



CHIEF MILITARY PERSONNEL

CHEF - PERSONNEL MILITAIRE

*Strength through personnel*



*Le personnel fait la force*

# RESERVE SUSTAINMENT ISSUES

COL G.J.BLAIS  
DCSM/CO JPSU



National  
Defence

Défense  
nationale

Canada 



# TOPICS

1. Retention
2. Update on a variety of issues
3. Family Support
4. Care of the ill and injured and families of the fallen



# RETENTION

- Director General Military Personnel Research and Analysis (DGMPRA) have completed:
  - Primary Reserve Study
  - Focus Group Report
- Leading causes of dissatisfaction are directly related to the nature of Res Service



# FOCUS GROUP RESULTS

## Causes of Dissatisfaction

- Res-Reg F pay differences
- Lack of training opportunities
- Lack of resources allocated to Res units
- Lack of adequate admin support



# STUDY RESULTS

## Reasons for leaving:

- Pursuing a civilian career
- More time for friends, family and leisure



# ISSUES UPDATES



# UPDATE 1

## Issue

- DND/CF Ombudsman published ***Reserved Care: An Investigation into the Treatment of Injured Reservists*** in Apr 08
- Examined existing policies, procedures, regulations and websites pertaining to the provision of health care to reservists

**Lead:** Policy – DMCPG; Health Care – CF Health Services, (OCI – MPMCT)

## Status

- The access to care as outlined in QR&O Chapter 34 has limited the Health Services' ability to enhance the Reserve Force access to care. Changes to Regulations (QR&O 34 – Medical Services) are being addressed by DMCPG and CF Health Services.
- Interim Guidance for the delivery of health care to reservists was issued Jul 09, giving direction to the clinics to look after uniformed members and to be as inclusive as possible. They will always look after a member's urgent/emergent care requirements and assure an appropriate plan involving CF and/or provincial resources.
- The plan for the CF to adopt a biannual PHA for all Reg Force and Primary Reservists has been suspended, however the requirement for the currently structured PHA has been broadened to include all Primary Reservists. Workload issues require that this be implemented in a phased approach which is already in process, but it will be under-resourced in the final phase.
- A phased Immunization plan is also in effect for Primary Reservists.
- Issues of medical record security and movement are being addressed with implementation of the CFHIS electronic med record.



# UPDATE 2

- **Issue:** Death benefits – non-taxable SDB for reserves on Class C service vs. death gratuity (20 months of pay at Reg Force rate) that is taxable above \$10K for Reserves on Class B
- **OPI:** DGCB
- **Update:** Policy review underway; confirmed inequity between Reg F and Res F benefits. Considering review of total compensation framework. However this will be challenging and TBS will be involved. Anticipate an update later in the spring.





# UPDATE 3

- **Issue:** Creation of a Reserve SPHL
- **OPI:** DCISM and DGCB
- **Update:** Preliminary policy development underway. Stakeholder deliberations have begun and will be a lengthy process. (Further info in the final portion of the presentation.)



# UPDATE 4

- **Issue:** Reg and Res Force leave harmonization (25 days after 5 years and 30 days after 28 years)
- **OPI:** DGCB
- **Update:** Presented and endorsed at Mar 09 AFC. Proposed QR&O changes are being prepared for consideration by the Minister in 2010.



# UPDATE 5

- **Issue:** Extension of ADIP coverage to Supp Res, Cadet Organization Administration and Training Service (COATS) and Rangers and equalization of benefits
- **OPI:** DMPSC
- **Update:** Discussion with TB Programs Branch analyst is ongoing; target for TB Submission approval is Summer 2010.



# UPDATE 6

- **Issue:** Creation of R99 MOSIDs to enable sub-component transfer from Supp Res to P Res when no equivalent MOSID exists in P Res
- **OPI:** DPGR, DMCPG 2, (OCI – MPMCT)
- **Update:** MOSIDs have been created, CANFORGEN 034/10 issued 04 Feb 10 to announce changes.



# UPDATE 7

- **Issue:** Second Language Training for Select Senior Reservists
- **OPI:** CMP
- **Update:**
  - Estimated annual cost of \$550K for 30 participants.
  - Greatest portion of costs will be compensation.
  - Candidate selection is key to program success.
  - Issues:
    - ATL for the Reserves?
    - Central Funding model?



