

Health and Social Services – Fall Special Sitting Session Notes 2025

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Recommended response

- The federal budget recently passed by Canada, maintains the status quo for existing health care funding to Yukon. This includes projected increases to the Canada Health Transfer, the continuation of our Working Together Agreement, the Territorial Health Investment Fund, Drugs for Rare Diseases and pharmacare coverage for contraceptives and diabetes.
- The budget also directed the federal Minister of Health and Minister of National Defence, in collaboration with the Minister of Indigenous Services and the Minister of Northern Affairs and Arctic Affairs, to:
 - undertake a comprehensive assessment of health care and health infrastructure needs in the North; and
 - identify innovative ways to increase access to health care in northern communities and reduce medical travel costs.
- Budget 2025 references \$5 billion over three years for a dedicated Health Infrastructure Fund to help provinces and territories build and modernize hospitals, emergency rooms, and urgent care centres. Our officials are actively engaging to express our needs in this arena.
- While Canada has not shared details on these initiatives, we will continue to emphasize our significant health care infrastructure needs including the Whitehorse General Hospital expansion and the fact that a per-capita based funding model is inadequate for the North to effectively meet expectations for high quality health care.

Context—this may be an issue because:

- The Government of Canada is conducting a review to reduce the cost of day-to-day government operations. This includes efforts to cut spending on programs and

Federal funding and Budget 2025

Health and Social Services

services and to reduce the size of the public service. Budget 2025 aims to invest more in "nation-building infrastructure, clean energy, innovation, and productivity."

Background:

- Nationally, the Canada Health Transfer (CHT) is projected to increase from \$54.7 billion in 2025-26 to \$65.0 billion in 2029-30, supported by the CHT growth guarantee of at least 5 per cent for five years (in effect from 2023-24 to 2027-28). After that, the CHT will grow in line with a three-year moving average of nominal GDP growth, with funding guaranteed to grow by at least 3 per cent per year.
- In fiscal year 2025–26, the Yukon will receive approximately \$62 million from the CHT. As the CHT is a per-capita based fund, it represents a significantly smaller percentage of Yukon's HSS budget when compared to provinces as Yukon's per-capita cost to deliver health care is nearly double the provincial average.
- Canada recognizes the territories have significantly higher costs in delivering health care and significantly greater health inequities. The Working Together bilateral agreements to improve health care in Canada provide base funding in a tiered approach with territories receiving a \$5 million dollar base, PEI receiving a \$20 million dollar base and other jurisdictions receiving a \$50 million dollar base. Canada did not provide their methodology for determining these base funding amounts.
- Yukon's existing Working Together 3-year agreement is set to expire in March, 2026. The Yukon receives \$7.27M annually, which represents about 1 per cent of the department's budget. This fiscal year, the agreement is funding land-based healing (\$3.3M to FNs) the Walk-In Clinic (\$1.5M), community wellness plans (\$760k), the Managed Alcohol Program (\$925k) and Planet Youth, the Icelandic Prevention Model (\$570k).
- The Yukon signed a bilateral pharmacare agreement on March 20, 2025, which will see universal, single-payer coverage for a range of contraceptive and diabetes medications. Under the terms of the agreement, the federal government will invest up to \$9.5 million over four years to fund the program in the territory. Yukon's program is expected to launch in early 2026.

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TAB 1
Fall 2025

Federal funding and Budget 2025

Health and Social
Services

- Three other jurisdictions, Manitoba, British Columbia, and Prince Edward Island also signed pharmacare agreements. Budget 2025 did not identify funding for agreements with the other nine jurisdictions, but Health Canada has committed to continuing discussions.
- As a small jurisdiction, the Yukon finds the reporting requirements imposed by Canada for their federal funding agreements to be burdensome. We are responsible for the same amount of paperwork with far less people for far less financial benefit.
- In October, FPT Health Ministers directed that a time-limited FPT senior-level working group be launched to discuss renewal of all federal agreements.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Access to Emergency/Urgent Care

Health and Social
Services

Recommended response:

- Our government is committed to ensuring that Yukoners in all communities have access to emergency care when they need it.
- We are supporting targeted recruitment efforts to bring more doctors into emergency rooms in Whitehorse and in our community hospitals.
- Access to emergency care requires strong primary care, that can help take pressure off emergency services. We will work in collaboration with front-line health care providers to expand team-based care models so that services like the Whitehorse Walk-In Clinic can provide Yukoners with the right care at the right time. This includes exploring opportunities to provide urgent care outside the emergency room.
- We will work to bring more physicians to the territory, so that more Yukoners can access care from their family doctor rather than in an emergency room.

Context—this may be an issue because:

- Higher volumes and more complex cases are putting sustained pressure on Emergency Medical Services, Community Nursing, and the Whitehorse General Hospital emergency department.
- Recruitment and retention challenges in communities continue to affect access to timely emergency care.

Background:

- Investments to attract more primary care providers and relieve administrative burdens that take time away from patient care will support access to same-day and urgent care, reducing pressure on emergency care.

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Access to Emergency/Urgent Care

Health and Social Services

- Data on the Whitehorse General Hospital emergency room patient volume suggests that the Whitehorse Walk-In Clinic has helped to relieve pressures, supporting lower-acuity patients that would otherwise be reporting to the Emergency Department.
- Since November 2025, the Whitehorse Walk-In Clinic is accepting patients attached to primary care providers who require same-day access for episodic non-urgent health care. This is expected to reduce pressure on the Whitehorse Hospital's emergency department.
- Measures to support increased hospital capacity, including additional inpatient beds, will support the Emergency Department by improving patient flow.

Table 1: WGH Emergency Department wait times, time from arrival to physician assessment (min)

Patient category	Target	FY 2023-2024	FY 2024-2025	Fiscal YTD, Q1-Q2
Resuscitation (CTAS1*)	Immediate	Immediate	Immediate	Immediate
Emergent (CTAS2)	≤15 min	39 min	51 min	64 min
Urgent (CTAS3)	≤30 min	73 min	83 min	102 min
Less urgent (CTAS4)	≤60 min	79 min	94 min	115 min
Non-urgent (CTAS5)	≤120 min	77 min	88 min	106 min

*CTAS: Canadian Triage and Acuity Scale

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- Our government is committed to stabilizing primary care to ensure Yukoners have access to the right care at the right time.
- We will support the physicians already working in the Yukon while also recruiting health care professionals to the territory. We will prioritize patients over paperwork and act with the launch of a US based recruitment campaign.
- This includes our commitment to build team-based care models in collaboration with front line health care professionals.
- We will work with the Yukon Medical Association to strengthen family practice clinics by improving administrative support and reducing red tape for providers.
- We will work to ensure that health-professional-owned, multidisciplinary clinics are a viable model and encourage multidisciplinary groups to open clinics together.
- Consistent with our commitment to reducing administrative burdens, we will strengthen the physician payment model to ensure doctors are paid accurately and without delay.

Context—this may be an issue because:

- Limited national supply and strong competition across provinces and territories continue to affect recruitment and retention, making primary care access a shared challenge across Canada and particularly difficult in rural and remote communities.

Background:

- The new Memorandum of Agreement (MOA) with the Yukon Medical Association makes a substantial investment in primary care by providing:
 - an incentive of up to \$125,000 over five years for every new family physician who moves to the territory;
 - an incentive to family physicians for the care of the patients in their practice through a panel payment for holding a minimum panel sizes (500/1000);
 - an hourly remuneration for the administrative burden experienced by family physicians outside of providing direct care (up to 15 hours per month for indirect patient care);
 - up to \$72,000 in overhead payments if family physicians meet the eligibility criteria; and
 - obligating and incentivizing family physicians to take on additional patients (attachment) from the No Family Doctor program.
- The 2025–2028 Memorandum of Agreement establishes a Team-Based Primary Care Working Group, which is developing funding approaches to support integrated, team-based care in private clinics.
- Yukon operates three integrated, team-based primary-care clinics: the Referred Care Clinic, the Whitehorse Walk-In Clinic and the Centre de Santé Constellation Health Centre.
- Since opening in December 2023, the Whitehorse Walk-In Clinic has provided primary-care access to 4,187 people. Constellation Health Centre, launched in November 2022, has accepted more than 3,500 applicants, with 3,124 people completing an intake appointment with a primary-care provider.
- Integrated care in Dawson City is being expanded through the addition of a nurse practitioner and a registered nurse, and Health and Social Services will be exploring a Float Team model to support Community Health Centres during staffing shortages.
- Yukon has the highest per-capita supply of family physicians, but access remains uneven: only 77% of residents report having a regular primary-care provider, and

Access to Primary Care

Health and Social
Services

4,552 people were on the Find a Primary Care Provider waitlist as of November 2025.

Table 1: Find a Primary Care Provider waitlist

- There are currently 4,565 on the Find a Primary Care Provider list who have self-identified as needing a match and who live in the Whitehorse area.

