National Pensioners Federation | Fédération Nationale des Retraités

A Summary of the Bi-lateral Health Funding Agreements between the Federal Government and the Provincial and Territorial Governments for Improvement in Access to Home and Community Care and Mental Health and Addictions Services

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for
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Overview

Funding to Improve Access by Canadians to Home and Community Services

As an association advocating for seniors, we have called for better access to health care services that would enable us older Canadians to remain in our homes and communities, as is our usual wish, and to reduce reliance on more expensive hospital infrastructure.

Background: The 10-year federal, provincial and territorial (FPT) Health Accord expired in 2014, and with no new national accord on the horizon, the newly-elected federal government (October, 2015) decided to adhere to the previous government's decision to lower the annual escalator governing the Canadian Health Care (CHC) Transfer. While the previous CHC Transfer had been based on an annual escalator of 6%, a new escalator with a basis of 3% was implemented in March, 2017. Then in August 2017 the federal government proposed to invest an additional $11 billion over a 10-year period to target two aspects of the Canadian health care system: access to mental health and addiction (MHA) services and access to home and community care (HCC).

The Bi-lateral Agreements: In a move to qualify for the additional funding, the provinces and territories, one by one, declared their intention to work to improve mental health and addiction services and home and community care. By the end of 2017, all provinces and territories had formally accepted their share of $11 billion in federal health funding, and had endorsed a Common Statement of Principles on Shared Health Priorities, which outlines common priorities for improving home and community care and mental health and addiction services.

The priorities within the Statement would inform more detailed bi-lateral 10-year agreements to be developed between the federal government and the individual provinces and territories. The comprehensive agreements would outline specifically how each jurisdiction intended to use the funding to achieve the objectives articulated in the Statement. Each FPT jurisdiction would be expected to have its own priorities based on its unique circumstances, such as health delivery models for remote areas, limitations in data availability, and infrastructure needs. Provincial and territorial governments agreed to have their progress monitored annually in accordance with the common objectives articulated in the Statement.

Cooperation and Accountability: It was agreed that actions would be guided by these principles: the FPT Health Ministers would work together to achieve the stated objectives; they would strive to develop best practices in the targeted areas, evaluate them and share them to stimulate improvement across health systems; and they would report data, relevant to the stated priorities and objectives, which would allow progress to be measured by the Canadian Institute for Health Information and to be reported annually and transparently to Canadians.

By March, 2019, all thirteen detailed agreements between the federal government and provinces and territories had been reached and posted at www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html.

The *Common Statement of Principles on Shared Health Priorities* makes little specific reference to the provision of mental health care access for seniors. Instead the priorities emphasize services

for children and youth (age 10 to 25), and general mental health care interventions as they integrate with "primary health care services . . . and community-based mental health and addiction services for people with complex health needs."

Significance for Us: The bi-lateral FPT agreements are of particular significance to us, however, as they influence the availability and quality of senior health care services for a period of ten years, and they promise access to the kind of care that can enhance our quality of life and increase our chances of independence in later years.

Measuring Progress: Considerable funding ($11bn) has been allocated to the targeted areas. A work group that included measurement experts decided in January, 2018 that improvement by our health ministries in the delivery of home and community care could be made found in indicators such as these:

- Improved access to services that help us remain at home, if we wish to, as we age, possibly to include digital connectivity and remote monitoring technology;
- community facilities including those in which to recuperate after we are discharged from hospital, and services to accommodate our return home;
- timely access to community long term care that is close to home when we need and want it;
- access to palliative and end-of-life care in our homes and community hospices; and
- support that relieves caregiver distress.

It is expected that the targeted funding over the next ten years will avail us of improved services that will meet our care needs in a timely manner, near our homes, with better experiences and better outcomes in a health care system that is coordinated, integrated, and easy to navigate and access.

Tenets Common to the Bi-lateral Agreements: (Appendix 1)
A Summary of the Individual Bi-lateral Agreements (Appendix 2)
Pan-Canadian Indicators for Year 1 (Appendix 3)

Note:

The Common Statement of Health Priorities may be found at https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html

The detailed bi-lateral agreements summarized in Appendix 2 feature specific goals and expected outcomes, and may be accessed at https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html

The first annual report by the Canadian Institute for Health Information Report, May 30th, 2019 may be found in detail at Common Challenges Shared Priorities: Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada.

Tenets Common to the Federal-Provincial-Territorial Health Funding Agreements

1. The funds are targeted for improving home and community care services, and mental health and addictions services.
2. The funds are in addition to existing legislated Health Transfer commitments and are to be allocated on the basis of two agreed-upon five-year plans: (2017-2022) and (2022 -2027).
3. Funding for the first year (2017 -2018) is be transferred to each province or territory when it formally agrees to the following: to use the funding in the targeted areas, to subscribe to the objectives in the *Common Statement of Principles on Shared Health Priorities*, and to craft a formal agreement with the federal government, outlining how funds will be used from 2018 to 2022, which are the years within the first five-year agreement.
4. The detailed bi-lateral agreement between each province and territory and the federal government will initiate the transfer of funds on a per capita basis for the years 2018 – 2022, by instalment on or about April 15 and Nov 15 of each fiscal year.
5. Funding allowances in the early years of the agreements will be smaller than those for later years of the agreements.
6. Funds will continue to be transferred to provinces and territories annually if
    a. progress in the targeted areas is demonstrated and measured,
    b. data are provided annually and shared publicly, and
    c. transparent fiscal reports are provided.
7. The federal government may appropriate unused funds, except that 10% may be retained and carried forward under certain conditions.
8. Parliament may also appropriate funds if they have been used for purposes other than for improving home and community care services, and mental health and addictions services.
9. Funds may be used in the target areas as follows: capital and operating funding, salaries and benefits, training and professional development, information and communications related to programs, data development and collection to support reporting, and information technology and infrastructure.
10. The federal government may withhold funding allocations for subsequent years if the province or territory fails to provide its annual financial statement or if it fails to submit to the Canadian Institute of Health Information (CIHI) required data and information related to the target areas.
11. Actions by provinces and territories to improve access to home and community care would include one or more of the following:
    a. Implementing models of home and community care that are integrated and connected with primary care,
    b. Enhancing access to palliative care and end-of-life care at home or in hospices,
    c. Increasing support for caregivers, and
    d. Enhancing home care infrastructure, such as digital connectivity, remote monitoring technology and facilities for community-based service delivery.

Notes:

- Only one agreement (Newfoundland/Labrador) makes reference to improving services for Canadians with mental health issues, specifically, dementia. Instead the agreements and priorities emphasize services for children and youth (age 10 to 25), and general mental health care interventions as they integrate with "primary health care services . . . and community-based mental health and addiction services for people with complex health needs."

- Terms in the Canada-Quebec Agreement are slightly different.

