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Rehabilitation Services and Vocational Assistance Program

Issue

The mission of the Rehabilitation Services and Vocational Assistance Program (RSVP) is to reduce barriers to re-establishment in life after service for RSVP participants by providing timely access to medical, psychosocial, and vocational rehabilitation services. The goal is for participants to experience improvement in their overall health and well-being. Currently there approximately 12,000 participants in the program.

Context

In November 2022, one national contract with Partners in Canadian Veterans Rehabilitation Services (PCVRS) was implemented to provide all medical, psychosocial, and vocational services for RSVP participants. This contract, implemented in a phased approach, became operational in October 2023. The contractor has a national network of more than 14,000 Rehabilitation Services Professionals who are trained in areas such as Trauma Informed Care, Mental Health and Culturally-Sensitive Care as well as Understanding Military Culture. The contract includes quality management of the provider and program, improved reporting and performance measurement, access to timely services for participants, and supports strong connections between VAC case managers and the contractor's rehabilitation service specialists and health professionals. VAC Case Managers remain responsible for the approval of rehabilitation plans, monitoring of rehabilitation progress and overall coordination of Veterans' and family members' case management needs.

Key Data and Next Steps

As of Q3 2024-25, 11,508 participants were engaged in the program. On average, VAC refers close to 300 program participants to PCVRS monthly for rehabilitation assessments and services. Approximately 6,400 referrals to Rehabilitation Service Professionals were made in Q3, with assessments completed within 18 days and rehabilitation services within 11 days. Service delivery timelines improved quarter over quarter with new clinic acquisitions and ongoing monitoring of Rehabilitation Service Professional and clinic capacity. Each month approximately 300 leave the program, therefore the number of program participants remains relatively consistent.

The implementation and operationalization of the new national contract and associated service delivery model has been challenging. With a change in program service delivery of this scope and magnitude, with numerous stakeholders including Veterans, their families, health care providers, and staff, acceptance of the change continues to be managed.

Implementation brought to light misconceptions and lack of program understanding among front-line employees and Participants. Front-line employees' comprehension and application of

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the Program requires direct ongoing support to ensure Veterans and their families are well-guided through the eligibility process and their participation in the Program. This, coupled with varying severity, chronicity, and increasing complexity of Participants' health problems, has caused an increased need for communications, training, and incremental quality assurance.

With the national contract, a comprehensive performance measurement and quality assurance framework supports the program to monitor effectiveness and provide the opportunity to implement program improvements. This increased focus on performance, quality assurance, communications, and training aims to improve knowledge of the program's true scope, intent and parameters, while ensuring Veteran-centric rehabilitation with services are tailored to the unique needs of all participants including women and Indigenous Veterans.



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