**Federal/Provincial/Territorial Home and Community Care Services Funding Agreements 2018 - 2027**

| Province orTerritory | Dateof Agreement | Population & Special Needs | HCC/MH(Home & Community Care/ Mental Health Care | Current Health Care Initiatives | Plans for Funding Allocation | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| NB | 2017-12-15 | Seniors constitute 19% of the population of NB while seniors constitute 16% of Canada’s population | 2018 -2022:$57,950,000/$39,320,000 | 1. NB Family Plan: Improving access to primary & acute care; wellness; supporting people with addictions & mental health challenges; support for seniors & healthy aging, advancing women’s equality; reducing poverty; supporting people with disabilities 2. Establishing a network of primary care services: community health centres, health services centres, community mental health & addiction centres, public health centres, and extramural3. Tele-Care: Universal 24/7/365 access 4. Family physicians – increasing availability 5. Patient Connect NB: connecting patient to family doctor6. Extra-Mural Program (EMP): a provincial home healthcare program that provides comprehensive healthcare services to New Brunswickers in their homes. | 1. Integrate Community Care Services:- Bring Extra-mural program, Ambulance NB, Tele-Care 811 under one management;- Extend patients’ time in community care rather than in hospitals;- Increase community care capacity;- Increase referrals and interactions between family physician and allied health professionals for patients residing in the community2. Implement a point-of-care electronic clinical information system to support EMP: eHealth; complete and widely shareable client record; an electronic clinical information system3. Shift toward more in-home and community palliative care services:- provide more funding for out-of-hospital palliative care- provide more palliative care information and patient options- support caregivers- expand palliative core education- enhance hospice services in rural areas | Funding promise increases from $12,420,00 in year 2018 to $18,630,000 in 2021.Given in semi-annual instalmentson the condition that progress is being made and measured, that data is provided and shared, that fiscal reports are provided and are transparent. 10% of funding may be carried forward under certain conditions. Funding for years 2022 -2027 contingent upon success of the initiatives in the previous years |
| NFL | 2018-01-24 |  | $40,330,000/$ 27,360,000 |  |  |  |
| NWT  | 2018-02-21 |  | $28,000,000/$19,000,000 |  |  |  |
| PEI | 2018-02-23 |  | $11,590,000/$ 7,860,000 |  |  |  |
| SK | 2018-05-14 |  | $88,780,000/$60,240,000 |  |  |  |
| YK | 2018-06-25 |  | $2,930,000/$1,990,000 |  |  |  |
| NS | 2018-08-30 | 19.3% of the population is over the age of 65; 30,000 clients annually access home & community programs | $72,760,000/$49,370,000 |  |  |  |
| ON |  |  |  |  |  |  |
| Quebec | 2018-09-17 |  | $640,000,000/$424,470,000 |  |  |  |
| BC | 2018-09-21 |  | $394,000,000/$262,000,000  |  | 1.The development of specialized community services programs (SCSPs), which will incorporate all services needed by adults with complex conditions/frailty into a single, accessible and efficient program. The programs will focus on easy access and care co-ordination through interdisciplinary teams to meet the needs of clients and their families, in alignment with primary care networks.2.Expanding client access to palliative and end-of-life care services, increasing the availability of expert resources for consultative advice and increasing investments in education, orientation and training for all care providers.  |  |
| MB |  |  |  |  |  |  |
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