

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

Official Report of Debates (Hansard)

SP-21

Journal des débats (Hansard)

SP-21

Standing Committee on Social Policy

Estimates

Ministry of Children, Community
and Social Services

Ministry of Long-Term Care

Comité permanent de la politique sociale

Budget des dépenses

Ministère des Services à l'enfance et
des Services sociaux et communautaires

Ministère des Soins de longue durée

1st Session
43rd Parliament

Tuesday 6 June 2023

1^{re} session
43^e législature

Mardi 6 juin 2023

Chair: Brian Riddell
Clerk: Lesley Flores

Président : Brian Riddell
Greffière : Lesley Flores

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7400.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400
Publié par l'Assemblée législative de l'Ontario

CONTENTS

Tuesday 6 June 2023

Estimates	SP-597
Ministry of Children, Community and Social Services.....	SP-597
Hon. Michael Parsa	
Ms. Denise Cole	
Ms. Jennifer Morris	
Hon. Charmaine A. Williams	
Ms. Linda Chihab	
Ms. Shella Salazar	
Mr. Rupert Gordon	
Mr. Trevor Sparrow	
Ms. Christine Kuepfer	
Ministry of Long-Term Care.....	SP-624
Hon. Paul Calandra	

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 6 June 2023

Mardi 6 juin 2023

The committee met at 0902 in committee room 2.

ESTIMATES

MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES

The Chair (Mr. Brian Riddell): Good morning, everyone. The Standing Committee on Social Policy will now come to order. We're meeting to begin consideration of the 2023-24 estimates of the Ministry of Children, Community and Social Services for a total of three hours.

The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust the deputy minister has arranged to have the hearings closely monitored with respect to questions raised so the ministry can respond accordingly. If you wish, you may verify the questions and issues being tracked by the research officer at the end of your appearance.

Are there any questions before we start?

I am now required to call vote 701, which sets the review process in motion. We will begin with a statement of no longer than 20 minutes from the Minister of Children, Community and Social Services. The remaining time will be allotted for questions and answers in rotations of 20 minutes for official opposition members, 10 minutes for independent members, and 20 minutes for government members of the committee.

Minister, the floor is yours.

Hon. Michael Parsa: Thank you very much, Chair. Good morning to you, colleagues and members. I am pleased to be here with all of you to discuss the 2023-24 estimates of the Ministry of Children, Community and Social Services, as well as our ongoing efforts and investments to modernize and improve services for Ontarians.

I'd like to start off by recognizing my colleague the Honourable Charmaine Williams, Ontario's Associate Minister of Women's Social and Economic Opportunity, who is joining us this morning. With the creation of this new portfolio, my colleague has been focused on increasing women's social and economic opportunity, particularly that of vulnerable women.

Here with me also is the deputy minister for the Ministry of Children, Community and Social Services, Denise Cole, who, as required, can be called upon to provide further insights into the work of the ministry.

I would also like to take this opportunity to thank all staff across the ministry for their hard work and professionalism, especially during the COVID-19 pandemic. I also extend my gratitude and appreciation to the ministry's many partners and stakeholders, who worked professionally and tirelessly during the pandemic to provide services to some of Ontario's most vulnerable individuals, often in congregate care settings.

The 2023-24 estimates include approximately \$19.4 billion in spending for the Ministry of Children, Community and Social Services. This represents a net increase of \$1 billion compared to the last fiscal year, as we continue to make investments to improve services and supports for people in our province who need it most. At a high level, our investments in 2023-24 are being made across four key categories, and these include:

- approximately \$10.3 billion for financial and employment services through the Ontario Works program and Ontario disability program and associated supports like the Ontario drug benefit;

- about \$5.1 billion for supports to individuals and families, which includes supports for adults with developmental disabilities, children and youth with special needs, women and children fleeing violence and Ontario's deaf-blind community, as well as help for youth and communities facing systemic barriers;

- approximately \$2.2 billion to support children and youth at risk, including child protection services delivered by children's aid societies and youth justice services, as well as community prevention support, including transformational changes with how we support youth-leading care through the Ready, Set, Go Program, which I will elaborate on later; and

- \$1.2 billion through the Ontario Child Benefit to provide direct financial support for low- to moderate-income families.

I would like to speak now about the work of our ministry and how those investments impact Ontarians. In collaboration with many community partners across the province, the Ministry of Children, Community and Social Services funds, designs and delivers a wide range of programs and services to support Ontarians in building thriving and resilient communities. Much of our daily work is focused on striving to achieve better outcomes for the province's vulnerable children. This includes overseeing the delivery of child protection services for children who have been or are at risk of being abused or neglected;

helping to make sure that children and youth with special needs, including those on the autism spectrum, have access to timely and effective services; working with First Nations, Inuit, Métis and urban Indigenous communities to support the healthy development of their children and youth; and preventing high-risk youth from coming into conflict with the law, improving their outcomes and reducing their chances of reoffending.

In addition, the ministry oversees screening and intervention programs to support early child development, and we monitor international and private adoption services in our province.

The other large element of the ministry's mandate is to provide programs and services to improve outcomes for vulnerable adults in Ontario. This includes providing financial and employment supports to low-income Ontarians; funding services and supports for adults with disabilities; collecting, distributing and enforcing child and spousal support payments; supplying interpreter and intervenor services for adults who are deaf, deafened, hard of hearing or deaf-blind; and collaborating with Indigenous communities on healing, health and wellness programs and services for Indigenous people. In addition, the ministry has a strong mandate to support survivors of gender-based violence like human trafficking, intimate partner violence and sexual violence.

Mr. Chair, these are all vital services that bind communities together, strengthen individuals and make Ontario a compassionate and caring place to live, work and raise a family. Just as important as the services we offer is the manner in which they are delivered. We are working to eliminate duplication so that valuable programs are sustainable and are working for the people of our province. The ministry is streamlining administration, updating and standardizing transfer payment processes, aligning and integrating service contracts, embracing technology and transforming programs to better serve clients.

The ministry is also working with partners across many sectors to transform, strengthen and coordinate community and developmental services, child welfare, special-needs services and early intervention services. In addition, the ministry supports Indigenous-developed approaches to improve Indigenous healing, health and well-being through holistic and culturally responsive supports for First Nations, Inuit, Métis and urban Indigenous communities, families and individuals.

Mr. Chair, to continue all of this important work, several areas of the ministry's operations are receiving additional investment in 2023-24. Our 2023-24 budget includes increases of \$537.5 million for social assistance, \$107 million more for developmental services, \$92.4 million more for children and youth services, \$76.3 million more for children protection services and \$90.8 million more for infrastructure.

I want to explore each of these expenditure increases in more detail here today, starting with the increase of \$537.5 million for social assistance. Our government is investing to improve the way that social assistance is delivered so that people have an easier way to get the support they need.

This means providing better and more timely help to help people who need it, making sure that people who aren't eligible for social assistance are connected to other available programs and services along with skills training that will support their success.

0910

I am proud of the way we are empowering people with disabilities who are able to work by increasing their earnings exemption by 400%. This builds on our recent record increase of 5% to ODSP income support rates, as well as the maximum monthly amount for the Assistance for Children with Severe Disabilities Program. For the first time in Ontario's history, these increases will be tied to inflation going forward, helping people keep pace with the rising cost of life's essentials. The next adjustment is just around the corner in July. Communications of that inflation adjustment started flowing to ODSP recipients late last week.

I can share with the committee that Ontario is further increasing the ODSP rate by a historic 6.5% to help persons with disabilities who face extra expenses and barriers in this time of higher living costs. This builds on the increase of ODSP last fall, bringing Ontario's total increase to social assistance disability payments to almost 12% over the last 12 months. This is historic, and the rates will be adjusted again every year based on inflation.

To help families with increased costs of caring for a child with a severe disability, the government is matching the ODSP increase with a 6.5% increase to the maximum monthly payment that's eligible for parents receiving the Assistance for Children with Severe Disabilities Program. These measures are all part of our commitment to make life more affordable for Ontarians.

Let me now turn to our planned expenditures in protecting Ontario's most vulnerable individuals. In 2023-24, we are investing approximately \$3.4 billion in the developmental services sector. This figure includes an additional \$112 million to maintain services and extend the Passport Program to approximately 4,000 new individuals, as well as enabling more than 300 eligible youth to go into supportive living placements in communities.

Our government is committed to helping to protect Ontario's most vulnerable adults and continue providing a sustainable system that addresses their needs. People with developmental disabilities and their families expect and deserve to enjoy all the rights and opportunities that other members of society have, like going to school, finding a job and having real choices and control over the decisions that affect them.

To that end, in May 2021, the ministry released its long-term plan for developmental services reform, called Journey to Belonging: Choice and Inclusion. This plan focuses on people, not the system around them, and it's designed to improve services and supports for people with developmental disabilities.

Since then, the Ministry of Children, Community and Social Services has made progress on immediate actions to improve current services and supports, as well as foundational steps in the design of the reform commitments.

The ministry is working in partnership with people with developmental disabilities, their families and service providers, and other partners, while developing aspects of the reform plan. Reform will take a gradual approach to supporting people and service providers through this period.

Mr. Chair, this year's estimates include an additional \$92.4 million for children and youth services to help continue the delivery of the new Ontario Autism Program and reduce wait times in core clinical services. I am pleased to report on the continuing transformation of the Ontario Autism Program into a needs-based program that will serve more children and youth than ever before in the history of Ontario.

Since 2019, we have doubled our investments in the Ontario Autism Program to more than \$600 million annually and adopted the autism advisory panel's key recommendations. I'm happy to announce that we have further increased funding by an additional 10%, which will continue to help form the foundation for a comprehensive, needs-based and family-centred Ontario Autism Program.

