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Chair

Mr. Greg Kerr

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• (1535)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): We will begin our meeting.

Today we want to welcome members of the department, some of whom have been here before, I might add. We're looking at case management.

I want to welcome Charlotte Stewart, who is no stranger to the process. Certainly Raymond Lalonde we've seen both in Montreal and here on occasion. It's nice to have you back. Charlotte Bastien is a little newer to the process, but she's certainly been part of it as well.

Welcome to all three of you.

You know the process. We'll have your presentation for 10 minutes, and then we go to questions and answers. If there are questions at the end of the meeting that can't be responded to, if you would prepare written answers for us, that would be appreciated.

We're ready to go with today's session.

I welcome you.

I understand you're splitting your time, Charlotte? Okay, please go ahead.

Ms. Charlotte Stewart (Director General, Service Delivery and Program Management, Department of Veterans Affairs): Thank you, Mr. Chair.

Good afternoon, and thank you for the opportunity to participate in the session.

As the chair mentioned, my name is Charlotte Stewart. I'm the director general responsible for service delivery and program management with Veterans Affairs Canada. With me this afternoon are Charlotte Bastien, our regional director general for the Quebec and Ontario region, and Raymond Lalonde, director general, operational stress injuries national network.

[Translation]

We are here today to discuss a topic that is at the heart of what we do at Veterans Affairs Canada in case management. More specifically, we are here to talk about strengthening case management.

[English]

I will discuss the national service delivery perspective for case management, Charlotte Bastien will provide the regional and front-

line perspective, and Raymond Lalonde will be able to give us his views from the perspective of the operational stress injury network.

I'll begin by describing what the case-managed veteran population looks like. Veterans Affairs Canada's full client profile includes survivors, Canadian Forces veterans, war service veterans, and RCMP. The case-managed client profile is slightly different, mainly because survivors are not generally case-managed, but also because Canadian Forces veterans, who make up 34% of our total population, represent over 80% of our case-managed group. This statistic reinforces the demographic shift the department is experiencing. Furthermore, of the case-managed veterans we serve, the majority, 55%, are afflicted with a combination of mental and physical health problems; 30% have a diagnosed physical condition; and the remaining 50% have a diagnosed mental health condition. It is this complexity of cases that has driven the department's transformation agenda to ensure that we continue to meet the needs of these veterans and their families.

Case managers are the face of the department for many veterans. They're the cornerstone for the delivery of services and benefits. The transformation agenda has affected case managers' work in a positive way by providing them with the tools they need to succeed. For example, three workload intensity tools have been introduced by Veterans Affairs Canada. They include a risk tool designed to evaluate risk factors in veterans; a case need and complexity tool, which identifies levels of need, complexity, and intensity of cases; and a workload tool, which effectively measures workload effort associated with each case-managed veteran, ensuring that the department is able to distribute workload equitably amongst its employees.

These tools make it easier for our employees to objectively identify levels of risk, need, and complexity to ensure that veterans receive appropriate services in a timely way. The tools support the effective management of individual cases and overall caseloads. Most importantly, these tools provide a mechanism to monitor veterans' progress and identify when and if veterans are ready to transition out of the case management process. By using these tools, front-line staff and managers evaluate caseloads based on the number of active cases and on the level of complexity and intensity associated with each. The result is a well-balanced caseload for case managers across the country.

This suite of tools was rolled out nationally in February 2012, and our recent reviews indicate that employees are buying in. The vast majority of our case managers are using these tools effectively as they have been designed. Since the introduction and training of VAC staff on the use of the risk tools, over 80% are using these in accordance with the tools' guidelines. This information is encouraging, because it shows that there is an appetite for change and that the tools are useful, which is, of course, very important to us. This ensures as well that we know the workload is being distributed equitably between case managers and that we are able to identify those veterans who need priority attention. We will continue to support staff through the transformation process in an effort to improve these statistics even more.

• (1540)

The department is also developing a new national learning strategy for case managers, developing core competencies and supporting the further delegation of additional authority to front-line staff. These processes will be implemented in an environment that continues to adjust to the changing demographics of the veteran population, and as we move forward we will continue to maintain average caseloads of no more than 40 veteran clients per case manager.

As these factors change, we will adapt in order to maintain a consistently high level of service. We have district offices throughout the country, 24 integrated personnel support centres located on or near Canadian Forces bases and wings. VAC will ensure case managers are located in the areas of the country where they are needed the most and the department will continue to provide face-to-face services to meet the requirements of veterans. All of this will be done with the pillars of transformation in mind.

Strengthening case management supports two major themes in our transformation agenda: improving service delivery, and continuing to adapt to changing demographics of veterans by reorganizing the department for optimal service delivery to both veterans and employees as our consumers of internal services.

[Translation]

We are confident that our continued efforts will improve the services and benefits the department offers to veterans and their families. As their needs change, we will remain committed to providing the right people, in the right places, doing the right things at the right time.

[English]

Thank you again, Mr. Chair. I will now turn things over to my colleague, Charlotte Bastien.

[Translation]

Ms. Charlotte Bastien (Regional Director General, Ontario and Quebec Region, Service Delivery Branch, Department of Veterans Affairs): Thank you, Charlotte.

Thank you, Mr. Chair.

My name is Charlotte Bastien and I am the Regional Director General for Ontario and Quebec at Veterans Affairs. I am pleased to be here to support this committee's study on transformation.

I would like to provide some front-line context of how the case management function is strengthened by the transformation agenda.

[English]

As my colleague mentioned, case management is the cornerstone of the service and benefit delivery system. Veterans Affairs Canada relies on the integrity of the system to ensure that the relationships our staff have fostered with veterans aren't compromised because of a shift in business practices.

[Translation]

We have to be cognizant of the fact that, to a veteran suffering from a mental health condition, the transformation agenda is of little importance. This is not to say that they aren't aware of the changes, but their main goal is to stay focused on their rehabilitation. These are the scenarios the department considers when a realignment of staffing resources is made. As demographics shift, whether those demographics are based on age, sex or geography, the department must adapt quickly. Veterans Affairs Canada is committed to positioning resources in the areas of the country with the most need.