APPENDIX 2: FEDERAL/PROVINCIAL AND FEDERAL/TERRITORIAL FUNDING AGREEMENTS
2018- 2027
HOME AND COMMUNITY CARE AND MENTAL HEALTH AND ADDICTION SERVICES

British Columbia **AGREEMENT DATE** **FUNDING** **UNIQUE CIRCUMSTANCES**	**British Columbia** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/** **CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**British Columbia** **PLANS FOR FUNDING ALLOCATION**
Date signed: **2018-09-21** **Funding:** **Home Care 2018 - 2022: $394mn** **Mental Health and Addictions 2018 -2022: $262mn** **$ 1.4bn over ten years** **Unique jurisdictional circumstances:** 18% population is 65+; many Canadians retire in BC, boosting the number of seniors.	**Current Focus:** an integrated, person-centred, seamless, coordinated, and easily navigable health care system that emphasizes a good quality of life for all, as well as the maintenance of good health, the opportunity for good recovery from illness and surgery, and the promotion of independence. The focus is on shifting care where possible away from hospital and care facilities to the community. **Current major initiative:** the implementation of "Patient Medical Homes," which are networks of integrated team-based primary care delivery serving as a foundation for improved home and community care and mental health and addiction services. **Other Current Initiatives in Home and Community Care:** 1. A range of services focus on helping patients remain in their homes and communities to avoid emergency visits and (re)hospitalization; HCC managed or contracted by health authorities. 2. The Seniors Advocate's Office surveys and reports on community care facilities, services and conditions. 3. Currently there are perceived gaps in home and community care planning, confusion and overlap regarding personnel roles; inadequately optimized professional skills; inconsistent linkages between formal health care system and community &	**Community Care and Home Care Plans:** 1. Redesign and expand services into a full suite of community-based services: each of the 5 regional health authorities to develop at least one Specialized Community Services Program and link it with Primary Care Networks (PCN) to provide team-based, interdisciplinary, comprehensive and coordinated service delivery based on community needs. (a single program structure with care organized for clients by a single care manager; access to specialist medical care, home support, adult day programs, transitional residential care services, respite care services, palliative and end-of-life services.) 2. Increase services to occupants of residential care facilities and to home-based clients: e.g. meals, bathing, foot care 3. Expand and improve home support access, services and hours; 4. Implement re-ablement programs to facilitate transitions between acute care and community post-acute care, preventing re-admission and decline; 5. Train, recruit, retain health care assistants for a vital workforce; 6. Integrate medical personnel into teams to optimize service in community/home-based services programs. 7. Create virtual care strategies to enable and increase service delivery and remote monitoring; 8. Support informal caregivers and reduce care giver burden by increasing access to health authority services, increasing the hours of operation devoted to supporting care givers, expanding adult day programs, and increasing overnight and other respite opportunities for care givers;

Expect seniors to be 25% of population by 2036. Nearly 20% of patients live with 2 or more chronic illnesses. 1400+ died in 2017 due to opioid overdose. In any year, 1 in 5 experience mental health/addiction problem or disorder; about 1/3 able to access specialized treatment. 1n 2015 over 500 people died by suicide, the second leading cause of death among young people aged 15 -24.	home care; inadequate numbers of personnel and training; discrepancies in care access—rural, remote and reserve areas. 4. The BC Ministry of Health works, consults, plans, and monitors services with the First Nations Health Authority and the First Nations Health Council to provide culturally safer and relevant primary and trauma-informed services. 5. BC has been a leader in promoting integration of palliative and end-of life care (BC Centre for Palliative Care 2013, After Hours Palliative Nursing Service via telephone, addition of 56 new hospice beds since 2014.) **Current Initiatives and Concerns in Mental Health and Addiction Services:** 1. The Province provides a mix of services: in long-stay facilities, psychiatric services in hospitals, primary and community mental health services, informal community services, and self-management services and supports. 2. The new government established a Ministry of Mental Health & Addictions to launch a new strategy by the spring of 2019, enabling citizens to ask once and get help fast. 3. Individuals are able to access services and then to be aligned to the intensity of services that meets their current needs through a tiered model of mental health care. 4. Transitions in care are a problem: from youth to adult care, GPs to specialist, across settings. 5. Timely access to care services is a challenge. 6. Indigenous populations experience disparities in mental health and wellbeing outcomes because of the effects of colonization and experiences of intergenerational trauma.	9. Strengthen linkages between non -government organizations and health authorities to better support frail seniors living in the community (e.g. Better at Home); 10. Improve access, responsiveness, and quality of community-based palliative care. Integrate palliative care within “Patient Medical Home”; 11. Hire new clinical consultative palliative care staff; and 12. Add 70 hospice beds by 2020. **Mental Health and Addiction Care Plans:** 1. Increase primary care’s ability to intervene early, to respond to common mental disorders through prevention/early intervention and through increased capacity and referral; 2. Provide primary care givers with the evidence-based knowledge and resources to identity adverse childhood experiences, and to treat and plan care of youth and adult mental health problems, integrating services into the province’s new PCNs; 3. Evaluate the feasibility of a full continuum of publicly funded psychotherapy; 4. Develop a robust and tiered clinical framework focused on the prevalent mental disorders among youth and adults; 5. Evaluate the potential, then implement lower-intensity, in-person cognitive behavioural therapy groups in 20 communities; 6. Reduce disparities by increasing access to mental health services in rural and remote and Indigenous communities; 7. Establish an Indigenous-focused mental health and addictions strategy; 8. Expand a culturally safe approach to suicide and crisis intervention and response through land-based healing opportunities, currently present in two Indigenous communities; 9. Build a workforce to respond to problems through virtual clinic access; 10. Improve seamless access to the provincial crisis line network; 11. Increase access to mental health care for students by increasing the workforce capacity of mental health professionals in schools; and 12. Increase mental health and substance use literacy in schools.

Alberta **AGREEMENT DATE** **FUNDING** **UNIQUE** **CIRCUMSTANCES**	**Alberta** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/** **CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Alberta** **PLANS FOR FUNDING ALLOCATION**
Date signed: **2018-05-07** **Funding:** **Home Care 2018 - 2022: $327mn** **Mental Health and Addictions 2018 - 2022:** **$222mn** **Unique jurisdictional circumstances:** AB has a single health authority (AHS) responsible for the delivery of health services in the community. Aging population: number of seniors estimated to double in the next 20 years to 12 million.	**Home and Community Care:** Overall there is a focus on a stable, accountable, high quality, person-centred and sustainable health system that emphasizes health and wellness; and a shift towards community care and interdisciplinary, team-based home care; towards reducing the gap in health outcomes between Indigenous and non-Indigenous peoples. **Current Initiatives in Home Care Program:** 1. In 2016/17 seniors comprised 70% of the 119,000 people receiving home care services. 2. Clients in urban and metropolitan areas have better access than those who are Indigenous or who live in rural or remote areas. 3. Informal caregivers, often women, provide 80 - 90% or more of the home care required in the province. (worth $25bn annually to Canadians) 4. The adult day program spaces and community rehab services increase client satisfaction and support informal caregivers. 5. The Alberta Dementia Strategy and Plan has been implemented recently. **Current Initiatives in Mental Health and Addiction Services:** 1. AB has well-established core community addictions and mental health services including follow-up services;	**Community Care and Home Care Plans:** **In general,** 1. Increase home and community care services; 2. Help Albertans maintain their independence and avoid or delay the need for higher levels of care; 3. Provide suitable care for all people in the province, including Indigenous and non-Indigenous peoples and people living in rural and remote areas; and 4. Reduce use of emergency department and hospital admissions and re-admissions. **Specific Plans for Community Care & Home Care Funding**: 1. Make available to Albertans across the province a standard basket of care services including basic home care and intensive and restorative services; 2. Increase access to specialized interdisciplinary services to avoid hospitalization and emergency department use; 3. Expand Virtual Hospital and Integrated Care teams to allow for service within community settings; 4. Maximize interdisciplinary team members' skills and coordinate with primary and acute care providers; 5. Expand and increase spaces for palliative and end-of -life services at home or in hospices; and 6. Expand adult day programs and also provide in-home respite services to support informal caregivers. **Mental Health and Addiction Care Plans:** 1. Coordinate and integrate mental health and addictions services into community support services, and address gaps in services and wait times especially in rural and remote areas;