# FAMILY SUPPORT



# Families of CF Reserve Personnel

All families of reservists on *active duty* have access to all mandated services available at a C/MFRC.

*Active duty* **within** Canada:

- families are eligible for support prior to and during deployment, and for up to one year following the member's return.

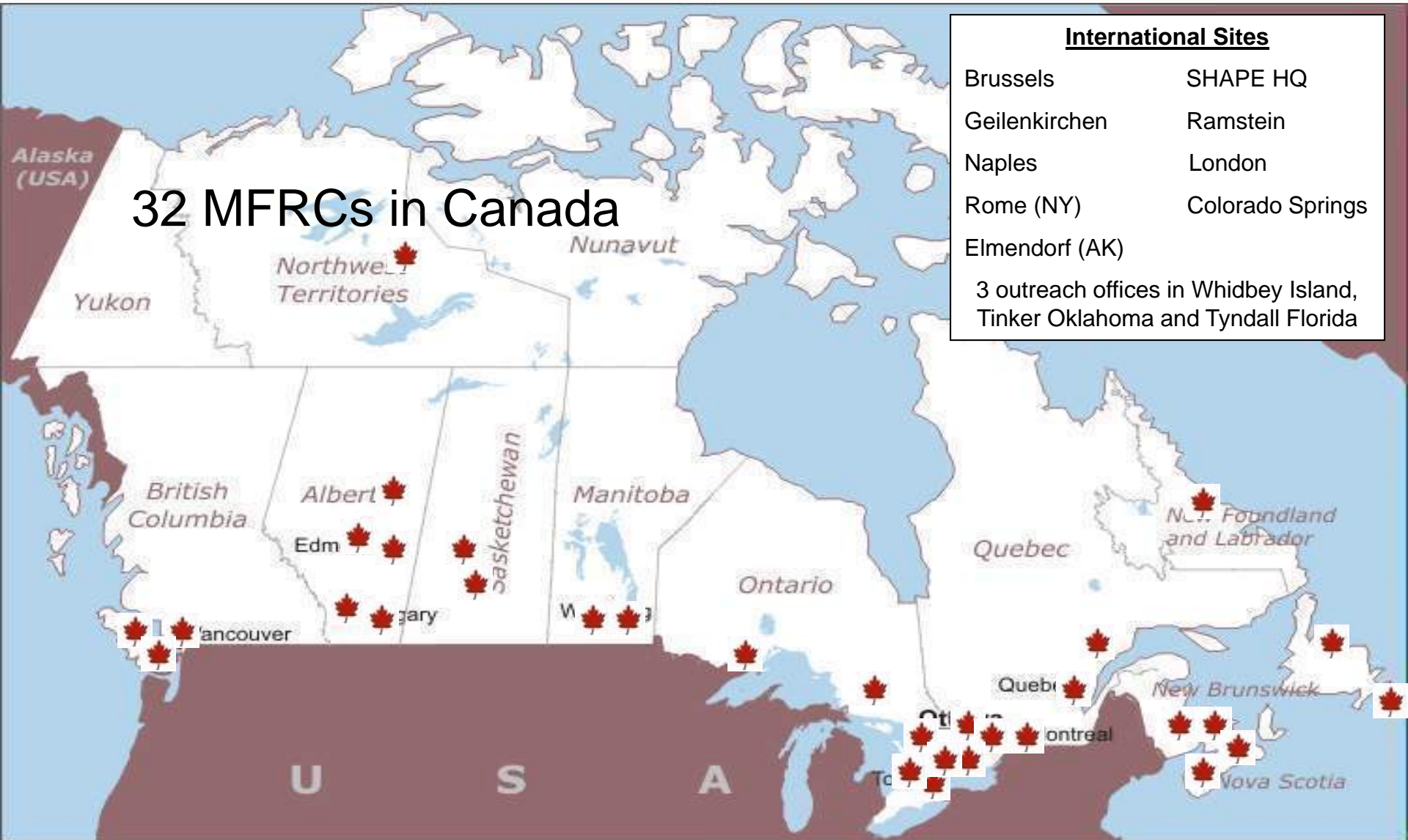
*Active duty* **outside** Canada:

- families are eligible for support prior to and during deployment, and for up to two years after the member's return.