I would also like to discuss the level of service our case managers provide. Our case managers are selected on a wide range of criteria and are very skilled at what they do. That being said, they are sometimes faced with difficult situations that require a different skill set. As a department, we have created a support system that gives them added confidence when they are working with veterans who have more complex needs. They have access to case management experts and rehabilitation experts who can guide them through complex issues. Rehabilitation experts, mental health experts, standards training and evaluation officers, health professionals and others are all part of the support network available to case managers. This diverse range of expertise ensures that case managers can customize a plan for each veteran.

[English]

Recently, we have seen more and more case managers seeking assistance from the experts who are there to support them in achieving the best possible outcome for the veteran. The department encourages this practice because it is in the best interest of our veterans.

•(1545)

[Translation]

Veterans Affairs Canada recognizes that the key to successful outcomes for veterans begins with the department's ability to identify needs and levels of risk in order to refer them to the most appropriate member of the client service team. For those who require case management services, the support provided will always be focused on specific outcomes and engaging veterans in the case planning process.

Engagement is the key word here. The process doesn't work without the buy-in of the individual. Our case management practices are world class but, at the base level, we case manage people.

[English]

Case managers use a variety of techniques, such as motivational interviewing, to help veterans recognize problems and commit to changes that will help them.

At the base level, we work with veterans to achieve their goals. Our case managers work with veterans on their goals so that the veterans see the value, for example, of accepting treatment for addiction or mental illness, attending medical care and therapy, going to school so that they can move back into the workforce, or going to family counselling sessions to strengthen the family unit. These are significant commitments and life goals. Case managers are there to help veterans move through the change and goal-setting process.

It is important to note that the veterans are and must be the owners of their plans to change. If they plan an active role, our success rate will increase. If there are stumbling blocks on the road to recovery, Veterans Affairs will be there with a robust support system to help them achieve the mutually agreed upon goals they develop with their case managers.

[Translation]

As I said, the veteran is the owner of the plan. If they play an active role, our success rates will increase. If there are stumbling blocks on the road to recovery, we have a system in place to help them achieve their goals.

If you have questions about the clinics or the support network, Raymond Lalonde is also with us and will be able to answer your questions, together with Charlotte and I. Thank you very much for your attention. We are open to any questions you may have.

[English]

The Chair: Thank you very much.

We'll begin our questioning. Mr. Stoffer will begin the five-minute round.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Thank you very much, Mr. Chair, and thank you all very much for being here.

I hope you don't take what I'm about to say on a personal level. It's more on a professional level. First, I'm extremely pleased with the documentation we have before us. The motion for this meeting was passed on a Monday afternoon, and the clerk of the committee advised me that your offices were contacted yesterday for a meeting

today. Yet we have two reports here. I assume they've been translated, and they would have been proofread before they got here. In my 15 years, I have never seen, in any committee I've ever been on, the speed at which people were able to appear before a committee within 24 hours with the information we have. It's really quite amazing. I'm thanking you for that.

Prior to Monday, were any of you or any of your office staff or anybody related to this meeting today contacted with an indication that there would be a meeting on this subject on Wednesday in the House of Commons?

The Chair: You're never required to answer a question, but if you wish to, that's certainly fair enough.

Ms. Charlotte Stewart: We received our confirmation that we would be here today. In fact, Monsieur Lalonde received his invitation yesterday as well.

Mr. Peter Stoffer: My question was whether you heard about this from anyone prior to Monday.

Ms. Charlotte Stewart: As departmental officials, we get engaged in discussing potential committee agendas. That is an evolving process, and we are then informed when the date will be and when we are to appear.

Mr. Peter Stoffer: Okay. Is it possible to allow us to know when you got that information?

Ms. Charlotte Stewart: I can't confirm that.

Mr. Peter Stoffer: Okay, that's fine. Thank you.

How many case managers are there in the country right now?

Ms. Charlotte Stewart: There are 250 case managers.

•(1550)

Mr. Peter Stoffer: There are 250.

Madam Bastien, do case managers assist in family issues as well, when the veteran may not speak or is unwilling to? Or maybe the veteran is divorced from the family situation and a family member would then call up a case manager looking for assistance. Does that happen as well?

Ms. Charlotte Bastien: We work with the veteran, and if there are family issues that need to be addressed, we will work with the veteran to try to address them. If the veteran is not ready to address them, there are limitations as to what we can do.

Again, the owner of the case plan is the veteran, and the veteran works with us and determines the goal of his or her plan, depending on the situation. It's a case-by-case situation.

Mr. Peter Stoffer: Thank you.

My colleague Monsieur Chicoine has a question.

[Translation]

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): I would like to thank my colleague.

I would also like to thank the witnesses for joining us today.

Since 2010, when the new system was implemented, reports have indicated that this new tool was not being used to its full potential. Sometimes, spaces were left blank or things like that. Could you tell me what you have done to improve the situation and whether some things still need to be done to maximize the use of those tools?

[English]

Ms. Charlotte Stewart: I believe you are speaking of the workload intensity tools that I referenced in my opening remarks.

[Translation]

Mr. Sylvain Chicoine: Yes, you mentioned them in your speech.

[English]

Ms. Charlotte Stewart: The development of these tools really began toward the end of 2010. It was a national effort that involved front-line staff from across the country who were experts in the field. We went to them to help us develop these tools. They worked extensively as a team for about 12 months to develop the three tools and then began the training.

Although the first year was one of development and testing, there's been a very strong and positive response to the tools since the first training was delivered to the front line. There really hasn't been any delay in their utilization; it's just been a matter of ensuring sufficient training was in place, that everybody who was going to use them had not one but two rounds of training. We're very pleased with the take-up and the success rate.