	2. Also provides a range of emergency, crisis and outreach services to Albertans at risk of or in crisis; 3. In 2016-2017: Over $850mn spent for addiction and mental health services; increase of $15mn in 2017-18. <u>Valuing Mental Health Report 2016</u>: 1. Mental Health Capacity Building Program: 37 programs serve children & youth in 85 communities, 182 schools, 74 outreach programs; 2. 9,000 staff employed; 130,000 clients served (2015-16) with 28,000 discharges; 930,000 consulted a physician for mental health challenges; 3. In 2016, Tele-mental health served 11,179 clients, 4. Mental Health Help Line received 18,500 calls, and the 5. Addictions Help Line received 13,500 calls. 6. Opioid Dependence services offered in all Zones A growing demand for services has resulted in Albertans experiencing long wait times for services, not receiving services or receiving insufficient amount of service.	2. Provide governance, leadership, and strategic direction for mental health and addictions services through the established Primary Care Network Committee (2017), Underserved groups to be prioritized.; 3. Support AHS Addiction and Mental Health, which will lead improved delivery of services by building on current community-based services; spreading effective, innovative and evidence-based models of care; providing addiction and mental health supports in home care and supportive living environments, enhancing appropriate use of crisis and emergency services; reducing wait time for services; and promoting positive mental health in children and youth; 4. Increase centres of community-based mental health services for children and youth (examples: Rutherford Centre,) and access to services (example: North Zone Indigenous Travel Team) thus reducing the need for acute care admissions; and 5. Provide interventions for complex and high-risk populations seeking specialized mental health and addictions services.

Saskatchewan AGREEMENT DATE FUNDING UNIQUE CIRCUMSTANCES	**Saskatchewan** CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES	**Saskatchewan** PLANS FOR FUNDING ALLOCATION
Date signed: **2018-05-14** **Funding:** **$348.7mn over the next ten years.** **Unique jurisdictional circumstances:** Heavy reliance on costly hospital-based care and emergency dep't use. *Top priorities and provincial challenges*: patient flow: 1/3 of acute beds inappropriately occupied. Vast geographical area difficult to serve. Aging population growing twice as fast as general population. Indigenous peoples by 2031 will	**Home and Community Care:** Several initiatives are underway to shift emphasis from emergency and hospital-based care to home and community care: 1. Home First/Quick Response*:* sustain seniors in their homes, provide transitional after-hospital care, prevent hospital re-admission. 2. Community Paramedicine: paramedics provide treatment and care in homes often after hours to stabilize patients and eliminate transfer to an acute care facility. 3. Connecting to Care: interdisciplinary intensive case management services for clients who have complex needs and require individualized approach. 4. Primary Health Care networks*:* reorganization and integration of primary health care services in communities to promote independent living, prevent disease, and promote self-management of existing health conditions. 5. Connected Care Strategy: safe, seamless care transition through each level of appropriate care from home care to palliative care for every patient. 6. Shared Care Plan: digital connectivity and smooth flow of patients' health information for	**Bi-lateral Agreement funding will be focused as follows:** 1. <u>Expand the establishment of</u> <u>Community Health Centres</u> to address "high needs" senior populations with high prevalence of complex chronic conditions and high rates of hospital utilization. These centres will allow for increased access to primary care, urgent chronic care, and home visits. Funding will enable hiring of interdisciplinary health care teams co-located to deliver on-site and home-based outreach services and provide preventative and primary care; the Agreement funding will also support necessary infrastructure; ($65.5mn for 2018 -2022) 2. <u>Enhance Palliative Care Services</u>: Improve access to palliative and end-of-life care at home or in other facilities, train medical personnel in end-of-life care, and provide and integrate care service teams in rural and remote areas; ($17mn for 2018 – 2022) 3. <u>Establish the Shared Care Plan</u> whereby a clinical care plan will be set up for every patient. All health care providers will have access to, and contribute electronically to one source of medical information for each individual, thus improving continuity of care, empowering patients' knowledge and participation in their personal health, improving communication among medical personnel, and enhancing efficiency of service; ($12.6mn for 2019 – 2022) and 4. <u>Improve delivery of community mental health supports and addiction services</u> especially for youth and young adults*:* Improve access to community mental health supports, enhance delivery of evidence-based mental health services; advance

comprise 24% of the population. Rate of alcohol use and abuse 44% above national average. Opioid crisis. Inadequate access to mental health and addiction services in rural, northern and remote areas of Saskatchewan.	shared decision-making and patient involvement. 7. Community Health Centres and Community Health Teams. These are currently being introduced in urban areas. **Current Initiatives in Providing Mental Health and Addiction Services:** In 2014, the province adopted a ten-year mental health and addictions plan, *Working Together for Change,* which aims to improve response to individuals with mental health and addictions services and their families.	Saskatchewan's 10-year Mental Health and Addictions Action Plan; modernize and base delivery of addiction rehabilitation services in home communities; expand access to internet-delivered, evidence-based cognitive behavioural therapy services. ($63.4mn for 2017 – 2022)

Manitoba AGREEMENT DATE FUNDING UNIQUE CIRCUMSTANCES	**Manitoba** CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES	**Manitoba** PLANS FOR FUNDING ALLOCATION
Date signed: 2019-03-28 **Funding:** **Home care: $12mn over the next 5 yrs.** **Mental Health & Addictions: $ 69.1mn over the next 5 years** **Approximately $400mn over the next 10 yrs.** **Unique jurisdictional circumstances:** Currently, seniors comprise 14.3 % of the population. Expected to double in number by 2038, with the greatest increase to be in the 75 to 84 age group. Established in 1974, Manitoba's province-wide,	**Home and Community Care:** Demands for home care services are increasing. 1. "Priority Home" care project -- moving patients from hospital to community via "Pathways to Home" is in early stages of implementation. The project aims to reduce or avoid time spent by patients in hospitals or long-term facilities (expensive care) by providing intensive, person-centred collaborative home care service. Successful so far for 80% of clientele. Number of persons entering long term care facilities has been reduced by 88%. Wait lists reduced by 47%. 2. Province is expanding palliative care options. Manitoba has only 16 hospice beds for a population of 1,278,365 (all beds located in Winnipeg). **Mental Health and Addiction Services:** 1. Compared with the national average (2012) Manitoba has the highest prevalence of major depressive disorder; the 2nd highest prevalence of alcohol use disorder; the 3rd highest prevalence of generalized anxiety disorder. 2. The use of crystal meth, alcohol, opioid use/misuse places great stress on health care system. 3. A recent study revealed that Manitoba's children (age 6 –19) receive a mental disorder diagnosis at almost twice the national average, yet had the lowest hospitalization rates for mental disorders.	**Home and Community Care:** Plans include • Transforming health care by creating a provincial health organization, "Shared Health" to plan and integrate services, thus improving patient care, and • Providing coordinated support to regional health authorities. **The Province will** 1. Work with the Federal Gov't to improve health service to remote Indigenous communities; 2. Through transformation and innovation in care, reduce the number of Manitobans prematurely entering a personal care home; 3. Use a team approach to enhance availability and quality of integrated palliative care services, focusing on community/home care in rural areas; 4. Enhance access to psychosocial supports, health system navigation, pain management and respite care to facilitate home care for Manitobans; 5. Provide safe, seamless, individualized care on a continuum using a collaborative, team-based approach, increasing connections between patients and primary care givers; and 6. Expand home care service delivery: increase nursing services, hours, home care attendant hours, home care dialysis (in 2018, home care service hours increased by 80,000). **Mental Health and Addiction Care Plans:** **The Province will** 1. Increase opportunities for prescribers to enhance their competencies in addiction medicine;