# Military Family Resource Centres

32 MFRCs in Canada



## International Sites

- |   |                  |
|---|------------------|
| Brussels  | SHAPE HQ         |
| Geilenkirchen   | Ramstein         |
| Naples  | London           |
| Rome (NY)   | Colorado Springs |
| Elmendorf (AK)  |                  |
| 3 outreach offices in Whidbey Island, Tinker Oklahoma and Tyndall Florida |                  |





# Military Family Service Program Model

- Activities and Initiatives for Children and Youth
- Parent/Caregiver Education and Support
- Outreach, Information, Support and Assistance to CF Family Members



- Education and Prevention
- Self-Help Groups
- Assessment and Referral
- Short-Term Intervention and Crisis Support
- Welcome and Community Orientation
- Information and Referral
- Employment and Education Assistance
- Personal Growth and Development
- Second Language Services



# CARE OF THE ILL AND INJURED AND FAMILIES OF THE FALLEN



# Programs available to Reservists

- Reserve Force Compensation (Disability)
  - Modernized to include periods of RTW
- Extension of Class “C” contracts
  - Applies to those who become ill or injured in SDA/SDO
  - Cannot start a new period of Class “C” for late onset OSIs



# Programs available to Reservists

- **Mobility Assistance**

- Homes and vehicles
- Applies to any service related injury
- Available for non-service related injury/illness if on full time service

- **Funeral and Burial Benefits**

- Applies to any service related injury
- Available for non-service related injury/illness if on full time service
- Policy review ongoing for those who have served for a significant period of full time service who become terminally ill



# Programs available to Reservists

- **Operational Stress Injury Social Support**
  - Peer support available to personnel with OSIs, families affected by an OSI
  - Peer support also available to bereaved families
- **Injured Soldier Network**
  - Peer support for seriously injured personnel
- **Adapted Physical Fitness**
  - Specialist assistance in the provision of tailored fitness programs for injured personnel is available regionally



# Programs available to Reservists

- **Return to Work Program (RTW)**
  - RTW program co-ordinators are available to assist in developing an RTW program and placing ill/injured personnel
- **Transition Assistance**
  - A number of options are available (VAC, SISIP, TAP)
- **Priority Hiring**
  - Personnel released for medical reasons are eligible for priority hiring by the Public Service



# Programs available to Reservists

- **Soldier On**
  - Financial and technical assistance for a healthy lifestyle through sport
  - Includes assistance for high level athletes
- **Joint Speakers Bureau**
  - Combined clinical/experiential speakers to remove the stigma from OSIs
  - Available for Professional Development sessions and included in the curriculum for all CF leadership trng
  - Very positive trials on pre-deployment training
- **Numerous charities and associations**



# **JOINT PERSONNEL SUPPORT UNIT (JPSU)**

**AND**

# **INTEGRATED PERSONNEL SUPPORT CENTRES (IPSC)**





# Background

- Current operational tempo has led to increased number of seriously injured and highlighted lack of consistency in support
- Pressure on ad hoc system not established for care beyond initial medical intervention
- No standardized approach for recovery, rehabilitation and re-integration
- No tracking mechanism
- Inadequate support