In mid-December, the ministry reached its target of enrolling 8,000 children and youth into core clinical services, and we are continuing to invite children and youth into core clinical services as we speak. More than 40,000 children and youth on the autism spectrum are receiving support through multiple streams in the program. Our government's commitment to the individuals on the autism spectrum and their families is unwavering, and I believe our continued and increased investments underscore this commitment.

We also have a planned increase of \$76.3 million for child protection services in 2023-24. Our vision is for an Ontario where all children, youth and families, including those receiving child welfare services, have the supports they need to succeed and to thrive. In 2020, the government announced that it would redesign the child welfare system to focus on early intervention and prevention approaches.

We're making significant changes to the child welfare system so that youth leaving care have the supports and skills they need to achieve their full potential. A key part of that is the new Ready, Set, Go Program, which will provide youth transitioning out of care with the life skills and supports they need to pursue post-secondary education, skilled trades training and employment opportunities to help them achieve their long-term goals and financial independence. Our government has invested \$170 million over three years in the new program to ensure that youth in the child welfare system are connected with additional services and supports they need to succeed after leaving care. In practical terms, financial support for youth is being increased from \$850 per month to \$1,800 per month for those aged 18, \$1,500 per month for those aged 19 and \$1,000 per month for those aged 20. This monthly financial support will provide youth with a better quality of life and safer housing opportunities so they can focus on their studies or employment.

The Ready, Set, Go Program will also allow youth to remain in care until the age of 23, up from the age of 21. The program has incentives for youth to participate in post-secondary education and sets them up for success in many ways. As early as age 13, children will be prepared to develop life skills, their unique cultures and identities, and relationships with their peers and adults. By age 15, youth will be offered a conferencing option including a mediator if they choose, to plan for their futures. By age 18, social workers will be accountable for ensuring youth have the basics, like ID, banking needs, professional support and communications technology, for example. From ages 18 to 23, youth will be supported with pathways to post-secondary education, life skills, skilled trades and the entry to meaningful employment. Chair, many of these youth have faced challenges and barriers in their lives. Our government has taken bold and innovative approaches to support them as youth leave care. The Ready, Set, Go Program will help youth get the skills they need to build a brighter future for themselves.

Finally, Mr. Chair, the ministry's estimates for the 2023-24 budget included an increase of almost \$90.8 million for infrastructure. This increase is due in large part to the ministry's support of multi-year infrastructure projects across the province at facilities like the Children's Hospital of Eastern Ontario at \$78 million and \$9.3 million for the Children's Treatment Centre of Chatham-Kent. These new children's treatment centres create opportunities for community organizations to collaborate and provide more streamlined, cost-efficient and integrated service options for local families. The ministry has also invested \$3.1 million in 2023-24 for an expansion of Ronald McDonald House Charities in Ottawa. This will more than double the capacity at the Ottawa Ronald McDonald House from 55,000 to 115,000 overnight stays per year to help families with children being treated at the Children's Hospital of Eastern Ontario. These are all exciting projects which will modernize existing facilities and improve care and outcomes for Ontarians. With the ministry's other transformational pieces that are already under way, we will continue to work to achieve success and promote positive outcomes for children, youth and families across the province.

0920

Mr. Chair, I'd now like to say a few words about the ministry's work to help end violence against women in its many forms. Our government has zero tolerance for violence against women, and we're working across government to prevent it and to support survivors.

Our thoughts continue to be with the friends and families of Nathalie Warmerdam, Anastasia Kuzyk and Carol Culleton, who were murdered in 2015 in Renfrew county as a result of intimate partner violence. Tragedies like these have a devastating impact on individuals, on their families and on their communities. Our government will provide an updated and comprehensive response to the inquest jury's recommendations in advance of the anniversary date of the inquest's verdict, released later this month.

In 2023-24, the ministry will invest approximately \$247 million to support victims of violence and just under \$29 million in violence prevention initiatives. These investments are complemented by the government's recent budget announcement of an additional \$202 million each year in the Homelessness Prevention Program and Indigenous Supportive Housing Program.

Mr. Chair, with that said, I would like to end on a less technical note. I just want to reiterate what I have said from day one, since being appointed the Minister of Children, Community and Social Services. Alongside Associate Minister Williams, parliamentary assistant Logan Kanapathi and parliamentary assistant Nolan Quinn, we will continue to—

The Chair (Mr. Brian Riddell): You have one minute, Minister.

Hon. Michael Parsa: —meet and listen to the people with lived experience, their families, individuals and experts to ensure the services that are provided meet the standards. Ontarians are counting on us to provide the supports they need, and we'll continue to make sure that no one is left behind.

That concludes my presentation. The associate minister and I are available to take questions now.

Before I end, I want to take this opportunity to thank my predecessors, all who served in this very important ministry—Dr. Merrilee Fullerton, Minister Todd Smith and Minister Lisa MacLeod—for all the work and care that they have provided in this ministry before me.

The Chair (Mr. Brian Riddell): Thank you, Minister.

We will now start rotations, with the opposition for 20 minutes. I recognize MPP Taylor. Please make all comments through the Chair.

Miss Monique Taylor: I just want to begin by quoting the published plan, the ministry overview: "The ministry is helping to break the cycle of poverty and build an Ontario where children, youth, women and families feel safe, supported and set up for success..." This first start of reading the notes provided by the ministry definitely set the stage for my form of questioning and for the families we face, who New Democrats hear from, across the province. And I'm sure other members across the province hear the same stories. It made me, first, go to the Poverty Reduction Strategy because that should be the first example of where this ministry sets their basis. When I looked at the estimates, I noticed—this is on page 29—that there was no money, no funding whatsoever, for the Poverty Reduction Strategy. I'm asking—through you, Chair—the minister, does this mean that this strategy is complete? And was it successful?

Hon. Michael Parsa: Thanks very much for the question.

Chair, I can assure every member in this House—and I think you have seen the demonstration by our government that, when it comes to affordability in our province, that is an unwavering commitment for us as a government. We have made sure, in every decision we make, that we make life more affordable for Ontarians. I can speak to some of the areas in my ministry. Of course, some of the decisions

that are being made by the Ministry of Finance and other ministries have had a great impact on every Ontarian. But I can speak to my ministry, for example, what I talked about in my speech, MPP Taylor, when I mentioned that the ODSP increase, for example—for some of our most vulnerable, that was the largest increase in decades last year, at 5%. A further decision was made to align that—

Miss Monique Taylor: Chair?

The Chair (Mr. Brian Riddell): Let the minister finish, please.

Hon. Michael Parsa: A further decision was made to align that with inflation. As a result, as I was just announcing in my speech earlier, this will further increase that support by another 6.5%, to almost 12%.

The poverty reduction that the member is talking about: There are about 17 indicators—

Miss Monique Taylor: I'd like to reclaim my time, Chair.

Hon. Michael Parsa: There are about 17 indicators in the Poverty Reduction Strategy, 10 of which are already improving. I signed the Poverty Reduction Strategy within weeks of becoming a minister in this ministry.

Miss Monique Taylor: These are the same talking points that I have heard over and over again. That's not what I am asking. I am asking about why there is no money in the estimates for poverty reduction, when we have people who are literally living in tents across the entire province. We have more poverty on our streets than we have ever seen and there is no money in the poverty reduction. These are just yes-or-no answers: Is there any focus on the actual poverty reduction? And why is there no money?

Hon. Michael Parsa: MPP Taylor, when you look at the social services relief fund that is provided—I'm going to ask the deputy to further elaborate on this, but you look at the \$1.2 billion that was provided to municipalities and non-profit networks to be able to provide support during the pandemic—\$1.2 billion. If you look at—

Miss Monique Taylor: That was during the pandemic—

The Chair (Mr. Brian Riddell): I appreciate everyone's passion, but let's just keep it civil.

Hon. Michael Parsa: Absolutely.

Again, if you look at some of the initiatives that I just listed: \$202 million to support the Homelessness Prevention Program. That was an increase. You have heard stories. You've heard some of your colleagues announcing them in their local ridings. If you look at the increase in the Student Nutrition Program—which MPP Gates knows well; he and I have had discussions about that—we increased funding by \$1.1 million. All of these initiatives—I will just ask the deputy to elaborate on this, but MPP Taylor, every single decision that we have made is to make sure that life is more affordable for Ontarians.

The example that I mentioned to you about the increase to ODSP rates: These are individuals who are on social assistance, some of the most vulnerable. Increasing the

rate to the largest in decades was the right decision. Aligning it to inflation so that you will see—as of next month, it will increase by another 6.5%.

I was just going to ask—

Miss Monique Taylor: No, I'd like to reclaim my time. I'm good, thanks.

You talk about the largest increase. That is absolutely sad on its own. Because it had been neglected for so many years, it doesn't exactly make it okay that you only provided them 5%, and only 5% to people who have been accepted into the ODSP program. So many people on Ontario Works are waiting to get on ODSP and are struggling to do so. The biggest thing that you have decided to do with people who are on ODSP is create an employment program that continues to leave people out who are not capable of working, which is the reason they are on that program in the first place.

I would like to know: There was a pilot program that happened for employment services—

The Chair (Mr. Brian Riddell): Please address your comments through the Chair.

Miss Monique Taylor: Yes, thanks.

There was an employment services program that was a pilot program for people on social services. It is now being administered by third-party providers. I am asking: Was the pilot program a success? And can you please provide examples and data on what the government used to determine that this pilot was a success? As an example, how many people in Hamilton and Niagara were placed in employment during the pilot period? Possibly you can provide some numbers for Peel. How is that compared with the pilot pre-employment program?