comprehensive universal home care service is the oldest in the country. Home care is provided free to all qualifying Manitobans.	**Current Initiatives:** *Six Initiatives have been implemented over the last two years to address mental health and addictions challenges:* 1. a third Program for Assertive Community Treatment; 2. Proclamation of the Advocate for Children and Youth Act; 3. Siloman Mission; 4. Fountain Springs Housing; 5. Hope North Recovery Centre for Youth in Thompson; and 6. the Manitoba Opioid Support and Treatment Program.	2. Implement a peer support program through community-based agencies and implement transitional discharge models to reduce days spent in hospital; 3. Use peer support in Crisis Response Centre/Emergency Departments to serve 5,000 clients in Year 1 and up to 15,000 in Year 2 and onward; 4. Redesign and enhance the Emergency Department Violence Intervention Program; and 5. Implement a Pregnancy and Infant Loss Program.

Ontario **AGREEMENT DATE** **FUNDING** **UNIQUE** **CIRCUMSTANCES**	**Ontario** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/** **CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Ontario** **PLANS FOR FUNDING ALLOCATION**
Date Signed: **2019-01-23** **Funding:** **(2018 -2022)** **Home and com Care:** **$1.08bn** **Mental health & Addictions:** **734.6mn** **Unique jurisdictional circumstances:** 13 million Ontarians receive health care. 2,132,000 (16.4%) of them are over 65 yrs. of age. Ontario spends $3B annually on home and community care clients. Home care recipients have increased in	**Current Initiatives in Home and Community Care:** 1. A current shift toward providing care in home and community settings has resulted in the existence of 14 Local Health Integration Networks (LHINs). 2. Since 2013 the Gov't has increased investment in Home Care by $250 Million annually. 3. 670,000 clients now access home and community care, health therapy care, caregiver respite, and palliative and end-of-life care. 4. Home care and community care currently provide nursing, personal health supports, and smooth transition from hospital, rehab or other settings. 5. Only 43.3% of dying clients receive palliative home care service. 6. In 2017, 43.4% of caregivers experienced distress, anger or depression, up from 21% in 2012. 7. Caregivers in Canada currently provide $10 Billion worth of care annually. (The Province wants to enable them to keep doing that.) **Mental Health and Addiction:** Constitute the most serious health and social challenges facing Ontario's youth. **Current Initiatives:** 1. Ontario spends $4 B per year through its 14 LHINs to support 241 children and youth mental health organizations, 380 agencies,	**Home and Community Care Broad Plans:** 1. Build a dynamic home care system and enhancing current community health services to Ontarians; 2. Invest in and transforming home care to make it better coordinated and more convenient; and 3. Integrate home care with hospitals and primary care to reduce pressure on hospitals and long-term care homes and to avoid unnecessary emergency department visits and hospital re-admissions. **The Province will** 1. Expand access to and improve delivery of home care. • Provide additional nursing, therapy, personal support and care coordination; and enhance care for high need clients thus preventing or delaying re-admission into long term care facilities; • Dialogue and partner with Indigenous organizations to improve access to culturally appropriate home and community care for First Nations and Indigenous peoples; • Enhance support for palliative and end-of-life care by increasing hospice capacity, thus reducing the use of hospitals by people in the last years of their lives; • Encourage Ontarians to establish advance care plans; 2. Increase support for caregivers; • Establish a centralized place where caregivers can access support, services and advice; • Provide caregivers with training, education, and resources; and • Invest in the provision of caregiver respite. 3. Adopt and utilize Info Technology (IT) in health care: • For self -assessment, scheduling appointments, receiving test results, patients thus becoming partners in their own care plans;

number by 20% in the past 10 years.	departments in 60 general hospitals and 4 stand-alone psychiatric hospitals. 2. Provides 17,000 units of supportive housing for people living with mental health and addiction issues and for other vulnerable people. 3. Is implementing policies, programs and services to address opioid addiction and overdose. Also expanding access to withdrawal management. *Problems in mental health area*: high wait times and limited service capacity; barriers to access: finding help and services; poor coordination between primary care, hospitals, schools, and community-based services; uneven service quality; lack of data for citizens, service providers and system planners; fragmented system – poor coordination across continuum of care.	• To engage in telemedicine and remote monitoring devices at home; • To integrate care and data within and across care teams; • To improve the quality of care in rural and remote areas; • To spend $15mn on Health Care IT from 2019 – 2022. **Mental Health and Addiction Plans:** Spend $773.17mn in federal funding (2017 -2022) and match funding from the bilateral agreement for a total of $3.8bn over 10 years to 1. Improve client experience and outcome, improve access to quality mental care across the province, and focus on prevention, promotion of good health and early intervention; 2. Reduce wait times for community mental health services; 3. Enhance services, addressing opioids and addiction needs; 4. Create additional supportive housing; 5. Build capacity for child and youth mental health services; and 6. Invest in services for Indigenous peoples.

Quebec **AGREEMENT DATE** **FUNDING** **UNIQUE** **CIRCUMSTANCES**	**Quebec** **AGREEMENT NOTES** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/** **CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Quebec** **PLANS FOR FUNDING ALLOCATION**
Date Signed: 2018-09-17 **Funding:** **(Apr.2018 – Mar. 2022)** **Home & Community Care: $640mn** **Mental Health & Addictions: $434.5mn** **Total: $1.075bn** **Unique jurisdictional circumstances:** The 2004 Canada/Quebec health agreement, *Asymmetrical Federalism That Respects Quebec's Jurisdiction*, allows for agreements and arrangements regarding health matters to be adapted to Quebec's specificity.	Special Agreement Notes: • Quebec will identify its own vision, priorities and objectives for home and community care and mental health and addictions services, and federally transferred funds will be used to support Quebec's priorities. • The Agreement will be renewed for 2022 -2027 if Quebec sends an updated set of objectives and priorities. • Quebec will continue to do its own reporting to its own population on use of funds. • Quebec will participate as observer in work of Canadian Institute for Health Information. (CIHI) to develop common indicators for home care and mental health and addictions services. **Home and Community Care:** 1. A process is underway to improve the organization and practices in home care delivery, and to increase the accessibility of appropriate home care services. **Mental Health and Addiction:** 1. Addiction rehabilitator centres offer specialized addictions services free of charge. In 2016 -2017 45,067 different users received specialized treatment. 2. Government is allocating new funding ($11mn) to the 2018 -2028 Interdepartmental Action Plan on Addiction and $15mn to the Opioid Strategy	**Home and Community Care Plans:** **The Province will** 1. Consolidate home support services and provide a range of professional services in increased quality and quantity: • Make home assistance services more widely accessible; • Promote adoption of best practices in home care across all establishments in health/social services networks; • Implement clinical progress tools; and • Improve data quality. **Mental Health and Addiction Plans:** **The Province will** Act to prevent, reduce and treat addiction related to substance abuse, gambling, and the Internet: 1. Improve access to treatment and withdrawal management; 2. Implement cyber addiction services at integrated centers with the mission of rehabilitating addiction; 3. Deploy addiction professionals in all Quebec regions; 4. Develop a psychotherapy access program; 5. Improve accommodation and community retention services to reduce hospitalizations and psychiatric ward stays; 6. Enhance community crisis services and access to psychologists; and 7. Consolidate assertive community treatment (ACT) and variable intensity support (VIS) services; and 8. Broaden the range of support services to establishments that provide mental health services from the Centre national d'excellence en santé mentale (CNESM).