I believe Charlotte, as a front-line director general, might want to add to that as well from the perspective of her employees.

Ms. Charlotte Bastien: There are growing pains associated with the implementation of new tools. As it was being developed, it was also being piloted, so there might have been areas where there were gaps because certain aspects were not ready. But since the full implementation, there's been regular monitoring, and we have a robust quality assurance program to make sure the tool is used effectively.

The Chair: Thank you. That's the five minutes.

We'll now go to Ms. Adams for five minutes, please.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thanks very much.

I'm a little astounded by the NDP's line of questioning. This is a party...and these members specifically continue to vote against every estimate we have that comes forward. Every dollar that goes to benefit veterans, every cheque they receive each month, every service provider, every psychiatrist we fund, every member of our staff we fund to serve veterans—these folks on the other side of this committee continue to vote against all that funding.

I wonder if you could perhaps tell me if in the last year they've ever voted for any of the estimates put forward.

The Chair: I'm not sure that's a question the staff can answer.

Ms. Eve Adams: Fair enough. Why don't I go back then to some of the information that was presented today.

I'd like to thank you for coming forward today to present to us on the new tools that make up our new approach to case management at Veterans Affairs.

Can you explain to me when these metrics were developed, and do you have an indication of their success so far?

Ms. Charlotte Bastien: What would help us is to ensure that the case manager has an equitable workload or a balanced workload between more complex cases and cases with less complexity so that the case manager can *dévouer* the time and the effort required to help the veteran.

The tools have allowed the case manager to balance his workload and have enough time and *disponibilité* to help the veteran. If the veteran were to need daily access—because there is a critical period during the phase of the case plan—then the case manager could be available for the veteran to follow up, meet, do the case conferencing, seek advice from other experts, health professionals, to support and assist the veteran in the case plan.

• (1555)

Ms. Eve Adams: What reaction have you had from veterans so far?

Ms. Charlotte Bastien: We do get anecdotal feedback from veterans. They feel that their case manager is more accessible. They feel they can access the case manager and that they get a timely response when following up on their case plan, especially if a request for treatment is being put forward, and the implementation or the approval for the treatment.

Ms. Eve Adams: Thank you.

I know that members on this side of the table certainly feel strongly about providing great care to our veterans. We, for instance, voted in favour of \$659,000 in funding to improve services for severely injured veterans, whereas, the NDP voted against that. We voted for \$20 million of funding on Agent Orange and \$8.5 million of funding to support service enhancements to the new Veterans Charter, all things that the NDP, of course, voted against.

I want to thank you for coming forward and presenting to us on these new measures.

Can you tell me what changes veterans would have noticed had these new changes not been brought into effect? What would the experience have been like for a veteran?

Ms. Charlotte Stewart: I can address that question.

When it comes to case management, it's important that we maintain a professional practice, that our case managers have the credentials when they are recruited into the department or they receive adequate training throughout their time in the department. From the veterans' perspective, they're going to meet with someone as the front-line face of the department who is a professional practitioner in the area of case management. It's a core competency in our department and we're committed to maintaining that.

With the new tools...what they might have experienced in certain areas was a workload issue. Case managers might have had a certain number of cases that made it difficult to address every one of them in a timely fashion. With these tools, we can very quickly see where we need to adjust our resources. We have made that commitment to keep our ratio of case managers to cases at 40:1.

Before we had those tools in place we could not quantitatively have determined that. We had other indicators and experienced staff who could tell us about the situation, but now we have something that's very firm.

In addition, when we look at case managers across the country, we want to make sure they have ongoing access to professional practice training and to coaches and those in their profession who can give them ongoing advice. The department has made a commitment to that, as well.

From the veterans' perspective—

Ms. Eve Adams: Your team members, Ms. Stewart, are incredibly professional. As I've been meeting with veterans throughout the summer, that was the comment I heard.

The Chair: Ms. Adams, we're way over time.

Mr. Casey, for five minutes, please.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chairman.

Ms. Stewart, you indicated in your remarks that you have district offices throughout the country. Are there district offices in every province?

Ms. Charlotte Stewart: Yes, there are.

Mr. Sean Casey: When all of the planned changes are implemented, will there be district offices in every province?

Ms. Charlotte Stewart: No, there will not.

Mr. Sean Casey: Which provinces will be without a district office when all the planned changes are implemented?

Ms. Charlotte Stewart: Currently the district office in Charlotte-town is slated to close towards the end of 2013.

Mr. Sean Casey: So once all of the planned changes are implemented, Prince Edward Island will be the only province without a district office.

Is that right?

Ms. Charlotte Stewart: That is correct.

Mr. Sean Casey: You also indicated in your remarks that there are 24 IPSCs. How many of those are on Prince Edward Island?

•(1600)

Ms. Charlotte Stewart: There is an integrated personnel support centre, which is a satellite of the Moncton IPSC, but it is located in Charlottetown.

Mr. Sean Casey: You indicated that there are 250 case managers across Canada. How many of them are on Prince Edward Island?

Ms. Charlotte Stewart: I'm not sure of the exact answer. I believe there are three.

Mr. Sean Casey: There are about 120 veterans in Prince Edward Island who are being case-managed.

Ms. Charlotte Stewart: That would be an approximate answer, yes.

Mr. Sean Casey: Once you close the district office on Prince Edward Island, the availability of front-line service from the Department of Veterans Affairs will be limited to those three case managers, or is there someone else they can see?

Ms. Charlotte Stewart: The provision of the front-line case management services will continue to be provided to our veterans in Charlottetown, P.E.I. What we have to do is make sure that as we... I mean, our demographics are definitely driving some changes in the department. As the numbers decline, there are certain areas of the country where the client base today, and certainly going forward, does not support having a permanent office.

At the same time, the department has made a commitment to provide those veterans with front-line case management. They will continue to have home visits from case managers of Veterans Affairs Canada and will be provided with their services in that fashion. While we have to redefine our model to meet the needs and expectations of our veterans, we can do that by continuing to provide front-line services.