People who have applied	People who have been matched	People remaining on waitlist	Currently taking patients
6,790	2,341	4,565*	1 nurse practitioner

* This number is not equivalent to people who have applied minus those who have been matched because: some individuals return to the system after obtaining an initial match; some individuals have had more than one match from back when the system was a random draw as opposed to a queue.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- We are committed to stabilizing primary care, attracting health care providers, and improving access to health care providers.
- We know Community Health Centres continue to experience unplanned service reductions and closures. This year, several communities have been affected, and we are concerned about it.
- The Yukon government will prioritize a plan to improve rural coverage, recruit and retain health care professionals, and generally find options to address and reduce the impact of these closures.
- Meanwhile, we will inform First Nations, municipal leaders, and the communities when there is an unavoidable service interruption, and to be transparent about the plan to mitigate where possible by leaning on the professional services of primary care paramedics and other health care professionals for coverage.

Context—this may be an issue because:

- Staffing shortages and ongoing recruitment and retention pressures in smaller and remote communities are affecting service consistency, limiting access to local primary and urgent care, and increasing reliance on Emergency Medical Services and visiting providers.
-

Background:

- Community Health Centres provide urgent and primary care, chronic disease support, public health services, culturally informed care, access to visiting physicians, mental wellness teams, and outreach programs.
 - They also deliver 24/7 emergency on-call nursing and work closely with Emergency Medical Services to support a territory-wide emergency response.
-

Community Health Centres

Health and Social
Services

- Demand for Community Health Centre services is rising as populations grow, and patients present with more complex conditions, driving higher call volumes and increasing pressure on available coverage.
- Several Yukon communities, including Pelly Crossing, Destruction Bay, Mayo, Beaver Creek, Ross River, Teslin, and Faro have experienced temporary health-centre closures or reduced hours/days of service due to intermittent staffing shortages during 2024 and 2025.
- In some cases, such as Faro, emergency services were maintained through on-site paramedic coverage, but this approach has been inconsistent across communities and does not replace full primary-care services.
- As of November 2025, the Public Health and Community Nursing/Nurse-in-Charge workforce approximately 125 positions territory-wide has a vacancy rate of 31%, rising to 38.5% when staff on sick leave or long-term disability are included, and all four permanent nurse practitioner positions remain vacant, with services currently sustained by one auxiliary-on-call nurse practitioner.
- The department is working to address recruitment and retention barriers such as limited electronic medical record access, gaps in mentorship, and clinical safety supports, ensuring nurse practitioners can practice to full scope across community settings.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Emergency Medical Coverage

Health and Social
Services

Recommended response

- We appreciate the work of Emergency Medical Services and are committed to generally strengthening coverage in communities.
 - Early in my roles as Minister, I contacted the Chair of Yukon's Volunteer Ambulance Supervisors Society to find opportunities for us to sit down and dialogue with rural supervisors to express my appreciation, and to hear ideas from responders on how to strengthen the service.
 - In the New Year, EMS officials will coordinate with the RCMP, fire services, Emergency Measures Organization and other appropriate responders to consider how to implement improvements in wilderness response.
 - We will develop additional pathways to health education and look forward to finding ways to make new training opportunities available for Emergency Medical Services staff and volunteers.
-

Context—this may be an issue because:

- Recruitment and retention of health care professionals, including emergency medical responders, are of high interest to the public and opposition.
-

Background:

- The department supports community-level health coverage by deploying a float paramedic team to provide coverage at the health centres when necessary.
 - Community Responders receive a \$7.70/hour on-call honorarium, \$19.08/hour non-operational pay for training (with additional support for out-of-community training), and a retention bonus of \$288–\$1,000 upon earning certification and completing 250 on-call hours.
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Emergency Medical Coverage

Health and Social
Services

Community	Community Responders	Emergency Medical Services
Beaver Creek	4	
Carcross	9	
Carmacks	12	
Dawson City	9	2 FTEs and 2 AOC
Destruction Bay	9	
Faro	8	
Haines Junction	16	
Marsh Lake	13	
Mayo	9	
Pelly Crossing	6	
Ross River	5	
Tagish	7	
Watson Lake	5	3 FTEs, 1 full-time term and 3 AOCs
Whitehorse	-	22 full-time, 3 part-time, 14 AOCs and 6 casual

- 405 Alexander.: 4.5 FTE Paramedics, including two mobile Paramedic specialists
- Air Ambulance: 5 staff supporting the air ambulance program. This includes 12 FTEs, eight term positions, one FTE float and six AOC personnel.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- Our priority is recruiting and retaining more frontline health care professionals, improving health care facilities, reducing red tape in the system, and building the long-term care facilities the Yukon needs to serve an aging population.
- A key part of this is ensuring health care practitioners are supported in education and learning.
- We will develop more opportunities for pathways to health education, including a family medicine residency program, expanding nursing education and making new training options available for emergency medical services (EMS) staff and volunteers.
- We are also committed to increasing the support for medical, nursing and health care bursary programs for Yukon students.

Context—this may be an issue because:

- Health workforce shortages were raised in the Legislative Assembly (Spring 2025) and in recent media coverage, particularly regarding rural service disruptions.

Background:

- A Family Medicine Residency Pilot Program is being supported by the department, Yukon Medical Association and University of Alberta. This currently involves supporting one student while assessing a longer-term approach.
- The University of New Brunswick Learn Where You Live LPN-to-Baccalaureate Nurse Pathway has two cohorts (2024 and 2025) with 24 learners progressing toward graduation in 2027 and 2028; students receive up to two-thirds tuition support and flexible scheduling.

Medical Learners' Initiatives

Health and Social
Services

- Yukon University offers a Practical Nurse Program and Health Care Assistant Program. A Medical Office Assistant program was established in 2025 and funding is being provided to expand the Social Worker program. We also understand Yukon University is exploring the development of a RN program.
- Since 2023, more than 10 Continuing Care employees have advanced from Nursing Home Attendant roles into Practical Nurse or Registered Nurse training, with five more currently being supported to take Practical Nurse course work.
- During 2024/25, bursaries supported 32 Yukoners (\$75,000 for medical students, \$57,500 for nursing, \$22,500 for other health fields).
- In 2025, the Yukon government is supporting 40 students with bursaries for medical, nursing, and other health profession studies.
- A \$450,000, three-year (2023-2026) agreement with the Yukon Registered Nurses Association supports continuing education for registered nurses and nurse practitioners.
- International pathways are expanding through the 2025 Foreign Credential Recognition Navigation Service (\$3.6 million federal funding), cost reimbursement and mentoring for internationally educated nurses, and the upcoming Transitions to Practice mentorship program.
- Canada continues to offer student-loan forgiveness for medical graduates and residents practicing in communities with under 30,000 residents.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Mental Wellness and Substance Use Services community hubs

Health and Social
Services

Recommended response:

- We are committed to supporting mental health for adults, children and youth in all communities in the Yukon.
- We will work to ensure Mental Wellness and Substance Use Services supports are available to Yukoners through providing counselling for families, children, youth, and adults; assessments; referrals to specialty services; after care counselling services and social supports; outreach services; and harm reduction training and supplies through community hubs.
- The Department of Health and Social Services will collaborate with community members and Yukon First Nations to ensure services reflect the unique needs of each community, including support for land-based healing and culture camps.

Additional response:

- We will work to ensure communities have housing options that can support mental health support workers, clinical and community counsellors, and mental health nurses who provide care in every community through virtual and in-person services.

Context—this may be an issue because:

- Recruitment and staff housing challenges have led to changes in service delivery, such as staff travelling to a few communities rather than being based locally.
- There has been an increased demand for communities to have access to supports that are currently only available in Whitehorse.

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TAB 8
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Mental Wellness and Substance Use Services community hubs

Health and Social
Services

Background:

- Mental Wellness and Substance Use Services community hubs are located in Carmacks, Dawson City, Haines Junction and Watson Lake.
 - The Carmacks hub serves Carmacks, Pelly Crossing, Faro and Ross River.
 - The Dawson City hub serves Dawson City, Mayo and Old Crow. Staff travel to Mayo and Old Crow regularly.
 - The Haines Junction/Carcross hub serves Haines Junction, Destruction Bay, Burwash Landing, Beaver Creek and Carcross.
 - The Watson Lake hub serves Watson Lake and Teslin.
- Services include Rapid Access Counselling, drop-in, appointment-based one-on-one counselling, group counselling, workshops tailored to community needs, support work, outreach and harm reduction.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Yukon Review Board/ Hospital designation

Health and Social
Services

Recommended response:

- Our government is committed to ensuring public safety and upholding the rights of individuals under Canada's *Criminal Code*.
- In September 2025, the Whitehorse Correctional Centre was removed as a designated hospital. This designation previously allowed the centre to detain and treat individuals under Yukon Review Board dispositions.
- Following the removal, the Yukon Hospital Corporation and Yukon Review Board raised concerns about operational challenges, and the safety and security of staff and other hospital patients.
- The departments of Justice and Health and Social Services and the Yukon Hospital Corporation will collaborate to ensure that the rights, safety and dignity of all impacted individuals are upheld.
- Our approach will balance public safety with the need for appropriate care for individuals found not criminally responsible or unfit to stand trial.