This agreement extends to the funds transferred from 2017 to 2027 for the purpose of improving home and community services and mental health and addiction services in Quebec.	3. The Interdepartmental Action Plan on Addiction has 7 directions, 18 objectives, 70 actions., and several government agencies with the aim of reducing addiction. 4. The 2015-2020 mental health program was been in intensive development with 40 measures in place aimed predominantly at young people aged 12 to 35. 5. 2017: An ambitious psychotherapy access program was announced.	

New Brunswick AGREEMENT DATE FUNDING UNIQUE CIRCUMSTANCES	**New Brunswick** CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES	**New Brunswick** PLANS FOR FUNDING ALLOCATION
New Brunswick **Date signed:** **2017-12-15** **Funding:** **2017 -2022:** **Home & Com care:** **$62.1mn** **Mental Health & Addictions:** **$41.4mn** **Unique jurisdictional circumstances** Seniors comprise 19% of population. 61% emergency visits are for less/non-urgent care. After-hour primary care access available to only 18.2% of the population. 65% self-report one or more chronic conditions.	**Current Initiatives in Home and Community Care:** 1. New Brunswick Family Plan (Jan, 2017): Initiated in order to improve access to primary & acute care, encourage wellness, support people with addictions & mental health challenges, support seniors, foster healthy aging, advance women's equality, reduce poverty, and support people with disabilities. 2. NB is establishing a network of primary care services: community health centres, health services centres, community mental health & addiction centres, public health centres, and extramural (in-home care services. 3. Tele-Care: for all, Universal 24/7/365 access 4. Family physicians – increasing in availability 5. Patient Connect NB: connecting patient to family doctor 6. Extra-Mural Program (EMP) "Hospital Without Walls": In this program, comprehensive in-home healthcare services are provided. 95% patient satisfaction, hence an increasing demand for such services. **Current Mental Health and Addictions Services Initiatives:** Dec 2014: the government established a Network of Excellence for Children and Youth with complex mental health needs.	**Home and Community Care Plan:** The aim is to help New Brunswickers stay in their homes as long as possible and as long as they wish, to receive help navigating the healthcare system, experience continuity of care, and receive services they need at the right time and the right pace. **The Province will, accordingly,** 1. Integrate Community Care Services to eliminate silos, create additional capacity, avoid hospitalizations and decrease existing hospital stays: • Bring Extra-mural program, Ambulance NB, Tele-Care 811 under one management; • Extend patient time in community care; • Increase community care capacity, deliver care in the community; • Increase referrals and interactions between family physician and allied health professionals for patients residing in the community; and • Develop and implement clinical protocols; 2. Implement a point-of-care electronic clinical information system to support EMP: eHealth; complete and widely shareable client records; and an electronic clinical information system. 3. Shift toward more in-home and community palliative care: • provide more funding for out-of-hospital palliative care; • provide patients and families with more palliative care information and options; • support caregivers; • expand palliative care education for providers and public;

Over 67% of deaths occur in hospitals, highest % in Atlantic Canada. Officially bilingual.	The Action Plan for Mental Health (2011 – 2018) exposed gaps in NB's mental health and addictions services: in prevention, withdrawal management, residential rehab. Opioid replacement, and community treatment. • Mental health services are offered through the various psychiatric units of regional hospitals and the province's two psychiatric hospitals. 2 inpatient centres plus regional hospitals • school based programs for youth	• implement standardized assessment/monitoring tools; • develop monitoring/evaluation framework; • enhance hospice services; • develop alternate residential services in rural communities. • and implement senior care services in their homes. **Mental Health and Addictions Plans:** 1.To bridge the ascertained gaps, the Enhanced Action Plan on Addictions and Mental Health New Brunswick (2018 -2022) has been added; these are its features of enhancement: • an integrated, person-centred, social context approach; • services/programs that are integrated and interdependent; • an increase in community capacity, and more training for providers; • expanded mobile services to include daytime hours; and • the establishment of e-mental health services. The Centre of Excellence, a treatment facility for youth – has been set to open in Campbellton in the 2018-19 fiscal year.

Nova Scotia **AGREEMENT DATE FUNDING UNIQUE CIRCUMSTANCES**	**Nova Scotia** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Nova Scotia** **PLANS FOR FUNDING ALLOCATION**
Date Signed: **2018-08-30** **Amount:** **(2017 -2022)** Home & Com Care: **$77.9mn** Mental Health & Addictions**:** **$52mn** **($287.8mn over 10 years)** **Unique jurisdictional circumstances:** Population: 19.3% over 65, expected to be 25.1% in 2026. 18.8 % over 65 with disability. 30,000 access home and community programs annually.	**Home and Community Care Initiatives:** Shifting from care solely in hospitals to supports in communities and close to home. 1. Home First approach (2012-13) added hours, services and spaces to supportive care services. 2. Seniors Community Wheelchair and Bed Loan Programs serves at-home clients (3025) in 2017. 3. Caregiver benefit program provides respite care. 4. Funding supports care-giving associations – Alzheimer's, Caregivers NS. 5. Extended Care Paramedic Program provides care in communities and in long term care facilities. 6. Special Patient Program allows patients anticipating emergency care to communicate end-of-life wishes. **Mental Health and Addictions:** Range of health promotion and prevention, and general and specialized treatment programs for mental health and addictions. These programs include ambulatory community-based programs, home or school-based interventions and in-patient services.	**Home and Community Care Plans:** **The Province will** 1. Enhance continuing care services: • increase flexibility of current programs; • develop new programs- especially for complex needs; • align with resources to support health outcomes, promote efficiencies, leverage community-based resources; • address gaps in palliative care; enhance end-of-life care with 10 positions and staff training plus a volunteer coordinator and training; • target supports for remaining in community, expand bed loan program, expand home adaption funds; • fund short term intensive programs to facilitate transition from hospital to community; • develop a home lift program; • support implementation of Acquired Brain Injury (ABI) Action Plan including pilot of intensive rehab day program and cluster of community-based rehab; and • enhance communication of programs and services. 2. Support caregivers: • ensure awareness of and have access to services and supports that address their distinct needs; • expand access to caregiver benefit program; • introduce web-based booking, sources and coordination for respite care; • increase funding for Alzheimer's, Caregivers NS and funds for ABI; and • provide online/virtual/telephone support and ongoing research information for caregivers. 3. Support integrated, coordinated health care:

		• Strengthen partnerships, systems and processes to enable a coordinated, holistic approach to care; • expand Extended Care Paramedic and Special Patient programs to other parts of province; • add additional paramedics, telenursing, in-home visits; • enhance coordination between the Provincial Continuing Care Program, First Nations and Inuit Home and Community Care Program (FNIHCCP) and support a needs assessment; • create intensive outreach featuring expert teams to support families of children with autism, and an ABI network; 4. Enhance sustainability, accountability and system performance: • Invest in streamlined data collection to ensure that system design, services, and performance evaluation and improvement are based on evidence, data, sector knowledge, and client experience; • Create a data submission portal for home care service providers to improve care service; and • Implement the interRAI Long-Term Care Facilities Assessment Tool to ensure that clients are appropriately placed and served. **Mental Health and Addictions Plans:** 1. Enhance integrated service delivery for children and youth with Mental Health/Addictions (MHA) 2. Improve access to community-based MHA supports: • increase number of professionals in communities, including First Nations communities; • develop and implement a standardized care model that integrates MHA services with the primary care system; • add MHA staff and training; • improve access to crisis service with staff; • enhance crisis line and capacity for urgent follow-up technology; • support central intake for services; • enhance virtual care.

Prince Edward Island AGREEMENT DATE FUNDING UNIQUE CIRCUMSTANCES	**Prince Edward Island** CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES	**Prince Edward Island** PLANS FOR FUNDING ALLOCATION
Date Signed: 2018-02-23 **Funding for H & C Care: $12.4 Mn (2017 -2022); $24.8mn for the next 10 years** **Funding for Mental health**: **$8.3mn (2017 – 2022); $20.7mn over the next ten years.** **Unique jurisdictional circumstances:** Surge in demand for *home and community care* services. 19.4% of the population are age 65+ *cf* national average of 16.9. Higher rates than national average of	**Current Initiatives in Home and Community Care:** • PEI has enhanced its investment in home and community care – nursing care, home support, palliative care, social work, dietician services, physio and occupational therapy, adult protection, long term care, adult day programs; • Paramedics are providing palliative care at home through the award-winning "Paramedics Providing Palliative Care at Home" program. **Current Initiatives in Mental Health and Addictions Services:** • In 2016, a 10-year strategy for mental health and addictions was released and several programs have been already established: Behavioural Support Team, Strongest Families Program, INSIGHT program, Women's Wellness Centre, Triple P Parenting Program, Reach Foundation partnership, and safety and security review for inpatient mental health. The Strategy has identified 2 key initiatives to be pursued: 1. Student Well-Being Program (focus on school aged children and youth); and 2. Province-wide Mobile Mental Health Crisis (24/7) programs. (In the first six months of 2017, the Queen Elizabeth Hospital had 296 mental health related visits and the RCMP on	**Home and Community Care Plans:** **The Province will** 1. Improve access to desired home and community care through the implementation of 3 Mobile Integrated Health (MIH) initiatives, thus a. Expanding the "Paramedics Providing Palliative Care at Home" program; by b. Enhancing the paramedic fleet (adding human resources, hours and emergency vehicles); c. Creating a Clinical Navigation Desk; d. Decreasing the amount of time palliative care patients are hospitalized by facilitating their return home using MIH resources; e. Developing "rapid bridging" between acute care and home care services; f. Providing individualized care plans to eligible hospital patients, plans to be coordinated with the Paramedics teams; g. Having paramedics provide at-home interventions and supports which might include case management, medication administration, wound care management, navigation of available community resources, etc.; h. Having paramedics, in their down time, conduct scheduled home visits to frail seniors living at home through a "Paramedic Check-in Program"; and i. Ensuring that the MIH programs are sensitive to first nations and francophone communities. 2. Enhance the MIHs by standardizing patient intake procedures and creating an IT platform (a cloud-based electronic medical record (EMR)for each patient) to provide all health care providers with appropriate access to client information; and

chronic diseases in over those age 50+. 80% of 911 calls by clients age 65+ are non- emergency. *Mental health and Addictions:* Wait time for psycho-educational assessment for youth: 3.25 years; to see a psychiatrist: 50 days. PEI students (Gr 7 - 12) have highest rate of binge drinking in the nation, and highest rate of cannabis use.	PEI, during the same period, responded to 200 mental health- related calls).	3. Implement a standardized tool (Inter RAI (Resident Assessment Instrument)) for home and long-term care system to better inform decision-making. **Mental Health and Addictions Plans:** **The Province will** 1. Provide mental health supports and services in schools (Student Well-Being Program) • The *Student Well-being Program* will provide direct service to struggling children and youth (in-school health nurses and other therapists); and work with children and families, empowering them with knowledge, resilience, and coping skills which will enable them to make informed decisions affecting mental health and addictions. 1. Create a province-wide mobile mental health crisis program • The *Mobile Mental Health Crisis Program* will provide to people in crisis community-based, professional service, offered by mental health personnel, who will be highly trained and supported by psychiatry.

Newfoundland and Labrador **AGREEMENT DATE FUNDING**	**Newfoundland and Labrador** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/** **CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Newfoundland and Labrador** **PLANS FOR FUNDING ALLOCATION**
Date Signed: **2018 - 01- 24** **Funding from 2017 to 2027:** **$160.7mn** **$87.7mn** for home care and **$73mn** for mental health **Unique jurisdictional circumstances:** Large rural population, remote communities. An aging population. High prevalence of chronic diseases and growing rates of mental health and addictions provide long term sustainability challenges. Over reliance on facility-based care mental health and addiction referrals steadily increasing. Alcohol, the most common addiction.	**Home and Community Care:** 1. Newfoundland/Labrador has been developing and implementing a *Home First Initiative* for those with complex needs who wish for care at home. • It includes palliative and end-of-life; and • integrates with regular programming. **Mental Health and Addictions Services:** Towards Recovery: The Mental Health and Addictions Action Plan, released June 2017, set short, medium and long-term goals to implement 54 recommendations around 4 pillars: a. promotion, prevention and early intervention; b. person-centred; c. improvement in service access, collaboration and continuity of care; and d. universal coverage • implemented the Opioid Action Plan which includes prescription monitoring, take-home naloxone kit program, access to suboxone • introduced a number of e-mental health solutions Two adult addiction treatment centres plus outpatient counselling services currently exist in the jurisdiction.	**Home and Community Care Plans:** 1. Build on the *Home First Initiative* to create a *Home First Integrated Network*, providing care in the community for clients with complex needs and those discharged from acute care. It will • fund clinical positions, programs and services for complex care needs in communities including and beyond traditional work hours; and • pinpoint improvement in case management, home support, rehabilitation, nursing, physicians, pharmacy, counselling/spiritual supports, and medical equipment. 2. Integrate a palliative approach across health care system: • add clinical positions and implement professional development for clinicians, service providers and caregivers; • fund a public awareness campaign and develop tools to promote palliative care and advance care planning; and • support and create hospice beds in 2 regional health authorities. 3. Enhance services for those with dementia: • provide better respite services for caregivers; • implement professional development for providers and caregivers; • expand remote monitoring technology including e-health consultation through a provincial dementia care program; 4. Integrate service delivery and add specialist positions to serve children, youth and emerging adults with mental health problems and addictions; 5. Introduce e-mental health services and initiatives: • expand Strongest Families Institute (SFI) • hire new mental health personnel in each RHA • implement Therapy Assisted Online 6. Expand access to addiction services: enhance harm reduction initiatives; add naloxone take home kits.

