

Health and Social Services – Spring Session Notes 2026

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Antipsychotic use in Long-Term Care

Health and Social Services

Topic: Antipsychotic use in Long-Term Care homes has been in the media, with concerns of overuse.

Key messages:

- Throughout 2025–26, the Care and Community branch of Continuing Care has led the Optimization of Antipsychotic Use in Long-Term Care project. By improving resident care, reducing risks, enhancing quality of life through person-centred approaches, and participation in Healthcare Excellence Canada's Awards Program, the branch has earned both a Kickstarter Award and an Improvement Plan Award.
- Thomson Centre, Copper Ridge Place and Whistle Bend Place are part of the Awards Program's national initiative called Sparking Change in the Appropriate Use of Antipsychotics.
 - The initiative is an awards-based quality improvement program supporting the appropriate use of antipsychotics through person-centred care in long-term care homes.
- The initiative is to follow the best practice for use of anti-psychotics in long-term care homes; improve understanding of antipsychotic prescribing and use; enhance staff knowledge of best practices; explore alternative approaches where appropriate; and improve health outcomes and quality of life for residents.

National reporting:

- In January 2026, the Canadian Institute for Health Information released a report that provides the percentage of long-term care residents taking antipsychotic drugs without a diagnosis of psychosis.

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Antipsychotic use in Long-Term Care

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- Yukon data are not included in this report due to an update in the type of assessment used within the data collection timeframe.

Approved by:

Matt King

April 9, 2026

Deputy Minister, Health and Social Services

Date approved

Hemodialysis

Health and Social
Services

Topic: This briefing note outlines kidney care in the Yukon, focusing on the lack of in-territory in-centre hemodialysis.

Key messages:

- The government's immediate priority has been stabilizing and addressing urgent operational and capital pressures within Yukon hospitals, including chronic underfunding and deferred maintenance, before expanding specialized services such as in-centre hemodialysis.
- Decisions about establishing in-territory hemodialysis are complex and constrained by system capacity, staffing requirements, and sustainability, and the government is continuing to examine options rather than committing to a specific model at this time.
- While interest in expanding dialysis services is acknowledged, the government has emphasized that current efforts are focused on strengthening the hospital system overall, with consideration of additional services to follow once critical foundational issues are addressed.

Key facts and stats:

- Yukon does not currently meet British Columbia's established clinical and population thresholds to safely sustain an in-centre hemodialysis unit; BC Renal guidelines recommend a population base of approximately 85,000 and 65–75 hemodialysis patients per year to support such a service.
- As of March 31, 2025, less than five Yukon patients were receiving in-centre hemodialysis, while seven patients were successfully supported through home-based dialysis.

Hemodialysis

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- Clinical guidance indicates that only about 10% of chronic kidney disease patients progress to requiring hemodialysis, with most patients managed through primary care, specialist oversight, or home-based therapies.
- BC Renal does not recommend developing a hemodialysis centre in the Yukon due to risks associated with low patient volumes, including quality control challenges, provider competency maintenance, and sustainability concerns.
- Establishing in-territory hemodialysis would require a resident nephrologist and three to four specialized dialysis nurses, creating recruitment and retention challenges.
- Yukon Hospital Corporation has prioritized stabilizing hospital operations and addressing chronic underfunding and deferred capital maintenance, which have directly impacted service reliability and patient care across the system.

Status:

- The Yukon government acknowledges the interest in models used elsewhere, including the Northwest Territories, while noting that interjurisdictional partnerships and program capacity constraints limit immediate implementation.
- Services for Yukoners from the BC Renal Program have primarily been provided by the Vancouver Coastal Health Authority, from the care teams at St. Paul's Hospital and Vancouver General Hospital, as well as pediatric care from the BC Children's Hospital and Sunny Hill Health Centre teams.

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Hemodialysis

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- As of February 2026, 29 Yukon patients are supported by BC Renal, receiving a mix of home-based dialysis, in-clinic hemodialysis, and kidney care clinic services tailored to their chronic kidney disease or pre-dialysis needs.

Approved by:

Matt King

Deputy Minister, Health and Social Services

April 14, 2026

Date approved

National Pharmacare: Pain Management for IUD Insertion

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Services

Topic: Prepared in response to a CBC interview regarding the National Pharmacare Plan, specifically regarding the exclusion of pain management for IntraUterine Device (IUD) insertions.

Key messages

- IUDs are covered under the National Pharmacare agreements, but pain management related to insertion is considered ancillary and is not included in any of the four current bilateral agreements (Yukon, PEI, BC, Manitoba).
- Pain management options for IUD insertion are available in Yukon, but none are publicly insured and options, access, and costs vary by provider.
- All IUD insertions require two appointments: an initial consultation, including discussion of pain management, and a second visit for insertion. Options include no intervention, NSAIDs, Ativan, topical lidocaine, and Pentrox, which is now more widely available.

Approved by:

Matt King

Deputy Minister, Health and Social Services

April 21, 2026

Date approved

Hospitalization rates on vaccine-preventable respiratory diseases

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Topic: A new Canadian Institute on Health Information report indicates the Yukon has the highest hospitalization rates on vaccine-preventable respiratory diseases in the country.

Key messages:

- Vaccinations can reduce how many people become ill from certain diseases and lessen how ill people become, keeping them out of hospitals and reducing the strain and high cost associated with hospitalization.
- The Canadian Institute on Health Information released a report in April 2026 that indicates the Yukon had the highest hospitalization rates on vaccine-preventable respiratory diseases in 2024.
- The report stated that in Canada, there were about 57,700 hospitalizations for vaccine-preventable respiratory diseases in 2024. This equals 142 hospitalizations for every 100,000 residents. COVID-19 contributed more than 40% of these hospitalizations.
- This data does not capture information on immunization status. We are working on further analysis to better understand why the report indicates higher hospitalization rates in the Yukon's population.

Considerations:

- Canadian provincial and territorial jurisdictions are difficult to compare as population sizes are vastly different, often resulting in highly variable figures and information that may be easily misinterpreted without additional contextual information.
- Indicators are measures designed to summarize information about a given topic in a comparable manner, providing a snapshot of an issue

Hospitalization rates on vaccine-preventable respiratory diseases

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that allows changes over time and space to be followed. However, they do not provide a complete picture of the issue as they do not explain disparities, variations, or change, and are best used with additional context or with other indicators. Further interpretation and analysis are necessary to understand why the Yukon's rate appears so high.

- Measurements are vulnerable to large variations in data due to the Yukon's small population. and small number of individual hospitalizations can have a significant effect on the final rate.
- The report is based on 65 hospitalizations in the Yukon in 2024. The calculation in the report uses age-standardization, which produces a rate of 235 per 100,000 individuals for the Yukon¹. Caution with comparison across jurisdictions is warranted due to differences in population size and demographics. This indicator is best used to compare year-over-year in the Yukon's rates.
- Using the same data provided in the report, without age-standardization, the rate drops to 137.5 per 100,000.
- Approximately 60% of Yukon's hospitalizations are due to COVID-19, compared to 40% Canada-wide.
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Approved by:

Matt King

April 21, 2026

Deputy Minister, Health and Social Services

Date approved

¹ Age standardization is a statistical method used to compare disease rates, or other health indicators, between populations while accounting for differences in their age structure.

Wastewater monitoring for drugs

Health and Social
Services

Topic: A recent global report on wastewater monitoring for drugs indicates Whitehorse has high levels of cocaine and ketamine.

Key messages:

- Wastewater-based epidemiology has been increasingly explored as a tool for monitoring the use of psychoactive substances by measuring the levels of illicit drugs and their metabolites excreted in urine.
- Wastewater monitoring cannot distinguish between medicinal or illicit uses of drugs, making it impossible to attribute detected levels to illicit consumption alone.
- The Government of Yukon monitors data and research products related to wastewater surveillance.
- Beginning in 2022, the Canadian Wastewater Survey drug component measured the levels of ten drug residues from controlled and illegal drugs in the wastewater of several municipalities across Canada. In the Yukon, tests were performed from samples from the Marwell Lift Station.
- The ten drugs measured include amphetamine, cannabis, cocaine (benzoylecgonine), codeine, fentanyl (norfentanyl), ecstasy (MDMA), methadone, methamphetamine, morphine, and oxycodone.
- In March 2026, the European Union Drugs Agency released a report indicating Whitehorse has the highest level of cocaine and the second highest level of ketamine detected in their sampling of 115 cities across the world.
- Whitehorse wastewater data were collected through a Yukon-based program coordinated by One Yukon Coalition, analyzed by the University of Calgary, and submitted through an international wastewater surveillance network.

Wastewater monitoring for drugs

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Limitations:

- At this time, the decision-making value of wastewater surveillance for drugs is unclear.
- The sampling period used in the European Union Drugs Agency report was one week and may not reflect typical use. Data sampled can be influenced by temporary spikes or drops that may occur such as events and supply changes.
- Wastewater data are highly sensitive to population estimates and may not fully represent the entire population in a given area. Small changes in measured drug load can lead to large swings in per-capita rates, which can make comparisons with larger cities more variable and harder to interpret.
- Multiple metabolites with different excretion patterns, combined with possible degradation in wastewater add uncertainty to back-calculating actual use levels, can affect measurement accuracy and do not correspond directly to consumption levels of the drugs.
- Wastewater data cannot provide information on prevalence, frequency of use, or characteristics of people who use substances.

Approved by:

Matt King

Deputy Minister, Health and Social Services

April 28, 2026

Date approved

Hot Topic Session Note

TAB 6
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Ultrasound and MRI Wait Times

Health and Social
Services

Topic: Ultrasound and MRI wait times at Yukon hospitals.

Average T1 wait time by specialty* (months from primary care referral to specialist visit)					
Specialty		Target	2023–24	2024–25	2025–26
Ultrasound	Urgent	≤2	0	1	2
	Semi-Urgent	≤14	32	40	35
	Non-Urgent	≤60	91	189	190
MRI	Urgent	≤7	0.3	1	3
	Semi-Urgent	≤30	43	49	38
	Non-Urgent	≤180	184	155	160

*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.

Approved by:

Matt King

Deputy Minister, Health and Social Services

May 4, 2026

Date approved

Topic: Department operations are significantly supported by direct federal funding.

Key messages:

- Budget 2026 Includes a number of bilateral agreements with Canada: Working Together, Aging with Dignity, Territorial Health Investment Fund, Child Welfare, Continuing Care, Assisted Living, Drugs for Rare Diseases and the upcoming pharmacare coverage for contraceptives and diabetes among others.
- Federal Budget 2025 directs federal ministers to undertake a comprehensive assessment of health care and health infrastructure needs in the North and to identify innovative ways to increase access to care in northern communities and reduce medical travel costs. We are engaged in this work with the federal government.
- Budget 2025 references \$5 billion over three years for a dedicated Health Infrastructure Fund. Yukon officials recently received the draft agreement from Canada and are working on the details of an agreement.

Key facts and stats:

- 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.
- Canada recognizes the territories have significantly higher costs in delivering health care and significantly greater health inequities. The Working Together and Aging with Dignity 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.

- We are working collaboratively to finalize the renewal of the Working Together agreements, meeting regularly with federal and provincial/territorial counterparts. We have agreed in principle to a streamlined renewal approach, including seven-year agreements, simplified action plans, and reduced reporting.

Status:

- In 2026–27, the Yukon will receive approximately \$67 million under the CHT. However, because CHT is per-capita based and Yukon's health care delivery costs are nearly double the provincial average, it represents a much smaller percentage of the health budget than in provinces.
- Yukon's current Working Together agreement (2023–24 to 2025–26) expires March 31, 2026. It has provided \$7.27 million annually, and \$670,000 in mental health, substance use and addictions funding and has supported initiatives such as land-based healing, the Walk-In Clinic, community wellness planning, the Managed Alcohol Program, and Planet Youth.
- The Working Together agreement will provide \$7.94M this year and we are working on its renewal to extend over the next seven years.
- The Yukon signed a bilateral pharmacare agreement in March 2025, providing universal, single-payer, first dollar coverage for select contraceptive and diabetes medications and related products

supported by up to \$8.2 million in federal funding until 2028-2029, with launch expected in spring 2026.

- Through the Canada-Yukon Drugs for Rare Diseases Agreement, Yukon is receiving \$3.3 million in 2026-27, the final year of the three-year agreement, to support access to high-cost treatments for rare conditions.
- The Aging With Dignity agreement will provide \$2.5million to support the shared priority of helping people in Canada age with dignity close to home, with access to home care or care in a safe long-term care facility.
- The Territorial Health Investment Fund will provide \$10 million towards health human resources, health system improvements and digital health projects.
- Indigenous Services Canada funding arrangement reimburses Yukon government for the following services:
 - Child Welfare program \$12,639,000
 - Continuing Care program \$9,450,000
 - Adults with Disabilities Services program \$3,800,000

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 25, 2026

Date approved

Red tape reduction

Health and Social
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Topic: Red tape reduction initiatives to modernize health and social services while balancing efficiency, access, and innovation.

Key messages:

- Red tape reduction initiatives within the health and social services system involve streamlining and updating regulatory processes, removing unnecessary restrictions that impede growth and innovation in the public and private sectors, and enhancing the use of digitization.
- These initiatives are aimed at reducing administrative burdens and improving operational efficiencies to improve access to health care without compromising the health and safety of Yukoners.