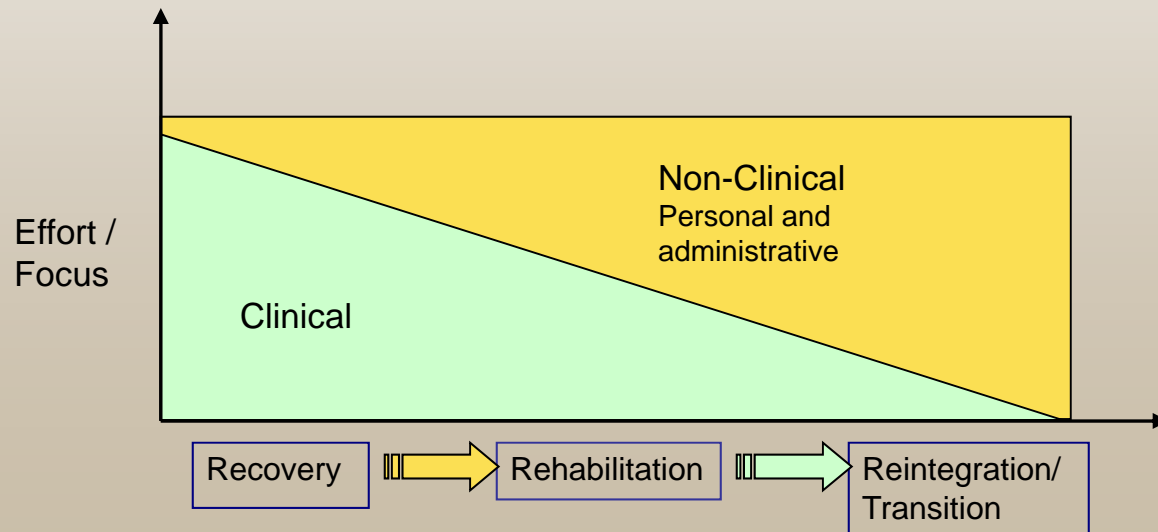
# Three Stages to Navigate

- Recovery
  - CF Health Services
- Rehabilitation
  - Has stabilized and leaves care facility
  - Leadership, outreach, advocacy education and co-ord with health care
  - Extensive individual support and guidance
- Reintegration
  - If the individual meets Universability of Service resume CF duties
  - Return to work Program
  - Partnership



# Capability Deficiency

- Outstanding Health Care Services
- Rehabilitation and Reintegration were inconsistent
- Over-burdened admin structure
- If unable to meet U of S, inadequate support for transition to civilian life





# Guiding Principles

- Joint DND/CF and VAC service delivery model
- Provides standardized, consistent care, service and support to CF personnel, veterans, families and the families of the deceased
- Provides ability for local Unit Cos to focus on operational imperatives
- Provides for an individual-centric service delivery model for ill and injured personnel
- One stop shopping



# Mission Statement

- Through an integrated and individual-centric service delivery model, ensure the coordination and facilitation of standardized, high quality, consistent care and administrative support during all phases of recovery, rehabilitation, and reintegration on return to service or transition following release, for all injured and ill Canadian Forces members and veterans, their families and the families of the deceased.



# Core Functions

- Return to Work (RTW) Coord
- Cas Sp Outreach
- Cas Tracking
- Cas Admin and advocacy
- Sp Platoon for ill and injured
- VAC services
- CF Case Management services
- SISIP services
- PSP/DMFS services