Mr. Sean Casey: When you say they will continue to be provided with front-line services, if there are only three case managers and there is no district office, who will be providing the front-line services?

Ms. Charlotte Stewart: Case management services will continue to be provided in Prince Edward Island. In many parts of the country today we do that in areas where we don't have a district office.

We do it through making sure that our veterans know who their case manager is. They will be contacted by their case manager, who will make sure their needs are being met. They'll have the opportunity to communicate with their case manager through our national call centres or through regular contact with their case manager as required.

We know that we can maintain this service, and we will continue to do so in those areas where we will, due to declining overall client numbers, have to close some of the smaller offices.

Mr. Sean Casey: The case managers who are presently situated on Prince Edward Island, are they in the district office?

Ms. Charlotte Stewart: Yes.

Mr. Sean Casey: When the district office closes, where are they going to be?

Ms. Charlotte Stewart: This planning is under way right now. We have the benefit of the time to do this properly, and those decisions will be made in due course.

Mr. Sean Casey: Are you going to move them off Island?

Ms. Charlotte Stewart: There's no decision yet.

Mr. Sean Casey: So you can't assure me that there will be any case managers on Prince Edward Island once all of these changes are implemented?

Ms. Charlotte Stewart: No. What's important—and it's what's important to our veterans—is that when they need a case manager, when they need a case management service, they'll have it available to them, and that's a commitment the department continues to make and will make in the future.

Mr. Sean Casey: When you say “available to them”, someone's going to get in a car and drive over from the mainland and do a house call...?

Ms. Charlotte Stewart: We have many examples where case managers provide that service, and it is very effective. The feedback from our veterans indicates that.

Mr. Sean Casey: A client service officer...do I have the right term? Is there such a thing?

Ms. Charlotte Stewart: A client service agent.

Mr. Sean Casey: A client service agent. How many client service agent positions have been cut through the transformation agenda?

Ms. Charlotte Stewart: Overall, there were 75 that were reduced.

The Chair: Thank you very much, Mr. Casey. We are over the five minutes.

Mr. Harris is just raring to go, so we'll turn to him for five minutes.

Mr. Richard Harris (Cariboo—Prince George, CPC): Thank you, Mr. Chair.

Thank you, ladies and gentlemen, for your presentation.

Since I've been on the committee I think this is the second or third time that you've appeared before the committee, and I thank you for that.

One thing that's been abundantly clear when I've heard the testimony and presentations you've given is that between you and your case managers this could never be considered just a job. When you're dealing with veterans who have a lot of varying situations, health situations that have to be dealt with, you're as close as you can get to your client. In order to do that job efficiently, you have to have, first of all, a passion for it, and also a commitment to the well-being of the person you're dealing with. I want to commend you for that, because I don't believe for a minute that any of you can do this, the work you do, and ever consider it just a job, considering you're dealing with human lives. Congratulations for all that you do, and your case workers as well.

I do know that when the changes came about, as far as the budget goes, you all had input into them. The fact that the overall budget was only cut by 1% reflected your commitment to the work you do. Yet you've been able to, first and foremost, put the veterans first and maintain the service, and even improve the services you were delivering through different technologies, training, and ways of doing things. Congratulations again.

I think it's particularly notable because in fact the budget was only cut by 1%. As I recall, in the years I was here during the previous government, I think its overall budget cuts were somewhere in the neighbourhood of 10% to 12%. It was something; you could really see the effect throughout the department. Congratulations. I'm really pleased to talk about the work you do.

You and your case workers...I just wonder what you feel when you know you're doing your best, and you know what you're doing for your cases, and yet you hear some criticism that in no way reflects what you're actually doing. I urge you to continue that good work, and keep the criticism where it belongs, and keep moving forward.

Given the new Veterans Charter, the number of benefits available to our veterans, is a case management approach vital to ensuring veterans have access to programs and services they need? With the new tools you have, do you believe the current system is more or less efficient than the previous system? Could you take a moment to explain? Do you feel your new system is far better, much better than the old system, in the way you've changed things?

•(1605)

Ms. Charlotte Bastien: First of all, I want to thank you. We do have staff who are very dedicated and highly skilled. For them, what they do for veterans is more than a job, so thank you. I will relay the message.

Again, as we have mentioned before, the tool that has helped people in the field, on the ground, on the front line is the accessibility, and also timeliness in responding, and also providing an answer to an application or a request from a veteran for a benefit or a service. It's the timeliness and access to the service, and for somebody to assist them with whatever that need is, or a request or an application.

Mr. Richard Harris: Thank you very much.

How am I doing for time, Mr. Chair?

The Chair: Even with your excellent soliloquy starting out, you still have about 30 seconds.

Mr. Richard Harris: That's wonderful. I could easily continue and applaud your work for the next 30 seconds.

When a veteran or a transitioning Canadian Forces member approaches a case officer, can you walk us through, perhaps, the steps and services that are made available to them at the initial meeting? What do you say to them when they come to you looking for help?

Ms. Charlotte Bastien: We do a screening. It could be a client service agent or it could be a case manager. It depends on the situation. The basic question is about how the veteran is doing, what his or her situation is. Some of them might know what they're looking for. Some of them might not be aware of what we have to offer, so there would be a series of questions and answers to see what we can offer the individual, and in some cases their family. Also, if the veteran is not sure of what he or she is seeking, then we would do an exam or an assessment of what the situation is, what the issues would be, to see how we can help and what would be required in that particular case. So whether that person needs to be referred for case management or for a disability award, or be referred to any of the number of services—whether it's the veterans independence program or others, it depends on the situation of the individual—there would be an assessment based on questions in an interview.

•(1610)

Mr. Richard Harris: Well, thank you for everything you do.

Thank you, Mr. Chair.

The Chair: Thank you.

Now to Ms. Mathyssen for five minutes.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you very much, Mr. Chair.