Context—this may be an issue because:

- In November 2025, the Government of Yukon received letters from both the Yukon Hospital Corporation and the Yukon Review Board requesting that the Whitehorse Correctional Centre's hospital designation be reinstated.

Background:

- The Yukon Review Board, established under Canada's *Criminal Code*, oversees individuals who are found "unfit to stand trial" or "not criminally responsible by reason of mental disorder". These individuals are typically placed under the care of the Department of Health and Social Services.

Yukon Review Board/ Hospital designation

Health and Social
Services

- Currently, there are two designated places for forensic mental health care, including Whitehorse General Hospital and the department's Mental Wellness and Substance Use Services program.
- In September 2025, Whitehorse Correctional Centre's hospital designation was removed under Ministerial Order 1993/011, which previously allowed Whitehorse Correctional Centre to detain and treat individuals under YRB dispositions.
- Concerns related to the Whitehorse Correctional Centre designation were raised in a 2018 Independent Inspection, which recommended revocation of this designation.
- The Yukon does not have a secure forensic facility for high-risk individuals found not criminally responsible by reason of mental disorder or unfit for trial, creating public safety risks and legal liabilities.
- Whitehorse General Hospital remains a designated hospital and can provide short-term stabilization (under 30 days) in its Fireweed Mental Health Unit, which is low- to moderate-security and not suitable for high-risk offenders.
- Currently, the Yukon has 14 Yukon Review Board clients (nine in-territory, five out-of-territory). Long-term placements must occur outside the Yukon due to lack of forensic resources in the territory.

Approved by:

Matt King

Deputy Minister, Health and Social Services

December 18, 2025

[Date approved]

Recommended response:

- We are committed to ensuring Yukon has sufficient continuing and long-term care space, and we will plan new projects and program improvements.
 - To keep pace with our growing and aging population we need to increase access to long-term and continuing care, which is already beyond our current capacity. And while making these investments, we will ensure rural communities are not left behind.
 - We plan to expand the Yukon Home Care Program to help seniors live in their own homes longer and provide better support for those working in the Home Care service.
-

Context—this may be an issue because:

- The Yukon Home Care Program has experienced the impacts of the local, national, and global shortage of health care providers and unplanned seasonal illness.
-

Background:

- Referrals for Home Care services are triaged, prioritizing individuals with the most urgent and complex needs.
 - As of December 1, there are 115.85 Home Care FTEs in the territory, with 20.77 vacancies or an 18% vacancy rate.
 - The department uses recruitment tools such as: Facebook, LinkedIn, Yukon Government job board and promotion through career fairs. The recruitment strategy is based on the position and if it is hard to fill. Additional recruitment activity makes use of promotional marketing which includes highlighting department positions and employees through career/employee profiles.
-

Session Briefing Note

TAB 15
Fall 2025

Home Care Services

Health and Social
Services

- The number of Home Care clients as of October 31, 2025, is 594; with 367 in Whitehorse and 227 in communities, distributed as follows:

Atlin	Redacted	Haines Junction	Redacted
Beaver Creek		Keno	
Burwash Landing		Mayo	
Carcross		Old Crow	
Carmacks		Pelly Crossing	
Dawson		Ross River	
Destruction Bay		Teslin	
Faro		Watson Lake	

- The Yukon Home Care Program aims to provide access to services within:
 - one to two days for complex, high-risk clients;
 - one week for medium-risk clients; and
 - two weeks for low-risk clients.
- The average wait time for a home care intake assessment in Whitehorse is 6 days. As of November 26, 2025, there are 11 people on the wait list.
- The Yukon Home Care Program is an accredited program through Accreditation Canada (2021–2025), having met 100% of national care standards. In October 2024, Continuing Care received accreditation with commendation by Accreditation Canada.
- The Yukon Home Care Program integrates the Canadian Interdisciplinary Palliative Care Competency Framework into its palliative approach to care, a national standard for palliative care in Canada.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- We will ensure the Yukon has sufficient continuing and long-term care space by beginning the planning for a Continuing Care Facility in Watson Lake, developing a plan for the next phase of Whistle Bend Continuing Care Facility and exploring options for another continuing care facility to meet current and future needs.
- We are committed to expanding home care services to help seniors live in their own homes longer and providing better support for those who work in the Home Care service, recognizing the important contributions of health care professionals.
- We will make a variety of housing options available for seniors by working with Non-Governmental Organizations, the private sector and Yukon First Nation governments, and find ways to increase access to assisted living.
- The recruitment and retention of long-term care staff and related health care professionals is equally important for ensuring that we have a system that can meet the needs of Yukon's aging population - and is a clear priority.

Context—this may be an issue because:

- The capital planning process takes time, meanwhile there is a waitlist for long-term care.
 - Yukon seniors' population age 75+ is projected to triple over the next 20 years, as compared to doubling in the rest of Canada (CIHI).
-

Background:

- The four long-term care homes in the Yukon are Copper Ridge Place, Thomson Centre and Whistle Bend Place in Whitehorse, and Alexander McDonald Lodge in Dawson City, which between them offer various levels of care and assistance to residents as part of our territory's continuum of care.
- There are 264 permanent long-term care rooms, 24 respite rooms, six permanent hospice rooms, and two hospice respite rooms.
 - There are two rooms in Watson Lake Community Hospital that are being used as an alternate level of care, such as respite care, palliative care, and for those eligible for and awaiting admission to a long-term care home.
- Over the last year, the wait time for clients needing assessment for long-term care during hospital inpatient admission is approximately 12 days. For clients in need of assessment in Yukon communities, the wait time, based on a small data sample, is on average 106.5 days.
- In 2025, the average wait time between being assessed as eligible for long-term care and admission is 30.6 days. Wait times range from 19.9 days for memory care in a secure environment to 37 days for intermediate care. On average, there are a total of 5.4 permanent admissions to long-term care each month, or 7.3 admissions per month including hospice rooms.
- The existing demand for long-term care exceeds capacity, and approximately 150 new rooms are estimated to be required in the Whitehorse area.
- In 2025–26, \$79.4M was budgeted towards the ongoing operations of long-term care homes in the Yukon.
- In an ongoing effort to increase and optimize long-term care and acute care capacity in the Yukon, 18 long-term care rooms (eight net new) in Whistle Bend Place were opened in 2024 and 10 rooms were vacated at Thomson Centre, enabling an expansion of 10 additional acute care beds at the Whitehorse General Hospital.
- Continuing Care is accredited through Accreditation Canada. Long-term care homes, along with Home Care and Quality and Safety offices, were evaluated by surveyors during an Accreditation Canada site visit in October 2024. This resulted in the Continuing Care Division receiving accreditation with commendation.

Session Briefing Note

TAB 16
Fall 2025

Long-Term Care

Health and Social
Services

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- The Government of Yukon is committed to advancing the use of digital health technology in ways that will make our health care system more efficient, integrated and accessible, enabling improved patient care and outcomes and a better provider experience across our health care system.
- The right digital technology and virtual care investments will help us to reduce red tape and administrative burden in the health care system, improve wait times, and enable better clinical workflows that support health care recruitment and providers to work to their scopes of practice.
- Next steps include working with health system stakeholders to improve the performance of information systems in use in different care settings and working towards a digital health strategy to optimize future investments in secure digital health technology.

Context—this may be an issue because:

- The YMA raised concerns in 2021 that the implementation of MEDITECH Expanse initially created more work for physicians, and planned expansion of the system to other care settings was put on hold.
- Community nursing continues to be primarily paper based, and the system in use by other Yukon primary care providers, PLEXIA, will need to be replaced in the near future.

Background:

Digital Health Strategy and Steering Committee (DHSSC)

Digital health strategy

Health and Social
Services

- The DHSSC, with membership from Health and Social Services (HSS), the Yukon Hospital Corporation (YHC) and Yukon Medical Association (YMA), is developing recommendations for a formal digital health strategy for the territory. They have been meeting since early 2024, and have three primary areas of focus:
 - Primary care electronic medical record (EMR)
 - Patient portal
 - Virtual care advancement
- Engagement with health care system stakeholders, including physicians, community nurses and people with lived experience was conducted in 2023 and 2024 and this input has informed the work of the DHSSC and the creation of a draft digital health strategy.
- A key priority at this time is ensuring that different systems across care settings can communicate with each other, to allow for better care coordination and patient experiences.

Systems in use

- MEDITECH Expanse is in use across all Yukon hospitals.
- The Yukon Medical Association (YMA) is leading an initiative to identify an optimal replacement system for PLEXIA for the Yukon physician operated primary care clinics, and HSS provided \$15K to YMA in 2024/25 for consulting resources to support this work.
- Work to transition community health centres from primarily paper based to a full EMR is underway (planning phase).
- Continuing Care uses an EMR system called Gold Care.
- There is currently no digital patient portal for Yukoners to access their consolidated health information.

