

OVERVIEW OF FEDERAL, PROVINCIAL-TERRITORIAL BI-LATERAL FUNDING AGREEMENTS FOR MENTAL HEALTH & ADDICTION SERVICES 2017/18 – 2021/22

1. Background

Following a significant amount of discussion between the federal government and the provinces and territories through late 2016 and early 2017, the federal government confirmed in Budget 2017 an investment of \$11 Billion over the 2017/18 – 2027/28 period. Of that total, \$6 Billion would be allocated to home and community care, and \$5 Billion to mental health and addiction services.

Prior to the funding agreement, in August 2016 the federal, provincial and territorial governments agreed on a *Common Statement of Principles on Shared Health Priorities* which identified objectives, principles to guide action in improving access to home and community care services, and mental health and addiction services. It also underscored the importance of developing a set of common indicators and their public reporting. The Statement concludes by acknowledging the importance of working with and supporting Indigenous communities to address health disparities and access.

2. Purpose

The purpose of this document is twofold: (1) to clearly lay out the funding that has been committed by the federal government to the provinces and territories for home and community care, and mental health and addictions services, from 2017/18 – 2021/22 (with the understanding that funding for the remaining 5 years of the 10-year agreement are subject to federal-provincial-territorial agreement on a subsequent 5-year action plan); and (2) to identify the provincial and territorial priorities attached to this funding. It is important to note that this funding is in addition to what the provinces and territories receive via the *Canada Health Transfer*, and that this funding has been allocated to the provinces and territories on an equal dollar per capita basis.

3. Federal Fiscal Framework for Home and Community Care and Mental Health and Addictions Services, 2017/18 – 2021/22

Table 1 provides a high-level overview of the total amount of federal funding to the provinces over the four-year period for home and community care, and mental health and addiction services.

Table 1
Federal Funding for Home and Community Care, and Mental Health and Addiction Services, 2017/18 – 2021/22

Year	Home and Community Care (\$ Billions)	Mental Health and Addictions (\$ Billions)	Total (\$ Billions)
2017-18	0.200	0.100	0.300
2018-19	0.600	0.250	0.850
2019-20	0.650	0.450	1.10
2020-21	0.650	0.600	1.25
2021-22	0.900	0.600	1.50
Total	3.00 (60%)	2.00 (40%)	5.00 (100%)

A few observations:

- Over the five-year period, 45.5% (\$5.0 Billion) of the committed federal funding (\$11 Billion) will be transferred to the provinces and territories.
- Of that total, 60% has been allocated to home and community care, and 40% to mental health and addictions – of note, this proportion holds for the first 5 years. Over the ten-year period, one might expect that it would average out to 54.5% (6/11) for home and community care, and 45.5% (5/11) for mental health and addictions.
- In 2020-21, the federal government's contribution (\$1.5 Billion) will represent a maximum of 0.8% of total public health spending in Canada (\$184.8 Billion, CIHI 2019).

Table 2
Funding for Home and Community Care, and Mental Health and Addiction Services, by Province-Territory, 2017/18 – 2021/22

Table 2 provides a more detailed breakdown, by province and territory as to the funding that is received to home and community care, and mental health and addiction services over the five-year period.

Newfoundland & Labrador			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	2.9	1.5	4.4
2018-19	8.64	3.6	12.24
2019-20	9.36	6.48	15.84
2020-21	9.36	8.64	18.0
2021-22	12.97	8.64	21.61
Total	43.23 (60%)	28.86 (40%)	72.09 (100%)

Prince Edward Island			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	0.80	0.40	1.2
2018-19	2.48	1.040	3.52
2019-20	2.69	1.86	4.55
2020-21	2.69	2.48	5.17
2021-22	3.73	2.48	6.21
Total	12.39 (60%)	8.26 (40%)	20.65 (100%)

Nova Scotia			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	5.2	2.6	7.8
2018-19	15.59	6.5	22.09
2019-20	16.89	11.69	28.58
2020-21	16.89	15.59	32.48
2021-22	23.39	15.59	38.98
Total	77.96 (60%)	51.97 (40%)	129.93 (100%)

New Brunswick			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	4.2	2.1	6.3
2018-19	12.42	5.17	17.59
2019-20	13.45	9.31	22.76
2020-21	13.45	12.42	25.87
2021-22	18.63	12.42	31.05
Total	62.15 (60%)	41.42 (40%)	103.57 (100%)

Quebec			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	46.0	24.5	70.5
2018-19	137.2	57.17	194.37
2019-20	148.64	102.90	251.54
2020-21	148.64	137.2	285.84
2021-22	205.8	137.2	343.0
Total	686.28 (60%)	458.97 (40%)	1,145.25 (100%)

Ontario			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	77.1	38.5	115.6
2018-19	231.99	96.66	328.65
2019-20	251.33	173.99	425.32
2020-21	251.33	231.99	483.32
2021-22	347.99	231.99	579.98
Total	1,159.74 (60%)	773.13 (40%)	1,932.87 (100%)

Manitoba			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	7.2	3.6	10.8
2018-19	21.87	9.11	30.98
2019-20	23.69	16.4	40.09
2020-21	23.69	21.87	45.56
2021-22	32.81	21.87	54.68
Total	109.26 (60%)	72.85 (40%)	182.11 (100%)

Saskatchewan			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	6.3	1.7	8.0
2018-19	19.02	7.93	26.95
2019-20	20.61	14.27	34.88
2020-21	20.61	19.02	39.63
2021-22	28.54	19.02	47.56
Total	95.08 (60%)	61.94 (40%)	157.02 (100%)