I would like to say very clearly to you that you do indeed do a remarkable job with not enough resources. It's painfully clear that there simply is not enough in terms of the resources that we should have in place to look after the many veterans.

I want to come back to numbers. You said there are 250 case managers and about 40 clients, veterans, per case manager. That is 10,000 veterans who are receiving help and support. Now, in light of the fact that there are 217,000 veterans, is it enough? How can you manage? How can these folks possibly deliver the service that they want to deliver?

On the second part of the question, last spring—and I know absolutely, because I saved the *Hansard*—we were assured that when the cuts came there would be no cuts to front-line workers, that there would be no cuts in regard to these case managers, yet I've just heard you say that 75 case managers were cut. So we have a significant number of veterans, 10,000 who are in desperate need, and if we look at the stats, 55% are affected with a combination of mental and physical health problems. That's 5,500 veterans—30% with physical conditions, which is 3,000, and 15% with mental health conditions. Those are very demanding needs.

How do you manage it all with the cuts to case managers, with the reality that there are great demands on the system?

Ms. Charlotte Stewart: You've asked a number of questions. I'll try to address them in order.

First of all, it's true that we have about 218,000 clients, but that includes a very large number of survivors—about 76,000—who typically do not require case management services. Within that, we have about 137,000 veterans, and within that 137,000, 73,000 are Canadian Forces.

What's important to note here is that not everyone is case-managed. Case management is a service. It's a professional practice that the department uses to assist those with the most need, either to transition from a Canadian Forces career to a civilian career or to address profound difficulties they're having at some stage of their life. Case management is a service that we use for those most in need.

On the tools that we've discussed, the main factor we use to identify those in need.... In my opening remarks I about the tools being used to identify those at risk, those with complex issues. Charlotte Bastien just mentioned the interview, where there's a further assessment done, so we develop a profile of the individual very quickly. These are done by professionals, so that when they do this, they come back with a very good picture of what this individual might need.

Not all people—veterans—who leave the military need case management. That's an important point. When we move forward as a department, we look at those that we need to serve. Right now, as I mentioned, the ratio is 40:1. In fact, that is our goal; 40:1 is our target. Right now, we're operating well below that. Our national average is about 30:1, so it means that an average case manager would have about 30 cases. We know that we're comfortably within our capacity. When I say that, there are 250 case managers and they're able to manage their workload appropriately, using the assessment tools we have.

When there is an increase in an area, when it looks like we need to adjust our case management numbers, we do so. While there are parts of the country where the offices are getting smaller, there are other parts of the country where the offices are getting larger to accommodate that need, and that's another very important point.

The client service agents are supporting the case managers. There are two different roles.

When I spoke about the reduction of client service agents, that's true. The department has been.... First of all, the demographics are changing, and the department is going to be smaller, and some of our positions will decline as a result of demographics. Also, for client service agents, as we've streamlined within the department and streamlined our programs, their work has been impacted to some degree. These are internal functions that we have streamlined, and they have, over time, contributed to a need for fewer client service agents. But there are still 180 client service agents active in this department, supporting 250 case managers. As I mentioned, our ratio is very much within our target.

I believe I've covered your questions.

•(1615)

The Chair: Thank you very much, Ms. Mathyssen. That's your five minutes, believe it or not.

Ms. Irene Mathyssen: It goes so fast.

The Chair: It does.

Mr. Hayes, for five minutes, please.

Mr. Bryan Hayes (Sault Ste. Marie, CPC): Thank you very much, Mr. Chair.

It's a pleasure to be here and ask my first question at this committee.

It's interesting. I have four family members who left the military. None of them were case-managed.

This question is for Ms. Bastien. You made the statement that your case management practices are world class. I'm hoping you can elaborate on why you would make that statement and what constitutes "world class".

Ms. Charlotte Bastien: We have a solid program. We do research. When I say research, we don't do research in case management, but we do research on best practices; we exchange best practices, and we keep up to date. We do have experts within the department who keep up to date worldwide on best practices and case management and ensure that we have a good learning program and a good competency program for our case managers, to support them in doing their job as case managers.

Mr. Bryan Hayes: Thank you.

Ms. Stewart, in your statement you mentioned that we're here today to talk about strengthening case management, which is in fact the truth, so it obviously assumes that there were weaknesses in the previous system. Here's what I want to know. What was the process you went through to identify those weaknesses? What were some of those weaknesses? How have those weaknesses been corrected?

Ms. Charlotte Stewart: Well, like any organization, you're going to evolve. You're going to change. In our organization, we have, over time, shifted from an organization focused primarily on war service veterans. We are now moving to having more Canadian Forces veterans than war service veterans.

In and of itself, that has created some change. The needs and expectations of the Canadian Forces veterans are different. That wouldn't point so much to weaknesses or deficiencies in the system. It would point, instead, to a system that needed to be modernized and updated to reflect those needs and demographics.

I think we're very cognizant now of the requirements of the Canadian Forces veterans, much more so than we were 10 and certainly 20 years ago. That's been a gradual shift.

How do we know? We have various means. First of all, we do client satisfaction surveys. That is an important tool, but it's not the only tool. Our own case managers told us very directly. In fact, they led reviews in the department to give us feedback on how things were looking from their perspective relative to their abilities and their own satisfaction in serving the newer veterans. They gave us excellent advice, guidance, and recommendations, which have been, actually, cornerstones of the program we have in place now. In addition to that, we get feedback from veterans organizations and the ombudsman. We accept and in fact encourage a variety of feedback. That has shaped our agenda, and will continue to do so, frankly, because it is a five-year action plan.

I can say that even since we first launched it about 24 months ago, it's changed. And we're always trying to do that to reflect best practices.

• (1620)

Mr. Bryan Hayes: How's my time, Mr. Chairman? Do I still have time for one more?

The Chair: Sure. You're doing great.

Mr. Bryan Hayes: Thank you very much.