Key facts and stats

The department's priority actions to deliver on cutting red tape over the coming years are:

- Improving the use of digital services to:
 - modernize the electronic medical records systems in government and private clinic settings across the territory;
 - explore modernization of the physician claims system to support efficient payments, audit capability and improved health data; and
 - adoption of e-services platforms to streamline and improve access to programs.
- Review and update the environmental health framework to reduce the regulatory burden on businesses and Yukoners, while appropriately protecting public health.

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Red tape reduction

Health and Social
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- Address barriers to information-sharing that burden frontline providers, including through the planned review of the *Health Information Privacy and Management Act* (HIPMA).

Status:

- The department's focus is on actions for implementation in 2026-2027 with further action implemented over the next four years.
- Launched an online STI testing appointment booking page, providing a confidential and convenient option that improves access to frontline sexual health services while reducing reliance on phone bookings.
- The department will soon launch an online form that allows Yukoners to update their Health Care Card address information.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 13, 2026
Date approved

Topic: Health and Social Services FTEs support service delivery and the broader health and social services system.

Key messages:

- Frontline health care services are being prioritized by expanding hospital infrastructure and primary care services to reduce wait lists and help Yukoners receive timely access to services and supports.
- Work is underway to reduce red tape by reviewing processes to identify challenges and streamline administrative pressures.
- We are ensuring public servants have the tools and clarity needed to prioritize frontline services that directly support Yukoners and communities.

Key facts and stats:

- Health and Social Services' FTEs fall into two broad categories: frontline roles that provide direct care and services, and non-frontline roles that enable frontline staff to deliver care safely and effectively.
- Frontline workers represent approximately 75 per cent of Health and Social Services' active positions.
- Frontline roles deliver direct care in areas such as emergency and paramedic services, residential care, nursing, primary care, and social services.
- Non-frontline roles support and enable frontline and management staff to deliver care safely and effectively through functions such as program administration, finance, human resources, data management, procurement, policy, communications and information technology.

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- In 2026–27, the Department of Health and Social Services is budgeted at 1,729.7 FTEs, reflecting a 3.9 per cent increase year-over-year.
 - 2025–26 Mains budgeted FTE count..... 1,664.0
 - 2026–27 Main Estimate increase 65.7
 - Of the 65.7 FTEs added for 2026–27:
 - 11 are tied to new services:
 - Universal Access to Contraception and Diabetes Medications (100% recoverable) 4.0
 - Physician claims assessors 2.0
 - Integrated Health 2.0
 - Home Care 3.0
 - 64 FTEs, the majority found in Home Care, EMS and Family Children's Services, were already in place within the department but had never been funded, and are needed to maintain service delivery;
 - 24 of these FTEs allocated to Family and Children's Services will change existing Auxiliary-on-call and Casual positions into term or permanent positions to improve recruitment and retention.
 - 2.0 FTEs support psychiatric services that had previously been contracted out;
 - 3.0 FTEs removed to reflect the Forensic Complex Care program reallocation;
 - 7.3 FTEs were time-limited positions that have been removed; and
 - 1.0 FTE transferred to the Department of Justice.

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Health and Social Services FTEs

Health and Social
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- Roles in continuing care, primary care and social services account for most of the year-over-year staffing increases. This is primarily due to higher service level demands caused by the complexity of care required and a growing, aging population.

Status:

- Actions are underway to attract, support and retain health professionals, including targeted recruitment efforts and consideration of jurisdictions with comparable professional standards.
- Actions focus on reducing barriers to practice, supporting team-based care models, strengthening education and training pathways, and improving onboarding and relocation supports.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 18, 2026

Date approved

Topic: Initiatives to improve access to primary care.

Key messages:

- The Government of Yukon is taking action to increase access to primary care so Yukoners can receive the right care at the right time.
- Improving access to primary care is a system-wide effort that will take sustained action due to national workforce shortages and increasing demand.

Key facts and stats:

- Access to primary care remains a Canada wide challenge due to workforce shortages, with greater impacts in rural and remote areas such as the Yukon.
- Yukon has the highest per capita supply of family physicians in Canada, but access remains uneven across communities.
- As of January 26, 2026, there are 4,606 individuals on the Find a Primary Care Provider list who have self-identified as needing a match and who live in the Whitehorse area.
- The Department of Health and Social Services and the Yukon Medical Association entered into a Memorandum of Agreement for 2025–2028 to strengthen family practice and access to primary care, including recruitment incentives of up to \$125,000 over five years, payments based on patient panel size, compensation for indirect care, and overhead support of up to \$72,000 per year.
- Health and Social Services oversees three interdisciplinary, team-based primary care clinics in Whitehorse (Referred Care Clinic, Whitehorse Walk-In Clinic, and Centre de santé Constellation Health

Centre) and is working to establish additional nursing roles in the Dawson City Medical Clinic.

- As of January 26, 2026, the Centre de santé Constellation Health Centre has accepted more than 3,500 applicants, with over 3,160 completing intake appointments.
- Since December 2023, the Whitehorse Walk-In Clinic has provided primary care access to 5,137 individuals, delivering more than 9,400 provider appointments as of January 30, 2026.

Status:

- Implementation of the 2025–2028 Memorandum of Agreement is underway. The Longitudinal Family Medicine program under the MOA will launch on April 1, 2026.
- The Team-Based Primary Care Working Group is advancing funding and operational models to support multidisciplinary teams in private clinics.
- Targeted physician recruitment and administrative burden reduction initiatives are advancing to support attraction and retention, with two new bilingual physicians expected in fall 2026.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Services and service coverage in our Community Health Centres

Key messages:

- We are committed to stabilizing primary care and access to services in rural communities., The Department of Health and Social Services is working to address staffing pressures and continuity of care through a variety of efforts, including changes to the current model of care, recruitment and retention initiatives, and by prioritizing implementation of an electronic medical records system.

Key facts and stats:

- As of February 9, 2026, there are 27 Primary Health Care Nurse full-time equivalent positions supporting 11 Community Health Centres: 25 positions are assigned to specific centres, while two positions are float positions.
- Community Health Centres provide a range of services including primary care, urgent care, public health nursing, chronic disease management, visiting physician services, and 24-hour emergency nursing care, with close coordination with Emergency Medical Services when urgent or emergency care is required.
- During service interruptions, clients are directed to appropriate alternate pathways, virtual care options, or Emergency Medical Services for urgent needs.
- Clear and timely communications are provided to Yukon First Nations governments, municipal leaders, and community members when service interruptions occur.

- 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.

Status:

- Like many jurisdictions, the Yukon faces health care recruitment and retention challenges, particularly in the communities. These challenges at times result in difficult decisions, including temporary service reductions and closures of some of our community health centres.
- Recruitment and retention is a priority. The department has invested in marketing efforts, expanding local health-education pathways, and increasing education bursaries to Yukon students pursuing health and social service careers and include:
 - Working with nurses to create an arms-length regulatory model
 - Expanding local nursing education opportunities
 - Making new training options available for Emergency Medical Services staff
- The department is reviewing current Community Health Centre staffing levels and models of care to identify opportunities to improve coverage and reduce service disruptions, including consideration of alternative staffing approaches and coordination with Emergency Medical Services where appropriate.
- Engagement with Yukon First Nations governments, municipal leaders, and community partners is ongoing to improve communication and service planning during service interruptions.

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Community Health Centres

Health and Social
Services

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Emergency Medical Services (EMS) coverage and response

Key messages:

- The Government of Yukon is strengthening Emergency Medical Services to ensure timely, safe, and effective response across communities, including during natural disasters and emergencies.
- EMS coverage and response are being enhanced through targeted investments, specialty paramedic teams, and improved coordination with emergency management and health system partners.
- These actions support community resilience, protect vulnerable populations, and help maintain continuity of essential health services during emergencies.

Key facts and stats:

- Yukon EMS provides ground and air ambulance services across the territory and plays a critical role in emergency response, disaster preparedness, and community safety.
- Increasing call volumes, complex medical needs, geography, and climate-related risks place growing pressure on EMS capacity and response times.
- Emergency Medical Services response during emergency or natural disaster events is coordinated through the Health Emergency Coordination Centre when it is activated and follows established incident command processes to support organized and effective emergency response.

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TAB 33
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Emergency Medical Services and Emergency Preparedness

Health and Social
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Table 1: EMS Call Volume (calendar year)

	2023	2024	2025	2026*
Whitehorse Land Ambulance	7,609	7,971	8,708	615
Whitehorse Emergency Shelter	3,286	3,400	4,047	212
Air Ambulance In-territory	652	575	569	35
Air Ambulance Out-of-Territory	394	415	387	26
Repatriations	149	118	127	6
Air Ambulance Mental Health (tracking began 2025)	N/A	55	63	1
Air Ambulance Out-of-Territory Team	35	20	15	0
Communities	1,694	1,971	2,302	148
Total	13,819	14,008	15,687	1,043

*As of February 2, 2026

Table 2: EMS staffing

Location/program	Full time	Part time	Term	AOC	Casuals	Notes
Whitehorse Emergency Medical Services	82	3	6.5	15	6	Staffing levels as of late 2025
Dawson City Emergency Medical Services	2	0	0	2	0	Community based service
Watson Lake Emergency Medical Services	3	0	1	3	0	Includes one full time term position
405 Alexander Street mobile paramedics	6.5	0	0	0	0	Includes two mobile paramedic specialists

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Emergency Medical Services and Emergency Preparedness

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Location/program	Full time	Part time	Term	AOC	Casuals	Notes
Air ambulance program	19	0	8	6	0	Includes one float position

Status:

- EMS is advancing business continuity planning, and working to improve coordination with Emergency Measures Organization (EMO), Yukon First Nations, municipalities, NGOs, and federal/provincial partners, including:
 - A Paramedic Support Unit (PSU) designed to support at-risk individuals and first responders during evacuations, wildfires, floods, and other emergencies.
 - A Remote Access Medics (RAM) team to provide medical support in remote or inaccessible locations when standard ambulance or air response is not feasible.

Approved by:

<u>Matt King</u>	<u>March 13, 2026</u>
Deputy Minister, Health and Social Services	Date approved

Mental Wellness and Substance Use Services hubs in communities

Health and Social
Services

Topic: We are working to ensure access to community-based mental health services across the territory.

Key messages:

- The Government of Yukon provides Mental Wellness and Substance Use Services supports throughout the Yukon.
- Community hubs provide counselling for children over the age of six, youth, adults and families, assessment for and referrals to specialty services such as substance use treatment, counselling support in community after treatment, outreach services, and harm reduction training and supplies.
- Mental Wellness and Substance Use Services collaborates 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.

Key facts and stats:

- Mental Wellness and Substance Use Services has four community hubs:
 - The **Carmacks hub** serves Carmacks, Pelly Crossing, Faro and Ross River.
 - The **Dawson City hub** serves Dawson City, Mayo and Old Crow.
 - The **Haines Junction hub** serves Haines Junction, Carcross, Destruction Bay, Burwash Landing and Beaver Creek.
 - The **Watson Lake hub** serves Watson Lake and Teslin. Staff from Whitehorse and Teslin provide additional services.

Mental Wellness and Substance Use Services hubs in communities

Health and Social
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- Services include Rapid Access Counselling, drop-in counselling, appointment-based one-to-one counselling, group counselling, workshops tailored to community needs, support work, outreach and harm reduction.
- Mental Wellness and Substance Use Services works with each community to partner with local and First Nations health departments to support aftercare for Yukoners returning home.
- Mental Wellness and Substance Use Services provides community specific groups, one-to-one or group counselling, and supports local cultural programming facilitated by the First Nations or NGOs.

Status:

- Recruitment and retention continue to be a challenge. Factors like housing availability have resulted in an increase in itinerant services to some communities.
- There continues to be a demand for access to Withdrawal Management and bed-based or specialty treatment services that are only available in Whitehorse.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Improve options for treatment, prevention and enforcement in response to the opioid crisis.

Key messages:

- The Government of Yukon is addressing the challenges of ongoing opioid and substance use by expanding access to treatment options, providing prevention initiatives where most needed and creating effective enforcement mechanisms.
- We are collaborating with community partners, First Nations governments and NGOs to strengthen coordination in treatment options and prevention initiatives to save lives and reduce harm.
- We are supporting transitional housing and aftercare programs that will help people stabilize and stay on the path to recovery to continue rebuilding their lives and reintegrating into their communities.

Key facts and stats:

- The goal is to ensure that Yukoners have access to treatment at the right time in the right place.
- Available programming through Mental Wellness and Substance Use Services for those experiencing challenges with substance use include:
 - Withdrawal Management Services;
 - Intensive Treatment Services;
 - Outpatient Group, Counselling and Alumni programs;
 - Managed Alcohol Program;
 - Opioid Treatment Services;
 - Supervised Consumption Site services;

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Opioid and substance use

Health and Social
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- access to Naloxone and harm reduction training;
- Youth Outreach Clinic;
- Car 867; and
- a group program for inmates at the Whitehorse Correctional Centre.