Hon. Michael Parsa: I think my colleague will know that this is a Ministry of Labour lead, so perhaps when they are here appearing before you, you can ask them this. But on the question that the honourable member raised, about the 5% that, to her, wasn't enough: It hadn't been done in the past. It was this government that raised the rate, the largest increase in years—in decades. If that wasn't enough, I wonder why my colleagues who were in this House, in the chamber, didn't push for that to happen. It was this government that made it happen. It was this government that provided the largest increase. It's this government that aligned it to inflation so that there are more supports provided for those on social assistance.

0930

Also, to the point that my colleague raised on the employment opportunities, we want to make sure the supports are provided for—

Miss Monique Taylor: Well, the minister has said that this isn't under this ministry, that it's under the labour ministry, which is kind of a crossover, so I'll take him at that and I'll just move on, since it's not his ministry.

So many people on ODSP found themselves to not qualify for the 5%, \$58 increase. Could he please provide the reasons and the qualifiers to be able to qualify for the \$58 increase?

Hon. Michael Parsa: I will probably pass that to the deputy, but those who are on the—

The Chair (Mr. Brian Riddell): Please state your name and your position, please.

Ms. Denise Cole: Good morning, everyone. I'm Denise Cole. I'm the deputy minister of the Ministry of Children, Community and Social Services, and also the deputy minister of the Office of Women's Social and Economic Opportunity.

MPP Taylor, anybody on ODSP received the 5% increase, so I'm a little confused by the question. All persons on ODSP received the increase, as all persons on ODSP will receive the 6.5% tied-to-inflation increase July 1.

Miss Monique Taylor: Thank you. My information was different.

M^{me} France Gélinas: That's why we ask.

Miss Monique Taylor: That's why we ask. Exactly. Thank you. Fair enough.

Let's talk about autism, Minister. I've heard your talking points, so I would appreciate those same talking points not being just reiterated again. This time, as you know, is very valuable and we would appreciate being able to get to the bottom of some of the funding and how that actually looks. The first question I have that is most curious to me is, how much is the cost of the OAP access program and how much are we paying that third party to provide that service to families?

Hon. Michael Parsa: Thank you very much for the question. I'd be more than happy to talk about some of the facts again that I have shared with you. AccessOAP has been an integral part of this new Ontario Autism Program, so that as soon as families are enrolled—and I will ask the deputy to further elaborate for you—are transitioned and are on AccessOAP, they have access to supports and services immediately. It's through care coordinators that they're supported.

I would just ask the deputy to please elaborate on the AccessOAP implementation, please.

Miss Monique Taylor: The cost. The cost of what it is for us to be able to pay for AccessOAP.

Ms. Denise Cole: Thank you very much. The operating costs, MPP Taylor, for AccessOAP in 2022-23 were \$38.7 million. In its first nine months of operations, which was April to December, they ramped up all of the core functions, including launching an online family portal, call centre, and hiring and training care coordinators. As of May 24, AccessOAP has transitioned over 43,600 OAP families from the ministry to AccessOAP. They have hired and trained 277 care coordinators and 24 intake staff to support families. They've issued over 17,600 invitations to families to enrol in core clinical services. They've enrolled over 13,300 families in core clinical services. They've registered over 6,200 new clients and completed over 9,500 determination-of-needs interviews. So they are using that money to provide the best possible family experience through a single point of access to the OAP program.

Miss Monique Taylor: So the \$38.7 million is the entire cost that we pay to AccessOAP?

Ms. Denise Cole: That's their operating cost, yes.

Miss Monique Taylor: I can tell you first-hand that my granddaughter is on the spectrum and she hasn't had a stitch of services. While she waits, there has been nothing provided to our family. And I'm quite sure we are not alone, when I talk to people across the province.

When we talk about services provided, a family session online doesn't really cut it in the numbers, at the end of the day, for when it comes to actual speech therapy, core services—nothing. These are the ones that families are waiting for, but the second that they're provided a family network meeting, they're considered to be receiving services.

Would the minister think, if it was his family, that a family network meeting would be enough to satisfy a family who has a child who is in distress while going through this process?

Hon. Michael Parsa: Thank you very much for the question.

I just want to reiterate a couple of points here. I think it's important for us to note that the Ontario Autism Program is—and we talk about this, because it's important to say this—a program that was developed by the autism community for the autism community. We took the recommendations from the advisory panel and implemented the program by the community for the community. We went further. We doubled the funding and—

Miss Monique Taylor: Respectfully, Minister, it's the same families who are complaining that they're not getting the services that you say are the ones who created it.

Hon. Michael Parsa: Back then, if you remember, under the previous government, there were 8,500 children and youth receiving services under the OAP. Today, over 40,000 are receiving services through the Ontario Autism Program—and not just limited to one, but through multiple pathways to service.

Deputy, I'm just going to ask you to elaborate on some of the work that has been undertaken with the expansion of services now under the autism program.

Ms. Denise Cole: I'll start by saying, MPP Taylor, I'm sorry to hear that your granddaughter was still hearing—and the ministry would be happy to follow up to understand why that is the case—

Miss Monique Taylor: But I shouldn't have to sit at this table to get services for my family. Sorry, but thank you. I appreciate that, but—

Ms. Denise Cole: That's not why I'm saying that. All families had received an invitation to enrol in the program, so if your granddaughter—

Miss Monique Taylor: We've been offered a family network meeting. Nothing.

Ms. Denise Cole: Would you like the ministry to follow up?

Miss Monique Taylor: I would like the minister to put forward a program that actually works for the 60,000-plus children who are on wait-lists for services. That's what I would like. You continue to put money into it, and it's a program that is not working. We are watching families struggle. They're on the front lines. They're rallying. They're meeting with you in your office. They're begging

for help. So whatever you're doing, respectfully, is not working. You need to readjust. Things in life don't always work as a cookie cutter. So as we move forward throughout programs, there need to be adjustments, there need to be changes, there needs to be a look and a true focal point on families and what their needs are—and not just about talking points. The talking points aren't providing services.

The Chair (Mr. Brian Riddell): Minister, you have the floor.

Hon. Michael Parsa: There isn't going to be a day, MPP Taylor—I said this from day one—that I'm not going to be fighting for every single child, youth and family in this province. That's why I was honoured with this role, and I told this to the Premier. That's his expectation. And we will not leave anyone behind, so let me be clear on that.

The reason there are more than 40,000 children and youth receiving services now in comparison to 8,500 before is because of the decisions of our government. It's because of doubling the Ontario Autism Program; it's about further increasing that support by 10%.

And to your point: Yes, I have met with families. Yes, I have met with the Ontario Autism Coalition. Yes, I will continue to meet with them to make sure that their voices are heard, to make sure that every single child and youth in this province—

Miss Monique Taylor: But it's my time. I could talk the entire 20 if I wanted to.

0940

Hon. Michael Parsa: Please feel free. Go ahead.

Miss Monique Taylor: Thank you. I would like to know, have you looked at individual programs? We know that each individual program has its own wait-list, right? Speech therapy has its own wait-list, core services has its own wait-list, SLP—all of them. They all have their own wait-list. Could you tell me which wait-list is the one that's actually moving—I would assume that it's the family networking one—compared to all of the other wait-lists?

Hon. Michael Parsa: Thanks very much for the question. I'm just going to ask the deputy to please elaborate on some of the lists.

Ms. Denise Cole: Thanks very much, Minister. All our wait-lists are moving, and I will refer to ADM Jennifer Morris who can give you the numbers on the various wait-lists. Jennifer?

Ms. Jennifer Morris: Thank you, Deputy, and thank you, MPP Taylor, for the question. There is no wait-list for a number of the program pathways in the new program. For a child who registers for the program, a young child who registers for the program receives an invitation within a matter of days to enroll in caregiver-mediated early years programs, which are six-month programs for very young children. Following that, they are enrolled in an entry to school program, which is also a six-month, group-based, class-based program delivered by clinicians to prepare children to enter school. There is no wait-list for that program. Children are enrolled right away. Families can

also access foundational family services from 35 organizations across the province. There is no wait-list for those programs. They include a multitude—

Miss Monique Taylor: Can I respectfully ask that I be sent this in writing? Because it's a lot, and I think it's good information and I want to be respectful of it. Could I request that I receive all of those lists in writing, and that way I can—

The Chair (Mr. Brian Riddell): You can request it.

Miss Monique Taylor: Thank you. I appreciate it. If I could be sent that information, that would be fantastic.

The Chair (Mr. Brian Riddell): Less than one minute remaining

Miss Monique Taylor: Less than one minute?

The Chair (Mr. Brian Riddell): Forty-four seconds.

Mr. Wayne Gates: Okay, I can do this in 34 seconds.

You mentioned that we haven't fought. We've long pushed for raising social assistance above the poverty level. The PCs were in official opposition for 15 years and didn't fight for it once. We have been calling on the PCs to double the rates now for ODSP and OW. It was actually Mike Harris and the Conservative government that reduced ODSP and OW and told them they could eat dented cans of tuna. And you guys are having a \$1,000 fundraiser tonight for dinner—\$1,000 when people all over Ontario are living in tents, in tent cities, including in Niagara, which is really heartbreaking when I drive down the street and I see families of three and four living in a tent on the street because—

The Chair (Mr. Brian Riddell): That ends the first part of our questioning.

Now I will turn to the government side. I recognize MPP Pierre.

Ms. Natalie Pierre: Good morning, everyone. Thank you, Minister Parsa, for your remarks this morning. My question might be better suited to Associate Minister Charmaine Williams, but I'll let you decide.