This is just a question about a tool that identifies risk factors in veterans. Please accept my apologies; I don't understand risk factors in veterans, so I'm hoping you can talk a little bit about what that means and how that tool identifies those.

Ms. Charlotte Stewart: Risk can mean different things.

When it comes to using these tools, what's important is that there are a number of factors that have to be looked at. There is not just one. Even the word "risk" in a risk assessment is actually a compilation of many different factors. For instance, you can have an individual who has a profound physical condition. When we look at him or her, our goal is to assess and support the person making the transition to civilian life in overcoming any impediments to that. So we're going to assess that individual's capability or risk of making that transition.

Within that, though, you might say that if the person has a profound physical issue, that's probably going to cause a transition problem. But in fact it does not in all cases. Here's an example. Someone who has a lot of family support, who is adapting well to that physical condition, and who perhaps had training in the military that is very adapted to civilian life, may present with low risk for transitioning to a successful civilian career or civilian life.

It's not a simple approach. Yet when you interview an individual, when you engage the person's family, when you develop, as a case manager, an understanding, as they do, of how to tease out information from the person and begin to do this assessment, these words take on a very important meaning. It really comes down to asking if this individual is at risk of not adapting. Is he or she at risk of something more severe? Mental health conditions can lead to more severe situations. It's very important that the professionals we have use these risk tools to identify a risk profile. We then develop our case plan based on that.

I hope that answers your question.

Mr. Bryan Hayes: Yes, thank you very much for that comprehensive answer, and thank you, Mr. Chair.

The Chair: Thank you, Mr. Hayes. Now we'll go to Mr. Lobb for five minutes, please.

Mr. Ben Lobb (Huron—Bruce, CPC): Thanks, Mr. Chair.

Just to Mr. Casey's points, as far as district offices or case managers go in his province, I hope as things progress he keeps the committee up to date with the level of service in his community and his province.

The only thing I can say is that, geographically, my riding of Huron—Bruce is significantly larger than Prince Edward Island, albeit the population is slightly less, and there are no district offices in my riding and no case managers live in my riding. I would argue that the one I do know lives in London and works out of London. The commute from London to Clinton is an hour, and certainly I've never had any complaints about the level of service in the four years I've been a member of Parliament.

It is possible, but I do encourage Mr. Casey to keep us up to date with how things are going where he is.

With a case manager providing service to a World War II veteran who's been analyzed, diagnosed, and needs some sort of hearing correction—let's call it a hearing aid—from the date he is deemed to be eligible for a hearing aid, my understanding is he would pay for the hearing aid himself and then be reimbursed by Veterans Affairs. I'm wondering how long it would take to receive the compensation for what he or his family has put out for the hearing aid.

Ms. Charlotte Bastien: It might not be a case manager; it might be another person in the district office dealing with that.

If the individual already has a hearing disability that's been recognized as linked to his or her service, when he goes to his provider to get the hearing aid, the provider would communicate with the department or a third-party provider and would get authorization. We would take care of the payment and the veteran would leave with his hearing aid. Or if it needs to be ordered, it would be paid for, and then when it's ready he would pick it up from his provider.

•(1625)

Mr. Ben Lobb: Generally speaking, with that scenario, what would be the approximate timeline from the date he was in till the date he received the money in his account?

Ms. Charlotte Bastien: No, he wouldn't have to pay out of pocket. We would pay the provider. The provider would contact us the day the veteran goes for the exam and gets fitted for the hearing aid or as he's seeing the veteran, and we would okay the provider to bill us, not the veteran. The veteran would leave with his hearing aid and would not be out of pocket. It would be the same day.

Mr. Ben Lobb: There have been a lot of changes to case management service provided to our veterans. I've been on the committee since 2008, and it has been pretty well ever-changing since that time.

You're telling us today, me, other members of the committee, members of Parliament, the veterans ombudsman, that some great changes are being made. What tangible data can you deliver to us that's been mined to tell us what our level of service was before, what it is today, and the proof that what you're telling us is fact? I'm interested to know that.

Ms. Charlotte Stewart: We do manage our service standards and report monthly. Those are available on our website. For instance, we can attest to the fact that the time to adjudicate a disability award has decreased by 30%. The turnaround time to be accepted into the program for rehabilitation decisions—that's a key program of our front line case managers, and this is where the veteran can receive medical, psycho-social, or vocational assistance—has gone from four weeks to two weeks. Another recent improvement is around our telephone service, where we now have a strong grade of service and response rate around our calling. We do maintain those very actively.

As well, we are always reviewing areas where we can improve or develop service standards that show more current metrics. The ratio of case managers to case-managed clients is very important. That is now a very key indicator. As I mentioned, it's about 30:1, and this is measured monthly as well and reports are available to those who must deliver that service.

Those are some examples.

The Chair: We're there, unless you had a really critical short one. No? Okay, thanks.

That ends the first round. Thank you very much. We'll move right into the second round, a four-minute round.

Mr. Stoffer, are you starting, or is it going to Madame Perreault?

Mr. Peter Stoffer: Madame Perreault.

The Chair: Madame Perreault, you're on.

[*Translation*]

Ms. Manon Perreault (Montcalm, NDP): Thank you for joining us. I am sure that your job is very demanding.

I will not repeat everything my colleagues opposite have said when they thanked you. I want to make myself clear. When we talk about services for people with physical or mental health problems, I know that it is impossible for everything to be perfect, despite all your efforts. I am sure of that.

In committee, I thought that we would be trying to see how we can improve the service for veterans. I want to get this straight. When we talk about case management experts, we don't necessarily refer to your case managers. As a result, when a manager has a problem or is going through a difficult situation, they have to talk to your experts. Is that correct?

Ms. Charlotte Bastien: It depends. We have some case managers who are more skilled and more experienced. They might not need to consult with case management experts on complex issues.

But we can have case managers with less experience. Although they are very good and qualified, they may seek the advice and support of case management experts in the department or even health professionals, depending on the situation.