Alberta			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	23.4	11.7	35.1
2018-19	70.06	29.19	99.25
2019-20	75.9	52.54	128.44
2020-21	75.9	70.06	145.96
2021-22	105.09	70.06	175.15
Total	350.35 (60%)	233.55 (40%)	583.9 (100%)

British Columbia			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	26.2	13.1	39.3
2018-19	78.74	32.81	111.55
2019-20	85.3	59.05	144.35
2020-21	85.3	78.74	164.04
2021-22	118.11	78.74	196.85
Total	393.65 (60%)	262.44 (40%)	656.09 (100%)

Yukon			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	0.21	0.10	0.31
2018-19	0.63	0.26	0.89
2019-20	0.68	0.47	1.15
2020-21	0.68	0.63	1.31
2021-22	0.94	0.63	1.57
Total	3.14 (60%)	2.09 (40%)	5.23 (100%)

Northwest Territories			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	0.25	0.123	0.373
2018-19	0.73	0.3	1.03
2019-20	0.79	0.55	1.34
2020-21	0.79	0.73	1.52
2021-22	1.09	0.73	1.82
Total	3.65 (60%)	2.433 (40%)	6.083 (100%)

Nunavut			
Year	Home and Community Care (\$ Millions)	Mental Health and Addictions (\$ Millions)	Total (\$ Millions)
2017-18	0.20	0.10	0.30
2018-19	0.62	0.26	0.88
2019-20	0.67	0.47	1.14
2020-21	0.67	0.62	1.29
2021-22	0.93	0.62	1.55
Total	3.09 (60%)	2.07 (40%)	5.16 (100%)

4. What are the Priorities of the Provinces and Territories?

The bi-lateral agreements between the federal government and the provinces and territories have broken new ground in terms of the specificity in which the agreements are structured (compared to previous First Minister Health Accords). In the past, dollar amounts have been determined and allocated via the *Canada Health Transfer* (CHT) on an equal dollar per capita basis, with general agreement about provincial and territorial priorities. These agreements have a greater degree of structure in terms of where the funding will be invested, how the investments will be tracked in terms of measuring progress, how amendments can be made to the agreement, how disputes between levels of government can be resolved, and how the agreement may be terminated. Clearly, all governments (with the exception of Quebec) have responded to the requirement for greater transparency and accountability.

Table 3 provides a general grouping of where each province and territory has identified how they will invest federal dollars over the 2017-18 to 2021-22 period. Within each category there may be other specific priorities that have been identified.

**Table 3
Federally-Funded Priorities for Mental Health and Addictions Services, by Province-Territory, 2017/18 – 2021/22**

Priority	NF	PEI	NS	NB	Que*	ON	MB	SK	AB	BC	YK	NWT	NU
1. Integrated service delivery for children, youth (and emerging adults)	X		X	X		X		X	X	X	X	X	X
2. E-mental health	X		X							X			
3. Improved access to addictions services	X												
4. Improved community-based services (and supports)	X		X	X		X		X	X		X	X	
5. Student well-being program		X											
6. Increase access for students to mental health and addictions prevention and early intervention services										X			
7. Mobile mental health crisis program		X											
8. Increasing timely access to coordinated care for mental health and addictions services							X						
9. Implementation of peer support in formal health settings							X						
10. Implementation of a pregnancy and infant loss program							X						
11. Enhanced delivery of evidence-based services								X					
12. Expand access to culturally-safe and trauma-informed mental health and addictions services for indigenous communities				X						X		X	
13. Expand access to evidence-based prevention, early intervention, treatment and recovery options for vulnerable populations										X			

* Given the asymmetrical relationship Quebec has with the federal government, no specific priorities are identified in the bi-lateral agreement.

A few observations:

1. A large focus has been placed on integrated service delivery for children and youth (and less so for emerging adults) – Priority #1.
2. As well, improved community-based services (and supports) has received a lot of attention – Priority #4.
3. Unless embedded in other priorities, “access” to: addictions services (Priority #3), students to mental health and addictions prevention and early intervention services (Priority #6), and increasing timely access to coordinated care for mental health and addiction services (Priority #8) has received little attention.
4. E-mental health and peer support programs have received modest attention – Priority #2. This may be because local initiatives are already underway.
5. Expanded access to culturally-safe and trauma-informed mental health and addictions services for indigenous communities have received modest attention – Priority # 12.

5. Public Reporting on Progress

As part of each formal agreement between the federal and provincial-territorial governments, it states “Whereas Canada and (the province/territory) agree that data collection and public reporting of outcomes is key to reporting results to Canadians on these health system priorities, and that the performance measurement approach taken will recognize and seek to address differences in access to data and health infrastructure.”

To monitor progress, the Canadian Institute on Health Information (CIHI), federal and provincial-territorial governments, stakeholders, system experts and people with lived and living experience have identified 12 health system performance indicators, of which the first three ([1] hospital stays for harm caused by substance use, [2] frequent emergency room visits for health with mental health and/or addictions; and [3] hospital stay extended until home care services or support ready) were released in May 2019. The remaining 9 indicators will be released, three at a time, over the next 3 years. Those being:

2020

1. Self-harm, including suicide
 2. Caregiver distress
 3. Long-term care provided at the appropriate time
- Plus 2019 indicators

2021

4. Wait times for community mental health services, referral/self-referral to services
 5. Wait times for home care services, referral to services
 6. Home care services helped the recipient stay at home
- Plus 2019 and 2020 indicators

2022

7. Awareness and/or successful navigation of mental health and addictions services
 8. Early identification for early intervention in youth age 10 to 25
 9. Death at home/not in hospital
- Plus 2019, 2020, and 2021 indicators

Glenn Brimacombe
Director, Policy & Public Affairs
Canadian Psychological Association
gbrimacombe@cpa.ca

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