We know that women's social and economic empowerment has a ripple effect on their families, their communities and the province as a whole. We also know that women were impacted by the COVID-19 pandemic in several aspects of their lives, many of whom left the workplace to take on additional responsibilities, including caregiving.

What is the government doing to create a better environment to support women in various aspects of their lives?

Hon. Charmaine A. Williams: Through you, Chair: Thank you, MPP Pierre, for the question and for the work you've been doing in your community to advance women's social and economic opportunities.

Our government's vision for the future is for women across the province to thrive everywhere—at home, at work and in their communities—and achieving this is my passion as associate minister. Helping women participate in the workforce and achieve financial security is the foundation to their prosperity and their independence, because we know that when women do well, their whole family does well.

Women are equally critical to helping Ontario address many of the pressing labour shortages that our economy faces. For example, women currently make up only a fraction of the skilled trades workforce, and over the next decade, Ontario will need 100,000 workers in the construction sector alone. These are exciting and in-demand careers with good pay and benefits. That's why our government continues to encourage young women and girls to enter the skilled trades and break down workplace barriers that they face. We have made a historic investment of more than \$1 billion over four years to the skilled trades strategy. Many of the initiatives in the strategy will support women and girls exploring the skilled trades.

We're also modernizing our school science and technology curriculum to place a better emphasis on critical jobs and skills for the future, especially for students in science, technology, engineering and math. These include many women who are entering these courses.

We have invested in empowering women and supporting them to enter and re-enter the workforce. The results speak for themselves. We are getting more women into jobs than ever before. Overall employment in April 2023 was up 7,415 jobs, which is 5.5% higher than the pre-pandemic high in February 2020. Women account for many of these gains and the participation rate for core working-age women is steadily climbing from the pre-pandemic high of 81.5% to 83.9% in April 2023.

Economic empowerment isn't only about jobs. It's also about creating the conditions for entrepreneurs to thrive in the province. Our plan is to make Ontario the best province to do business in, and women are an integral part of that. One of the ways we are doing this is by supporting economic empowerment programs for women in communities across the province. For example, from 2022 to 2025, my ministry is investing \$30 million in two important programs: the Women's Economic Security Program and the Investing in Women's Futures Program. These programs will help women facing socio-economic barriers build the in-demand skills they need to gain employment. We have found that women have entered new fields, like the trades, but sometimes they are discouraged because of stigma or, in some cases, lack of safety at work. And I'm not talking about PPE; I'm talking about women's physical and mental safety.

I'm thinking of a woman I recently met who shared her experiences of harassment on the work site. But things changed for her when she found an organization that was willing to train her and provide her with the safe space for her and other women like her. That is why it's so important for us to continue to find ways to listen to women and support and encourage them so that all jobs and all opportunities are equally available to the women of Ontario.

There are, of course, other supporting factors that contribute to women's economic empowerment. Our government is making progress in these areas as well. For instance, women need to be safe to achieve economic independence and prosperity. That is why our government is preventing and addressing violence against women in all forms. It is so important that women who are affected

by violence and exploitation receive the support they need while offenders are being held accountable through our justice systems. In 2021, we invested nearly \$200 million in services and supports, as well as \$11 million in violence-prevention initiatives. This is in addition to the more than \$300 million we are investing over five years in our anti-human trafficking strategy.

We also continue to implement our Pathways to Safety, which is Ontario's strategy to respond to the crisis of missing and murdered Indigenous women and girls and address the root causes of violence against Indigenous women. Ontario's government-wide strategy was developed in close partnership with Indigenous community organizations and the Indigenous Women's Advisory Council. That is something I'm particularly proud of our government for establishing and working closely in developing strong relationships with many of the members, like Cora McGuire-Cyrette, the executive director of the Ontario Native Women's Association.

0950

Another key area we are addressing is access to child care. It is crucial to removing the barriers for women's labour force participation, and Ontario continues to make child care more affordable by improving options for parents. Under our Premier's leadership, we secured a historic agreement for child care, and we didn't just sign any deal with the federal government. We signed a better deal for the people of this province: a billion additional dollars and an additional year of funding guarantee that no other province had.

This historic agreement will support Ontario to achieve child care fees of \$10 per day for children under the age of six by September 2025. In fact, so many families are experiencing the savings right now because as of January 1 of this year, child care fees have been reduced by 50% on average, saving anywhere between \$6,000 to \$12,000 per child per year. I wish I had this when my kids were under the age of six. This is a massive step forward to the affordability program and agenda our government has undertaken for the coming year.

A second important factor is access to a safe, stable and affordable place to call home. And when I speak to transitional housing support program staff, they all say they can't get women out of the shelters because there are no homes for women to move into. If they find a home, unfortunately, it may not be in their community and amongst their support network that they have developed over time. That is why our government passed Bill 23, the More Homes Built Faster Act, which eliminated development charges for affordable, non-profit and select attainable housing. These changes will get more affordable and attainable housing built faster all across the province so that women can have a safe place to call home.

Women also need mental health and addictions supports, which is why, in 2020, we launched the Roadmap to Wellness, our provincial strategy that takes a whole-of-government approach to address long-standing mental health and addictions needs. This is a historic investment of \$3.8 billion over 10 years, and it's been working. I have

met with many women who have said they were able to go online and access counselling and therapy services because of these investments.

So these are just a few key examples of the actions taken to provide a stronger socio-economic environment for women so that they have the opportunity to play a full and robust role in our province's post-pandemic economic recovery. And we owe it to ourselves and the next generation to help more women and girls reach their full potential, because when women succeed, Ontario succeeds. And when women prosper, we all prosper.

The Chair (Mr. Brian Riddell): I recognize MPP Martin.

Mrs. Robin Martin: Thank you to both ministers and your team for being here. I just want to say, I get very excited about helping people reach their full potential, so talking about these issues really gets me excited.

I was really glad to hear about the Ready, Set, Go Program and the changes to the autism funding. While, of course, we haven't solved every problem at this point, it's certainly infinitely better than what was there before. I have a daughter who is 28 years old and on the spectrum, and I think she got two supervised play dates and her services were finished after two years. We were shown the door. So it is better, and I was glad to hear that we've added even more funds to that. I think having some guidance at the beginning of that journey for parents is also very critical, so I can see why the community asked for that.

My question is for Minister Williams. Many women in my community face barriers to entering the labour market, growing their career, starting their own business. And many of the women who are facing the greatest challenges really are racialized, Indigenous, immigrants, single parents or women fleeing abusive relationships. I know you visited WoodGreen, as did I, and I was very impressed with some of their services. Women need support to help them and their families and give them a chance to succeed. So what programs and services is your ministry making available to support them?

Hon. Charmaine A. Williams: Through you, Chair: Thank you, MPP Martin. You have been such an advocate for women, especially in your career as a lawyer, and really fighting for women to have the right to be safe and take care of their families. So thank you for being such an advocate within our justice system over the years, and thank you for your commitment to serving Ontario.

In recent years, there has been a demonstrated increase in the need for both violence prevention and economic-related services for women—we're seeing that—and as Ontario's associate minister, I know that women need to feel safe to feel economically empowered. So the two issues are closely connected. Our government is committed to making sure women across Ontario feel safe and are set up for success in the workplace, at home and in their communities. One of our top priorities is increasing women's participation in the workforce to support their economic security, independence and prosperity. We know that women have tremendous skills to offer Ontario,

to offer employers, and they are key to increasing Ontario's competitiveness and economic growth.

Countless studies have shown that workplaces are more productive and innovative when they have gender diversity, and working women represent almost half of Ontario's workforce and account for close to half of Ontario's family's incomes. Increasing women's economic participation is not just good for families but it's good for employers, it's good for business and it's good for Ontario's economy.

To achieve this, we are investing in training programs that help women focus on employment, pre-employment, pre-apprenticeship and entrepreneurship. This includes investing \$30 million, from 2022 to 2025, in our Women's Economic Security Program and the Investing in Women's Futures Program. The Women's Economic Security Program provides mentorship and work placements to help women gain skills, knowledge and experience, including in fields where women are under-represented, such as technology and skilled trades. These fields offer exciting, diverse and in-demand careers with good pay and excellent benefits.

Given the links between women's economic insecurity and gender-based violence, our programs have built-in, wraparound supports that help remove barriers and provide tangible supports alongside job training and education. Our projects provide wraparound supports in recognition of the fact that low-income women facing multiple barriers are better able to focus on and complete training if they are supported in addressing the challenges that arise from their circumstances. Examples of some of these wraparound supports offered through our program include support in finding child care, transportation to and from training programs, and food throughout their training day. Some projects provide specialized violence against women programming and supports to women who have experienced domestic violence and are at risk of abuse.

Financial security helps women leave abusive situations; that's why these programs are so important. A few of these unique programs include the YWCA's mobile application development program. That improves the employment skills of low-income, immigrant and refugee women in the fields of technology and communication and provides current industry-led certifications.

Also, Canadore College's general carpenter pre-apprenticeship program, which provides training to mostly Indigenous women with low incomes to help them prepare for jobs in the construction industry—which is facing many pressing labor shortages over the next decade. We're making it a sector rich with opportunities that women are poised to play a vital role in filling. I'm on a mission to get more women into the skilled trades because it offers great pay and excellent benefits. Alongside the Minister of Labour, Immigration, Training and Skills Development, we're working with labour unions and with businesses to break down the stigma around women in the trades, because, as we say, when you've got a trade, you've got a job for life.

