**Federal/Provincial/Territorial Home and Community Care**

**and Mental Health and Addiction Services**

**Funding Agreements 2018 – 2027**

| **Province/Territory****Date Signed****Funding** **Special Pop. needs** | **Current Home and Community Care and****Mental Health Initiatives** | **Plans for Funding Allocation** |
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| **Ontario****Date Signed:** **2019-01-23****Funding:** **$1.8 billion for 2018 -2022****Unique circumstances:**13 million Ontarians receive health care; 2,132,000 (16.4%) of them are 65 +yrs. of age;Ontario spends $3B annually on home and community care clients. Home care recipients have increased in number by 20% in the past 10 years. | 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 currently provide $10 Billion worth of care annually. (The Province wants to enable them to keep doing that.)

**Mental Health and Addictions:*** One of the most serious health and social challenges facing Ontario’s youth;
* Province spends $4 B per year through its 14 LHINs to support 241 children and youth mental health organizations, 380 agencies, departments in 60 general hospitals and 4 stand-alone psychiatric hospitals.
* Provides 17,000 units of supportive housing for people living with mental health and addiction issues and for other vulnerable people.
* Province 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.  | **Home and Community Care Plans include*** Building a dynamic home care system and enhancing current community health services to Ontarians;
* Investing in and transforming home care to make it better coordinated and more convenient; and
* Partnering 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.
1. *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.
1. *Adopt and utilize Info Technology (IT) in health care:*
* For self -assessment, scheduling appointments, receiving test results, becoming partners in their own care plans;
* To engage in telemedicine and remote monitoring devices at home;
* To integrate care and data within care teams;
* To improve the quality of care in rural and remote areas;
* To spend $15 M on Health Care IT from 2019 – 2022.

**Mental Health Care Plans:****The province will*** Match funding from the bilateral agreement for a total of $3.8 B over 10 years;
* 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.
* Reduce wait times for community mental health services;
* Enhance services, addressing opioids and addiction needs;
* Create additional supportive housing;
* Build capacity for child and youth mental health services; and
* Invest in services for Indigenous people.

Spend $773.17 M in federal funding (2017 -2022) |
| **Manitoba****No posted detailed Agreement.** **Contact has been made with Manitoba Health** |  |  |
| **Saskatchewan****Date signed:****2018-05-14****Funding:****$348.7M over the next ten years.**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 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.  | Several initiatives are underway to shift emphasis from emergency and hospital-based care to home and community care:*Home First/Quick Response:* sustain seniors in their homes, provide transitional after-hospital care, prevent hospital re-admission.*Community Paramedicine*: paramedicsprovide treatment and care in homes often after hours to stabilize patients and eliminate transfer to an acute care facility.*Connecting to Care:* interdisciplinary intensive case management services for clients who have complex needs and require individualized approach*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.*Connected Care Strategy*: safe, seamless caretransition through each level of appropriate care from home care to palliative care for every patient*Shared Care Plan:* digital connectivity and smith flow of patients’ health information for shared decision-making and patient involvement. *Community Health Centres and Community Health Teams.* These are currently being introduced in urban areas.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. | Bi-lateral Agreement funding will be focused as follows: 1. Expand the establishment of *Community Health Centres* 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. ($65.5 M for 2018 -2022)
2. *Enhance Palliative Care Services:* 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.

($17 M for 2018 – 2022)1. Establish the *Shared Care Plan* 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. ($12.6 M for 2019 – 2022)
2. *Improve delivery of community mental health supports and addiction services especially for youth and young adults:* Improve access to community mental health supports, enhance delivery of evidence-based mental health services; advance 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.

 ($63.4 M for 2017 – 2022) |
| **Alberta****No posted detailed Agreement.** **Contact has been made with Alberta Health** |  |  |
| **British Columbia****No posted detailed Agreement.** **Contact has been made with Judy Darcy, MLA who is BC’s Opioid Crisis** **Manager** |  |  |
| **Yukon****Funding:****$11.4 million over 10 years** |  |  |