Program / Service	Measure	2024	2025
Opioid Treatment Services	Registered clients	242	190
	Avg appointments/month	270	220
Referred Care Clinic	Clients supported	659	700+
	Avg appointments/month	855	1,000
Intensive Treatment Services	Admissions	127	115
Managed Alcohol Program	Admissions (residential)		9
Withdrawal Management Services (rolling intake)	Total admissions	1,123	1,099

Supervised Consumption Site (2021 to February 28, 2026 unless stated otherwise)	Total
Overdoses reversed*	609
Mild overdoses (no oxygen or naloxone required for opioids): 450	
Moderate overdoses (requires oxygen and/or naloxone): 102	
Severe overdoses (requires EMS): 57	
Referrals to health and social services, including treatment services	743
Unique individuals using supervised consumption	1,094
2023–24 visits	10,823
2024–25 visits	36,160
April 1, 2025 to February 28, 2026 visits	21,845

*In 2023, the definition of overdose was modified due to increase in atypical overdose presentations

Substance-use related harms	Total
Substance-use related deaths investigated (2016–January 30, 2026)	149
Opioid-related deaths (subset)	127

Substance-use related harms	Total
Confirmed substance-use related deaths (2025)	18
EMS calls for suspected drug poisoning (2025)	271

Status:

- The Government of Yukon is exploring options to add second-stage treatment to extend the continuum of care and improve long-term treatment options. This would provide ongoing, structured supports following initial treatment, including access to clinical and peer sober coaches, as well as social workers who can support reintegration and connection to education and the job market. By strengthening post-treatment supports, this approach is intended to reduce the risk of relapse, support sustained recovery and help prevent dependency on hospital services or primary care.
- The First Nation of Na-Cho Nyäk Dun, Little Salmon/Carmacks First Nation and Selkirk First Nation and Vuntut Gwitchin First Nation are implementing Planet Youth's evidence-based Icelandic Prevention Model to address issues affecting youth in their communities including substance use, mental health, social integration and resilience building.
 - In 2025, the pilot project planned and developed educational modules with the Planet Youth team.

If asked about rural communities:

- In collaboration with the Referred Care Clinic, Community Nursing is developing a policy framework that will enable Opioid Treatment Services through health centres in communities.

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Opioid and substance use

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- Mental Wellness and Substance Use Services provide supports in communities through the Mental Wellness and Substance Use Services Hubs. [\[see TAB#11 MWSU Hubs in communities\]](#)

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 18, 2026

Date approved

Topic: Home Care provides supports for Yukoners where they live.

Key messages:

- The Government of Yukon provides person-centered and culturally safe care that supports Yukoners to age in place with dignity, whether at home, in the community, or in long term care settings.
- Home care is a territory-wide program and a critical component of health system sustainability, supporting hospital discharge, reducing pressure on long term care, and maintaining client independence.
- The Department of Health and Social Services is responding to increasing demand, workforce pressures, and more complex client needs within the home care program.

Key facts and stats:

- Home care programming provides a range of services to support individuals across the life-span, from children to seniors. Services include nursing care, personal care, rehabilitation supports, medication management, respite, and assistance with daily living activities.
- Home care services also play a key role in supporting safe and timely patient discharge from hospitals and in avoiding admission to long term care.
- Whitehorse home care is provided by an interdisciplinary team of professionals that includes social workers, home support workers, registered nurses, licensed practical nurses, occupational therapists, physiotherapists, and rehabilitation assistants.

- Home care in regional communities is provided by home support workers and travelling registered nurses, occupational therapists, and physiotherapists who also provide care coordination remotely.
- Home care services are accredited by Accreditation Canada.
- As of February 2, 2026, staff for home care programs is equivalent to 103 full time staff with staffing vacancies across the home care program equivalent to 13 full time staff.
 - 9.6 vacancies in Whitehorse include: two transition liaison coordinators, one interdisciplinary supervisor, one administrative assistant, one physiotherapist, one community resource registered nurse, one rehabilitation assistant, 2.1 home support workers, and 0.5 recreation therapies assistant.
 - 3.4 vacancies in regional communities include: one registered nurse vacancy in Watson Lake, two community liaison coordinators, and 0.4 home support worker in Carmacks.
- Communities without these positions are provided services by auxiliary on call staff, travelling registered nurses, occupational therapists and physiotherapists and home support workers from neighbouring communities.

Table 1: Home Care clients per community

Community	Number of clients (as of December 31, 2025)
Beaver Creek	10
Burwash Landing and Destruction Bay	8
Carcross	14
Carmacks	14

Dawson City	22
Faro and Ross River	19
Haines Junction	26
Mayo and Keno	26
Old Crow	20
Pelly Crossing	17
Teslin	13
Watson Lake	25
Whitehorse	372
Total	586

Status:

- The Canada–Yukon Aging with Dignity Agreement provides \$2.53 million per year from 2023–24 to 2026–27 and \$1.87 million in 2027–28 to support initiatives that enable seniors to age with dignity close to home, including strengthening home and community care services, expanding rural home care, supporting recruitment of personal support workers and nursing staff for long-term care, and advancing quality improvements in long-term care facilities.
- In parallel, coordination between home care, long-term care, community health centres, and hospitals is being strengthened to improve transitions from hospital to home, reduce avoidable hospital stays, and delay or prevent premature entry into long term care.
- The Home Care branch is also supporting a small number of clients through self-managed care transfer payment agreements to help them remain in their homes and communities and is assessing the implications of formalizing this approach as a broader program.

- Demand for home care services continues to increase as the Yukon population ages and client needs become more complex, while staffing shortages in some communities affect service capacity and consistency of access.
- As of April 10, 2026, the average wait time for intake assessment is 6.7 days in Whitehorse (less than five waiting) and 44.5 days in regional communities (20 people waiting), measured from the referral date to the date of assessment/admission/start of service.

If asked about access, wait times, or service gaps:

- Access to home care services can vary by community and is affected by staffing availability and client acuity.
- The department prioritizes services based on client need and takes steps to maintain continuity of care when staffing pressures arise.
- Stabilizing and expanding home care services will require sustained effort due to workforce shortages but remains a priority under government commitments.

Approved by:

Matt King
Deputy Minister, Health and Social Services

April 13, 2026
Date approved

Topic: Long-term care services are provided under Continuing Care

Key messages:

- Long-term care is a core territorial responsibility and a critical part of health system sustainability, operating as part of the continuing care continuum alongside home care and community supports, ensuring Yukoners receive the appropriate level of care at the right time.
- A key priority for our team is to advance health care infrastructure priorities including expansion of Whitehorse General Hospital along with efforts to build more capacity in Long Term Care. This includes planning for a Whistle Bend Place (WBP) expansion; and advancing plans and building new long-term care home in Watson Lake.

Key facts and stats:

- The continuing care division is Accredited with Commendation under the Qmentum Global (QGlobal) accreditation program (October 2024-October 2028).
- Yukon's long-term care homes provide on average 4.38 hours of direct nursing care per day, per resident, which is amongst the best standard of care in the country.
- Admission to long-term care is based on assessed needs, not on time spent on a waitlist or a first-come first-served basis.

Long-term care Capacity, Admissions and Wait Times

Category	Details
Long-term care rooms	262
Respite rooms	24 (includes 2 hospice respite rooms)
Hospice rooms	6

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Long-term care

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Category	Details
Staff	532 FTEs (as of February 3, 2026) Yukon First Nation representation is 2.4%; Indigenous (Inuit, Metis, and non-Yukon First Nations) is 6.1%.
Alternate level of care beds	2 rooms at Watson Lake Community Hospital used for alternate levels of care, including respite care, palliative care, or short-term stays while patients await transfer to long-term care.
Average monthly permanent admissions	2025–26: 8.6 per month 2024–25: 5.4 per month
Average monthly admissions including hospice	2025–26: 12.5 per month 2024–25: 7.3 per month
Total admissions	2025–26: 104 permanent admissions and 141 respite admissions.
Clients awaiting assessment	24 individuals are on the waitlist (as of February 3, 2026)
Average wait time for admission	In 2025–26, average wait time ranged from 17 to 54 days, measured from eligibility confirmation to admission (as of February 3, 2026).
Indigenous residents	Approximately 62 (as of February 4, 2026).
Long-term care fees (eligible residents)	\$1,217 per month for room and board, or \$40 per day for stays shorter than one month.
Long-term care fees (non-eligible residents)	\$509 per day for room and board

Status:

- The Department of Health and Social Services is addressing immediate service delivery pressures while advancing coordinated infrastructure planning, including phased expansion of continuing care

capacity at Whistle Bend Place and early scoping for a continuing care facility in Watson Lake.

- Under the Canada–Yukon Aging with Dignity Agreement, the Government of Canada will provide approximately \$12 million over five years (2023–24 to 2027–28) to support Yukon’s strategy to help people age with dignity close to home.
- Under the Canada–Yukon Working Together to Improve Health Care for Canadians agreement, Yukon has received approximately \$7.27 million per year from 2023–24 to 2025–26 to support shared health priorities, including improving access to home and community care. The department is working with federal officials on renewal ahead of March 31, 2026.
- The department is advancing Truth and Reconciliation Commission Call to Action #22 by increasing access to traditional medicine, supported through engagement with physicians and staff on safe use alongside other medications, a Continuing Care First Nations Advisory Committee, and an Elder-in-Residence who provides guidance and support to Government of Yukon staff.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Digital health initiatives to improve access to care, patient and provider experience, and reduce red tape.

Key messages:

- Modernizing Yukon's digital health systems is essential to improving access to care, enhancing the quality of care, improving provider and patient experience, reducing administrative burden, and supporting coordinated, sustainable health system investments.
- The Digital Health Steering Committee is developing a multi-year Digital Health Strategy to improve access, integration, and use of health data, supporting better patient outcomes and more effective delivery of health and social services.

Key facts and stats:

- Health data in the Yukon is collected and managed across multiple programs, services, and providers, with different systems used depending on care setting and data type, which creates challenges for integrated care and information sharing.
- Many existing digital health systems are not fully interoperable, requiring manual workarounds and limiting the ability to share timely, consistent health information across hospitals, Community Health Centres, long term care facilities, and primary care clinics.
- The Digital Health Strategy Steering Committee is comprised of senior leadership from Health and Social Services, the Yukon Hospital Corporation, and the Yukon Medical Association, and provides system-level oversight for digital health priorities.

- The committee's work will help move digital health investments away from fragmented, short-term projects toward a more coordinated and sustainable approach across the health system.
- Digital health planning is driven by several key factors: the necessity to update the aging primary care electronic medical record (Plexia), growing demand from both the public and providers for a patient portal and better support for collaborative multidisciplinary care, rising expectations for artificial intelligence and expanded virtual care.

Status:

- HSS is collaborating with the Yukon Medical Association on solutions to modernize the electronic medical record system in physician clinics and establish interoperability. A Request for Information has been issued to interested vendors, with responses currently being received.
- Planning is also in development for transitioning Community Nursing from paper-based to electronic medical records.
- The Department is exploring ways to optimize virtual care to improve Yukoners' access to services. Current examples of virtual care in the Yukon include telehealth and home health monitoring.
- The department is in discussions with British Columbia to explore options for providing Yukoners with digital access to their immunization records.
- In 2025, new digital tools were introduced in YG-operated medical clinics to support clinical documentation and specialist referrals.
- The Yukon government recently launched an online STI testing booking portal and is preparing to launch an online form that allows Yukoners to update their Health Care Card address information.

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Digital Health

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If asked about client safety and privacy:

- Digital health technology can enable safer, more coordinated care, reduce duplication and delays, and improve access to services and information, particularly in communities. Digital health solutions will incorporate strict privacy and security safeguards and will be subject to the Yukon's *Health Information Privacy and Management Act*.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Health and social services infrastructure initiatives

Key messages:

- The Government of Yukon is advancing priority health infrastructure projects, including the generational expansion of Whitehorse General Hospital and expanding continuing care long-term care (LTC) capacity at Whistle Bend Place, alongside early planning for additional capacity in Whitehorse and in Watson Lake.
- In a constrained fiscal environment, the Government of Yukon continues to pursue federal funding opportunities to support health infrastructure, including the federal Build Communities Strong Fund and Health Care Infrastructure program.

Key facts and stats:

- Health care and social services are delivered through a network of programs and facilities, including hospitals, community health centres, long term care residences, emergency medical services, home care services, mental wellness services, and income and social supports.
- As of February 3, 2026, the average wait time in 2025-2026 for a room in a Continuing Care LTC home ranged from 17 to 54 days, measured from the date eligibility is determined to client admission, with 24 individuals waiting to be assessed for long-term care services.
- Whitehorse General Hospital averaged 105% occupancy in 2024–25 and sometimes as high as 130%. Cancer care and visiting specialty clinics have seen a 70% increase in the past four years. Medical imaging and lab services have grown 40% in patient volumes in the same period.

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Health and Social Services Infrastructure

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- Infrastructure planning considers population growth, which is projected to increase 44% by 2045, with the 75+ population expected to nearly triple.
- Many health facilities across the territory are reaching the end of their expected lifespan, and demand is increasing due to a growing population.

Status:

- The department is advancing the Whistle Bend Place expansion project, new long-term care in Watson Lake, and planning for enhancements in home care to help keep people in their homes and communities longer.
- The Whitehorse General Hospital expansion is being scoped and led by Yukon Hospital Corporation. The project will add at least 40 acute care beds (up from 71 beds) and expand and modernize its surgical and intensive care facilities.
- The Yukon government is pursuing federal funding opportunities to support health infrastructure priorities, including the Build Canada Strong Fund and the Health Care Infrastructure program and emerging northern sovereignty and defense related funding streams.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 13, 2026
Date approved

Topic: Pause of *Health Authority Act* implementation and ongoing health system transformation efforts.

Key messages:

- We have communicated our preference to refocus efforts and resources toward actions that will stabilize and improve the existing system.
- The Yukon government has and will continue to engage with the Chiefs Committee on Health and government-to-government with Yukon First Nations to discuss the proposed approach, and to find opportunities where we can continue to advance system improvement for the benefit of all Yukoners.
- Our focus is on taking practical actions to stabilize and improve health services for Yukoners, while also working to advance shared priorities including cultural safety, system integration, community wellness planning, and to continue to do so in partnership.