The other program that we are supporting is the Investing in Women's Futures Program. It provides gender-based violence supports, life skills and employment training opportunities for women who experience social and economic barriers. It helps women connect to counselling and navigation supports and to develop skills to gain financial security and independence.

1000

These programs have a proven record of success. For example, the Investing in Women's Futures Program served more than 6,900 women across the province in 2022-23 alone, and it has already helped more than 1,300 women secure employment, start their own business or pursue further training and education.

As part of our investment in this program, we are providing an additional \$6.9 million to provide an increase in funding annually to 23 existing sites, but also to expand it to 10 more sites across Ontario. As a result of this additional funding, the program is now available at 33 locations across the province so that more women can have access to the supports they need. This includes newly funded organizations serving Indigenous, Black, racialized, newcomer and homeless women across the province. For example, Roots Community Services, which serves primarily Black African-Caribbean communities, will provide a 12-week program focusing on social enterprise, where women will build confidence, heal from past trauma and build towards financial independence. Wraparound supports such as child minding and transportation are also available to all those who participate.

Another program is Keepers of the Circle, which uses a holistic approach to economic development and empowerment to build pathways for Indigenous women, girls and 2SLGBTQQIA+ individuals to pursue meaningful careers. This includes entrepreneurship skills development, sector-specific training and culturally appropriate wraparound supports for those experiencing gender-based violence.

The Chair (Mr. Brian Riddell): One minute remaining, Minister.

Hon. Charmaine A. Williams: Also, the women's multicultural resource centre of Durham, which provides specialized trauma-informed counselling, financial empowerment, skills-based training and mentorship, as well as a co-operative development program—you should check them out because they have a great cleaning program that is a co-operative all run by women.

These are just a few examples that I have provided of programs that give women supports to overcome barriers, build skills and gain employment, which is a key step to helping women enter or re-enter the workforce. Based on some of the testimonials from participants and women who have received help, they get off social assistance, pay off their student loans. They've regained their self-esteem, their confidence and their independence. They've started up their own business ventures. They've grown their business and are finding full-time careers in the fields that they love—

The Chair (Mr. Brian Riddell): Thank you, Minister.

We will now go to the official opposition for 20 minutes.

Miss Monique Taylor: I just want to head back to the autism file for a bit. Could you please provide me the estimated budget for the OAP for 2023-24? Just the numbers.

Hon. Michael Parsa: I will pass that on to get you the exact number.

Miss Monique Taylor: Yes, that's fine.

Hon. Michael Parsa: But as I mentioned to you, we were at \$600 million before. We further increased that by 10%.

Miss Monique Taylor: So that's that number then, okay. So—

Hon. Michael Parsa: If you want the exact number, I'd be more than happy to pass that on and get you that number.

Miss Monique Taylor: Okay. And then the estimated budgets for 2023-24, right? So, 2022-23 and 2023-24.

Hon. Michael Parsa: As I mentioned to you, the program was at \$600 million and we increased that budget by 10%, by an extra \$60 million. I am just going to pass that to the deputy minister perhaps to be able to provide you with a little bit more on the exact amounts that you are looking for.

Miss Monique Taylor: Yes, that's fair, but while we are at it, if that's the actual amount that was put in, that's fine, because in 2022 the goal of enrolment into core clinical services was 8,000. With the increased funding, what is the goal for 2023-24 for core services?

Hon. Michael Parsa: As the minister, I can tell you that my goal is to get as many people and as many children and youth enrolled into the program as quickly as possible. That's why that increase of 10% will help us, MPP Taylor, for us to be able to get there.

We met our goal, as you know, of reaching 8,000 kids at the end of last year. We've exceeded that goal and, by that additional 10% in funding, we'll be able to get more children and youth enrolled in the program.

Miss Monique Taylor: Is there a number and a goal?

Hon. Michael Parsa: I'm just going to pass that over to the deputy.

Ms. Denise Cole: Thanks, MPP Taylor. The 8% goal—as you indicated, we set that to get 8,000 into core clinical services by December 31. We have not set a goal for the remainder. We want to move all of the kids' transition from the ministry into core clinical services. I will ask Jennifer to give you the exact number as to where we are today.

Miss Monique Taylor: Can I just clarify on what you are saying there, just for my own sake? The goal is to get people on to AccessOAP? Is that correct? Is that what you are saying?

Ms. Denise Cole: We want to get as many kids into core clinical services as possible. I don't have the number as of today at my fingertips, but I'm sure Jennifer Morris does in terms of the number of children who have transitioned into core clinical services.

Miss Monique Taylor: Right. Okay. Thank you. And of the 60,000 number that we know are on the wait-list, what does that look like in your numbers?

Ms. Denise Cole: Again, I will ask Jennifer to elaborate.

Miss Monique Taylor: Thanks, Jennifer.

Ms. Jennifer Morris: Thank you, MPP Taylor, for the question.

We do currently have just over 60,000 children registered in the program, but I caution people about using the word "wait-list" to describe the full 60,000. What we have found is that as we invite children into core clinical services, there are about 25% to 30% of those families who are not responding to those invitations.

Currently, we've issued about 17,600 invitations to core clinical services and about 13,300 have enrolled. That compares to the 8,000 of those enrolled at the end of the calendar year of last year, December 31, 2022. We now have 13,300 enrolled, but there are about 4,000 who have been invited, and reminded numerous times, who have not enrolled in core clinical services. So I just caution the use of the 60,000 as a wait-list. It's a registration list. What we don't know, and why we're challenged to specifically answer the question about the target for this coming year, is we don't know exactly how many of those 60,000 are interested in core clinical services. We're continuing to issue invitations to as many children as possible.

The number is also impacted by the needs profile of those children who are enrolled. Once a child is enrolled, they go through a determination-of-needs interview with a care coordinator, and if that child has limited needs, they receive less money than if a child had extensive needs. We don't know that until those children go through that process, so we can't, with precision, estimate yet how many children are going to enter the program in the coming year, except to say we're continuing to issue invitations and we've issued 17,600 invitations to core as of today.

Miss Monique Taylor: I believe you're going to send me these numbers, but just quickly: The base amount in core services is how many? How many children are receiving core services right now?

Ms. Jennifer Morris: There are 13,300 enrolled in clinical services.

Miss Monique Taylor: Not enrolled, actually receiving.

Ms. Jennifer Morris: "Enrolled" means they've accepted an invitation and they're in the process of having a determination-of-needs interview, and then receiving a funding allocation. There are about 9,500 children who have completed that determination-of-needs interview—

Miss Monique Taylor: But once they receive that, then they're still waiting, right? They have to then—

Ms. Jennifer Morris: No, they're not. They've received funding allocation, and they can use that funding allocation to purchase services of their choice.

Miss Monique Taylor: Okay. All right. But I'll still look forward to those numbers, Jennifer. I appreciate—

Hon. Michael Parsa: Sorry, MPP Taylor. I just want to add to the first part of the question you mentioned about AccessOAP and the wait. The families had already been invited. Those who are in the Ontario Autism Program were invited to enrol into AccessOAP, so there is no wait in that. You started with that early on, and I just wanted to clarify. That transition was done so families can get onto AccessOAP immediately.

Miss Monique Taylor: But just because they're enrolled in the program doesn't mean they're getting services.

Hon. Michael Parsa: No, they do. They have access to, as I mentioned to you—

Miss Monique Taylor: They have access to very minimal services, and the actual services—I'll tell you, I can say from my own first-hand experiences, everything that my daughter had clicked off that she wanted right now all had wait-lists, except the family network. That's just my experience. There are many, many, many families who are experiencing the same thing. So it doesn't add up.

1010

Hon. Michael Parsa: As I mentioned to you earlier—and you're already aware because you're speaking to someone, as well—I'm meeting with families; I'm meeting with service providers. I'm talking to individuals who are talking about the services that are now being provided to them that were not available before, like the foundational family services, the caregiver-mediated early years support, the entry to school program, the urgent response services. MPP Taylor, these were not available to families before. So 8,500 families—

Miss Monique Taylor: I understand that, but that's not what families are looking for. They're looking for those core ABA services.

Hon. Michael Parsa: And I will never stop fighting for those families. Our government will continue to do that.

All you have to do is just look at the amount of supports—over 40,000 children and youth are receiving supports right now. There were only—

Miss Monique Taylor: Minimum supports. They're not receiving the core services, Minister—

Hon. Michael Parsa: Only 8,500—

Miss Monique Taylor: I just want to reclaim again, because—sorry.

Interjection.

Miss Monique Taylor: Thank you for my time, member; you had yours.

Now I've lost what I was going to say.

Interjection.

Miss Monique Taylor: Yes, go ahead.

Thanks, Robin.

The Chair (Mr. Brian Riddell): I recognize MPP Gélinas.

M^{me} France Gélinas: Along with what you're talking about—I represent northern, rural communities. There are kids on the spectrum in northern, rural communities. There are no providers of services. They receive the invitation. They apply. They do the determination of needs—because their parents will drive them hundreds of kilometres away

to meet with a care coordinator, if ever they can find one who's not busy. They get the money—because the kid really, really needs support. And there is no one to provide that support.

We used to have not-for-profit agencies—that's all they did. They would bring a circle of care to small communities. They would train people. They wanted these kids to survive. They wanted these kids to thrive. They wanted these kids to do better.

Now what we have is families sitting with money and buying a new car so they can drive the kid 200 kilometres away to—the wait-list they waited six months to get. That does not work in northern Ontario. That does not work in rural Ontario. But that's all you have.

Why is it so hard for you to understand that buying services from the private sector does not work in northern Ontario, does not work in rural Ontario? There is nobody to hire. Nobody will drive 200 kilometres to Westree, Shining Tree, Biscotasing, Gogama, Mattagami, Ivanhoe Lake.