Initiatives underway

- HSS Information Services has several initiatives in progress that support red tape reduction by updating functions, improving efficiency, and enhancing access.
- HSS participates in weekly Federal, Provincial and Territorial cyber security meetings.

- Mandatory cyber security training for all HSS employees was rolled out in August 2024.
- Information Services has been developing security policies and structures, including an anti-phishing campaign.
- Community Nursing currently provides virtual health services across Yukon communities through telehealth.
- The Home Health Monitoring Program helps people with chronic conditions track their health using connected devices and support from the Yukon Healthy Living Program to improve their understanding of their health condition and its impact on daily activities; and learn how to more effectively manage symptoms.
- HSS and YHC have been developing a comprehensive incident reporting system, which will allow patients and clients to directly influence quality and safety improvements across the health care system.
- The Integrated Health Services branch and Mental Wellness and Substance Use Services are implementing AI-powered applications to support health care providers at Yukon government health clinics.
 - The Heidi Health AI medical scribe is used to assist clinicians with real-time documentation (IHS and MWSU).
 - Spotlight, an application developed by PeerSupport.io, a Yukon based company, is an application that uses key words to recommend and automate referrals (IHS only).

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response

- The Health Authority Act received assent in spring 2024. The transition provisions are currently in effect, and under those provisions the first board was appointed in August of this year.
- We will work closely with Yukon First Nations, the Yukon Hospital Corporation, unions, and frontline providers to review the work done to date on the Health Authority and related initiatives to ensure any future system model reflects shared priorities, including prevention, team-based care, and approaches shaped by community needs.
- We need to ensure future system changes align with local priorities, provides culturally safe care, and responds to service needs across the territory, and to further ensure that we are investing our limited resources to ensure people can access the right care, at the right time.

Context—this may be an issue because:

- Opposition may raise questions about the platform commitment to reassess the Health Authority and seek updates on the Health System Transformation initiative.
 - Partners, including Yukon First Nations, the Council of Yukon First Nations, and the Yukon Hospital Corporation, expect continued progress toward a health authority, supported by the Act's many requirements for consensus and consultation with Yukon First Nations.
 - Ongoing concerns related to current system pressures; such as staffing shortages, rural service gaps, aging infrastructure, and rising demand, which are driving the need for transformation and influencing the pace and scope of ongoing work.
-

Background:

- Health System Transformation is a process aimed to modernize how services are organized and delivered, with a focus on improving access, cultural safety, system navigation, and coordination across the territory.
- The work responds to independent reviews of health services (Putting People First) and territorial finances that identified fragmentation, rising costs, and long-term sustainability issues.
- Stabilizing the current system remains a priority, including strengthening primary care, expanding team-based models, improving rural staffing, and upgrading high-pressure facilities.
- Partnerships with Yukon First Nations continue to strengthen culturally grounded care, including the new Old Crow Health and Wellness Centre and work on culturally safe system design.
- Shāw Kwä'ą / Health and Wellness Yukon / Santé et mieux-être Yukon, is being implemented in partnership through coordinated work involving Health and Social Services, the Yukon Hospital Corporation, Yukon First Nations and the new Board of Directors and supported internally by a cross-departmental committee structure that includes senior representatives from Department of Health and Social Services, Yukon Hospital Corporation, Public Service Commission, Department of Finance and Executive Council Office.
- These partnerships are developing and overseeing work, including:
 - Workforce planning: Labour relations and workforce transition planning is being co-led by the Public Service Commission and Health and Social Services with involvement from Yukon Hospital Corporation and union partners. This work includes employee mapping, job evaluation, organizational design, and measures to ensure continuity of collective-agreement rights, benefit entitlements, and pension portability.
 - Operational-readiness: Planning, jointly led by Health and Social Services and the Yukon Hospital Corporation, is advancing clinical governance support,

Health System Transformation & Health Authority

Health and Social Services

financial systems, shared-service functions, procurement processes, health information systems, privacy frameworks, and occupational health and safety requirements to ensure a safe and uninterrupted transfer of services.

- o Territory-wide service mapping: Work is underway to look at the current state of existing programs, capacity, and gaps across acute care, long-term care, community health, mental wellness, and public health, and will inform future system level decision making.
- o Community Health and Wellness Plans: Work is underway to identify clear, community-driven priorities to inform system planning and ensure services reflect local needs. Eight communities so far have engaged in the process, and five of them have advanced toward completing their plans with the completion of “What We Heard” reports.
- o Infrastructure review: The department is working collaboratively with the Yukon Medical Association and the Yukon Hospital Corporation to guide major capital planning and provide the new authority with a unified foundation for future workforce planning, infrastructure investment, and service-delivery decisions. This work is informed by long-term infrastructure planning initiatives, including the Comprehensive Health Infrastructure Review and the 30-Year Health Infrastructure Plan.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Whitehorse General Hospital expansion

Health and Social
Services

Recommended response:

- We are committed to supporting a generational expansion of Whitehorse General Hospital to connect Yukoners to the care we all rely upon into the future.
- The Yukon Hospital Corporation is leading the planning work for this critically important project, and we will be working closely together with health care professionals as the project moves forward.
- This project will deliver significant benefits, including better patient outcomes, increased capacity and access to care, better ability to respond to a growing population, operational improvements, reduced wait times, new technologies, and it will help to attract and retain health care professionals.
- Our government is discussing health infrastructure funding opportunities with the federal government, and we will continue to advance the necessary planning and design work to get this critical construction project underway as soon as possible.
- I have met with the federal minister responsible for Health Canada and our officials are actively engaging to leverage federal infrastructure funding.

[See Tab 25: Yukon Hospital Corporation funding](#)

Context—this may be an issue because:

- Hospital overcapacity, surgical wait times and cancellations, and challenges with infrastructure, such as instrument sterilization, are topics of public concern that have received considerable media attention.

Whitehorse General Hospital expansion

Health and Social
Services

Background:

- The health care system has experienced sustained growth pressures due to many factors, including rapid population growth, an aging population with increasingly complex health care needs, changes in practices and standards, and pressure from other jurisdictions for the Yukon to provide services in-territory.
- In the past few years, demand for surgical services at the Whitehorse General Hospital has increased more than anticipated, and the Yukon Hospital Corporation expects surgical volumes to increase by 8% in 2025-2026.
- Whitehorse General Hospital currently has two fully functional operating theatres and one minor procedure room, which limits the number and types of surgeries that can be performed in-territory.
- The existing surgical suites do not meet the standards established by the Operating Room Nurses Association of Canada and the Canadian Standards Association.
- In 2019–2020, the Yukon Hospital Corporation submitted a comprehensive plan to expand services, including surgical services, to Health and Social Services, with improved efficiency and patient safety as key outcomes.
- In September 2025, the Corporation released a request for proposals to carry out planning and design work, including updated costing and surgical volume projections. The department has transferred \$1.15 million to YHC toward this planning work.
- The expansion project aims to meet the needs 15+ years into future, enable comprehensive care of patients, and minimize impact on services during construction. Current needs identified including new modern operating theatres with supportive infrastructure, expanded capacity in the ICU and at least 40+ additional inpatient beds.

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Whitehorse General Hospital expansion

Health and Social
Services

- The Yukon Hospital Corporation expects to have an indicative design by February 2026, and work is in progress. YHC has formed a Project Steering Committee which is overseeing the planning. .
- The 2025 Federal Budget includes a \$5B over 3 years cost-matched Health Infrastructure Fund aimed at shovel ready projects, which may present an opportunity; though criteria and process (ie. How to access) is not yet defined.

Approved by:

 Matt King

Deputy Minister, Health and Social Services

 December 18, 2025

[Date approved]

Recommended response:

- We are committed to making generational investments in Whitehorse General Hospital and expanding the capacity of our hospital to improve wait times, services and outcomes for Yukoners and health professionals and support staff alike.
- The population of the Yukon is growing and aging rapidly, and our health care infrastructure needs significant investment to meet current and future health care needs, and we will work with the Yukon Hospital Corporation and health care professionals to develop an infrastructure plan to ensure Yukon hospitals keep pace.
- We are also committed to increasing the number of long-term care beds and will ensure sufficient continuing and long-term care space for Yukoners. We plan to build a continuing care facility in Watson Lake, develop a plan for the next phase of Whistle Bend Continuing Care facility, and look at options to build another.
- We will develop medical lodging options in Whitehorse and southern medical destinations and also consider other infrastructure priorities across the health and social services system, taking stock and focusing on our plans to meet needs into the future.