Key facts and stats:

- The *Health Authority Act* was passed by the Yukon Legislative Assembly in 2024 and received assent the same year, establishing the legislative framework to create a territorial Health Authority. The interim board was appointed in late summer 2025.
- The legislation enables the transfer of programs, services, assets, liabilities, and employees from the Department of Health and Social Services and the Yukon Hospital Corporation to the Health Authority by regulation and was advanced as part of broader health system

Health Authority Act & System Transformation

Health and Social Services

transformation efforts to improve integration, governance clarity, and system accountability.

- Health system transformation in the Yukon was initiated to address long-standing challenges including cultural safety, access to care, workforce shortages, service fragmentation and health outcomes.
- Key efforts to date include deliverables under a joint Health Transformation Advisory Committee workplan with Yukon First Nations and the Yukon Hospital Corporation, development of the Health Authority Act, and initial transition planning. The work to date is of benefit to system partners regardless of the operating model.

Status:

- No operational transfer of health programs has occurred to date; implementation has remained in the planning and transition phase.
- The initial board mandate has been limited to governance development, organizational planning, and preparatory work pending full implementation through the Act's coming into force by Order-in-Council.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 18, 2026
Date approved

Hospital expansion

Health and Social
Services

Topic: Yukon government is supporting a generational expansion of the Whitehorse General Hospital to address pressures and future demand.

Key messages:

- The Government of Yukon is committed to ensuring Yukoners can access safe, timely, and appropriate acute care services supported by hospital infrastructure that is fit for purpose.
- The Department of Health and Social Services and the Yukon Hospital Corporation are advancing planning and design work to address current and projected capacity pressures at Whitehorse General Hospital.
- Yukon government has identified health infrastructure as a key priority in government-to-government discussions with Canada, and we continue to impress upon the federal government the importance of federal investment in territorial health capacity.

Key facts and stats:

- Whitehorse General Hospital is the Yukon's primary acute care facility and serves the entire territory, including as the referral centre for rural communities.
- The hospital faces ongoing pressures related to population growth, an aging population, more complex health care needs, and limits of existing physical space.
- Capacity constraints at Whitehorse General Hospital affect emergency services, inpatient care, surgical scheduling, and timely discharge to home care and long-term care.

- In 2024–25, average inpatient occupancy was approximately 105%, with peak periods reaching up to 130%, creating patient safety and flow pressures across the system

Status:

- \$1.15m was invested in 2025/26 to support planning for the expansion of Whitehorse General Hospital. The 2026/27 capital plan includes \$4.1m to continue to advance this project.
- Yukon Hospital Corporation expects to complete an updated business plan by summer 2026 to identify the scope of the expansion project and to inform future costs and timelines through Yukon government capital planning and approval processes.
- The Yukon Hospital Corporation is leading the project with input from a working group and steering committee with broad system representation.
- While project scope is not yet fully defined, the project is meant to meet needs to 2045. It is expected to focus on surgical service capacity, at least 40+ inpatient beds, additional intensive care unit capacity, and support services expansions to meet the needs (laundry, kitchen, mechanical, etc).
- Work is underway to ensure hospital expansion planning is integrated with broader system capacity pressures, including long-term care availability, discharge planning, and community-based supports, to improve patient flow and reduce strain on acute care.
- Ongoing collaboration with health care professionals and system partners continues to inform infrastructure planning to ensure facilities remain fit for purpose as Yukon's population grows and ages.

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Hospital expansion

Health and Social
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Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Yukon Hospital Corporation funding

Health and Social
Services

Topic: Funding for the Yukon Hospital Corporation is essential to address immediate pressures and ensure long-term stability by supporting core operations and programs and service delivery.

Key messages:

- The Department of Health and Social Services is working to support the Yukon Hospital Corporation to improve workforce sustainability, strengthen continuity of care and meet infrastructure needs while continuing to provide Yukoners with high-quality essential health care services.
- The Government of Yukon is committed to the expansion of Whitehorse General Hospital by expanding surgical services, increasing the number of inpatient beds to meet current and future needs, cutting wait times and retaining and recruiting more health care professionals.

Key facts and stats:

- From April 1 to December 31, 2025, Whitehorse General Hospital has averaged 97.5 per cent occupancy. This is after adding six new mental wellness beds in fall 2025.
 - In 2024–25, capacity averaged 106 per cent, with occupancy at times reaching as high as 130 per cent.
- The demand for time-sensitive and critical services, such as cancer treatment, grew 22 per cent in 2024–25, and the Yukon Hospital Corporation expects it to grow another 10 per cent in 2025–26.
 - 2022–23: 9 per cent growth from 2021–22
 - 2023–24: 29 per cent growth from 2022–23

Status:

- In the 2026–27 Main Estimates, the Yukon Hospital Corporation has been provided with **\$165.1M** (\$165,119,000) to sustain hospital services, address ongoing cost pressures and for capital funding. This is an increase of **\$24.4M** (\$24,429,000) over the 2025–26 Main Estimates of **\$140.7M** (\$140,690,000), representing a **17.4 per cent** increase.
 - This includes **\$4.1M** (\$4,081,000) for the Whitehorse General Hospital expansion.
- Funding increases include:
 - **\$5.9M** (\$5,851,000) – Inflationary adjustments to core funding
 - **\$5.8M** (\$5,816,000) – Forced growth including 33.5 FTEs including 4.5 FTEs for Medical Device Reprocessing
 - **\$5.3M** (\$5,250,000) – Medical Device Reprocessing (Capital)
 - **\$2.9M** (\$2,931,000) – Whitehorse General Hospital expansion (Capital)
 - **\$2.1M** (\$2,100,000) – Chemotherapy drug pressures
 - **\$2.0M** (\$2,000,000) – Agency Nurse pressures
 - **\$400K** (\$400,000) – Maintenance (Capital)
 - **\$81K** (\$81,000) – Loan servicing and flow through funding
- Significant financial pressures include increasing costs associated with staffing, programs and medical supplies, as well as ongoing challenges with recruitment, retention and hospital infrastructure and service capacity.
- The Government of Yukon is collaborating with the Yukon Hospital Corporation to address immediate pressures and support long-term

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Yukon Hospital Corporation funding

Health and Social
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sustainability while ensuring fiscal responsibility. Our shared priority is to ensure adequate resourcing for core operations, essential clinical programs, service stability and excellence in patient care.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 31, 2026

Date approved

Topic: Recruitment and retention initiatives.

Key messages:

- Health human resource challenges are national in scope and Yukon is pursuing pragmatic, evidence-informed action to strengthen our workforce over the long-term, recognizing that attracting and supporting health care professionals is essential to stabilizing primary care for Yukoners.
- Investments in expanded health care infrastructure, including Whitehorse General Hospital and new long-term care facilities, must be matched with the staffing needed to meet future demand.
- We are expanding local and in-territory education and training pathways, knowing that health professionals who train in the Yukon are more likely to stay and practice in the territory.

Key facts and stats:

- Health human resource shortages are a Canada-wide challenge, with rural and remote jurisdictions facing heightened recruitment and retention pressures.
- Workforce instability can affect access and continuity of care across multiple service areas, including primary care, social work and Family and Children's Services, Community Health Centres, Emergency Medical Services, long-term care, home care, and hospital services, including areas such as medical imaging and laboratory technologists, amongst other health providers.
- Staffing pressures in Community Health Centres have resulted in some temporary closures and service reductions.

Status:

- Enhanced physician incentives established under the 2025-28 Memorandum of Agreement (MOA) with the Yukon Medical Association are supporting physician recruitment successes, with five new physicians relocated to the territory since the MOA came into effect in September 2025.
- Health education pathways including 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 Medical Office Assistant Program, work to expand the Social Worker program, and exploration of establishing an in-territory Bachelor of Science in Nursing program are in progress [See Tab#59 Medical Learners].
- Targeted campaigns to attract physicians and other health care professionals from the United States and across Canada are advancing. This includes collaboration with the Yukon Outfitters Association to promote opportunities at large U.S. trade shows.
- Actions underway focus on reducing barriers to practice, supporting team-based care models, strengthening education and training pathways, and improving onboarding and relocation supports to attract and retain health professionals.

If asked about health workforce recruitment and retention:

- Sustainable access to health care requires a combination of immediate recruitment actions and longer-term system changes, including regulatory modernization, competitive compensation, housing

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Health Human Resources Recruitment and Retention

Health and Social
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availability, ongoing recruitment marketing and supportive work environments.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 13, 2026
Date approved

Topic: expansion of clinical learner pathways to improve recruitment and retention of health care providers.

Key messages:

- The Department of Health and Social Services supports medical learners through training placements, residency opportunities, mentorship, and post-training incentives to encourage long term practice in the territory.
- The Government of Yukon is advancing education pathways such as the Family Medicine Residency Pilot, and the Learn Where You Live Licensed Practical Nurse-to-Baccalaureate of Nursing pathway and is exploring additional pathways in partnership with Yukon University.

Key facts and stats:

- The Government of Yukon currently supports multiple learner pathways, including nursing, medicine, and allied health professions.
- Yukon University delivers Practical Nurse, Health Care Assistant, Medical Office Assistant, and Social Work programs, and is exploring the development of an in-territory Registered Nurse program.
 - During the 2025-26 academic year, up to 20 students have enrolled in MOA courses.
 - A senior scholar has been recruited by Yukon University to support changes to the Social Work program, which is anticipated to be launched in fall 2028.
- Yukon provides bursaries to support Yukon residents pursuing post-secondary education in medicine, nursing, and other health profession careers. In 2025, a total of 40 individuals received a bursary.

- The department will provide \$225,000 in 2026–27 to the Yukon Registered Nurses Association to administer and disburse the Continuing Nurse Education Fund. International education and transition pathways are expanding through federal funding, mentorship programs, and structured support for internationally educated nurses through programs such as Transitions to Practice [see TAB#60].

Status:

- Since 2023, Continuing Care staff have advanced from nursing home attendant roles into licensed practical nurse and registered nurse training through supported education pathways.
- University of New Brunswick (UNB) Learn Where You Live students receive tuition support and flexible scheduling, allowing them to continue working in the Yukon while completing their studies.
 - There are currently 23 students enrolled in the Learn Where You Live Program across two intake periods.
 - A third cohort into the program is currently under way.
- Through the Yukon Family Medicine Residency Pilot, a family medicine resident completes 70 percent or more of their training in the Yukon, providing clinical care and contributing hundreds of days of patient care annually.
 - The pilot program began in July 2025 with one resident and has now expanded by two additional residents who will begin their training in July 2026.
 - We are grateful for the support of the Yukon Medical Association, the University of Alberta and Yukon physicians who are making this pilot program possible. These programs are

designed to integrate learners into the Yukon health system early through education and mentorship, supporting long-term workforce stability alongside recruitment and compensation.

If asked:

- **Other jurisdictions are offering return to service. Is there a Return of Service (ROS) through the bursary program?**
 - All applicants are requested to confirm their commitment to return and work in the Yukon.
 - Bursary recipients are asked to sign a consent so their contact information can be shared to support communication from the department during their program and share opportunities in the system for summer employment and upon graduation.
- **How many more students will benefit from this?**
 - The increased budget will allow the department to support more students, particularly in high demand occupations.
 - We look forward to sharing further information about award numbers once planning for the 2026 intake period is complete.

Approved by:

Matt King
Deputy Minister, Health and Social Services

May 4, 2026
Date approved

Topic: The Transitions to Practice program is to support new nurses through structured formal mentorship.

Key messages:

- The Department of Health and Social Services has lead the development and is implementing *Transitions to Practice: Supporting new registered nursing practice in the Yukon* program to improve retention, patient safety, and workforce stability for newly graduated Canadian Registered Nurses and internationally educated registered nurses with limited experience working in Canada entering practice in the Yukon.
- This program advances the Government of Yukon's commitment to strengthening frontline health care and supporting the health workforce, by improving recruitment and retention of Registered Nurses and helping ensure skilled professionals are supported to build their careers and remain in the Yukon.
- By stabilizing the nursing workforce and supporting safe transitions into practice, the program contributes to the government's commitment to improving access to primary care and community-based services, helping Yukoners receive timely, culturally safe, high-quality care closer to home.

Key facts and stats:

- Like other jurisdictions, the Yukon faces ongoing challenges recruiting and retaining registered nurses. Early-career turnover, particularly within the first one to two years of practice and in high-acuity

settings, contribute to service disruptions and increased replacement costs.

- National and international evidence demonstrates that structured transitions to practice and mentorship programs improve nurse confidence and patient safety, reduce clinical errors, and significantly increase nurse retention.
- The Transitions to Practice Program is an evidence-informed mentorship and learning framework that supports both newly graduated Canadian registered nurses and internationally educated registered nurses during their first months of practice in the Yukon.
- The program includes:
 - protected learning time;
 - structured one-to-one mentorship with trained mentors;
 - competency-based assessments; and
 - a gradual increase in clinical responsibility during a time-limited supernumerary period.
- Learning modules include Yukon-specific content such as Indigenous and culturally safe care, documentation standards, clinical decision-making and relevant legislation.

Status:

- The program begins phased implementation starting in Q1 2026 with existing employees, aligned with recruitment cycles and operational capacity.
- Mentors are currently enrolled in the mentorship course.
- The initial focus will be on internationally educated nurses already working within the Department of Health and Social Services to

Transitions to Practice – nurse mentoring

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support their successful transition into registered nurse scope and roles.