I can name you 33 communities in my riding where there are kids on the spectrum who receive the money from your government but they cannot do anything to help their child. Why is that?

Hon. Michael Parsa: I can tell you, through the—before I just pass it on to the deputy to perhaps elaborate on this point. But I'm going to just allude to the workforce capacity grant, with a specific focus on northern Ontario and rural areas across the province—through two rounds of support through this workforce capacity grant, to be able to provide supports in those areas.

I'm just asking if the deputy can elaborate on the workforce capacity grant, please.

Ms. Denise Cole: We know that it's an issue in the north.

As the minister indicated, the workforce capacity fund is not only for the private sector; it is for the private sector and the public sector, as well.

The Chair (Mr. Brian Riddell): It's 10:14. Just so everybody knows, we'll be stopping at 10:15 and your time will be accumulated to this afternoon.

Ms. Denise Cole: As the minister indicated, we are really focused on the north, rural, remote, Indigenous and francophone communities because we know that there are gaps in those areas.

So far, the ministry has awarded over 185—

The Chair (Mr. Brian Riddell): It's now 10:15. This committee stands in recess until 3 p.m. today. You have eight minutes and 21 seconds remaining for this afternoon.

The committee recessed from 1015 to 1500.

The Chair (Mr. Brian Riddell): Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. We are meeting to resume consideration of vote 701, the estimates of the Ministry of Children, Community and Social Services.

There is one hour and 48 minutes remaining for the review of these estimates. When the committee recessed this morning, the official opposition had eight minutes and

21 seconds remaining. As always, remember to make your comments through the Chair.

And now we'll start. I recognize MPP Taylor.

Miss Monique Taylor: Welcome back. I'm going to go back to the autism program and just try to get some more clarity on that. You stated earlier today—and, as well, the report talks about how the OAP connects families with care coordinators and that's their main point of contact. Are the care coordinators performing the determination-of-needs assessments required for the funding allocation?

Hon. Michael Parsa: The care coordinators are the point of contact with the families and the individuals. That is their contact point.

I would just ask the deputy: Can you elaborate, please, on the specifics of the role of the care coordinators and their involvement with the families?

Ms. Denise Cole: I'm going to ask Jennifer to speak to the determination-of-needs process. Jennifer, are you there?

Ms. Jennifer Morris: Thank you, Deputy. Thank you, MPP Taylor.

Yes, the care coordinators do, as one of their functions, perform the determination-of-needs interview with families. Care coordinators also act as service navigators. They help families identify and access services in their communities and provide other support to connect families with services inside and outside of the autism program.

Miss Monique Taylor: Are the coordinators clinicians? Are they trained clinicians?

Ms. Jennifer Morris: The care coordinators have a range of experience. It is not a requirement that they are trained clinicians, although many of them are clinicians with clinical backgrounds. They do have experience in this kind of work, interviewing families, working with families of children with autism. They work with a standardized tool that they receive training on in terms of how to work with families to administer the tool.

It's not unusual for a care coordinator that's not a clinician to perform this function. It is not intended to be a clinical assessment. The clinical assessment follows after the needs determination process. The family will take their funding allocation and use it to access the clinicians of their choosing, who will then perform a clinical assessment and form a treatment plan.

Miss Monique Taylor: But it's the care coordinators who are determining the amount of funding that a child would receive, no?

Ms. Jennifer Morris: The care coordinators are using an evidence-informed standardized tool to determine a level of support need. They're not determining how many hours of speech therapy or how many hours of behavioural therapy a child would require. A clinician will do that once a family receives their funding allocation.

The care coordinator, through the standardized tool, the clinically informed standardized tool that was developed by research and clinical experts in the field of autism through our implementation working group, is simply to

determine the level of support need, not to determine the specific clinical treatment plan for the child.

Miss Monique Taylor: Okay, thank you.

The ministry has touched on the funding and the investments into different programming, but families are facing months to reconcile their funding. Families are losing their therapy spots because they cannot get the reconciliation of funds back quick enough from the government. Can the minister please tell us why it's taking months for families to receive their funding so that they can continue their children in services?

Hon. Michael Parsa: Sure. I'll ask ADM Morris to elaborate on that, please.

Ms. Jennifer Morris: Thanks, MPP Taylor. I'm not aware of reconciliation taking months, but it's certainly a new function of AccessOAP, which has been up and running now just for under a year. There is an automated method for families to submit their expenses and for those expenses to be reconciled. We do know there have been delays in reconciliation of some expenses, and AccessOAP has redeployed staff and, as of yesterday in my conversations with them, are getting back on top of what was a small backlog.

Miss Monique Taylor: Thank you. I appreciate all your time there, Jennifer.

I'm going to go back to the minister once again to bring up the employment services again. The employment services may be run out of the Ministry of Labour now, but it's your ministry that refers them to that role and to that placement, and it would be your ministry that has to contain the data and hopefully collect data of how those same people are doing while through the employment services. Are you telling me that you have absolutely no role and no crossover for those same clients?

Hon. Michael Parsa: What I mentioned to you this morning, MPP Taylor, and I'll reiterate again: The intent of this program is to match people with employment. The supports are there for people who need them. Whether it's through Ontario Works or the Ontario Disability Support Program, those supports are there for people when they need them, but the intent is to make sure that those who can are able to work, to connect them with the jobs that are not being filled, which is why, through the Ministry of Labour—

Interjection.

Hon. Michael Parsa: Sorry, go ahead.

Miss Monique Taylor: Sure. But it would be your ministry that transitions them into that program, so you would still be responsible for those recipients, no?

Hon. Michael Parsa: I'm just going to ask the deputy minister to maybe elaborate for you on that. But again, yes, it is. It's a collaboration between the two ministries. So we're working to make sure that those jobs that are not being filled are there for those who can and are able to.

Deputy, can you please just elaborate on the work that we're doing with the ministry of labour and training?

Ms. Denise Cole: To elaborate, MPP Taylor, you're right: Yes, they are the clients that are on ODSP as well as OW. I would say that there are three legs to the stool:

There's the MCCSS, the Ministry of Labour as well as the municipalities who administer the Ontario Works program. And so, yes, there's a close collaboration amongst all three. We do track data. I do meet monthly with my deputy colleague at the Ministry of Labour.

With regard to specific numbers, I can ask ADM Clarke Julien if she has that handy—

Miss Monique Taylor: She can send that to me after.

Ms. Denise Cole: Sure. We'd be happy to send it to you.

Miss Monique Taylor: That would be great. I would love to have that information.

Ms. Denise Cole: But we do track the progress.

Miss Monique Taylor: So do we have—I guess that would be in the same numbers of the success rate and how many people are actually coming back into the system.

My other question is, how much is this costing us to have these employment services contracted out—sorry?

The Chair (Mr. Brian Riddell): One minute remaining.

Miss Monique Taylor: Because I know, for instance, my city of Hamilton bid for the contract to be able to do that and their bid didn't qualify. What was the bidding process and how was it that providers were determined when we have providers that are outside of the country providing these employment services for our constituents?

Ms. Denise Cole: That is one that truly is the Ministry of Labour. They are the ones that are administering the RFP process and the selection process for the contracting to the service providers.

Miss Monique Taylor: But your ministry would have transferred money to the Ministry of Labour—

The Chair (Mr. Brian Riddell): Thank you very much.

We'll now switch over to the government side for 20 minutes. I recognize MPP Jordan.

Mr. John Jordan: Thank you, Minister, for your presentation. There's a lot of good news in there that I look forward to sharing with my constituents.

My question is around transition for our youth into the adult system and how difficult transition can be, particularly for those who are under the care of children's aid societies. I'm wondering if you could expand on what the ministry is doing to help with this transition.

1510

Hon. Michael Parsa: Thanks for the question. I can be more than happy to elaborate more about our government's vision—really, a vision for a province where all children and all youth and families, including those receiving child welfare services, have the supports they need to succeed and to thrive in their lives and their communities. We believe in young people, and we know that their safety, supports and success will have a long-term impact on the province.

As part of the redesign of the child welfare system, we are committed to ensuring that youth leaving care have the supports and skills they need to achieve their full potential. We've seen it: Evidence shows that youth from care have

better outcomes when they're gradually prepared for independence. That preparation includes financial literacy. It includes life skills development, post-secondary education and also pathways to employment, which is why our government is changing the way that youth leaving care are supported.

We're backing that up with \$170 million over three years in the Ready, Set, Go Program, which I mentioned in my opening remarks. This program provides increased access to service and supports that will help youth in care to be set up for success. It also offers services and supports to prepare youth for everyday life, not just in their careers, but everything from, again, financial literacy training to grocery shopping and even cooking. Through the Ready, Set, Go Program, we have introduced new requirements for children's aid societies to begin offering these supports when a child in care turns 13 so that they can gradually build a foundation for the lives that they want to lead.

We are confident in this program. It will help young people in care create a future for themselves that they want and one that they deserve. It's a program that I'm very proud of. I'm very excited to be working on this program.

I'm hoping, if you don't mind, Deputy, just to be able to elaborate a bit more on this Ready, Set, Go Program that we are embarking on.

Ms. Denise Cole: Thank you very much for that, Minister. To follow up on the minister's remarks, the evidence does show that, historically, when youth leave the child welfare system, they're more likely to experience a range of negative outcomes such as homelessness, mental health concerns, unemployment, lack of education, and involvement in the justice system, sadly. We are redesigning the child welfare system so that youth leaving care have the supports and skills that they need to achieve their full potential.

