**Federal/Provincial/Territorial Home and Community Care and Mental Health Services**

**Funding Agreements 2018 – 2027**

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| **Province/Territory**  **Date Signed**  **5 yr Funding**  **Special Pop. needs** | **Current Health Community Care and**  **Mental Health Initiatives** | **Plans for Funding Allocation** |
| **Newfoundland and Labrador**  **Date Signed:**  2018 - 01- 24  **Funding:**  $67.7 million  -rural and remote communities, rapidly aging, 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 most common addiction | 1. Been developing/implementing Home First Initiative for those with complex needs  - includes palliative and end of life  - integrates with regular programming  2. 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  promotion, prevention and early intervention  focus on person  improve service access, collaboration and  continuity of care  include all people  - implemented Opiod Action Plan including prescription monitoring, take home naloxone kit program, access to suboxone  - a number of e-mental health solutions  - 2 adult addiction treatment centres plus outpatient counselling | 1. Create Home First integrated network:  - fund clinical positions, programs and services for complex care needs in community including beyond traditional work hours  - key areas case management, home support, rehabilitation, nursing, physicians, pharmacy, counselling/spiritual supports, equipment  2. Integrate palliative approach across health care system:  -enhance clinical positions, implement professional development for clinicians, service provides and caregivers  - fund public awareness campaign and develop tools to promote palliative care and advance care planning  - support and create hospice beds in 2 regional health authorities  3. Enhance services for those with dementia:  - better respite services for caregivers  - professional development for providers and caregivers  - expand remote monitoring technology through provincial dementia care program including e-health consultation  4.Integrated service delivery for children, youth and emerging adults with mental health/addictions: - specialist positions  5. Introduce e-mental health services and initiatives  - expand Strongest Families Institute(SFI)  - hire new mental health position in each RHA  - implement Therapy Assisted Online  6. Expand access to addiction services:  - enhance harm reduction initiatives  - add naloxone take home kits  7. Invest in community based services;  -single session walk in clinics, day treatment hospitals, community crisis beds  - increased access to psychological therapies; 4 positions to support Towards Recovery Action Plan |

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| **Nova Scotia**  **Date Signed:**  2018-08-30  **Funding:**  $141.9 million  19.3% over 65, expect be 25.1% in 2026  18.8 % over with disability  30,000 access home and community programs annually | 1. Home first approach, added hours, services and spaces in supportive care  2. Seniors Community Wheelchair and Bed Loan Programs  3. Caregiver benefit program, respite care  4. Funding for associations – Alazheimers, Caregivers NS  5. Extended Care Paramedic Program in long term care facilities  6. Special Patient Program to allow patients anticipating emergency care to communicate wishes  7. 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. | | | 1. Enhance Continuing Care Services:  - increase flexibility of current programs  - develop new programs- especially for those with complex needs  - align with resources to support health outcomes, promote efficiencies, leverage community-based resources  - enhance end of life care including 10 positions and staff training plus volunteer coordinator and training  - target supports for remaining in community, expand bed loan, expand home adaption funds, short term intensive programs to transition from hospital to community, 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  - enhance communication of programs and services  2. Support Caregivers:  - ensure aware 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  - increased funding for Alzheimers, Caregivers NS and funds for ABI  - online/virtual/telephone support for caregivers, ongoing research  3. Support Integrated 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 etc  - enhance coordination between the Provincial Continuing Care Program, First Nations and Inuit Home and Community Care Program (FNIHCCP)  - needs assessment, intensive outreach team, ABI network | | |
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| NS continued | |  | | | 4. Enhancing Sustainability, Accountability and System Performance:  - Ensure system design, services, and performance based on evidence, data, sector knowledge, and client experience  - data submission portal for home care service providers  - implement interRAI Long-Term Care Facilities Assessment Tool.  5. Enhanced integrated service delivery for children and youth with Mental Health/Addictions  6. Enhance Access to Community Based MHA Supports  - increase number of professionals in community, including First Nations  - develop/ implement standardized care model including staff and training  - improve access to crisis service with staff, enhance crisis line and and capacity for urgent followup  - technology to support central intake for services plus additional staff and training and triage, enhance virtual care | | |
| **Prince Edward Island**  **Date Signed:**  2018-02-23  **Funding:**  $20.7 million/  (next 5 years $24.8 million)  Surge in demand for services  19.4% over 65  Higher rates chronic diseases in over 50 | 1.Enhanced 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  2. Paramedics providing palliative care at home  3. 2016 10 year strategy for mental health and addictions (44 recommendations, identified barriers)  -added positions, mental health walk-in clinics, and enhanced existing programs  - 2 key initiatives identified: Student Well-Being (focus on school aged children and youth) and Mobile Mental Health Crisis (24/7) programs | | | 1.Mobile integrated initiative:  - rapid bridging of palliative, hospital, and emergency patients to home  - paramedic check in program  -establish delivery infrastructure and mechanisms  - add staff resources; additional hours and emergency vehicle  - facilitate transport from hospital to home  - discharge with care plan  - sensitive to first nations and francophone communities  - provide interventions, follow-up assessments and in home support, including administer medications, case management  - high priority clients for community support/scheduled visits  2. Home care IT infrastructure: piloting cloud based electronic medical record to support home care  3.Inter RAI(Resident Assessment Instrument) tool implementation:  develop standardized tool for home and long term care system to better inform decision-making | | | |
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| PEI Continued  80% of 911 calls by 65+ are non- emergency | | |  | | | 4.Mobile Mental Health Crisis Program:  - additional staff for teams of mental health professionals supported by psychiatry connected to first points of contact  - build on efforts to ensure cultural safety and awareness training for mental health and addictions staff, | |
| **New Brunswick**  **Date signed:**  2017-12-15  **Funding:**  $97.3 Million/  Seniors 19% of population  61% emergency visits less/non-urgent  65% self-report 1 or more chronic conditions | | | 1. NB Family Plan: Improve access to primary & acute care; wellness; support people with addictions & mental health challenges; support for seniors, foster healthy aging, advance women’s equality; reducr poverty; support people with disabilities  2. Establishing a network of primary care ser-vices: community health centres, health services centres, community mental health & addiction centres, public health centres, and extramural  3. Tele-Care: Universal 24/7/365 access  4. Family physicians – increasing availability  5. Patient Connect NB: connecting patient to family doctor  6. Extra-Mural Program (EMP): home healthcare provides comprehensive in home healthcare services  7.Palliative services in variety of settings with minimal access to team outside hospital  8. Action Plan for Mental Health exposed gaps  -services: prevention, withdrawal management, residential rehab. Opiod replacement, community treatment  - 2 inpatient centres plus regional hospitals  - school based for youth | | | 1. Integrate Community Care Services:  - Bring Extra-mural program, Ambulance NB, Tele-Care 811 under one management;  - Extend time in community care  - Increase community care capacity;  - Increase referrals and interactions between family physician and allied health professionals for patients residing in the community  - develop/implement clinical protocols  2. Implement a point-of-care electronic clinical information system to support EMP: eHealth; complete and widely shareable client record; an electronic clinical information system  3. Shift toward more in-home and community palliative care services:  - 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  - implement standardized assessment/monitoring tools  - develop monitoring/evaluation framework  - enhance hospice services  - develop alternate residential services in rural communities  4. Enhanced action plan  -programs/services need to be integrated/interdependent  - build community capacity, provide training for providers  - expand mobile mental health services to include daytime hours, - establish e-mental health services  - implement senior care services in home | |