- Program outcomes will be reviewed after initial implementation to determine whether the approach can be adapted for other regulated health professions.

If asked about why the program is needed, costs, and external partnerships:

- While passing the national licensing exam allows nurses to practice, evidence shows that structured transition support is critical to prepare nurses for independent practice, reduce early burnout, and support long-term retention.
- Investing early in mentorship and protected learning time is more cost-effective than recruiting and replacing nurses who leave within their first one to two years of practice.
- The Transitions to Practice Program was developed collaboratively with the Yukon Hospital Corporation, Whitehorse Corrections Centre, Department of Economic Development, who also contributed funding, and Kwanlin Dün First Nation, alongside departmental branches, clinical leaders, and educators, and includes Yukon-specific and culturally safe care content developed with internal expertise, including Yukon Indigenous employees.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 18, 2026
Date approved

Topic: Initiatives to improve access to emergency and urgent care services.

Key messages:

- The Government of Yukon is committed to ensuring Yukoners can access timely emergency and urgent care, supported by coordinated health system planning, improved access to primary care, and safe, reliable service delivery.
- We appreciate that the Yukon Hospital Corporation has ensured continuous availability of hospital care for Yukoners through stabilizing acute care physician services and supporting recruitment and retention.
- The Department of Health and Social Services is strengthening system capacity through workforce initiatives, digital tools, and infrastructure planning, while working closely with Yukon Hospital Corporation on hospital-based services.

Key facts and stats:

- Whitehorse General Hospital Emergency Department remains the primary point of access for emergency care in the territory, serving both Whitehorse and patients referred from Yukon communities.
- Emergency Medical Services call volumes have increased in recent years, reflecting population growth, increased patient acuity, and broader system pressures.
- In many Yukon communities, emergency care is provided through Community Health Centres and supported by Emergency Medical Services, with after-hours support and escalation pathways to Whitehorse General Hospital.

Access to Urgent and Emergency Care

Health and Social
Services

- Community Responders, under EMS, play a critical role in first response in rural and remote communities, particularly where on-site clinical staffing is limited.
- A portion of emergency department demand is driven by urgent but non-life-threatening conditions, particularly when same-day primary care or urgent assessment is not available.

Status:

- Health and Social Services continues to focus on stabilizing emergency and urgent care access while advancing longer-term system improvements such as Emergency Medical Services enhancements and specialty paramedic teams, to support timely emergency response and system resilience. Recent changes to Whitehorse Walk-in Clinic services now allow patients who are attached to a family clinic to receive urgent, non-emergency care when they are unable to get a timely appointment with their regular provider.
- Planning and design work is underway with Yukon Hospital Corporation to address hospital capacity pressures, including expansion planning at Whitehorse General Hospital to better support acute and urgent care delivery.
- Digital health and e-services initiatives are being advanced to improve access, reduce administrative burden, and support timely care navigation.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Medical travel provides access to care for medically necessary insured services not available in a person's home community.

Key messages:

- The Government of Yukon is committed to expanding access to specialists, diagnostic services and primary care across the territory to reduce medical travel for Yukoners.
- We are committed to reviewing medical travel mileage and subsidy rates to ensure Yukoners are better supported and that in and out-of-territory travel costs are realistically recognized.
- The Government of Yukon will explore options for medical travel lodges in Whitehorse and other out-of-territory destinations to help reduce the financial burden on Yukoners.

Key facts and stats:

- If the medically necessary insured health services the individual requires are not available in one's home community, the program may cover travel to receive these services. This could include mileage reimbursement at established rates and the most appropriate and cost-effective flights to get to appointments.
- The current medical travel subsidy is regulated at \$184 per day for overnight outpatient services and \$93 for same day travel and approved escorts.
 - The medical travel subsidy is adjusted to inflation based on the Consumer Price Index, calculated April 1 of each year.

Medical travel

Health and Social
Services

- In 2024–25, 78 per cent of spending on medical travel for insured residents was on out-of-territory travel and 22 per cent was for 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.
- From April 1, 2025, to February 1, 2026, there have been 3,632 out-of-territory and 3,539 in-territory medical travel cases that reflect:
 - 12,694 scheduled flights authorized
 - 8,595 subsidies processed
 - 4,284 mileage payments processed
 - 1,417 Air Ambulances (including repatriations)
 - 1,640 unique individuals travelling in-territory
 - 2,435 unique individuals travelling out-of-territory
- 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 Air Ambulances (including repatriations)
 - 1,922 unique individuals travelling in-territory
 - 4,219 unique individuals travelling out-of-territory

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Medical travel

Health and Social
Services

Status:

- Funded by Indigenous Services Canada and in partnership with Government of Yukon, the Council of Yukon First Nations is undertaking a review and comparison of the extended health benefits provided by both Non-Insured Health Benefits and Government of Yukon's Insured Health Services Branch, with an initial focus on medical travel.

Approved by:

Matt King

Deputy Minister, Health and Social Services

April 21, 2026

Date approved

Pharmacare and Extended Benefits

Health and Social
Services

Topic: Medication, medical equipment and supplies programs administered by the Department of Health and Social Services.

Key messages:

- The Government of Yukon is committed to ensuring Yukoners can access essential medications, medical equipment and supplies based on need, not ability to pay, through a suite of publicly administered programs.
- Health and Social Services administers multiple drug programs that together support seniors, children, people with chronic and rare diseases, and Yukoners facing high medication costs.

Key facts and stats:

- Yukon administers several drug programs to address different needs across the life course and a range of health conditions, with additional universal coverage being launched through the Canada–Yukon Pharmacare Agreement:
 - Canada–Yukon Pharmacare Program (diabetes medications and contraceptives)
 - Universal, single-payer, first-dollar coverage for eligible diabetes medications and prescription contraceptives.
 - Reduces out-of-pocket costs for Yukoners, including those with private insurance deductibles or co-payments.
 - Seniors Pharmacare and Extended Benefits
 - Provides prescription drug coverage and extended health benefits, including dental, optical, and medical supplies, for Yukon seniors.

Pharmacare and Extended Benefits

Health and Social
Services

- Supports aging in place and reduces financial barriers for older Yukoners.
- Chronic Disease and Disability Benefits Program
 - Covers essential medications, supplies, and equipment for residents with approved chronic conditions or disabilities.
 - Ensures consistent access to life-sustaining treatments and long-term disease management.
- Children's Drug and Optical Program
 - Covers eligible prescription drugs and vision-care benefits for children under 19.
 - Supports early intervention, prevention, and family affordability.
- Drugs for Rare Diseases Agreement
 - Yukon participates in a separate federal agreement to improve access to high-cost drugs for rare conditions.
 - Current agreement runs to 2026–27 and includes coverage for treatments such as Yescarta for specific lymphomas.
 - Addresses equity challenges for small jurisdictions facing disproportionate costs for rare disease treatments.

Status:

- The Department of Health and Social Services is preparing to implement the Canada–Yukon Pharmacare Program using a third-party adjudication model.

Pharmacare and Extended Benefits

Health and Social
Services

- Implementation activities include privacy and security assessments, system integration, and alignment with pharmacy software, which require additional time beyond the original January 2026 target.
- All other drug programs remain fully operational and will continue alongside Pharmacare.

If asked about the national pharmacare agreement:

- In March 2025, the Yukon signed a four-year national pharmacare agreement with Canada providing up to \$7.9 million to deliver universal, first-dollar coverage for eligible diabetes medications and contraceptives, while existing territorial drug programs continue to provide targeted coverage for seniors, children, and people with chronic or rare conditions.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 13, 2026
Date approved

Physician Compensation and Contract Negotiation

Health and Social
Services

Topic: Physician compensation and contract negotiation in the context of the *Act Respecting the Yukon Medical Association*.

Key messages:

- The Government of Yukon is committed to working with the Yukon Medical Association to ensure physician compensation is competitive, consistent, and fair.
- The Department of Health and Social Services is focused on making the Yukon an attractive and supportive place to practice medicine by reducing administrative burdens and strengthening professional supports.

Key facts and stats:

- Yukon relies on a mixed physician workforce, including resident physicians and locums, to maintain access to hospital, emergency, and community-based services, making compensation particularly important in recruitment and retention.
- About 35% of physician services in the Yukon are delivered through contractual arrangements, and approximately 65% through the fee for service model.
- The *Act Respecting the Yukon Medical Association* established a statutory framework for negotiations between the Yukon Medical Association and the Government of Yukon, including formal representative authority and a defined process for resolving negotiation disputes.
- The Act enables unresolved disputes to proceed to binding arbitration, providing greater assurance for physicians and the government and

supporting continuity of physician services by preventing prolonged negotiation impasses.

- Under the 2025–2028 Memorandum of Agreement, physicians can access significantly improved recruitment incentives, parental leave, wellness supports, and continuing medical education, as well as a new primary care model including patient panel payment and indirect care payments.

Status:

- With the Act now in force, the Government of Yukon is working with the Association on contract negotiations to support the stability and continuity of physician services.
- The department is implementing the 2025 to 2028 Memorandum of Agreement and monitoring early impacts on recruitment, retention, and physician practice sustainability.
- Physician recruitment efforts continue, including targeted outreach within Canada and the US, alongside work to address licensing and onboarding barriers in collaboration with partner departments.
- Work is underway to reduce administrative burdens for physicians, including addressing payment processing timelines and supporting initiatives that allow physicians to spend more time on patient care.

If asked about negotiations

- Physician compensation negotiations are focused on maintaining and improving access to medical services for Yukoners, recognizing that ongoing recruitment and retention challenges affect the stability and continuity of care.

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Physician Compensation and Contract Negotiation

Health and Social
Services

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Yukoners can access specialist medical services through Yukon Hospital Corporation facilities.

Key messages:

- The Government of Yukon is committed to working with the Yukon Hospital Corporation, the Yukon Medical Association and health professionals to support access to in-territory specialist medical services.
- We are committed to reducing wait times so Yukoners can access a wide range of high-quality specialist care when they need it.
- The Government of Yukon is supporting these goals through Whitehorse General Hospital expansion investments to accommodate growth in surgical and specialist capacity, improved digital services and physician recruitment efforts.

Key facts and stats:

- 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.
- The pediatric model led by Lynx Clinic provides a multidisciplinary approach to child health, offering visiting clinics in pediatric dermatology, neurology, cardiology and endocrinology. Clinic days have increased, reducing the need for out-of-territory pediatric services and medical travel costs for Yukon families.

- Rheumatology, internal medicine and other specialist services are supported by visiting specialists, with ongoing efforts to improve access and reduce wait lists.
- Based on estimates by the Canadian Institute for Health Information, of the 118.8 full-time equivalent (FTE) physicians providing services to Yukoners in 2024–25 (including non-resident visiting specialists and locums, calculated on the basis of physician payments), 26 FTEs are medical specialties (with psychiatry and pediatrics representing more than half), and a further 13.5 FTEs in surgical specialties (including general surgery, orthopedics and obstetrics/gynecology).

Status:

- A Physician Recruitment Strategy for the Yukon Hospital Corporation was developed in October 2025 and is being implemented. These efforts feed into and support the Yukon's system-wide health human resources initiatives.
- A third Obstetrician-Gynecologist joined the Yukon's OB-GYN service in September 2025.
- A second orthopedic surgeon joined the Yukon's Orthopedic service in September 2025 and recruitment for a third is ongoing.
- Recruitment for two additional psychiatrists is complete and we anticipate their relocation to the Yukon over the next six months.

If asked about joint procedures:

- As of December 31, 2025, the T2 wait time (from time of referral to surgery to surgical date) was 20 months for total knee replacement and 12 months for total hip replacement.

- From April 1 to December 31, 2025, 139 total joint procedures were completed. The orthopedic program is on target to complete 162 planned total joint replacements for 2025–26.
 - In 2024–25, 138 total joint procedures were completed.

If asked about specialist wait times:

Average T1 wait time by specialty* (months from primary care referral to specialist visit)				
Specialty	Target	2023–24	2024–25	FY 2025–26: Q1 to Q3
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 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.

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Specialists

Health and Social
Services

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Clinic supports

Health and Social
Services

Topic: Supporting the establishment of new primary care clinics and the delivery of team-based care.

Key messages:

- The Department of Health and Social Services is collaborating with the Yukon Medical Association to support primary care clinics and the delivery of team-based care.
- The Government of Yukon recognizes that necessary investments are required to care for the Yukon's growing population, including new clinic spaces and expanding existing clinics to accommodate additional primary care providers.
- We are committed to supporting primary care clinic operations that align with physicians' interests, including exploring options that reduce administrative burden and risks that traditional private practices carry.

Key facts and stats:

- Team-based care is a model in which multiple health and social professionals work collaboratively to provide coordinated, patient-centered care practicing to their profession's full scope. It supports access and continuity in care, especially for people with chronic or complex health or social needs.
- Health and Social Services is exploring options to support the establishment of new clinical practices.
- The Memorandum of Agreement with the Yukon Medical Association makes a substantial investment in primary care by providing:

Clinic supports

Health and Social
Services

- 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 for holding a minimum panel size;
- 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 meets eligibility; and
- obligating and incentivizing family physicians to take additional patients from the Find a Primary Care Provider program.