In recognition that the youth voice must be at the centre of a redesign approach to youth leaving care, we publicly committed to working with former youth in care—and we have—and community partners to explore options for a new youth leaving care program and policy. We heard that youth need more time to prepare for transition so that they can develop the skills they need to be successful in adulthood. We also heard from young people that young people from care need increased supports to help them successfully transition to adulthood. The new policy and program were developed with an understanding that fundamental change is necessary to support improved outcomes for youth transitioning from care.

The Ready, Set, Go Program will give eligible youth access to increased supports until their 23rd birthday—an additional two years of support, up from the previous 21. Children's aid societies will begin and are expected to prepare youth at the age of 13, ensuring that youth have access to a full decade of preparation and supports that they need to get ready. These changes are part of our plan to transform the child welfare system and hold children's aid societies accountable to better prepare youth leaving care.

I also want to take a moment to acknowledge the important work of our children's aid societies and the community agencies that support youth leaving care. The past few years have been challenging, especially in light of COVID. Our work to collectively respond to the pandemic while keeping kids and families safe demonstrates what we can do together when we work together. Together, we're now taking action to set up approximately 12,000 young Ontarians in care to prepare for adulthood and succeed after leaving care.

I'll now pass it on to my colleague, ADM Linda Chihab, to provide additional details on the youth leaving care policy and program.

Ms. Linda Chihab: Linda Chihab, assistant deputy minister, child welfare protection division. Thank you for your question. Thank you, Minister Parsa, and Deputy Cole.

The new policy and program have been developed with the goal to improve outcomes for youth who are leaving care and to provide them with the life skills and support they need to pursue post-secondary education, skilled trades and employment opportunities to help them better prepare for the lives they want to lead when they leave care.

On April 1, 2023, we amended a regulation to extend the eligibility for continued care and support to a youth's 23rd birthday and to hold societies clearly accountable for preparing youth to successfully exit their care. We issued a policy directive to support the amended regulation and establish new requirements for societies with respect to preparing youth for transition from care. The policy directive promotes youth voices and engagement in decision-making about their long-term goals, and identified barriers during the provision of their care prior to their 18th birthday, with a view to preparing them for successful transition to adulthood.

As the minister said earlier, the government committed \$170 million over three years for the Ready, Set, Go Program. This investment will provide youth transitioning out of care with the life skills and support they need to pursue post-secondary education and employment opportunities, including in the skilled trades. The Ready, Set, Go Program will give youth an additional two years of support. Funding has been increased from \$850 a month to \$1,800 a month at the age of 18, gradually reducing over the five years of the program.

On top of the additional financial support, youth participating in a post-secondary or training program, such as the skilled trades or apprenticeship, will receive an additional \$500-a-month bursary from the age of 20. The Ready, Set, Go Program was designed to give youth improved access to financial supports and services that will help empower them in achieving their goals, obtaining financial independence and contributing to their communities.

I also want to express my gratitude to the children's aid societies, youth-serving agencies and community partners who continue to support youth and have continued and will continue to contribute to the successful implementation of the Ready, Set, Go Program. Their commitment to ensuring the health and well-being of children, youth

and families across Ontario has not gone unnoticed. Thank you.

Hon. Michael Parsa: If you don't mind, I just want to build on this. MPP Jordan, one of the unique parts of this program is having somebody who has worked with youth prior to being elected. The support that is being provided through the Ready, Set, Go Program, if you think about it: from the age of 13, those life skills that one would need, right up to the age of 23, with not just supports through life skills—because they've now been able to obtain that—but with financial support as well, to make sure that they are ready for post-secondary school, for employment, like some of the jobs that I talked about earlier that are not being filled, these jobs that my colleague alluded to earlier that are jobs for life. They can have access to the skilled trades jobs as well. It's a program that really supports them at a young age right up to 23, with everything from life skills right into employment supports as well.

The Chair (Mr. Brian Riddell): I recognize MPP Rae.

Mr. Matthew Rae: Thank you to both ministers and the deputy minister and the officials on the line as well for your presentations today and for sharing some of the good progress we are making on a very difficult file.

My question is related to the cost of living and affordability. With rising costs of necessities and higher inflation and rising interest rates, many people are obviously struggling to make ends meet. I was just wondering if you could elaborate, Minister, on how your ministry is supporting people on social assistance during these difficult times and how our government continues to support those individuals.

Hon. Michael Parsa: Thanks very much for the question. In fact, our government is supporting those on social assistance, MPP Rae. We're supporting them to make ends meet in the face of these challenging times right now, with the high inflation. Our government is improving the way that social assistance is delivered in the province so that people have a faster pathway to get the support they need, including pathways back to employment for those who are able to work. In doing so, we're providing better services and supports to people in today's economic climate. We're empowering people with disabilities who can and want to work by increasing the earnings exemption for ODSP by 400%, allowing them to further support themselves and their families without it impacting their benefits.

1520

Social assistance is a responsive program that provides income assistance, health and employment benefits on a monthly basis. It looks at several factors when determining amounts of assistance, like family composition, types of residence—for example, owning a home versus renting or living in a retirement home—and other sources of income. Our program provides financial support and benefits to over 880,000 Ontarians in need of financial support, to help them with basic needs such as housing and other expenses.

We know Ontario has experienced economic shocks due to the complex global challenges that are creating significant cost increases for goods and services, and this

is being felt by all Ontarians. Those in financial need are particularly vulnerable to the increases to, as we mentioned, the rising cost of everything. As Ontarians faced the rising cost of living, we stepped up. We stepped up to support people with disabilities and their families, who face extra expenses and barriers.

The 5% increase to ODSP in the fall of 2022 was a start to support Ontarians on ODSP, people who may have had limited ability to offset the rising cost of living owing to recent inflation, and to help make life more affordable for persons with disabilities. That increase is the largest in decades, MPP Rae.

And as you heard, starting this year, the ODSP rate will be adjusted to inflation each July. This is timed with the increase to other income supports such as federal and provincial child benefits, to help create predictable timing of increases in household income each year that can help persons with disabilities and families better financially plan.

As mentioned earlier, this July, ODSP recipients will receive a 6.5% increase to their core rates. That's the largest increase to ODSP rates since the program was created, to help combat the significant increases in inflation that Ontario has seen over the past few years.

In addition to the ODSP increase and ongoing adjustment to account for inflation, I just want to ask Deputy Cole to elaborate on this particular initiative of ODSP supports.

Ms. Denise Cole: Thanks very much, Minister. I take it I don't need to say my name again.

It's very much a pleasure to address this question and to provide additional information on the recent efforts to support Ontarians on social assistance. Changing the earning exemption limits allows a person with a disability on ODSP to keep more of the money they earn by increasing the monthly earning exemption from \$200 to \$1,000 per month. These changes are in addition to the existing health benefits that eligible individuals receive while on ODSP, including prescription drug, dental, vision and hearing coverage. We also further empower people with disabilities who can work by providing them with access to these health benefits when they leave social assistance for employment. This helps to remove barriers for ODSP recipients to seek employment in one of the more than 300,000 jobs that are available in Ontario.

I think, looking at the numbers here, it's important to underscore the benefit of this change. Increasing the earning exemption means that someone receiving ODSP can earn \$1,000 per month without losing any of their ODSP payment. For example, a single disabled individual currently receiving \$1,228 per month on ODSP could see up to \$2,228 if they earn \$1,000 per month, plus the \$100 work-related benefit. Once someone starts earning more than \$1,000 per month, they will still be able to keep 25% of their earnings.

These changes help ODSP recipients earn even more money and potentially transition into full-time employment. If someone loses their job, can no longer work or their earnings are reduced and they need financial help,

they can always return to ODSP and see if they're eligible for rapid reinstatement. This allows about 25,000 individuals currently in the workforce to keep more of their earnings and could encourage as many as 25,000 more to participate in the workforce. It complements other ways in which the province is helping to address the labour shortage, such as by supporting workers to get skills through the Better Jobs Ontario program.

It's also worth noting that the employment earnings of any full-time students and dependent children in the household or benefit unit are fully exempt. When they work, their earnings do not affect income support.

Social assistance recipients can also access extended or transitional health benefits. That can help if they start a job and no longer qualify for social assistance. This means that even when someone leaves social assistance because they have found a job, important health benefits like prescription drugs, diabetic supplies and repairs to mobility devices will continue to be covered. This helps reduce fears about leaving social assistance, particularly for people with disabilities, and further supports transitions into employment.

ODSP provides an employment support program in parts of the province to help people with disabilities, including those on ODSP income support, to find and keep a job or start their own businesses. Where ODSP employment supports have been integrated into Employment Ontario as part of the employment services transformation, ODSP offers supports and helps individuals on their path towards employment and greater independence through Employment Ontario. Individuals on ODSP may also receive money to help with costs when they are working.

As for the Assistance for Children with Severe Disabilities Program, ACSD, we raised the maximum monthly amount payable under ACSD twice in 2022. The first increase was by 10% in July 2022 to support the permanent implementation of the wage enhancement for personal support workers and direct support workers, because many families pay those directly. Compounded with another 5% increase in the fall of 2022, the maximum monthly amount payable under ACSD has increased by more than 15% in 2022 and, like ODSP, will continue to be adjusted annually with inflation each July. So this July 1, there will be an additional 6.5% increase.

In addition to these changes, social assistance recipients and their family members may also qualify for several health or employment benefits. These benefits include, for example, coverage for prescription drugs, basic dental and vision care, coverage of medical travel expenses and help with costs relating to starting a new job. Social assistance programs also offer supports and services—

The Chair (Mr. Brian Riddell): One minute remaining.