See Tab 23: Whitehorse General Hospital expansion

Context—this may be an issue because:

- Health care infrastructure was a topic of concern during the election period.
 - Travel to Whitehorse for services can be challenging, and there have been media reports about people's needs for accommodation for medical travel.
-

Health and Social Services infrastructure

Health and Social
Services

Background:

- Health care infrastructure in the territory is aging, with most community health centres, some long-term care facilities, and other related health and social service buildings nearing or exceeding their expected lifespan.
- Whitehorse General Hospital is facing critical challenges related to limited capacity, aging infrastructure, and inability to accommodate modern health care practices and technology, compounded by the need to support the fastest growing population in Canada.
- Continuing care facilities are frequently near or at capacity while the population of seniors 75+ grows at a higher rate than the rest of Canada; which increases pressure on Yukon hospitals, particularly Whitehorse General Hospital, because it limits the ability to discharge patients who do not need the higher level of care provided in hospital but are not able to go home or enter long-term care.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Yukon Hospital Corporation Funding

Health and Social
Services

Recommended response:

- We appreciate the work of all front-line health care professionals, the staff and Board of Yukon Hospital Corporation, and will support collective efforts to ensure the right care for Yukoners at the right time.
- We are committed to a generational expansion of Whitehorse General Hospital, boosting capacity by expanding surgical services, increasing the number of in-patient beds to meet current and future needs, cutting wait times and retaining and recruiting more health care professionals.
- We are taking immediate action in this supplementary budget by addressing urgent pressures and in support of Yukon Hospital Corporation's priorities. This includes additional funds to support critical staffing, to add eight more inpatient beds, and to replace aging equipment.

Context—this may be an issue because:

- There is keen public interest in the challenges being experienced by the health care system. Supporting the health care system, including expanding the Whitehorse General Hospital, is a key platform commitment.

Background:

- Whitehorse General Hospital has been operating at about 106% capacity in 2024-2025, with occupancy at times reaching as high as 130%, and the demand for other services, including time-sensitive and critical services like cancer treatment, has also sharply increased. Demand grew 17% last year, and the Yukon Hospital Corporation expects it to grow another 10% this year.

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Yukon Hospital Corporation Funding

Health and Social
Services

- YHC has identified in-year pressures and requested that this government increase O&M funding by \$3.3M and capital by \$3.9M:
 - Business Case - Rightsizing priority #1..... \$2,143,000
 - Including 31 FTEs:
 - 13.5 charge nurses
 - 6 positions tied to outpatient front line support
 - 4.5 health security officers
 - 4 positions tied to cancer care wait time reduction
 - 3 positions tied to aging facilities
 - Chemotherapy Drug Pressures \$2,100,000
 - Agency Nurses..... \$2,000,000
 - Physician Incentives \$1,100,000
 - Medical Device Reprocessing.....\$318,000
 - Pension Holiday (Offset) (\$4,346,000)
- Capital funding by \$3.9M:
 - Secure Medical Unit (SMU) Redevelopment..... \$1,100,000
 - Medical Device Reprocessing \$2,762,000
 - General Maintenance..... \$36,000

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Health human resources recruitment and retention

Health and Social
Services

Recommended response:

- We have prioritized recruitment and retention and as a first step, will work with system partners to launch a marketing campaign in early 2026 aimed at attracting health care professionals from the United States, while also advancing work with the Yukon Medical Association and the regulator to take action to streamline the licensing pathway for foreign credential recognition from jurisdictions with similar standards, including the US, UK, Australia and New Zealand.
- We will expand local health-education pathways and increase education bursaries to support Yukon students pursuing health and social service professional careers.
- Our commitment is to bring real, actionable, and pragmatic solutions to ensure Yukoners throughout the territory have access to the services they need, when they need them.

Context—this may be an issue because:

- Health human resource challenges are nation-wide and stability in the health care system relies on actions that will keep the professionals we have, while attracting new health care professionals to the territory.

Background:

- Educational pathways will expand through the Family Medicine Residency Pilot (University of Alberta–YG), the Learn Where You Live LPN-to-RN pathway (University of New Brunswick), and Yukon University's exploration of an in-territory Bachelor of Science in Nursing program.
- The Health Human Resource Strategy will refresh and build system-wide efforts.
- Priorities aimed to attract and support health care professionals:

Health human resources recruitment and retention

Health and Social
Services

- Working with Nurses to Create a Regulatory Model For Nursing; including ensuring that the regulatory body remains arms-length from government.
- Adopting a Competitive Pay Scale for Nurse Practitioners.
- Expediting the review of regulations under the Health Care Professions Act; including Reviewing the Dental Act.
- Establishing an Advisory Committee of Psychologists to improve the regulatory regime and address regulatory barriers to practice; including allowing psychologists from outside the Yukon to practice in the territory and ensuring a pathway to registration for new graduates.
- Working with the Yukon's Pharmacists to Expand their Scope of Practice.
- Increasing the Incentives to Attract New Doctors under the successful New Grad/CCFP*/RCPSC program
- Developing More Opportunities for Pathways to Health Education; including a family medicine residency program, expanding nursing education and making new training options available for emergency medical services (EMS) staff and volunteers.
- Working with health professionals to Implement Preventative Health Programs that focus on addressing health issues before they develop or worsen.
- Ensuring there are Appropriate Housing Options to help recruit health professionals to rural Yukon.

Approved by:

Matt King

Deputy Minister, Health and Social Services

December 18, 2025

[Date approved]

Medical travel

Health and Social
Services

Recommended response:

- It is essential that Yukoners be able to access the services they need, including medically necessary travel, for insured services, both within and out of territory.
- We are committed to reviewing medical travel rates to support Yukoners to access insured health services, regardless of where they reside.
- We will also explore options for medical travel lodging in Whitehorse and Vancouver, to help ensure that Yukoners have affordable and convenient places to stay while they access insured health services away from home.

Context—this may be an issue because:

- There is ongoing public interest in improving access to medical travel supports and accommodations, especially for rural Yukoners.

Background:

- The Medical Travel Program provides support to access insured health services not available in an individual's home community, with a subsidy to assist with the cost of meals and accommodations where the medical service is provided.
- The Medical Travel Program provides coverage for eligible Yukoners, travel for essential non-emergency insured health services when they are not available in one's community. Medical travel covers both in-territory and out-of-territory travel for medical services within Canada.
- Emergency air ambulance services are provided through a contract with Alkan Air and staffed by Yukon Emergency Medical Services health professionals.

Medical travel

Health and Social
Services

- The medical travel subsidy is adjusted annually based on the Consumer Price Index. The current medical travel subsidy is \$178 per day for overnight outpatient services and \$90 for same day travel and approved escorts.
- The 2025–26 budget for the Medical Travel Program, including the air ambulance contract, is \$23.5M (\$23,507,000).
- In 2024–25, 79% of spending for medical travel insured residents was on out-of-territory travel and 21% was on in-territory travel.
- In 2024–25, based on cost (excluding emergency medicine cases), the top three specialties for out-of-territory medical travel, were cardiology, oncology and ophthalmology.
- In 2024–25 there were 4,283 out-of-territory and 4,587 in-territory medical travel cases that reflect:
 - 11,877 scheduled flights authorized
 - 11,118 subsidies processed
 - 4,078 mileage payment processed
 - 1,015 medevacs (including repatriations)
 - 1,922 unique individuals travelling in-territory
 - 4,219 unique individuals travelling out-of-territory
- Registered First Nations and Inuit Yukoners receive medical travel benefits under the Non-Insured Health Benefit Program with funding provided by the Government of Canada.
- The average cost of a round-trip medevac to Vancouver is \$20,143.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- We recognize that Yukon's drug programs strengthen medication access for Yukoners and reduce out-of-pocket costs, helping improve health outcomes across the territory.
- The Yukon government entered an agreement with Canada in March 2025 to participate in the expanded national Pharmacare initiative through the Canada–Yukon Pharmacare Agreement.
- While we are generally supportive of carrying on with the agreement, we will also take some time to examine the details to ensure it is a good deal for Yukoners.
- Further, we are considering options related to implementation and program delivery, and our officials are engaged with Canada to determine an appropriate and realistic timeline.

Context—this may be an issue because:

- Yukon is one of four Provinces / Territories (Yukon, BC, Manitoba, PEI) that have signed a National Pharmacare deal with Canada. The federal government has indicated it will protect these agreements but is not negotiating any more at this time.

Background:

- The Canada–Yukon Pharmacare Agreement was signed March 2025. It is a four-year agreement ending in 2029.

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Pharmacare

Health and Social
Services

- The agreement will provide up to \$9.5 million over four years. The Yukon National Pharmacare Program offers residents universal, first-dollar coverage for eligible contraceptives and diabetes medications, ensuring access is based on need rather than ability to pay.
- Status of rollout: Manitoba's coverage began April 15, 2025; PEI's coverage began May 1, 2025; Yukon is expected to start by end of January 2026 unless extended; BC is scheduled to implement in March 2026.
- The department also operates other drug programs that will continue:
 - Seniors pharmacare and extended benefits that provide medications, dental, optical, medical supplies and equipment benefits to Yukon seniors;
 - Chronic Disease and Disability Benefits Program covers essential medications, supplies, and medical equipment for residents in accordance with legislatively approved chronic conditions or disabilities; and
 - Children's Drug and Optical Program support families by covering eligible prescription drugs and vision-care benefits for children under 19.
- The Yukon government signed a similar three-year agreement with the federal government on Drugs for Rare Diseases, which runs to the end of 2026-27. This agreement provides funding to improve access to Yescarta, a high-cost drug that treats certain forms of relapsed or refractory B-cell lymphomas in adults.