Status:

- Under the Memorandum of Agreement, a working group has been developed to recommend a team-based care funding program.
- The Team-Based Primary Care working group will explore ways to:
 - connect Yukoners to a team of primary health care providers;
 - encourage the development of Family Physician-led, team-based clinics that support the needs of the community;
 - support the integration of nurse practitioners, working to full scope, in team-based clinics;
 - improve patient access and quality care within clinics through team-based supports; and
 - design and deliver a fund program that provides equitable access for team-based care initiatives in primary care.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Children with complex care needs

Health and Social Services

Topic: Providing support to children and youth with complex care needs in schools.

Key messages:

- The Government of Yukon is committed to ensuring that appropriate support is available to children with unique or complex care needs.
- The Department of Health and Social Services and Department of Education are collaborating to address immediate and long-term solutions for students who require wraparound support.
- The Government of Yukon is strengthening partnerships across NGOs, Lynx Health, and the Child Development Centre to streamline diagnostics, address resource and wait time pressures, and plan long term service improvements and transitions between available supports.

Key facts and stats:

- The Department of Health and Social Services is working with the Department of Education through a Memorandum of Understanding to align services and provide therapeutic support in schools.
- Disability Services supports students with complex care needs through contracted therapy support within existing school programs.
 - Contracted therapies include physiotherapists, occupational therapists, and speech-language pathologists.
- Mental Wellness and Substance Use Services provides counselling services for children and works with the Department of Education for referrals to counselling services; provides counselling services in Yukon high schools; and supports a Patient and Family Navigator

Children with complex care needs

Health and Social
Services

position at Lynx Health through the Child, Youth and Family Treatment Team.

- 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.

Status:

- The Yukon Child & Youth Advocate Office's February 2025 Close to Home report highlights barriers for children, especially Indigenous children, in accessing education, therapeutic supports, and family stability.
- The report called 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.
 - The Departments of Health and Social Services and Education are providing supports and working together toward a long-term, sustainable plan.

Approved by:

Matt King
Deputy Minister, Health and Social Services

March 18, 2026
Date approved

Topic: Public safety and revitalization in downtown Whitehorse

Key messages:

- The Government of Yukon is advancing its commitments to revitalize downtown Whitehorse and improve public safety.
- We are reviewing how services are organized and where they are located, with the goal of stabilizing individuals with complex needs and reducing reliance on emergency shelter and crisis responses.
- This work is being undertaken in coordination with community partners to ensure shelter, supportive housing, and related services are better aligned with downtown safety objectives and broader community wellbeing.

Key facts and stats

- A concentration of shelter and stabilization services in downtown Whitehorse, particularly around 405 Alexander Street, has contributed to public safety and service-pressure concerns. Independent reviews have recommended improved oversight and reducing the concentration of services in the downtown core.
- The Department of Health and Social Services funds and works with community partners across multiple locations in Whitehorse to deliver shelter, supportive housing and stabilization services for people with complex needs, as part of the broader homelessness and housing continuum.
- Existing services include:
 - Emergency shelter, supportive housing, and cultural supports in Whitehorse, including 405 Alexander Street [\[see TAB #61\]](#),

Yukon Women's Transition Home Society (Kaushee's Place and Betty's Haven), and the Council of Yukon First Nations Family Preservation and Wellness Centre.

- Supportive housing operated by Safe at Home Society, including 408 Alexander Street and 5131 5th Avenue, as well as the future Hearth (anticipated opening in 2026).
- Access to nearby stabilization and harm-reduction services, including the Supervised Consumption Site, Community Outreach Services, food services, library outreach worker, Car 867, Mobile Moccasin, Referred Care Clinic, Opioid Treatment Services, Mental Wellness and Substance Use Services, and the Managed Alcohol Program.
- Together, these programs serve distinct populations across Whitehorse, reducing pressure on emergency shelter and crisis responses in the downtown core.

Status:

- The Community Advisory Board's Community Plan to Prevent and Reduce Homelessness 2025-2030, developed with the Government of Yukon, the City of Whitehorse, Yukon First Nations, community service providers, and people with lived experience will guide the use of federal homelessness funding and coordinate local actions to prevent homelessness, improve housing stability, and support service decentralization aligned with downtown Whitehorse safety and revitalization objectives.
- Health and Social Services is supporting implementation by aligning shelter, supportive housing, and stabilization services with plan

priorities, coordinating with community partners, and advancing work to reduce service concentration in the downtown core while strengthening access to appropriate supports across Whitehorse.

- As part of this work, the department is developing options to decentralize services currently concentrated at 405 Alexander Street, informed by independent reviews, advisory committee advice, operational reviews, and partner engagement.
- Ongoing coordination with Yukon Housing Corporation and the Department of Justice, City of Whitehorse and RCMP supports alignment with broader downtown safety and revitalization efforts, including the City of Whitehorse Community Safety and Wellbeing Plan.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: The Office of the Auditor General of Canada completed an audit of Family and Children's Services in 2025.

Key messages:

- The Government of Yukon is committed to protecting the health, safety and well-being of all children and youth from harm and ensure they receive appropriate and timely care and support.
- We have accepted all of the findings of the Auditor General's report, and some corrective actions are already underway, including improvements to intake processes, case oversight, and tracking of standards. Additional steps will follow a structured review of the recommendations.
- We're grateful for the dedicated Family and Children's Services staff, and we will strengthen the systems and supports they need to protect children effectively.

Key facts and stats:

- The Office of the Auditor General of Canada's performance audit of Family and Children's Services looked at files from November 30, 2022 to March 31, 2025, after amendments to the *Child and Family Services Act* came into effect.
- The Department of Health and Social Services has agreed with all nine recommendations in the Office of the Auditor General's audit of Family and Children's Services and is taking action to strengthen oversight, accountability and outcomes for children and families.

Status:

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Family and Children's Services OAG report

Health and Social
Services

	Recommendation	Action
1	Establish a robust mechanism for tracking and analyzing compliance with key requirements of the <i>Child and Family Services Act</i> and its policies, and use the analysis to inform improvements, including targeted training. (paragraph 42)	<ul style="list-style-type: none">• The department is developing a plan to strengthen compliance monitoring using the case management system, internal audits and supervision with child protection social workers, along with other processes.• Findings from compliance monitoring will inform policy and process updates and a branch-wide training plan.• Since October 2025, several child protection policies have been updated and respective training delivered on screening reports, maintaining contact with children, Plans of Care and supporting young adults reach independence. Resource materials were also developed to support staff in meeting contact standards.
2	Conduct a thorough analysis of all active foster and extended family care homes to verify completion of screening requirements and annual reviews, and address identified	<ul style="list-style-type: none">• The department is working to ensure screening requirements are met and to validate the ongoing safety of caregiving environments for children.• A review of screening requirements for all active foster and extended family caregivers has been completed. Work is underway to address any missing screening elements identified.

	deficiencies. (paragraph 42)	<ul style="list-style-type: none"> • Work to complete annual reviews of active caregivers is underway.
3	Review and update all group home policies to ensure alignment with current legislation and the care and supervision needs of residents, including younger children and children living with disabilities. (paragraph 42)	<ul style="list-style-type: none"> • The department is planning to review and update existing group home policies to ensure alignment with current legislation, national standards, best practices and policy expectations. The review will specifically address supervision and care requirements for children ages 0 to 12 and children living with disabilities. • The department is increasing policy capacity to support this work and has begun scoping required updates to the <i>Child and Family Services Act</i> policy manual. • The department is exploring the development of guidelines for group homes caring for children ages 0 to 12, informed by best practices from child care centres and dayhomes. • A staff member who previously worked in the field of licensing childcare centres and family day homes reviewed all the group homes from June 2025 to November 2025 and made 42 recommendations to improve the health and safety of young children. The department is in the process of implementing these recommendations.

4	Establish an ongoing system for monitoring group home accommodations and child-to-staff ratios and regularly report results to senior management. (paragraph 42)	<ul style="list-style-type: none">• The department is conducting an analysis of group home capacity and resource needs, including appropriate supervision ratios based on children's ages and support needs.• This work will inform future program planning and budget considerations.• Work on planning a process for monitoring accommodations and child-to-staff ratios, with reporting to senior management on a regular basis, is underway.
5	Actively collaborate with all Indigenous partners to establish timelines for the completion and ongoing updating of cultural plans for every Indigenous child in care. (paragraph 49)	<ul style="list-style-type: none">• In October 2025, the department began requesting meetings with Yukon First Nations and out-of-territory Indigenous governing bodies to discuss cultural planning and legislative requirements.• As of March 2026, the department has mapped a way forward with eight Yukon First Nations and four out-of-territory Indigenous governing bodies.• In March 2026, the Council of Yukon First Nations agreed to develop cultural plans for all remaining out-of-territory Indigenous governing bodies.• Additional engagement is underway with remaining Yukon First Nations.
6	Regularly assess the financial and human	<ul style="list-style-type: none">• The department has committed to undertaking regular assessments of financial

	resources required to deliver services under the <i>Child and Family Services Act</i> , including analysis of staffing levels, vacancies, turnover, and attrition to inform recruitment and retention. (paragraph 58)	<p>and human resource needs within Family and Children's Services. These assessments are intended to identify service gaps, analyze workforce trends, group home modifications and child-to-staff ratios that are required to create safe environments.</p> <ul style="list-style-type: none"> • Work from the assessments will better target recruitment and retention efforts, inform future budget planning and improve overall service delivery.
7	Develop and implement a learning management system to track and report on completion of mandatory training for social workers and group home staff and ensure mandatory training is completed by all staff. (paragraph 62)	<ul style="list-style-type: none"> • The department is completing a Needs Assessment and Feasibility Study to identify options for a Learning Management System that would centralize training administration, improve tracking and reporting and strengthen compliance with mandatory training requirements. • Required training for child protection and Transitional Support Services staff has been reviewed. • The Council of Yukon First Nations has been contracted to delivery training to Family and Children's Services staff on how to support caregivers and create culturally appropriate placements of Indigenous children.

8	Complete and submit required <i>Child and Family Services Act</i> compliance reports to the Minister on a timely basis. (paragraph 67)	<ul style="list-style-type: none"> The department is finalizing a report outlining compliance of service standards under the Act and preparing to submit it to the Minister by March 31, 2026. The department will undertake a comprehensive three-year compliance review from 2025 to 2028. These reviews will continue in three-year cycles.
9	Leverage data within the case management system to improve monitoring, tracking, and reporting on outcomes for children and families. (paragraph 67)	<ul style="list-style-type: none"> The department is developing a plan to better utilize functionality within the case management system to align with legislative, policy and practice requirements and to support data, monitoring and tracking processes for those receiving services from Family and Children's Services. This work includes analyzing available data and improving how information is accessed and used to support outcome-focused oversight and reporting.

If asked about previous audits:

- The Office of the Auditor General released an audit of Family and Children's Services in 2014. The objectives looked at whether the department complied with the *Child and Family Services Act*, and how data is collected and analyzed to measure and assess performance and outcomes to improve programs and services.

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Family and Children's Services OAG report

Health and Social
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- The department implemented actions in response to all recommendations from 2014.

Approved by:

<u> Matt King </u>	<u> March 23, 2026 </u>
Deputy Minister, Health and Social Services	Date approved

Family and Children's Services – Children in care

Health and Social Services

Topic: There is an increasing number of Yukon children requiring out-of-home care at the same time that there are challenges in recruiting and retaining professional social workers in Family and Children's Services.

Key messages:

- The Government of Yukon is committed to providing child protection services and programs that support positive and healthy outcomes for children, youth and their families.
- Our government recognizes the critical role of Family and Children's Services and is prioritizing recruitment of frontline health care workers, including social workers and child protection support staff.

Key facts and stats:

- The Government of Yukon is legislatively required under the *Child and Family Services Act* to deliver services and supports to keep children safe and maintain connection to family, community and culture.
- As of December 31, 2025, there were 196 children in out-of-home care, with 101 children in the care of the Director and 95 children in extended family care.
 - There are 145 available caregivers: 73 community caregivers (previously called foster homes) and 72 extended family caregivers.
 - Children in the care of the Director may live in extended family placements, community care homes, Transitional Support Services group homes, emergency placements, or in limited cases, out of territory placements.

Family and Children's Services – Children in care

Health and Social Services

- As of March 5, 2026, 51 children and youth are in 24/7 Transitional Support Services homes, operating across seven group homes with 42 bedrooms and 10 programs.
 - From 2020 to 2025, the number of children in group care increased from 14 to 41— a 193 per cent increase. This has resulted in overcrowded group homes and strain on fulfilling required staffing complement.

Table 1: 2017–2025 September point-in-time count of children in care

Type of care	2017	2018	2019	2020	2021	2022	2023	2024	2025
# of children in care of the Director	141	102	95	79	71	85	81	93	99
# of children in Transitional Support Services homes	29	24	18	14	15	17	21	37	41
# of children in community care (foster) homes	70	59	59	50	46	53	42	37	46
# of children in extended family care homes	54	89	145	146	138	128	104	88	95

Status:

- Social worker recruitment and retention is a challenge due to high caseloads; competitive job offers from other service providers; complex social issues that lead to child protection involvement such as the opioid crisis, intergenerational trauma, and

Family and Children's Services – Children in care

Health and Social
Services

poverty; negative stigma related to child protection social work; and the inability to support extended periods of leave and temporary assignment requests.

- To support the existing social workers with child protection work, social services worker positions (does not require a Bachelor of Social Work degree) were created, and recruitment has begun.
- To support children in out-of-home care, three case manager positions were created and are fully staffed.
- In September 2024, Family and Children's Services launched a recruitment campaign to find potential community caregivers for children requiring out-of-home placement.