Once the goals in the case plan are identified, we look at treatment options. It is important to know what resources are available in the community to help the veterans achieve their case plan objectives.

As you said, things are not perfect. We have some very experienced and qualified case managers. Some are more experienced and some are younger. The young ones have less experience and they are learning. Those young people need to have the proper tools and support to be able to hone their skills and keep them up to date. It is a challenge that we are constantly working on. We need the expertise to be able to maintain and upgrade their skills.

•(1630)

Ms. Manon Perreault: I fully understand. I am not questioning your service. On the contrary, I think that you are doing a great job.

Earlier you said there were 250 case managers. In very difficult situations, those people are going to consult experts. How many experts can assist those case managers?

Ms. Charlotte Bastien: I don't have the exact number. There are more than 50 in the regional offices or district offices. The network of OSI clinics also has clinical experts who can provide support. Experts from the head office in Charlottetown can also guide people. This number does not include health professionals, be they doctors or nurses in the local district offices, in regional and national offices or in the network of OSI clinics.

Ms. Manon Perreault: That's fine.

Since I don't seem to have much time left, could you tell me what "OSI" stands for?

Mr. Raymond Lalonde (Director General, Operational Stress Injuries National Network, Department of Veterans Affairs): It is an operational stress injury. In our 10 clinics that have been set up—and whose number has doubled since 2007—our clinicians are part of an interdisciplinary team. They are specialized in treating operational stress or post-traumatic stress. One of their responsibilities is to work closely with case managers in district offices. They can also act as experts and assist managers when a case is not handled in a clinic. Managers can get the opinion of a psychiatrist, psychologist or social worker. There are also about 90 clinical nurses available across the country.

Ms. Manon Perreault: Okay, that is fine.

Thank you.

[*English*]

The Chair: Thank you.

Now to Mr. Lizon for four minutes, please.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you very much, Mr. Chair.

To begin, I would like to join my colleagues in thanking you for your great work and for coming here this afternoon.

The first question I have is to Madam Bastien. In your presentation, you indicated, and I quote:

Recently we have experienced a cultural shift in the mind set of Case Managers. More and more they are seeking assistance from the experts who are there to support them. The department encourages this practice because it is in the best interest of our clients.

Can you maybe elaborate a little bit more on this and on how it happened? Did it come from within the department? Was it a sudden idea? It's very interesting.

Ms. Charlotte Bastien: It's part of developing the culture of a team approach and having an interdisciplinary team to assist the veteran. Also, we've been seeing a growing complexity of the issues over time. Individuals requiring case management 20 years ago, 15 years ago, and some of the complex cases we see today, an individual with physical or mental issues, addiction, family issues, financial issues, transition issues from military to civilian life.... They don't necessarily have all the expertise or the knowledge to assist with some of these very complex issues or to assist somebody with several issues to address. That's where we're seeing the culture shift into seeking assistance, so they can best help the client in achieving the outcome of their case plan, their rehabilitation, or in doing the transition.

• (1635)

Mr. Wladyslaw Lizon: Are the experts you're referring to experts within the department, or are you reaching out to experts wherever they're available?

Ms. Charlotte Bastien: The first step is within the department, but if we need to seek expertise outside of the department and in the community, in the provincial system, and through the clinics, through other means, we will in order to assist.

Mr. Wladyslaw Lizon: The second question I have is on veterans' transition to civilian life. Many of the CF members who are about to retire or be released from the military sometimes want to start a new career in civilian life. Many of them have a challenge because they have skills that do meet criteria for different jobs, but sometimes they have difficulties finding an employer. How does the case management work in this particular problem?

Ms. Charlotte Stewart: Very importantly, the discussion starts to happen before they release. The individual who's releasing will be engaged within the Canadian Forces, having discussions around their aspirations and expectations as they begin to transition. At that point, even before their release, they will likely meet a case manager from Veterans Affairs Canada. For instance, at one of the integrated personnel support centres, that's where our partnership with DND really starts on the ground, when the two case managers can engage around a releasing veteran, identify with them their aspirations, what their current aptitudes and vocational strengths are, and then make a plan for them. Depending on the individual, if they have skills that are easily transferred into civilian life, as they move over into a Veterans Affairs Canada environment, they may not need very much more assistance in that area, but if they do need retraining, they can be part of our vocational retraining programs.

Also within the department, as part of a recent announcement, there's an organization called Helmets to Hardhats. That applies to the building, trades, and construction sector, but it's an important model for showing the willingness of the public sector, the private sector, and unions to work together to create opportunities for releasing veterans. That's a fairly unique—it wasn't made in Canada, but it was recently adopted in Canada—approach to assisting veterans in finding a new career.

It really comes down to the individual identifying their needs with our help, and we have various programs that can assist them in making that transition.

The Chair: Thank you very much. I actually got an extra minute out of all of that. It was very intense and very good.

Mr. Chicoine, go ahead for four minutes, please.

[*Translation*]

Mr. Sylvain Chicoine: Thank you, Mr. Chair.

I have also read in the report that some clients were getting no follow-up in the 90 days after a meeting with a case manager. What steps have you taken to improve contact with the clients who were not being followed up within 90 days?

Ms. Charlotte Bastien: Are you referring to the 90-day follow-up in the rehabilitation program? Unfortunately, when the case manager had a heavy workload with a very high number of veterans requiring case management services, it was a challenge to contact them all within 90 days to provide them with feedback or a follow-up. With the help of the tools, case managers can now balance their workload and have time to meet with the veterans or to at least contact them and do the follow-up within 90 days. The tool also enables us to make reports and to look at the action plans. For every follow-up, there is an action; it is recorded using the tool in the system. If there is a delay, the case manager's team leader will see if any of the 90-day follow-ups were late. The team leader will then talk to the case manager to see what is happening and why the follow-up with the veteran was not carried out.

● (1640)

Mr. Sylvain Chicoine: So this happens a lot less frequently today.