Approved by:

Matt King

Deputy Minister, Health and Social Services

December 18, 2025

[Date approved]

Physician Compensation and Contract Negotiations

Health and Social
Services

Recommended response:

- Our government is committed to working with the Yukon Medical Association so that compensation for physicians providing care to Yukoners is competitive, consistent and fair.
- As physician shortages persist across Canada, we must ensure that the Yukon can attract the medical providers we need, from within our country and abroad.
- We hear physicians want to spend less time on paperwork, and more time caring for patients. We will work to reduce the administrative burden for doctors and address delays in payments for services.

Additional response:

- With the coming-into-force of an Act respecting the Yukon Medical Association on January 1, 2026, we look forward to working across the table with the Association on upcoming contract negotiations.
- These negotiations are a priority to ensure stability in key areas of our health system.

Context—this may be an issue because:

- Public concern about physician recruitment and retention continues to grow, with a significant number of Yukoners without a regular primary-care provider.
 - The coming-into-force of an Act Respecting the Yukon Medical Association may raise questions about upcoming negotiations with the Yukon Medical Association, and how Yukon's compensation rates and recruitment incentives will be effective at attracting new physicians.
-

Physician Compensation and Contract Negotiations

Health and Social
Services

Background:

- The Act Respecting the Yukon Medical Association (assented May 1, 2025; in force January 1, 2026) establishes the Yukon Medical Association as the sole and exclusive bargaining agent for physician compensation and sets out provisions for binding rights and interest arbitration.
- The 2025–2028 Memorandum of Agreement was ratified between the Department Health and Social Services and the Yukon Medical Association in August 2025.
- The Memorandum Of Agreement reflects the Yukon Medical Association's new role pursuant to the Act, governs fee-for-service remuneration, and outlines government's contributions to benefit programs that support Yukon physicians, such as parental leave, physician wellness, and continuing medical education.
- Early in the new year, the department expects to begin negotiating with the Yukon Medical Association on several physician contracts that are nearing expiry, ensuring continuity of contracted physician services and alignment with the bargaining responsibilities set out in the Act and the compensation framework of the current Memorandum of Agreement.

Approved by:

Matt King

Deputy Minister, Health and Social Services

December 18, 2025

[Date approved]

Recommended response:

- We will put patients first, cut wait times, and make sure every Yukoner has access to the right care at the right time.
- We are committed to work with the Yukon Hospital Corporation, the Yukon Medical Association and health professionals to support access to in-territory services and specialist programs, improve wait-times for surgery, health services such as mammography, MRIs, and cataract surgery, and reduce the need for out-of-territory medical travel.
- We will prioritize a generational expansion of Whitehorse General Hospital to increase access and quality of care. We are focused on recruiting the health professionals we need and retaining the amazing health care workers that we have.
- Meanwhile, we are focused on taking wait time reduction actions so that Yukoners will realize timely access to the vital specialist and hospital services they need.
- We are already increasing investment in the Yukon Hospital Corporation in this fall supplementary budget, and we will continue to make real improvements for Yukoners.

Context—this may be an issue because:

- There is ongoing public interest in access to specialist and hospital services in the Yukon to reduce out-of-territory medical travel.

Background:

- Based on estimates by the Canadian Institute for Health Information, of the 118.8 full-time equivalent physicians providing services to Yukoners in 2024-25

(including non-resident visiting specialists and locums, and calculated on the basis of physician payments), 26 FTEs are medical specialties (with psychiatry and pediatrics representing the more than half of that count), and a further 13.5 FTEs in surgical specialties (including general surgery, and orthopedics obstetrics/gynecology).

- At present, the top priority for specialist recruitment is a third orthopedic surgeon. Efforts are also underway for other recruitment to support in-hospital services, notably the Whitehorse General Hospital Emergency Department and services at Dawson City Community Hospital.
- The Yukon Hospital Corporation, Yukon Medical Association and Department of Health and Social Services collaborate through the Access to Specialty Care Committee to support appropriate access to specialist services.
 - Current priorities for specialty care are echocardiogram and general internal medicine. The parties working together to advance scoping of these as potential hospital programs.
- Imaging and surgical volumes have increased, reflecting growing demand for services.
- The pediatric model led by Lynx Clinic provides a multidisciplinary approach to child health, reducing the need for out-of-territory travel for pediatric services.
- Rheumatology, internal medicine and other specialist services are supported by visiting specialists, with ongoing efforts to improve access and reduce wait lists.
- Pediatric outreach clinics have expanded to include dermatology and neurology, along with cardiology and endocrinology, increasing clinic days and reducing medical travel costs for Yukon families.
- Abortion care services are provided by the Opal Clinic, located at the Whitehorse General Hospital.

YHC data

Table 1: Average T1 wait time by specialty (months from primary care referral to specialist visit)

Specialty	Target	2023-24	2024-25	Fiscal Q1-Q2
Cardiology	≤3	6	6	6
Otolaryngology	≤3	24	24	24
Internal medicine	≤3	3	3	3
EMG	≤3	3	3	3
General neurology	≤6	5	5	5
Physiatry	≤12	8	9	9
Rheumatology	≤6	16	15	15
Gastroenterology	≤6	4	6	6
Nephrology	≤3	3	3	3
Dermatology	≤3	3	3	3
Cataract evaluation	≤4	3	3	3
General ophthalmology	≤4	3	4	4
Orthopedics (hands)	≤6	6	6	6

Wait times: wait times are typically reported in two distinct ways, T1 wait times (time from primary care referral to specialist visit), and T2 wait times (time from specialist determination of need for procedure/treatment to actual procedure/treatment. Reporting is inconsistent across the country. Because some services are offered out of territory, the Yukon Hospital Corporation tracks T1 wait times, but not T2 times. CIHI has little wait times data for the Yukon, or other territories. CIHI tends to report T2 wait times as these are most relevant to the public.

Table 2: Surgeries

Procedure	Target	FY 2023-2024	FY 2024-2025	Fiscal YTD, Q1-Q2
Total joint procedures	≤150	107 (target 100)	138	86
Cataract surgeries	≤600	598	513	373

Table 3: Hospital bed occupancy

Procedure	Target	FY 2023-2024	FY 2024-2025	Fiscal YTD, Q1-Q2
Whitehorse (68 beds*)	≤90%	96%	106%	97%
Watson Lake (6 beds)	≤50%	36%	38%	22%
Dawson City (6 beds)	≤50%	27%	38%	27%

*In 2025/2026 Q2 the bed count at WGH was 68, in Q3 it increased to 71 with the opening of the Fireweed Mental Health Unit.

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Specialist and hospital services

Health and Social
Services

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Children with complex care needs

Health and Social
Services

Recommended response:

- This Government is committed to providing appropriate supports to children with complex care needs and their families.
 - We are committed to ensure that appropriate support is available to support students with unique health care needs and examine options to develop therapeutic supports and spaces to meet the needs of students.
 - The Department of Health and Social Services will collaborate with the Department of Education to address long-term solutions for students who require intensive, wraparound supports.
-

Context—this may be an issue because:

- There has been media coverage regarding public concerns about underfunded programs that have left some Yukon families struggling to find support for their children with complex care needs while at school.
-

Background:

- The Department of Health and Social Services works with the Department of Education under a Memorandum of Understanding to align appropriate services and provide contracted therapies in schools through Disability Services to support students with complex care needs within existing school programs.
 - Contracted therapies include physiotherapists, occupational therapists and speech-language pathologists.
 - The Chief Medical Officer of Health worked with the Department of Education to update policies and develop a Medical Oversight Framework to ensure safe and consistent health care practices are delivered in schools.
-

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Children with complex care needs

Health and Social
Services

- The Yukon Child & Youth Advocate Office's February 2025 Close to Home report highlights major barriers for children, especially Indigenous children, in accessing education, therapeutic supports, and family stability. The report calls for strategic actions: creating a multi-departmental complex case committee, building Yukon-based therapeutic resources, developing parent support programs, and training educators to foster flexible, culturally responsive, and collaborative systems that uphold children's rights and improve outcomes.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Downtown Whitehorse safety response

Health and Social
Services

Recommended response:

- This government will focus on returning downtown Whitehorse to a place of safety and vibrancy
- We will work with the City of Whitehorse to prioritize investments aimed at revitalizing and invigorating the downtown area, while encouraging private sector investment in its development.
- We recognize the importance of conversations with the community, including downtown residents, businesses and people with lived experience, to help envision a neighbourhood that is safe to live, work and play in.
- We will continue to partner with the Reaching Home Community Advisory Board to implement a coordinated access system in the Yukon, while also working to improve alignment of priorities and resources to the Community Action Plan to End and Prevent Homelessness.