If asked about extended family or community caregivers:

- As of October 1, 2025, caregiver daily rates are \$49.33 in Whitehorse, \$52.80 in communities and \$90.95 in Old Crow.
- The *Child and Family Services Act* enables the Director to place children in care with extended family caregivers and enables Yukon First Nations to establish safe homes in their communities for children to be placed (for up to 15 days) in case of an emergency without having to come into the care of the Director.

Approved by:

Matt King

March 18, 2026

Deputy Minister, Health and Social Services

Date approved

Topic: Operational changes to the federal government's Jordan's Principle funding is impacting Yukon individuals and organizations.

Key messages:

- The Government of Yukon has experienced additional pressure on certain programs and services as result of federal government changes to Jordan's Principle funding.
- The Government of Yukon appreciates the essential roles of our Yukon First Nations partners and recognizes the need to work collaboratively to determine how service gaps will be addressed under the new funding structure.
- Our government, along with the Northwest Territories and Nunavut governments, have written to the Minister of Indigenous Service Canada to emphasize the need to maintain Jordan's Principle funding, which is vital to addressing service delivery gaps for First Nations children and Yukon families.

Key facts and stats:

- The federal government is developing new up-to-date information that will be released in the coming weeks. In previous information from the 2022–2023 fiscal year, the Yukon region reported:
 - 1,591 approved requests (32 per cent year-over-year increase);
 - 17,246 approved products, services and supports (210 per cent year-over-year increase); and
 - \$34.7 million in approved funds (149 per cent year-over-year increase).

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Jordan's Principle funding

Health and Social
Services

Status:

- The departments of Health and Social Services and Education are collaborating to assess the potential impacts on children and youth.
- These departments are coordinating with partners to identify gaps, avoid service overlaps and improve overall service delivery.

Approved by:	
Matt King	March 18, 2026
_____	_____
Deputy Minister, Health and Social Services	Date approved

Income Supports (Social Assistance)

Health and Social
Services

Topic: Income Support provides assistance to low-income Yukoners through three unique legislated programs, including Social Assistance, Yukon Seniors Income Supplement and Pioneer Utility Grant.

Key messages:

- The Government of Yukon supports low-income Yukoners who need additional support with essential needs such food, shelter and utilities.
- Income Support Services provides frontline services, supports vulnerable populations and ensures legislated programs are aligned with cost of living and inflation pressures.

Key facts and stats:

- Social Assistance provides financial support to help individuals meet their basic needs when all other possible sources of income have been exhausted.
 - The Yukon Supplementary Allowance is \$250 per month for those who are eligible to receive Old Age Security or are excluded from the labour force. Yukoners who receive social assistance may also receive the Yukon supplementary allowance if they meet eligibility criteria.
- In 2025, the total cost for Social Assistance was \$22.5M (\$22,472,442).
- From April 1, 2025 to January 31, 2026, there were a monthly average of 1,005 Social Assistance cases (households), comprising an average of 1,424 recipients (individuals).
 - This includes an average of 849 Social Assistance cases in Whitehorse and 141 cases in other communities per month.

Income Supports (Social Assistance)

Health and Social
Services

- From April 1, 2025, to January 31, 2026, an average of 53.1 per cent of Social Assistance cases (534 households) had at least one household member receiving the Yukon Supplementary Allowance per month.
- Each November, Social Assistance rates for shelter, food, fuel, utilities and clothing are indexed to the Consumer Price Index for Whitehorse. In 2025, an increase of 2.8 per cent was applied.
- Between 2023–24 and 2024–25, the number of individuals receiving Social Assistance increased by 6 per cent.
- The Yukon Seniors Income Supplement is available to low-income seniors. In 2025, the total cost for the program was \$2.4M (\$2,383,922).
 - From April 1, 2025, to January 31, 2026, the Yukon Seniors Income Supplement supported 1,353 unique recipients with an average of 1,114 recipients per month.
 - Every October, the Yukon Seniors Income Supplement increases based on the Consumer Price Index. In 2025, an increase of 2.8 per cent was applied.
- The Pioneer Utility Grant is also in place to assist Yukon seniors with the cost of heating their home – whether owned or rented.
 - In 2025, there were 2,334 unique Pioneer Utility Grant recipients with a total cost of \$2.6M (\$2,626,794).

Status:

- Additional \$100 monthly interim payments have remained in place through 2025/26 following a Social Assistance Rate Review in 2024.
- A data error was identified that resulted in some Yukon Seniors' Income Supplement T5007 slips to be incomplete, due to the

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Income Supports (Social Assistance)

Health and Social
Services

exclusion of payments issued between January and March 2025. The amended T5007 slips are being issued and tax clinics were notified of the error to support those seniors filing their taxes.

Approved by:

Matt King

March 13, 2026

Deputy Minister, Health and Social Services

Date Approved

Social assistance rates for November 1, 2025 – October 31, 2026

Annual Consumer Price Index adjustments to Schedule A rates in accordance with section 56 Social Assistance Regulation, YOIC 2012/83

From September 1, 2024, to August 31, 2025, the annual average Consumer Price Index (CPI) for Whitehorse increased by 2.8%. The annual average percent change from one year to the next is used to calculate rate changes for social assistance. Updated rates in this document are valid from **November 1, 2025, to October 31, 2026**.

Food allowances

Schedule A, section 2 Social Assistance Regulation

Area 1: Whitehorse

Unit	Monthly	
1	\$335	
2	\$638	
3	\$917	
4	\$1,162	
5	\$1,455	
6	\$1,748	
7	\$2,036	
8	\$2,326	
9	\$2,619	
10	\$2,909	For each additional unit after unit 10, add \$292.

Area 2: Carcross, Carmacks, Teslin, Haines Junction, Dawson City, Pelly Crossing, Mayo, Watson Lake, Ross River, Faro

Unit	Monthly
1	\$370

Social assistance rates for November 1, 2025 – October 31, 2026

Annual Consumer Price Index adjustments to Schedule A rates in accordance with section 56 Social Assistance Regulation, YOIC 2012/83

2	\$704
3	\$1,011
4	\$1,280
5	\$1,599
6	\$1,919
7	\$2,240
8	\$2,559
9	\$2,881
10	\$3,199

For each additional unit after unit 10, add \$321.

Area 3: Old Crow

Unit	Monthly
1	\$577
2	\$1,102
3	\$1,579
4	\$2,003
5	\$2,504
6	\$3,004
7	\$3,505
8	\$4,005
9	\$4,510

Social assistance rates for November 1, 2025 – October 31, 2026

Annual Consumer Price Index adjustments to Schedule A rates in accordance with section 56 Social Assistance Regulation, YOIC 2012/83

10	\$5,006
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For each additional unit after unit 10, add \$502.

Special food allowance

Schedule A, section 2(2)

An additional special food allowance of not more than **\$47** per month may, on the recommendation of a physician, be provided for each person requiring a special diet.

Boarding care in privately-owned facilities

Schedule A, section 3 Social Assistance Regulation

Board and Room allowance for up to a maximum of \$637 in Area 1 and of \$711 in each of Areas 2 and 3 per month for a single individual.

Shelter rental allowance

Schedule A, section 4 Social Assistance Regulation

Areas 1, 2 and 3

Unit	Monthly
1	\$711
2	\$960
3	\$1,140
4	\$1,170

Social assistance rates for November 1, 2025 – October 31, 2026

Annual Consumer Price Index adjustments to Schedule A rates in accordance with section 56 Social Assistance Regulation, YOIC 2012/83

Fuel and utilities

Schedule A, section 5 Social Assistance Regulation

Area 1

Unit	June - September	October, April, May	November - March
1	\$477	\$557	\$635
2	\$519	\$599	\$678
3	\$558	\$637	\$715
4	\$600	\$681	\$760
5	\$638	\$718	\$799
6	\$682	\$762	\$839
7	\$719	\$801	\$877
8	\$763	\$840	\$922
9	\$802	\$879	\$962
10	\$843	\$923	\$1,001

Areas 2 and 3

Unit	June - September	October, April, May	November - March
1	\$519	\$599	\$678
2	\$558	\$637	\$715
3	\$600	\$681	\$760
4	\$638	\$718	\$799
5	\$682	\$762	\$839

Social assistance rates for November 1, 2025 – October 31, 2026

Annual Consumer Price Index adjustments to Schedule A rates in accordance with section 56 Social Assistance Regulation, YOIC 2012/83

6	\$719	\$801	\$877
7	\$763	\$840	\$922
8	\$802	\$879	\$962
9	\$843	\$923	\$1,001
10	\$881	\$963	\$1,040

Clothing allowance

Schedule A, section 6 Social Assistance Regulation

Areas 1, 2 and 3

Age	Monthly
Child (1-13 years)	\$56
Adult (14 years +)	\$103

Incidental allowance

Schedule A, section 7 Social Assistance Regulation

Areas 1

Unit	Monthly
1	\$72
2 and more	\$214

Areas 2

Unit	Monthly
1	\$82
2 and more	\$236

Social assistance rates for November 1, 2025 – October 31, 2026

Annual Consumer Price Index adjustments to Schedule A rates in accordance with section 56 Social Assistance Regulation, YOIC 2012/83

Areas 3

Unit	Monthly	
1	\$131	
2 and more	\$368	

Unchanged - Yukon Supplementary Allowance

Schedule A, section 8 Social Assistance Regulation

The amount of the Yukon Supplementary Allowance is \$250 per month. (Unchanged.)

Unchanged - School allowance for adult students

Schedule A, section 9 Social Assistance Regulation

An allowance of \$50 per month may be granted to adult students attending school full-time. (Unchanged.)

Supportive housing

Health and Social
Services

Topic: Focuses on the aspect of supportive housing to address homelessness and coordinate through community-based programs.

Key messages:

- The Government of Yukon is working to improve supportive housing for post substance use and addictions treatment, for seniors, people with disabilities, individuals in recovery, women and children seeking safety from gender-based violence, and vulnerable Yukoners.

Key facts and stats:

- Supportive housing is part of the housing continuum, which also includes transitional housing, emergency shelters and social housing.
- Whitehorse's supportive housing takes a program-based approach where guest management is provided and residents receive comprehensive case management, life skills development, and have access to the full range of supports, including cultural programming, harm reduction services and community connection activities.
- Whitehorse has been working towards a Coordinated Access system as per the Reaching Home approach since 2017. The Community Housing Access Table (CHAT) uses the By-Name List (BNL) to understand current homelessness related housing needs and aim to have the best fit for each housing unit that becomes available. The majority of housing service providers in Whitehorse use this system and coordinate through bi-monthly meetings.
 - On July 31, 2024, there were 216 people on the BNL;
 - On February 17, 2025, there were 152 people on the BNL.

Table 1: Supportive housing units in Whitehorse for Yukoners at risk of or experiencing homelessness coordinated through CHAT.

Location	Total unit mix	Total active	Occupied
405 Alexander (above the shelter)*	20 studios	20	11
5131 5th Avenue (formerly Housing First)	14 studios, 2 one-bedroom. 1 unit unavailable (repairs).	16	15
Cornerstone Community Building**	21 one-bedroom	21	21
408 Alexander	2 studios, 5 one-bedroom, 10 two-bedroom	17	17
The Hearth (anticipated opening 2026)	43 studios, 10 one-bedroom, 14 two-bedroom	N/A	N/A
Total	141	74	64

*Currently in process to transition residents from tenancy agreements to program agreements

**Cornerstone uses a tenancy model rather than a program model.

Status:

- Continuing to partner with the Reaching Home Community Advisory Board to implement a coordinated access system in Yukon.
- Working to implement Recommendations of the Auditor General of Canada 2022 report. [\[see TAB 66 OAG report\]](#)
- **405 Alexander Street** includes 20 supportive housing units located above the emergency shelter for residents participating in onsite programming.
 - In winter 2025–26, these units are transitioning from standard tenancy agreements to program agreements, enabling access to a broader suite of supports not available under the previous housing model.

- **5131 5th Avenue** is a 16-unit supportive housing building owned by Yukon Housing Corporation and leased to the Safe at Home Society.
 - On July 1, 2025, operations were transferred from Connective Support Society to the Safe at Home Society. This transfer was initiated through an Expression of Interest that was prompted by a 2024 evaluation showing the need for increased safety, improved program engagement, structured guest management and wellness checks.
- **408 Alexander Street** is a 17-unit building owned by the Yukon Housing Corporation and leased to the Safe at Home Society since December 2024
 - Challenges with safety issues experienced in the previous operation of a Rent-Geared-to-Income housing model led to changing the tenancy model to a program model. This change has improved street-level concerns and resulted in less damage to the building.
- The **Cornerstone Community Building** offers 21 units for tenants who receive personalized support from Health and Social Services to help them succeed in their tenancies.
- **The Hearth** is a new 67-unit supportive housing initiative (with youth wing) led by Safe at Home Society.

Approved by:

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Whitehorse Emergency Shelter (405 Alexander Street)

Health and Social
Services

Topic: Oversight, service delivery, and system alignment at 405 Alexander Street.

Key messages:

- We are reviewing the Whitehorse Emergency Shelter operating model and will engage partners to develop options for decentralization of services in the downtown core.
- Our aim is to ensure the network of services and supports for precariously housed Yukoners are organized and delivered in a cohesive manner that improves access and safety, encourages reintegration into the housing continuum, and offers as a last resort emergency shelter space when people need it.
- Overall, we are committed to the safety of vulnerable people while supporting the revitalization of downtown Whitehorse.