Nunavut **AGREEMENT DATE FUNDING UNIQUE JURISDICTIONAL CIRCUMSTANCES**	**Nunavut** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Nunavut** **PLANS FOR FUNDING ALLOCATION**
Date Signed: **2019-03-28** **Funding:** (2017 -2022) **Home & Com Care:** **$2.9mn** **Mental Health**: **$2.0mn** **($11.4mn for 10 years)** **Unique Jurisdictional Circumstances:** Population: 38,000+, 50% under 25, 85% Inuit. Gov't incorporates Inuit societal values in programs/policies, service. Large land mass with 3 time zones regions, 25 remote communities accessed by air. Poor social determinants of health: shortage of adequate housing,	**Home and Community Care:** 1. Nunavut strives to deliver services that promote health and resilient Nunavummiut in a continuum of care as close to home as possible. 2. The Federal Northern Wellness Agreement with the Federal Government • delivers front line care and trains nurses; • operates 3 continuing care and 3 elders home facilities; • offers chronic disease management services, palliative care, up to 6 weeks of post-hospital care, acute care that returns clients to pre-illness functioning; and • allows for self-referral as well as other referral for home care assessment and placement. **Mental Health and Addictions:** Services focus on community-based, culturally relevant delivery and supports. 1. The Territorial Health Investment Fund (THIF) with the Federal Gov't supports training community-based Inuit outreach workers in mental health and addictions. 2. The SickKids Telelink Program provides psychiatric consultation and follow-up. 3. The Mental Health and Addictions Outreach Worker Program a. delivers programs that include extensive orientation and training plans for workers, fosters community	**Home and Community Care Plans:** **The Territory will** 1. Acquire and implement the interRAI assessment tool to facilitate consistent evidence-based assessment/care plans and delivery, to share data across providers, enable consistent data tracking, inform decisions, allocate resources and measure progress; 2. Integrate current home care practices within primary care using individual electronic health records designed to allow for timely communication of data between care providers; and 3. Enhance home care infrastructure with digital connectivity, remote monitoring technology and facilities for community-based service. **Mental Health and Addictions Plans:** 1. Designate Program Coordinator to support and scale up community driven projects for youth and develop a common model to share; 2. Train and grow mental health workforce in each community; 3. Provide professional development and resources, and set up peer support networks; 4. Develop a website specific to child and youth mental health to serve as a resource hub for patients and professionals; 5. Enhance and expand the existence of successful community-based, culturally effective support programs; 6. Develop pilot projects with nationwide partners beginning in one or two communities, then extending territorially.

food insecurity, historical and intergenerational colonization, low educational attainment and socio- economic status. Number of seniors will triple by 2030. Insecure funding for mental health programs. 1999-2014: 7 times national suicide rate. Tight knit, resilient communities support each other, strong commitment to the land; use natural resources to benefit family and community. Leaders/elders promote resiliency and cultural continuity.	partnerships, and incorporates Inuit knowledge and values in care delivery. b. prioritizes hiring local Inuit care providers. 4. Provides residential placements for patients through the Out-of-Territory office. 5. Operates 2 in-territory residential facilities: in Iqaluit, 16 beds (85% occupancy), in Cambridge Bay,10 beds (95% occupancy) 6. Human resource issues (burnout, stress) lead to reliance on transient professionals 7. High expenditures in emergency room visits, hospitalization for self-injury, medevac, out of territory services and secondary outcomes (assault, domestic violence, sexual abuse); 8. Several successful mental health and addiction support programs exist in each region: examples are sewing, mentorship, and land camps programs -- developed entirely by community.	

North West Territories AGREEMENT DATE FUNDING UNIQUE CIRCUMSTANCES	North West Territories CURRENT HOME AND COMMUNITY CARE INITIATIVES/ CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES	North West Territories PLANS FOR FUNDING ALLOCATION
Date Signed: 2018-02-21 **Funding: $13.5mn over 10 years** **Unique jurisdictional circumstances:** Large land mass, small population, many communities without year -round access to larger centres. 35% under 25 years of age. Suicide rate twice national average. Self-injury hospitalization three times national average. Alcohol hospitalizations five times national rate.	**Current Initiatives in Home and Community Care and in Mental Health and Addictions:** 1. Promotion and Prevention: annual community healthy living fairs, work with aboriginal community governments to develop and fund community wellness plans, community "Talking About Mental Illness and Mental Health First Aid" programs; 2. Specialized Treatment: supported living for adults, specialized treatment resources to children and youth, out of territory placement program; 3. 2017 Continuing Care Services Action Plan – focus on Home Care, Long Term Care and Palliative Care; 4. Intervention: community counselling, 24/7 help line, *On the Land Healing* funds to communities, primary care community services, psychiatric assessment and treatment, short term inpatient care in Yellowknife, agreements with southern governments for facility care.	**Community Care and Home Care Plans:** **The NWT will** 1. Introduce a paid family/community care giving pilot (2017-21) which will provide a choice of either self-managed care or care by those who work with Health/Community Services. 2. Create a Project team to implement an international residential assessment tool across all continuing care programs – plan training/implementation 2019-20 – to facilitate evidence-based assessment and care planning **Mental Health and Addictions Plans:** 1. Develop and implement a Territorial Suicide Prevention and Crisis Support Network: • Prevention: fund personnel positions to work with communities ready to work on and participate in suicide prevention plans; • Intervention: integrate approach to delivery; develop culturally-relevant suicide risk assessment tool, improve referral pathways, and introduce information sharing and discharge planning; • Postvention: Develop policies and protocols for coordinated, interdepartmental approach to provide timely response immediately after a crisis and in following days/weeks/ months; • Establish clear roles and responsibilities focused on connecting with community to understand needs; • establish territorial team of community members and professionals with the competencies and skills to respond in a crisis and who are able to travel on short notice; and • implement Critical Incident Management training for staff and community members.

