? When do they fall into the VAC client pool? Does the LTD impact what they would receive in VAC?

I just want to make sure I'm walking through the timeline correctly.

Cmdre Sean Cantelon: Okay. I will start at the very macro level. I will also recommend to my colleague when Brigadier-General Misener comes that perhaps he can submit an actual graphic through the clerk.

It would show that, which will help everybody to understand.

Very quickly, they are going to find out. You have a problem, you go to the doctor. I will use myself, because we can't breach my confidentiality if I use it. I'm bicycling home. I have an accident. I break my collarbone. I have to go to the medical clinic because I now have a broken collarbone. This immediately results in a restriction on my ability to do activities. I would go through that process of physiotherapy or all the normal things anyone would go through.

If I'm okay, then I'm returned to full duties. If it turns out I've had a complication, then I would go from a temporary medical category to a potential review for what we call a permanent medical category.

That is the policy decision that says this medical category may put you in breach of universality of service. You're not even necessarily at the JPSU yet. You may be there because of your circumstance, or you may not be.

Once that permanent medical category decision is made, you're then on track for a medical release. I will let Brigadier-General Misener speak to that process because that's the core transition piece, but at the end of the day you are certainly engaged both by SISIP and by Veterans Affairs prior to your medical release.

For comment on the offsets of incomes—because the income aspect is complex—I will let Manulife speak to that.

•(1245)

Ms. Kathleen McIlwham: Generally we would contact a person a year before, not at six months, to start talking with them and getting them to understand what's going to come so that we can also think about getting them ready six months prior for some sort of vocational rehabilitation.

When they come to us, we are the first payer. Some things could be offsets from our being first payer, which would be traditional LTD types of things. One of them would be if they applied for the disability CPP if they were determined to be permanently disabled.

That doesn't change their income. It potentially enhances their benefits because if they have dependents, they can then get additional income, which isn't an offset, or it also starts giving them service-attributable years to their CPP if they are on disability CPP. It's in their benefit without changing their income. We have some of that, but generally we're first payer.

The first two years while we're paying their benefits are our focus time to get them what we call work ready, but in the event that at the end of the two years they don't qualify as work ready, they can stay on our income replacement right through to age 65.

Cmdre Sean Cantelon: Then there's the top-up part and the different veterans programs. SISIP LTD covers the 75%, no matter the injury or source, service-related or non-service-related. Fifteen per cent top-up then comes through Veterans Affairs.

I think it's best now if I turn to Veterans Affairs, because although I live this lifestyle, it is their domain of expertise.

Ms. Elizabeth Douglas: Thank you for that.

With regard to our rehabilitation program, we have 120 days right now when a medical releasing member who becomes a veteran can get into a rehabilitation program. However, as has been noted, SISIP is the first payer. We then primarily deal with service-related injuries.

As you know, on October 1, 2016, we updated our earnings loss benefit to 90%, for the most part, of the pre-release salary of a senior private.

Mrs. Sherry Romanado: Thank you for clarifying that. As I said, I'm very visual, so if Brigadier-General Misener could bring that flow chart, I think it would be helpful for all committee members to take a look at it.

You mentioned the VAC seamless transition task force. We've heard about the CAF VAC enhanced transition services, and then "Strong, Secure, Engaged". We heard about the transition group with funding for, I think, 1,200 positions to help in that. Does one replace the other, or is this a duplication of service? I would like to get clarity on that. Is it transition group now, or is it JPSU, or is it VAC enhanced transition services?

Cmdre Sean Cantelon: Again, without stealing too much from my colleagues, that's the entire point: to set it up under the command of a general with all the formation capacity. Inside that group, which Brigadier-General Misener will be able to speak to, is the joint personnel support unit, casualty support management, a new director of transition services, and a series of other activities.

Speaking to the question of where Veterans Affairs is, that individual co-chairs a working group with their Veterans Affairs colleagues, and those organizations report through oversight through the chief of military personnel, the chief of the defence staff, and the deputy minister of Veteran Affairs to make these two ministries provide a service that to the individual is seamless.

• (1250)

Mrs. Sherry Romanado: My last question is about outreach.

I know my colleagues and I, in our constituency offices, often help citizens in our ridings with federal services. What efforts have been made to reach out to members of Parliament to equip them in their respective offices in their ridings to respond to questions from military members or veterans and to be able to help in terms of case management?

When I say "case management", I'm not referring to the same kind of case management you're talking about, but in terms of helping them by asking if they have opened up a My VAC Account or if they are aware that this exists.

Have you made efforts to reach out to the 338 members of Parliament?

Ms. Elizabeth Douglas: There are MP kits, and I will certainly go back to ensure that My VAC Account and other pieces are involved in and are alluded to in the MP kit.

We also have a new fund for outreach and communications that is going to help us more successfully speak to our programs.

Communications is heading that up. We would be more than pleased to parse the elements included in that outreach agenda and that strategy. We can get that to you.

The Chair: Thank you.

On behalf of the committee, I want to thank all of you for your testimony today. I know there were some questions that you wanted to elaborate on. If you could get any of those answers back to the clerk, she will get them out to the committee. I believe there were some papers that Mr. Kitchen asked for from Ms. Douglas, so if you could get them to the clerk....

Go ahead, Ms. Wagantall.

Mrs. Cathay Wagantall: I'd just like to clarify. My colleague had asked for an indication of how many of the 33 veterans employed now with VAC are case managers. Could we ask for a breakdown of the various roles for all 33?

With the reports, I believe we were referring to....

The Chair: I wrote it down here—

Mrs. Cathay Wagantall: It was the LASS studies. Basically, it was about benefits and outcomes of those services, and exactly what was studied there.

Thank you.

The Chair: We also ask for links to the MP kit and any other information that would help any of us in our roles.

Again, thank you for being here today and for all that you are currently doing for the men and women who have done a great service for our country.

The meeting is adjourned.

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