Key facts and stats:

- The Whitehorse Emergency Shelter at 405 Alexander Street provides up to 54 emergency shelter spaces per night.
- The building also includes 20 upper floor housing units that provide self-contained supportive accommodation connected to on-site programming and case management supports.
- In September 2025, the Department of Health and Social Services entered a one-year transfer payment agreement with Connective Support Society valued at approximately \$6.89 million for shelter operations, including staffing and programming changes. A separate food services agreement is also in place.

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Whitehorse Emergency Shelter (405 Alexander Street)

Health and Social
Services

Status:

- The Department of Health and Social Services is reviewing the shelter's operating model as part of broader work on downtown safety, service effectiveness, and coordination with government and community partners. This work includes examining the reports to date, Coroner's inquest recommendations, and considering best practices.
- Officials will work with the 405 Advisory Committee to provide advice and recommendations on site operations, including staffing, safety, reporting, cultural safety, and the program model for the 20 upper-floor units.
- This will help to inform future decisions based on the evidence, independent reviews, engagement with key partners and Yukon First Nations, advice from the Advisory committee, along with budgetary considerations.
- The 405 Alexander Street Advisory Committee will review Connective's fulfillment of TPA deliverables and provide advice and recommendations on an operating model for the site following its review.
- **The Advisory Committee is finalizing First Nation membership.**
- The first meeting of the committee anticipated late April or early May.
- The committee is co-chaired by the Assistant Deputy Minister of Social Services and a First Nation representative with three Government of Yukon and six First Nation members.

Approved by:

Matt King

Deputy Minister, Health and Social Services

April 15, 2026

Date approved

OAG Housing Report - Joint Work Plan

Yukon Housing &
Health and Social Services

Topic: Yukon Housing and the Department of Health and Social Services continue to address the recommendations of the 2022 Auditor General's report.

Key messages:

- The Government of Yukon is committed to following through on commitments made to the Auditor General in 2022.
- Yukon Housing and the Department of Health and Social Services are addressing the Auditor General's findings collaboratively through a joint work plan focused on coordinated, cross-departmental actions.
- This work includes improving access to Yukon Housing's stock, reviewing rent assessments and unit allocation policies. It also includes increasing affordable and social housing and strengthening data collection across the housing system.
- In line with the Yukon government's mandate, Yukon Housing is also expanding the supply of affordable housing to support those most in need and reduce the waitlist.

Key facts and stats:

- On May 25, 2022, the Office of the Auditor General released a performance audit examining Yukon Housing's delivery of social housing and its joint role with Health and Social Services in emergency shelters, transitional housing and supportive housing.
- The audit found gaps in identifying housing needs, a long and growing waitlist for housing, challenges in managing stock, and

OAG Housing Report - Joint Work Plan

Yukon Housing &
Health and Social Services

limited coordination between Yukon Housing, Health and Social Services and community partners.

- The Auditor General issued nine recommendations to address these gaps.
- To address the recommendations, Yukon Housing and the Department of Social Services drafted a work plan, which was subsequently finalized using input from Yukon – Together for Housing Summit held on October 4, 2022.
- The work plan, which was released publicly on December 15, 2022, included 33 actions, each linked to a specific recommendation made by the Auditor General.
- Progress on the work plan is provided to the Standing Committee on Public Accounts and to the Auditor General as requested.

Status:

- As of January 2026, 21 actions are completed. The remaining 12 actions are either underway or under review.
- Yukon Housing and the Department of Health and Social Services aim to complete actions in the workplan in 2026/2027, although many of these actions (such as working collaboratively and prioritizing investments according to identified need) are ongoing.
- The 2022 Auditor General report recommended improving access to Yukon Housing stock and strengthening rent assessment policies; Yukon Housing is reviewing allocation and asset-cap policies in response.

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OAG Housing Report - Joint Work Plan

Yukon Housing &
Health and Social Services

- Another initiative is working with the federal government to secure a Build Canada Homes agreement, and to renew long-term funding through the National Housing Strategy. These efforts relate to 40.5 of the OAG work plan.

Approved by:

Samantha Paterson

March 26, 2026

President, Yukon Housing

Date approved

Matt King

March 26, 2026

Deputy Minister, Health and Social Services

Date approved

Sexualized Assault Response Team (SART)

Justice, HSS

Topic: Ensuring victims of sexualized violence receive comprehensive care across Yukon.

Key messages:

- The Sexualized Assault Response Team, or SART, is a network of agencies that provide coordinated, comprehensive supports for victims of sexualized violence.
- SART focuses on social, legal, medical, and wellness support for survivors of sexualized violence.
- The Government of Yukon is committed to enhancing services for victims of sexualized violence in Yukon communities, guided by the SART Expansion Action Plan published in September 2025.
- The Departments of Justice, Health and Social Services, and the Women and Gender Equity Directorate are working closely with SART agencies to implement the SART Expansion Action Plan to enhance supports and services for victims of sexualized violence in Yukon communities.

Key facts and stats:

- Available SART services include:
 - 24/7 support line;
 - accompaniment to the hospital and RCMP;
 - 24/7 on-call physicians at Whitehorse General Hospital;
 - forensic evidence collection at all three territorial hospitals;
 - priority access to counselling through Mental Wellness and Substance Use Services; and
 - access to victim supports and to independent legal advice.
- Current Whitehorse SART partner agencies include:
 - Department of Health and Social Services;
 - Department of Justice;

Sexualized Assault Response Team (SART)

Justice, HSS

- Women and Gender Equity Directorate;
- Yukon Women's Transition Home;
- Yukon Hospital Corporation;
- Kwanlin Dün First Nation;
- RCMP "M" Division; and
- Public Prosecution Service of Canada, Yukon Regional Office.

Status:

- Engagement with First Nations governments, rural service providers, and victims of sexualized violence occurred in the summer and fall 2023.
- A What We Heard report was shared with key partners, stakeholders, and the public in spring 2024.
- SART partners who have signed the protocol offer direct services to victims of sexualized violence as part of the SART network (with the exception of Kwanlin Dün First Nation).
- A SART expansion working group, composed of SART agencies and partners, is working to implement the SART Expansion Action Plan.

If asked about access to SART services in communities:

- Low-barrier travel support is available territory-wide to help anyone access SART services (including funding for gas, lodging, food or flights, accessed through Council of Yukon First Nations, Queer Yukon, or women's transition homes in Dawson City, Watson Lake and Whitehorse).
- Community nursing supports survivors through clinic-based care guidance, providing education to community nurses and 24/7 phone support through the Whitehorse General Hospital, SART medical doctor and SART clinical coordinator.

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Sexualized Assault Response Team (SART)

Justice, HSS

- Community hospitals are supported through standardized processes with key resources, policies and referral forms; ensuring there is freezer capacity for Sexualized Assault Evidence Kits (SAEK); and providing support and services through community victim services workers and Mental Wellness and Substance Use Services.
- Based on staffing levels and operational capacity, community hospitals can provide forensic evidence collection.

Approved by:

Jeff Simons

A/Deputy Minister, Justice

2026-02-18

Date approved

Matt King

Deputy Minister, Health and Social Services

March 13, 2026

Date approved

Topic: Housing-based responses to homelessness in Yukon.

Key messages

- Housing for people experiencing homelessness is allocated through coordinated, partner-led processes that prioritize need and support longer-term housing stability.
- Yukon Housing provides housing assets used across the homelessness response, including entire buildings leased to non-government partners and individual units within its housing portfolio.
- Yukon Housing and Health and Social Services support partner-operated supportive housing projects in Whitehorse, including:
 - 408 Alexander Street (17 units)
 - 5131 5th Avenue (16 units)
 - 190 Olive May Way (18 units)

Key facts and stats:

- The Government of Yukon is working with partners to strengthen coordination and improve how people connect to housing and supports.
- Yukon Housing supports this work by providing buildings and funding for partner-led housing and by providing 20 per cent of its housing units in Whitehorse for those experiencing homelessness on the By-Name List.
- The Department of Health and Social Services provides operational funding to support several partner-led supportive and transitional housing initiatives.

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Spring 2026

Response to homelessness

Yukon Housing

- Yukon Housing also contributed \$12.9 million to the renovation of the former High Country Inn for the forthcoming **Hearth project** (67 units, opening planned for spring 2026).

Status:

- Yukon Housing and Health and Social Services continue joint work to improve coordination, data use and housing access, consistent with the government's mandate and Auditor General's recommendations.
- Engagement with community partners is ongoing to align housing supply, supportive housing delivery, and coordinated access.

If asked about the Community Advisory Board and Community Action Plan:

- The Reaching Home Community Advisory Board is finalizing the Community Action Plan 2025–2030 to guide efforts to reduce and prevent homelessness.
- As a member of the Board, the Yukon government continues to participate in discussions on the Community Action Plan to support alignment with existing initiatives and collaboration with community partners to prevent and reduce homelessness.

Approved by:

Samantha Paterson

March 23, 2026

President, Yukon Housing

Date approved

Topic: Future use of 407 Alexander Street.

Key messages:

- The Yukon government is considering options for the future use of publicly owned land at 407 Alexander Street to support housing and community safety objectives.
- Future use of the land will be determined by several considerations, including downtown safety, business and community development, and feedback from the Whitehorse Community Safety and Wellbeing Plan process.
- The site represents an opportunity to advance the government's platform commitments related to housing supply and downtown safety.

Key facts and stats:

- Yukon Housing purchased 407 Alexander Street for \$650,000.
- The sale closed on March 31, 2025, and was funded through Yukon Housing's 2024-25 Capital budget.
- A post-purchase building assessment found the structure unsuitable for programming or renovation to support immediate short-term uses.
- The structure was demolished and a perimeter fence was installed to ensure public safety.
- Additional costs for pre-demolition testing, reports and subsequent demolition totalled \$195,519.50.
- The property is in a high-visibility location beside the Whitehorse Emergency Shelter and opposite 408 Alexander Street, where Safe at Home Society operates a 17-unit supportive housing program in

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Spring 2026

407 Alexander Street

Yukon Housing

partnership with Yukon Housing and the Department of Health and Social Services.

Status:

- A Phase 2 Site Assessment is planned for spring 2026 and will provide detailed environmental and geotechnical information to help support decisions on future use.
- Until a long-term plan is confirmed, the property will remain safely maintained and secured.

Approved by:

Samantha Paterson

January 30, 2026

President, Yukon Housing

Date approved

Public Safety and the Whitehorse Emergency Shelter

Justice

Topic: The Whitehorse Emergency Shelter has become the focus of discussions in the Yukon about community safety, crime and public disorder in downtown Whitehorse.

Key messages:

- This government is committed to improving safety for all people impacted by the Whitehorse Emergency Shelter, including shelter clients, downtown Whitehorse residents, visitors and local businesses.
- The Departments of Justice and Health and Social Services continue to work with the RCMP, Connective, the Council of Yukon First Nations and the City of Whitehorse to address public safety concerns in and around the Whitehorse Emergency Shelter.
- The Department of Justice will continue to support the Whitehorse Community Safety and Wellbeing planning process to address community safety concerns through a coordinated, collaborative approach.

Additional response:

- The Department of Health and Social Services has committed to a comprehensive review of the Whitehorse Emergency Shelter's operating model.
- The Yukon government recognizes the complexity of the issues surrounding the Shelter and emphasizes that improving public safety requires a coordinated, multi-pronged approach, with all partners working together collaboratively.

Key facts and stats:

- The RCMP indicates that in 2025–26, there were 757 occurrences at the Whitehorse Emergency Shelter (WES), which accounted for eight per cent of all downtown RCMP calls (down from 9.5 per cent the previous year).

Public Safety and the Whitehorse Emergency Shelter

Justice

- In winter 2024–25, consulting firm Meyers, Norris, Penny conducted an independent review of the Whitehorse Housing First program at the WES. The review recommended shifting the low barrier housing first model to a program-based model that requires commitments by clients. This was implemented by the department in late 2025.
- In May 2023, two other independent reports were released:
- Whitehorse Emergency Shelter Evaluation, prepared by Vink Consulting, found that clients need to receive more support to find permanent housing and recommended that more could be done to develop 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 their recommendations was to decentralize specific elements of service delivery.

Status:

- The current contract with Connective ends August 2026.
- Since the 2024-25 review, Connective has tripled the number of Case Management supports available.
- An Advisory Committee of representatives from the Government of Yukon and Yukon First Nations has been established to provide recommendations and advise the Government of Yukon and Connective about current operations and future programming at the WES. This committee is co-chaired by the ADM Social Services and a Yukon First Nation appointee.

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JUS 51

Public Safety and the Whitehorse Emergency Shelter

Spring 2026

Justice

If asked about initiatives led by the Department of Justice:

- We have allocated permanent funding for Car 867, the Mobile Crisis Response Team that responds to incidents with an RCMP member and a mental health nurse.
- Investments in the RCMP's Crime Reduction Unit and the Emergency Response Team inclusive of operational equipment respond directly to public concerns about increased crime and threats to business safety in the downtown core.
- This year's budget also puts forward a new position for the Whitehorse Detachment, strengthening policing capacity in Whitehorse.
- In addition, this year's budget provides funding for a Community Program Officer. The new position is intended to facilitate a victim-centred, prevention-focused approach to community safety by strengthening the connection between the RCMP and the community. The Community Program Officer's focus is on public education, early intervention and community mobilization rather than enforcement. The implementation of this position will foster greater collaboration between the RCMP, community partners and residents.

Approved by:

Mark Radke

Deputy Minister, Justice

2026-04-15

Date approved