Yukon **AGREEMENT DATE** **FUNDING** **UNIQUE** **CIRCUMSTANCES**	**Yukon** **CURRENT HOME AND COMMUNITY CARE INITIATIVES/** **CURRENT MENTAL HEALTH AND ADDICTIONS INITIATIVES**	**Yukon** **PLANS FOR FUNDING ALLOCATION**
Date Signed: **2018-06-25** **Funding:** **2018 -2022** **Home & Com Care:** **$2.7mn** **Mental Health and Addictions $2mn** **$11.4mn over 10 years** **Unique jurisdictional circumstances:** Population 38,000; 30,000 living in Whitehorse, the rest in rural and remote communities. 23% of the population comprised of 14 First Nations & 8 language groups. 11 First Nations groups have established land	Yukon supports a people-centred approach to wellness to help all citizens thrive in healthy, vibrant, sustainable communities. **Home and Community Care:** 1. Older adults require additional resources in the form of primary care, in hospital awaiting long term care, in home or community, in a long-term care facility. 2. In 2016-17, people living alone made up 61% of home care referrals resulting in demands on supports provided outside of the home as well as early referrals for long term care. 3. Palliative care and end-of-life care are provided only as part of the home care program. 4. Services for older adults tend to be provider- or institution-focused in the absence of age-friendly planning and design in mind. **Mental Health and Addiction:** 1. About 7500 Yukon people struggle with mental health or substance abuse challenges per year. 2. 1000 visits to emergency departments are related to drug or alcohol abuse. 3. Children and youth make an average of about 40 ED visits annually due to intentional self-injury. 4. Recently Yukon has put an emphasis on early interventions and prevention, strengthening partnerships to coordinate mental wellness, trauma and substance abuse and to provide coordinated, holistic and seamless care. (Mental	Yukon will stablish a stronger philosophy of person and family-centred care, particularly in the care of older adults. **Community Care and Home Care Plans:** **Priority areas are** 1. The enhancement of the Home First Program to support Yukoners to remain independent in their homes and if hospitalized, to return to their homes when 24-hour attention is no longer needed. 2. The enhancement of the Complex Clients Support program to meet the needs of patients to wound and IV therapy as well as home care, hospice, palliative and end-of-life care 3. Gathering data to identify home care needs of rural and remote areas with the goal of setting up systems that improve access to care in those areas, 4. Planning and implementing community programs based on identified ways of improving home care delivery in rural and remote areas. 5. Implementing technology support for home care: adding virtual visits and mobile chatting to in-person visits to promote social inclusion, avoid social isolation and manage symptoms, and to use in home care worker visit scheduling. **Mental Health and Addiction Plans:** **The Territory will** 1. Improve access to community-based mental wellness and substance abuse services and address local health needs by providing more access points in a greater number of community locations, close to where people live; 2. Provide earlier intervention and prevention activities on a continuum of mental wellness; 3. Promote education around safe substance use and self-management of mental health symptoms;

claims and self-gov't agreements. Aging population, now 12% of the population, expected to double in the next 10 years. Unique cultural groups	Health Strategy and the Yukon Mental Wellness and Substance Use programs). 5. Emphases are on collaborative, evidence-informed innovation and improved access to culturally safe services.	4. Add clinical counselling positions and implement mental health programs in youth centred locations; 5. Use culturally appropriate and integrated interventions; 6. Consult with First Nations to identify community priorities and to ensure the implementation of culturally appropriate interventions and mental health education; 7. Support collaborative care delivery through a community hub-based health and social services model; and 8. Integrate mental health and substance use as part of the holistic health of Yukoners.

Appendix 3

"Common Challenges, Shared Priorities": Pan-Canadian Results for Year One

In 2017 the Federal Government pledged to invest $11bn over a ten-year period to improve access to mental health and addictions supports especially for children and youth; and to provide health care services to patients in their homes or in their communities outside of traditional settings such as hospitals and nursing homes.

The provinces and territories agreed to work to improve access in these two health care areas and endorsed a set of shared priorities: A Common Statement of Principles on Shared Health Priorities. As part of the agreement, the provinces and territories pledged that data would be provided to the Canadian Institute of Health Information so that progress could be measured according to agreed-upon indicators, providing accountability to Canadians.

A working group, comprised of representatives of the Canadian Institute of Health Information, Statistics Canada, Health Canada and the federal, provincial and territorial health ministries, recommended in January 2018 that these 12 indicators be used to measure progress in providing services to Canadians in the two target areas.

Indicators for access to mental health and addictions services:

1. Wait times for community mental health services, referral/self-referral to services (services provided outside of emergency departments, hospital inpatient programs and psychiatric hospitals)
2. Early identification for early intervention in youth age 10 to 25
3. Awareness and/or successful navigation of mental health and addictions services (self-reported)
4. Frequent emergency room visits for help with mental health and/or addictions
5. Hospital stays for harm caused by substance use
6. Self-harm, including suicide

Indicators for availability of and access to home and community care:

1. Wait times for home care services, referral to services
2. Hospital stay extended until home care services or supports are ready
3. Home care services helped the recipient stay at home (self-reported)
4. Caregiver distress
5. Long-term care provided at the appropriate time
6. Death at home/not in hospital

Every year now the Canadian Institute of Health Information accepts and analyzes data from the provinces and territories as that information relates to the target areas. Three of the twelve shared health priorities indicators were selected for a report released in May 2019. The data are based on the first year of the bi-lateral agreements, 2017–2018. (The analyses of data by province and territory are Government found in the full report.)[1]

[1] Common Challenges, Shared Priorities: Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada, May 2019 https://www.cihi.ca/en/shared-health-priorities-0

1. Hospital Stays for Harm Caused by Substance Use
    a. 400+ Canadians are hospitalized daily because of harm from alcohol or drugs;
    b. 155,000 in 2017 -18, more than for heart attacks and strokes combined;
    c. 10 Canadians die in hospital every day from harm caused by substance abuse;
    d. 3 in 4 substance abuse deaths a day are due to alcohol abuse;
    e. Hospitalizations for substance abuse vary widely among P/T regions;
    f. 64% of hospital stays are for men.
2. Frequent Emergency Room Visits for Help with Mental Health and/or Addictions
    a. Nearly 1 in 10 Canadians who visit the ER for help with mental health and/or addictions have 4+ visits a year; they are often hospitalized.
    b. Young adult men are the most frequent visitors.
    c. Canadians from poorer neighbourhoods are more likely to be frequent ER visitors.
3. Hospital Stay Extended Until Home Care Services or Supports Ready[2]
    a. More than 90% of hospital patients can access home care promptly but 1 in 12 have their hospital stay extended until home care services or supports are ready.
    b. The number (1,320 patients hospitalized) is equivalent to 3 large (400-bed) hospitals daily.
    c. There is wide provincial and territorial variation in how long hospital stays are recorded and how stays are classified, a challenge for data analyses.
    d. Half of all patients have an extended stay of 1 week or less.
    e. Elderly women are more likely to have extended hospital stays (longer lives, thus greater chance of having chronic conditions, less likely to have supports at home as they generally outlive spouses).
    f. Patients with extended stays are more likely to have conditions such as dementia, diabetes, hip fractures, congestive heart failure, chronic obstructive pulmonary disease and cancer.

Data Limitations and caveats:

1. Reporting is difficult as data gaps exist. Provinces and territories are starting from different places in terms of data collection and health information infrastructure.
2. In 2016 the CIHI developed standards for how alternate levels of care and extended hospital care would be designated and then reported, but the standards may not be fully implemented across the country as yet.
3. Comparable data is available in some jurisdictions but not others.
4. Going forward, CIHI will work with partners to develop common information standards and explore new sources of data for public reporting

Reporting on each of the mental health and addictions and home and community care indicators will not drive change immediately. It will take time for investments to improve care at the front lines and to better meet the needs of patients and clients in these sectors.

Numbers in this report are the beginning -- a baseline from which progress can be measured over time as indicators are refined, results are updated, and better data becomes available.

[2] Home health services: professional services such as nursing or rehabilitation services
Home support services: self-care assistance, home adaptation, homemaking -- light housekeeping, laundry, shopping, meal preparation