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| **Quebec**  **Date Signed:**  2018-09-17  **Funding:**  $1,645 Billion  Asymmetrical Implementation agreement | 1. Process to improve organization of home care and services underway  2. Interdepartmental Action Plan on Addiction – includes opiod strategy  3. Action Plan on Mental Health has 40 measures  Special Notes:  Will continue to do own reporting to population on use of funds  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 | 1. Will consolidate home support services and provide a range – professional services in increased quality and quantity  2. More accessible home assistance services  3. Promote adoption of best practices in home care across all establishments in health/social services networks  4. Implement clinical progress tools  5. Data quality improved  6. Cyber addiction services at integrated centers with addiction rehabilitation mission  7. Deploy addiction professionals in all regions  8. Set up psychotherapy access program  9. Improve accommodation and community retention services  10. Enhance community crisis services  12. Consolidate assertive community treatment (ACT) and variable intensity support (VIS) services  13. Broaden the range of support services to establishments that provide mental health services from the Centre national d’excellence en santé mentale (CNESM), |
| **Ontario** |  |  |
| **Manitoba** |  |  |
| **Saskatchewan** |  |  |
| **Alberta** |  |  |
| **an investment of $25.6 million over four years (Yukon's portion of the Territorial Health Investment Fund) will support health system innovation.**  **The Territorial Health Investment Fund is designed to support efforts by the territories to innovate and transform health care systems, and to ensure that Northerners have access to the care they need.** |  |  |
| **Northwest**  **Territories**  **Date Signed:**  2018-02-21  **Funding:**  $13.5 million over 10 years  Large land mass,small population, many communities without year round access to larger centres  35% under 25  Suicide rate twice national  Self injury hospitalization three times national  Alcohol hospitalizations five times national | 1.Promotion and Prevention: annual community healthy living fairs, funds and works with aboriginal community governments to develop community wellness plans, community Talking About Mental Illness and Mental Health First Aid programs  2. 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  3. Specialized Treatment: supported living for adults, specialized treatment resources to children and youth, out of territory placement  program  4. 2017 Continuing Care Services Action Plan – focus on Home Care, Long Term Care and Palliative Care | 1.Develop and implement a Territorial Suicide Prevention and Crisis Support Network:  - Prevention: fund positions to work with communities ready to work on and participate in suicide prevention plans  - Intervention: integrated approach to delivery  develop culturally-relevant suicide risk assessment tool,  improve referral pathways, 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  - implement Critical Incident Management training for staff and community members  2. Project team to implement international residential assessment tool across all continuing care programs – plan training/implementation 2019-20 – to facilitate evidence based assessment and care planning  - Paid family/community care giving pilot (2017-21) – provide choice of self-managed care or those who work with Health/Community Services |
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| **Nunavut**  **Date Signed:**  2018-02-21  **Funding:**  $11.2 million over 10 years | Special Note: No agreement similar to those for other provinces/NWT could be found.  Information is from government of Nunavut website documents  1.Suicide Prevention Strategy  – outlined challenges  – 3 core components: full range of mental health services and supports, evidence-based interventions, community-development  activities (known as “embrace life” or “celebrate life” activities)  – prevention, intervention and postvention  2. Home and Community Care services:  Homemaking - house cleaning and assisting with meals and/or groceries  Personal care - bathing and dressing  Nursing care - injections and bandage changing  Respite care - relief for family members  Rehabilitation - recovery exercises  3. Elder and Long Term Care Homes (dementia related complex care in Ottawa)  4. Help lines  5. Embrace Life Council (non-profit) has 5 year plan to 2022 | 1.Support better home care infrastructure |
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| **Yukon**  **Date Signed:**  2018-02-21  **Funding:**  $11.4 million over 10 years |  |  |