See Tab #45: Whitehorse Emergency Shelter

Context—this may be an issue because:

- Safety in downtown Whitehorse has been a longstanding concern, driven by issues such as homelessness, substance use, availability of illicit and toxic drugs, and repeat criminal activity. These challenges have prompted community calls for action, especially in the neighbourhood around Alexander St.

Background:

- In December 2023, the Downtown Whitehorse Safety Response Action Plan was released with aim to promote a safe, supportive and thriving downtown Whitehorse.

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Downtown Whitehorse safety response

Health and Social
Services

- While the Action Plan has made some progress toward four priorities: to get more people into safe, secure housing; clarify what support services are available and where; decentralize services; and coordinate the approach between accountable partners; concerns persist.
- The Reaching Home Community Advisory Board is currently meeting Reaching Home minimum requirements for coordinating access and implementation of the Homeless Individuals and Families Information System, revising the Community Action Plan to be data-driven and outcome-focused, and will be revising the terms of reference and solidifying the new governance structure. The Board is also finalizing the Safe at Home: A Community-Based Action Plan to End and Prevent Homelessness report and anticipates its release for early February 2026.
- Further work with partners such as Safe at Home Society, Council of Yukon First Nations, Kwanlin Dün First Nation, Blood Ties Four Directions and others to decentralize services at the Whitehorse Emergency Shelter is ongoing.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Family and Children's Services Pressures

Health and Social Services

Recommended response

- We are committed to protecting children and ensuring they receive the necessary care for their wellbeing. We will focus on recruitment and retention for health care workers including social workers and child protection workers, recognizing their critical role.
- A review of Family & Children's Services is in the final stages by the Office of the Auditor General of Canada, and once we receive the report we will be committed to act on recommendations.
- We are committed to working with Yukon First Nations, the Council of Yukon First Nations and Non-Governmental Organizations in this area to find improvement.

Context—this may be an issue because:

- Canadian Human Rights Tribunal orders and Final Settlement Agreements related to compensation and long-term child welfare reform remain in the media.
 - The office of the Auditor General of Canada (OAG) is completing an audit of Family and Children's Services with the report expected in the new year.
-

Background:

- Recruitment and retention of child protection social worker positions is a challenge. As of November 10, 2025, 55% (20 of the 36 FTEs) of the child protection social worker positions across the Yukon are filled but capacity is limited.
- As of August 31, 2025, there were 191 children in out-of-home care, with 96 children in the care of the Director and 95 children in extended family care.
- Transitional Support Services operates seven group homes that as of September 2025 had 48 children and youth in 40 available bedrooms. In order to

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Family and Children's Services Pressures

Health and Social
Services

accommodate these children in limited spaces, FCS regularly moves children between group homes.

- The existing group home staffing complement is experiencing difficulties providing necessary shift coverage.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- Our government will expand access to addictions treatment and prevention programs, ensuring Yukoners have timely, effective care while maintaining properly managed harm reduction as part of a balanced approach.
- As part of this approach, we will work with Justice on a pilot program that gives courts the option to send people to treatment and mental health care instead of jail when addiction is a factor.
- We will also look beyond treatment to transitional housing and aftercare programs that will help people stabilize and stay on the path to recovery, so they can rebuild their lives and reintegrate into their communities.

Additional response:

- We are committed to working with community partners, First Nations governments, and NGOs to address the challenges of ongoing opioid and substance use by increasing addiction treatment options, enhancing prevention initiatives and creating effective enforcement mechanisms.
- We will continue to support evidence-based initiatives that save lives and reduce harm.

Context—this may be an issue because:

- Concerns have been raised about the progress on commitments under the Substance Use Health Emergency Strategy. With rising fatalities and community pressure, opposition members may question whether harm reduction programs will continue.

Opioid and substance use

Health and Social
Services

- Opioid-related deaths continue to rise. Yukon has already recorded 17 substance-related deaths this year. This exceeds the total number (14) of substance-related deaths for 2024.

Background:

- In January 2022, the Government of Yukon declared a Substance Use Health Emergency in response to substance use-related harms.
- The Substance Use Health Emergency Strategy was released in August 2023, developed in partnership with the Council of Yukon First Nations and other partners. The 43-action item strategy is a living document, evolving with community needs and feedback, and highlights four areas: prevention, harm reduction, treatment and recovery support, and community safety and wellbeing.
- From 2016 to November 24, 2025, there have been 148 substance-use related deaths in the territory; 126 of these were opioid-related. Between January 1 and November 24, 2025, there have been 17 confirmed drug toxicity deaths and between January 1 and June 30, 2025, 155 EMS calls for suspected drug poisoning.
- Available programming currently includes Withdrawal Management and services at Sarah Steele, Managed Alcohol Program, expanded access to Opioid Agonist Therapy, Referred Care Clinic, services at the Supervised Consumption Site, access to Naloxone, amongst other programs and services.
- Mental Wellness and Substance Use Services are available for all Yukoners seeking support for substance use related issues.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Supportive housing

Health and Social
Services

Recommended response:

- We are committed to prioritizing affordable social and supportive housing to address housing needs in the Yukon by working with non-governmental organizations, the private sector, and Yukon First Nation governments.
- Through collaboration with community partners, we will work to improve territory-wide data sharing and ensure actions align with what Yukoners need.
- We will explore avenues to expand housing options along various housing continuums including supportive housing for post substance use and addictions treatment, for Seniors and Elders and for Yukoners at risk of or experiencing homelessness.

Additional response:

- We are committed to working with community partners, such as the Reaching Home Community Advisory Board and Seniors' Advisory Committee, to improve the alignment of recommendations, priorities, and resources.
- We will work to implement the recommendations of the Auditor General of Canada's 2022 report.

Context—this may be an issue because:

- All aspects of the housing continuum- social, supportive, affordable, appropriate service providers, etc.- have been increasingly difficult to address as supply is limited.
- There may be public concerns about some supportive housing having impacts on property values and downtown safety.

Supportive housing

Health and Social
Services

Background:

- The 2024 Point-in-Time count found that at least 145 individuals and families were experiencing homelessness in Whitehorse. In 2023, that number was 197.
- The Hearth, a new 67-unit affordable supportive housing initiative, is anticipated to open on April 1, 2026. Up to 87 residents will be selected from the By Name List and sign a program agreement allowing program staff to support residents with wellness checks, case management and guest management while living in a safe and secure housing complex.
- The Department of Health and Social Services and the Yukon Housing Corporation accepted all recommendations in the 2022 OAG report.
 - In May 2022, the Yukon Housing Corporation and the Department of Health and Social Services signed a Memorandum of Understanding to serve as a framework for cooperation on affordable housing and housing with services in the Yukon; developed an Action Plan and associated workplan to implement the recommendations; and developed models and standards around needs assessments for a consistent approach to housing vulnerable people.
- The Government of Yukon leases 36 affordable Seniors and Elders supportive housing units at Normandy Living in Whitehorse. Eligibility is based on income testing and results of a Clinical Frailty Scale assessment conducted through the Department of Health and Social Services.

Table 1: Transitional or supportive housing

Location	Number of units	Occupancy
405 Alexander (above the shelter)	20	89% (1 unit under repair) ((as of Sept 2025)
5131 5 th Avenue (formerly Housing First)	16	93% (1 unit under repair) ((as of Sept. 2025))
Cornerstone Community Building	21	100% (as of Nov 2025)
408 Alexander	17	100% (as of Nov 2025)
10-Plex in Watson Lake (limited services)	10	60% (as of Nov 2025)

Session Briefing Note

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Fall 2025

Supportive housing

Health and Social
Services

Total units	84	
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* Residents are provided with various supports and services, depending on the needs of the individual and structure of the program.

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Recommended response:

- Drawing on the many independent studies and reports recommending decentralization of social services in and around 405 Alexander Street, we will take a comprehensive review of the Whitehorse Emergency Shelter's operating model to determine a good way forward.
- We will ensure the immediate actions committed to by the operator are implemented, in a timely way, with aim to improve safety and security.
- We recognize the issues and will take action that focus on returning it to a place of safety and vibrancy.

Additional response:

See Tab 41: Downtown Whitehorse safety response

Context—this may be an issue because:

- The Whitehorse Emergency Shelter has been under public scrutiny due to associated risks with the toxic drug supply, substance use concerns, and connection to downtown safety issues.
-

Background:

- In September 2025, Health and Social Services signed a one-year \$6.89m transfer payment agreement with Connective for operations of the Whitehorse Emergency Shelter. The new agreement includes staffing and programming changes, and the establishment of an Advisory Committee with Yukon First Nations.
 - The emergency shelter has capacity for 54 emergency shelter guests per night and 20 housing units that are transitioning from tenancies to program agreements
-

focused on supportive housing in the first six months of the TPA. This transition will support Connective to better support individuals' safety.