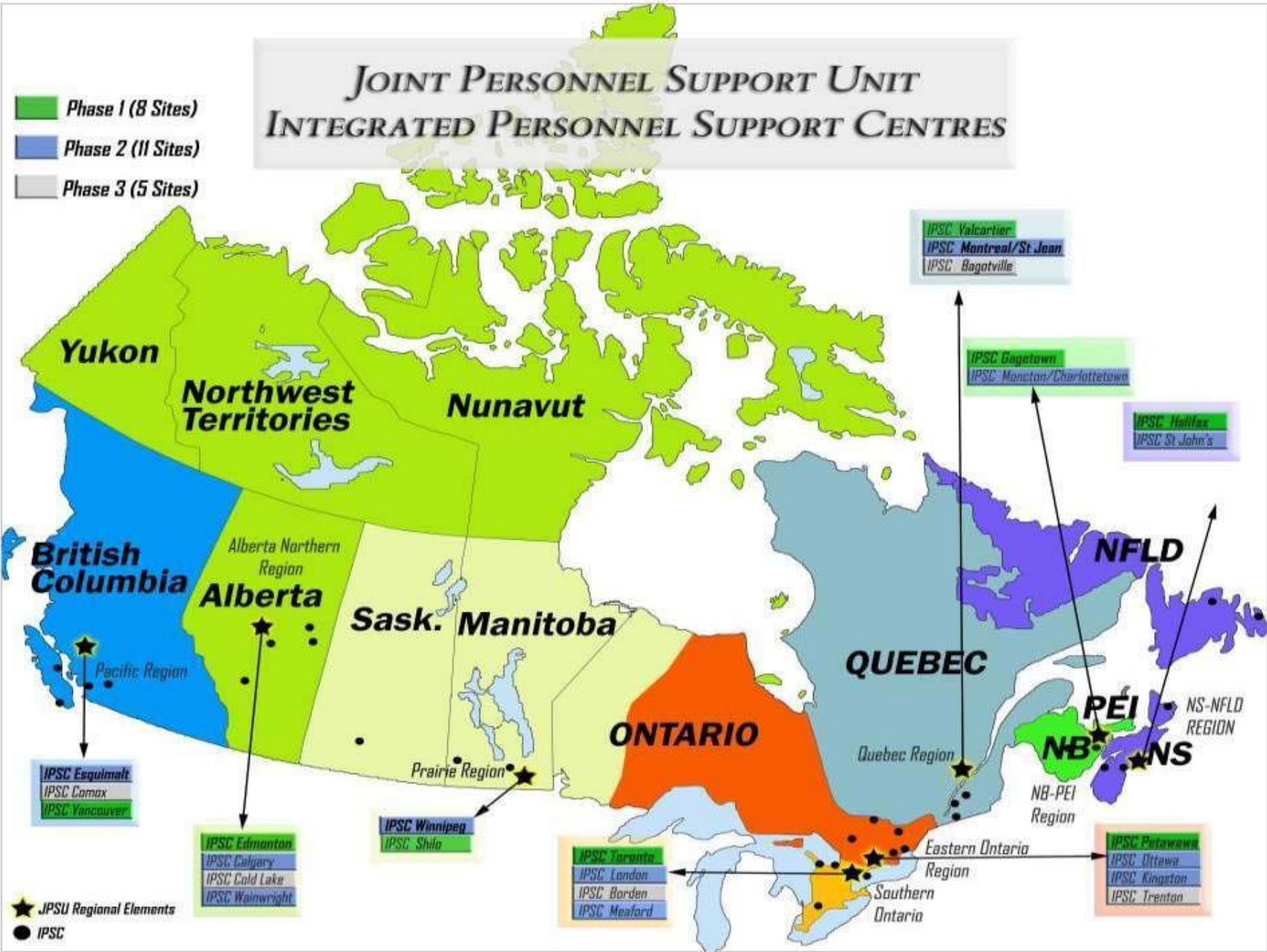


# Joint Personnel Support Unit Implementation

- Phases 1 and 2 are complete
- 19 sites are up and running (some of which are largely for Reservists)
- Phase 3 before Program Management Board at the end of May to approve five sites (Comox, Cold Lake, Borden, Trenton, Bagotville)
- ECs are indicating a high level of satisfaction
- Military Personnel and their families are also indicating that JPSU/IPSC is a very positive development

# JOINT PERSONNEL SUPPORT UNIT INTEGRATED PERSONNEL SUPPORT CENTRES

- Phase 1 (8 Sites)
- Phase 2 (11 Sites)
- Phase 3 (5 Sites)



★ JPSU Regional Elements  
● IPSC





# Management of ill and injured personnel

As of 20 April 10

- Posting of ill and injured Regular Force Personnel on Service Personnel Holding List (SPHL) to JPSU/IPSC (on going)
  - 636 Reg F pers posted to JPSU
  - 143 Reg F pers remaining of SPHL (phase 3 locations)
- In addition, managing 2,545 files
- Management of untrained Regular Force personnel
  - 22 Untrained Reg F pers



# Management of ill and injured personnel

As of 20 April 10

- Posting of ill and injured Reserve Force Personnel to JPSU
  - 20 Res F pers posted to JPSU
    - Compensation for Disability – Reserve Force
    - Extension Class “C” Reserve Service
    - Injury/illness non attributable to service (WG ongoing)
- Return to Work Program
  - 535 with 10% returned to duty
- Disengagement of Assisting Officer (Death)
  - 60



# Continuous Improvement

- Creation of the Lessons Learned section
- Performance Measurement Framework
- Casualty Support Steering committee
- Major Website overhaul
- Communications with Reservists and P Res units is a priority i.e., we have found a number of units/personnel unaware of Reserve Compensation benefits



# Questions?