Have you also set up a system for the quality control of decisions and case plans? The report showed that, because of the lack of follow-up, case plans were sometimes inappropriate and a number of files did not have the proper documentation for decisions.

Ms. Charlotte Bastien: We have quality assurance exercises—I prefer to call them quality assurance, not quality control. Yes, if the follow-ups in the case plan are not carried out, we have to check with the case manager to see why it has not been updated. I must also say that the case plan can change. The situation and the issues facing the individual or the veteran might have since evolved. It is important to do the follow-up and to change the objectives, if necessary. Also, if the individual has achieved their goals, they have to withdraw. And if the veteran is not committed or motivated to pursue the objectives or to follow through on the points in their case plan, we have to check with them and see if they should withdraw from the case management process, because they are not ready. A number of factors can explain why they are not ready or motivated to pursue their objectives. That all falls under the quality assurance program; the team leader will check with the case manager.

Mr. Sylvain Chicoine: As for the case managers, do you have a contract with a private company or are they all from Veterans Affairs Canada?

Ms. Charlotte Bastien: Case managers are employed by the department, but sometimes we may call on clinical case managers. Those are external, contracted resources that we can call. But they are not the ones in charge of case management. If we have to take action in a more... How should I say this? Let's say, for example, that someone with suicidal tendencies is in crisis. In that case, we can ask a resource person to help that client. Sometimes, that means going with the client to an appointment to make sure that the follow-up is done and that the client did go to their doctor's appointment, for example.

Mr. Sylvain Chicoine: Thank you, I have no further questions.

Actually, are those people associated with the national case management network? I read that there is a type of national case management network that apparently has a contract with Veterans Affairs Canada. Does that have anything to do with the situation you have described?

Ms. Charlotte Bastien: That does not ring a bell.

Mr. Sylvain Chicoine: It does not ring a bell. We will do a little more research.

Thank you.

[English]

The Chair: Thank you very much.

To wrap it all up, Mr. Zimmer, for four minutes, please.

Mr. Bob Zimmer (Prince George—Peace River, CPC): That's a lot of pressure, Mr. Chair.

To reiterate, some of my colleagues, on our side, at least, said it's an honour to be here and be a part of this committee.

I think it was Ms. Stewart who said that the transformation agenda has driven the care for veterans. I think all of us feel the same, that we want to do our best for our veterans. I have two cousins who have just served, one in the air force and one in the military. I care about their future, and I think we all do here.

That said, the veteran system is very complex and very big, and I guess it sometimes can be challenging for you as well to keep up to it all. With this much change, what efforts have you made to ensure that all of your case officers or agents have had the necessary training systems to effectively execute their mandate, again with the concern for veterans being the prime driver for delivery?

● (1645)

Ms. Charlotte Bastien: In the public service, each employee has a learning plan and we do a yearly appraisal. A client service agent or case manager will sit at least once a year with their manager to review their training needs, their performance. If there are areas that need a refresher or need to be improved, or if there are things they want to perfect or they want to acquire an enhanced skill set, that's discussed on a yearly basis. Each employee has a learning plan.

The training regarding programs or getting some of the skill sets is then rolled up at a national level, and we have a national strategy. When we see a need for a refresher on certain programs, we will roll out a national training plan for staff so they can update or refresh their knowledge or skill set, depending on the subject or topic.

Mr. Bob Zimmer: I'll just change the subject a little bit.

In recent announcements—I think they were mentioned earlier by Ms. Stewart—about the Helmets to Hardhats program...I guess you must have seen other systems. You said that we didn't invent the wheel. We sort of reinvented it here in Canada.

What impact do you see this initiative having for our Canadian Forces veterans specifically? What do you see as the benefit?

Ms. Charlotte Stewart: When I say we didn't invent it, I believe it was originally launched in the United States, and being a good idea it spread across the border, which is great.

On a very practical level, it's opening up opportunities for hiring veterans, raising awareness within various sectors in the country around the skills and attributes that veterans carry. They represent an extremely well-trained and experienced workforce.

They come with training, and to have them able to bridge into an employment opportunity that.... You know, they can look at a website. They can have discussions through the Helmets to Hardhats program. They cannot only hopefully get a job, but also get the recognition that comes with that, in terms of the Canadian public sector, the private sector, and the union working together to identify that these are very valued employees who can find a place in Canadian industry.

It's not just on the employment side, although that's obviously a huge part of it, but there is a recognition factor as well.

Mr. Bob Zimmer: I have one other question.

I'm from Prince George—Peace River, in northeastern B.C., and it's often a concern that Ottawa is an awful long way away from Fort St. John or Prince George. Speaking on behalf of our veterans, can they be assured that the service levels will be consistent across the country? Again, I've heard nothing but good about the department, and I concur with Mr. Lobb as well.

What do you have in place to make sure that happens?

Ms. Charlotte Stewart: Our commitment is to serve veterans in the way they want to be served, in the most efficient way possible, throughout the country. As you've noted, and as has been noted, not every location can benefit from having a district office or a local

integrated personnel support centre, so yes, we have to find other means.

How are we going to ensure that? First of all, we have expanded how we deliver service. We recently entered into a partnership with Service Canada, and through that organization we now have 600 points of service across the country where veterans can go in to get information, not just on a broad range of Government of Canada programs and services, but from trained front-line staff in Service Canada. They can be given information on benefits and services that Veterans Affairs Canada can offer to them. They can drop off their applications there. Their identity can be validated. They can get assistance with their applications. It's a very important part of expanding our service offering.

We're also working hard to improve our call centres. In addition to that, our "My VAC Account" is another means. Many veterans like to go online and check their application or change their address or apply for direct deposit. That's now available to them.

Direct face-to-face service is a commitment we have for case management, but there are other ways through the service model in which we're also improving our performance.

● (1650)

The Chair: Thank you very much.

We've finished our time. I want to thank our witnesses very much for the information they provided today. I think that concludes our business for today. Thank you.

The meeting is adjourned.

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