- The Government of Yukon assumed operations in 2019 with the intent of stabilizing operations and then transferred oversight to Connective Support Society, which took on operations of 405 Alexander in October 2022.
- Programming, services and supports include the EMS Paramedic Specialist Program, Opioid Treatment Services, harm reduction education and supplies, cultural supports and programming in partnership with the Council of Yukon First Nations, and access to wrap around community supports. Some Yukon First Nations are also providing services on site.
- In May 2023, two independent reports were released evaluating the Whitehorse Emergency Shelter:
 - Whitehorse Emergency Shelter Evaluation, prepared by Vink Consulting, found that clients should be more supported to find permanent housing and more could be done on culturally appropriate approaches; and
 - A Path Forward, prepared by House of Wolf & Associates at the request of the Council of Yukon First Nations evaluated the shelter's effectiveness, its impact on the community and the clients it serves. One of the recommendations was to decentralize aspects of service delivery.
- In winter 2024–25, consulting firm Meyers, Norris, Penny conducted an independent review to evaluate the Whitehorse Housing First Program at 405 Alexander St. and at 5131 5th Ave. This review resulted in an evaluation report and a series of recommendations including recommendation to shift the low barrier housing first model to a program based model requiring commitments by clients.
- Since the 2024 Coroner's Inquest, all eight jury recommendations have been implemented. These include comprehensive policy and training updates, strengthened staffing practices with a focus on Indigenous representation, and robust evaluation and incident reporting systems. A process to review deaths at the shelter is being finalized.

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Fall 2025

Whitehorse Emergency Shelter

Health and Social
Services

- In fall 2025, the Whitehorse Emergency Shelter Advisory Committee was partially established (identified co-chairs: ADM Social Services; Deputy Chief Telep appointed) and includes representatives from the Government of Yukon and Yukon First Nations. The purpose of the committee is to provide recommendations and advice to the Government of Yukon and Connective on the operations and future programming at 405 Alexander. The committee intends to review the agreement after six months to determine if TPA deliverables are being fulfilled.

Table 1: Yukon shelters: HSS supports 133 emergency shelter beds available in the territory.

Location	Community	Maximum # of beds	Occupancy
405 Alexander	Whitehorse	54	87% (June 2025)
Kaushee's Place	Whitehorse	15	118% (June 2025)
Youth Emergency Shelter	Whitehorse	11	n/a
Help and Hope for Families	Watson Lake	11	73% (June 2025)
Jëje Zho, Dawson Men's shelter	Dawson City	5	33% (May 2025)
Dawson Women's Shelter	Dawson City	5	42% (June 2025)
CYFN Family Preservation Wellness Centre	Whitehorse	32	90% (October 2025)
Total beds		133	

Approved by:

Matt King

December 18, 2025

Deputy Minister, Health and Social Services

[Date approved]

Truth and Reconciliation Commission – Update on Calls to Action

Executive Council
Office

Recommended response:

- Reconciliation is an ongoing process and a shared responsibility of all governments and individuals in the Yukon.
- Advancing the Truth and Reconciliation Commission's Calls to Action is central to our government's commitment to reconciliation.
- We will continue to collaborate and work in partnership with Indigenous governments and groups on advancing the Truth and Reconciliation Commission's Calls to Action to create meaningful change and better programs and services for Yukon First Nations Peoples and all Yukoners.

Additional response:

- We are tracking our actions and initiatives in addressing the Truth and Reconciliation Commission's Calls to Action.

Context—this may be an issue because:

- It has been 10 years since the report and Calls to Action were published. The Official Opposition may ask for an update on the government's progress in addressing the Calls to Action.

Background:

- Released in 2015, the Truth and Reconciliation Commission (TRC)'s report *Honouring the Truth, Reconciling for the Future* contains 94 Calls to Action on redressing the harms resulting from residential schools and creating better relations between the federal, provincial and territorial governments and Indigenous Peoples. There are 32 Calls to Action that relate directly to YG.
- YG and YFNs collaborated on addressing the Calls to Action under the 2017 Yukon Forum Joint Priority Action Plan and through other reconciliation initiatives, such as supporting the important work of the YFN-led Yukon Residential Schools and Missing Children Project.
- YG has taken additional steps to address the Calls to Action, including:
 - establishing the position of Assistant Deputy Minister of First Nations Initiatives at the Department of Education, signing an agreement to establish a YFN School Board and entering into education agreements with all YFNs (speaks to Calls 7 and 10 directed to the federal government);
 - supporting Indigenous athletes and the North American Indigenous Games (Call 88);

Truth and Reconciliation Commission – Update on Calls to Action

Executive Council
Office

- implementing the YFN Procurement Policy (relates to Call 92) and the Representative Public Service Plan: *Breaking Trail Together* (relates to Call 7);
 - working with YFNs and Yukon Indigenous women's groups to implement the Yukon's *Missing and Murdered Indigenous Women, Girls and 2-Spirit+ People Strategy* (MMIWG2S+ Strategy) (relates to Call 41);
 - participating at the Trilateral Table on the Wellbeing of YFN Children and Families to address gaps for culturally appropriate parenting programs (Call 5); and
 - receiving input from YFNs on Health and Social Services programming through the Mental Health Advisory Committee (relates to Call 19).
- YG last reported on its progress to implement the TRC Calls to Action in fall 2023 through a status report and Pathways magazine. The magazine and report provided an update on the actions being taken across YG and in collaboration with YFN governments in areas including child welfare, health, education and justice.

Approved by:

KL

November 28, 2025

Deputy Minister, Executive Council Office

Date Approved

2025–26 Supplementary Estimates No. 1 – CORPORATE

Finance

Recommended response:

- By bringing these Supplementary Estimates to the Legislative Assembly for debate, we are providing transparency to the public about how the government is allocating taxpayer dollars.
- These Supplementary Estimates serve as an update on spending from the previous government, to fulfill the obligations and contracts already committed to by departments for the current fiscal year.
- We want to increase transparency and accountability around spending, rather than relying on special warrants for the remainder of the year.
- We look forward to bringing forward a budget this spring that we have had the opportunity to shape, and that is reflective of our priorities and commitments to Yukoners.

Contingencies

- Our guiding principle has been that these Supplementary Estimates will provide the resources needed by departments to take them to the end of the fiscal year, without requiring further changes or dependence on additional spending.
- There is a provisional contingency for price and volumes pressures, including inflation, increased demand for public services, and potential wage increases resulting from ongoing collective bargaining.
- There is also a general contingency to ensure compliance with financial authorities. These contingencies are included to ensure all departments remain within their voted budgets for the fiscal year given the potential for unforeseen pressures.

2025–26 Supplementary Estimates No. 1 – CORPORATE

Finance

Summary:

- The 2025-26 Supplementary Estimates No. 1 forecasts an overall gross increase of \$150.4 million in O&M spending, with an offsetting increase of \$8.3 million in recoveries. The net increase in O&M spending is forecast at \$142.0 million when accounting for recoveries.
- Capital adjustments in the Supplementary Estimates No. 1 reflect an overall increase of \$1.0 million in spending and a \$1.6 million increase in capital recoveries. This results in a net decrease in capital spending of \$594 thousand.
- Budgetary revenues are projected to increase by \$5.9 million, primarily due to a \$5.7 million increase in accrued interest on loans to the Receiver for Victoria Gold Corporation.
- The Government of Yukon continues to maintain a budgetary surplus forecast for 2025-26 of \$12.5 million, revised down from the \$82.0 million forecast in the Main Estimates.

FTEs:

- There is an increase of 71.2 FTEs or “Full-Time Equivalents” in the Supplementary Estimates. This is primarily for 57.3 FTEs in Education, including teachers, Educational Assistants, and other positions to provide enhanced support for students.
- This increase also includes 11.4 positions in Health and Social Services for both frontline and administrative positions, and small personnel additions to the Department of Justice (2 FTEs) and the Public Service Commission (0.5 FTEs).

Session Briefing Note

Embargoed until tabling

TAB 62

Fall 2025

2025–26 Supplementary Estimates No. 1 – CORPORATE

Finance

Borrowing:

- Total anticipated territorial borrowing was \$773.9 million in the 2025–26 Main Estimates, inclusive of \$400 million in long-term borrowing authorized in the *First Appropriation Act 2025–26*. We expect to proceed with the second tranche of this borrowing in the spring, using the remaining \$200 million authorized.
- Significant energy infrastructure pressures require an increase of \$100 million to the Yukon Development Corporation's short-term borrowing limit. This includes \$50 million authorized by the previous government, and an additional \$50 million being authorized by this government to address critical work in Mayo.
- Other factors include a decrease of \$966,000 in a loan payable by Yukon University and a \$3.15 million increase in accrued interest payable.
- Revised estimated total borrowing in 2025–26 is \$876.1 million. This leaves \$323.9 million available within the \$1.2 billion borrowing limit.

Context—this may be an issue because:

- The 2025-26 Second Appropriation Act will be tabled during the fall sitting.

Background:

- Supplementary estimates are introduced by the government to account for unforeseen spending at the time of tabling the annual Budget.

Approved by:

Katherine White

December 8, 2025

Deputy Minister, Finance

Date approved