Ms. Denise Cole: —to help individuals on their path towards employment and greater independence through Employment Ontario. This integrated approach to employment training and support enables social assistance recipients to receive the same opportunities and assistance

as everyone else, maximizing their opportunity to find and keep a well-paying job.

Individuals may also receive money to help with costs when participating in employment or activities to help find and keep a job. If there's time remaining, I'll invite the assistant deputy minister—

The Chair (Mr. Brian Riddell): You have 27 seconds.

Ms. Denise Cole: I'm sorry?

Ms. Patrice Barnes: Twenty-seven seconds.

The Chair (Mr. Brian Riddell): You now have 22.

Ms. Denise Cole: Okay. I invite the assistant deputy minister of the social assistance programs division, Cordelia Clarke Julien, to elaborate and expand on this—but I think I've probably eaten up the 27 seconds.

Ms. Cordelia Clarke Julien: I'm sorry, the time? Continue? Thank you. Cordelia Clarke Julien, assistant deputy minister of the social assistance programs division—

The Chair (Mr. Brian Riddell): Thank you very much. That concludes this session of the government side.

We will now move to the official opposition, and I recognize MPP Taylor.

Miss Monique Taylor: Thank you, ADM Cole. I appreciate that. I do have a couple of comments. I, like you, wish we had more than three hours so that you could finish telling us about the great work that you're doing, but we don't have enough hours to be able to tell you about the landfalls and haves and have-nots that people in social services face on a daily basis.

1530

Just a couple of quick comments: People on ODSP, if their spouse—we already know how difficult that is, to be able to have a spouse. If they were receiving funds and their spouse is now on WSIB or sick pay, they are clawed back dollar for dollar. So now they have even less money in the family just because they're not working and they're literally cut off completely from ODSP, including benefits. When that person's work benefits run out, they have zero benefits to be able to cover their family when they're both ill and sick. Please, if you could have a look at something like that and convince the minister of the right thing to do, that would be so great.

ACSD funding: Yes, I heard you said that there was an increase, but the cost of nursing has gone up extremely high, particularly because of the allowance of privatization and temporary nurses in our health care system. So families are having to cut back on the number of hours that their severely, critically ill children need to be able to survive. Thank you for the increase—not near enough. It doesn't cover the cost of the actual cost of nursing. That's what I'm going to say on that.

The next topic that I want to talk about is child welfare. You know what? It's great to hear about Ready, Set, Go. I know Jane Kovarikova had a lot to do with that and the work with the PAC and the advocates and youth who have left care and are now adults working in the field to push those benchmarks—great work. But there are still so many things that are wrong within the system, including the

funding mechanisms of how CASs are funded. It's completely outdated. It's not working. I hear from the CASs on a regular basis that the capital is not there. They're running deficits. They were never allowed to run deficits before; they have no choice but to run deficits now. It doesn't meet today's commitments, and the agencies are struggling to be able to do this. When we talk about CASs being accountable for better outcomes, they are struggling to do that if they don't have the proper base funding they need to be able to continue to do that work.

Kinship families are struggling each and every day, not having the funds, not having the expectation that they're going to be taking in young ones that are just happening. They don't have the money for cribs and for school clothes and running shoes. There are no supports happening. That needs to change.

Has there been any increased funding to child welfare, to kin families, that would help and make a difference for these families who are already struggling in an awful position that nobody wants to be in? The supports just aren't there. It's great that there's transitioning out, but if we're not supporting them we are making that transition out into what kind of life that much harder.

Hon. Michael Parsa: Thanks, MPP Taylor. I can tell you that this year we're investing a historic amount—\$1.5 billion—in the child welfare system—

Miss Monique Taylor: To what?

Hon. Michael Parsa: That includes the supports for the 51 children's aid societies as well as the 13 Indigenous children's aid societies.

You mentioned kinship; there's an investment of \$2.9 million to help support kinship services and customary caregivers. I'm going to ask ADM Julien Clarke to elaborate on this point for me, please. Sorry, I apologize, ADM Linda Chihab.

Miss Monique Taylor: Is this new funding?

Hon. Michael Parsa: She will elaborate on everything. The amount that I'm telling you is the highest that we've spent.

ADM Chihab, are you on?

Ms. Linda Chihab: I am on, thank you.

Let me start by just reiterating what the minister said, that 50 children's aid societies are receiving \$1.5 billion. These are some of the lowest rates in terms of deficits for children's aid societies. We have been working very closely, as part of the Child Welfare Redesign Strategy, with children's aid societies and other community partners to strengthen families and communities through enhanced early intervention, to improve service experience and outcomes and address disproportionalities and outcome disparities in child welfare. So, indeed, there has been additional funding.

Just within this past year, the funding had actually increased in child protection to \$1.68 billion. This includes supports for our COVID response.

In the "child welfare-community and prevention supports" line, we've provided more than \$98 million, and also, in the "child welfare-Indigenous community and prevention supports," roughly \$96 million in 2022-23.

There have been a number of investments in child welfare redesign, including kinship services.

Adoption is one of several permanency options where we've actually increased funding in that space.

We've also increased funding, as the minister spoke to earlier, around the youth leaving care policy and program; it is \$170 million over the three years.

In terms of education, we have invested an additional \$1.5 million annually in the Education Liaison Program. We announced \$2.2 million in funding for Big Steps to Success, which is a new program provided by the Children's Aid Foundation of Canada and Big Brothers of Canada that provides children and youth in care with a trusted mentor who can help guide and inspire them to improve their school performance and graduate high school.

In terms of equity, we have annualized over \$800,000 in funding to support One Vision One Voice, which supports the delivery of culturally appropriate services. We've also invested over \$800,000 in funding to support the development of projects to improve outcomes for LGBT2SQ youth and their families.

Under the improving stability and permanency—under caregiver subsidies, we have invested more than \$2.95 million to support kinship services and customary caregivers, adoptive parents and caregivers who obtained legal custody of a child who was in extended care.

Under the adoption—we have invested an additional ongoing \$1.5 million to enhance post-adoption training and peer supports. We've developed a centralized adoption intake service, including a website and increased centralized online matching through the adoption Ontario website.

Moving on just to—

Miss Monique Taylor: Hold on. There are a few more questions that I still have within your realm—so maybe that would be helpful if we had that too.

The transfer payment agencies, such as Hatts and Connor Homes, where we have seen despicable amounts—there are class action suits happening currently. These places are still being funded and utilized for our at-most-risk youth—and being put in homes with no real adults in the room sometimes. I know of scenarios in Hamilton where it was literally a young female, probably 18, 19 years old, who was the responsible person in the house managing teenage boys, and just the horrible scenarios that came out of there—and once again, they are continued to be highlighted throughout the province, of the problems that are happening.

What is happening to ensure that our most vulnerable youth who are in care and put into these transfer payment agencies—that there's some accountability and increased oversight, unannounced visits, to ensure the safety and well-being of our kids?

Hon. Michael Parsa: It's a great point. I think, MPP Taylor, you'd remember this, in the House—and I very passionately talked about this, and I said this very clearly: that we have absolutely zero tolerance for those providers who are not in compliance. There are mechanisms in

place. The ministry will tell you that I am very firm in making sure that, whether it's fines—you mentioned inspections and oversights, for example. There are now 20 more inspectors that have been added to the system to be able to provide that oversight. As a result, more inspections are being done, more unannounced inspections are being done, and that's all backed up by investment as well.

1540

Sorry, ADM Chihab. She wanted to maybe get some information from you, but I just wanted to point that out to MPP Taylor.

Miss Monique Taylor: Thank you, I appreciate that.

Ms. Linda Chihab: Thank you, MPP Taylor, for your question. When a child or youth can't remain in the home, they should receive the very best quality of care and have access to services that are not only culturally appropriate but are responsive to their needs. The ministry licenses out-of-home care providers. The ministry oversight and regulation of licensed out-of-home care settings include scheduled and unscheduled, unannounced inspections; annual licensing renewal inspections; and mandatory serious occurrence reporting. A progressive enforcement model is in place to hold operators accountable, depending on the circumstances. The director, under the CYFSA, may impose a conditional licence, impose a maximum capacity on a licence, suspend a licence or revoke or refuse to issue or renew the licence. There are further tools that are being developed to strengthen the compliance and enforcement tools available to the ministry when licensees fail to comply with licences.

I just want to say that a visit includes a physical inspection of the residence, interviews with children. Licensees are interviewed. There are file reviews and interviews of foster parents. There are reviews of care plans to ensure that they are being abided by. There are reviews of policies and procedures and documented proof of whether the home is following those procedures. I will note that in relation to Hatts Off, which you raised a little earlier, there were 19 unannounced inspections at that Hatts Off licensed residence. These unannounced visits are part of our enforcement and oversight function. The unannounced inspections involve ministry licensing staff showing up at the residence without warning. These inspections include, again, as I said, interviewing of the residents, interview of on-site staff.

The regional licensing team, in addition to the unannounced inspections completed, continue to visit all the homes to ensure that the services are at the very best of quality and are available to families, and we do hold operators accountable through the CYFSA process.

Miss Monique Taylor: Thank you. I have to keep moving because there are so many pieces of this ministry and three hours just doesn't cut it, right? I mean, victims services—we haven't touched Indigenous families. There are so many pieces of this ministry that we just can't possibly get to. So I'm sorry to cut your deputy ministers off. I know they're working hard, but there are so many questions to be asked.

Yes, quickly.

Hon. Michael Parsa: Do you mind if I say something, MPP Taylor? If you don't mind; it's a short time, but I just want to tell you this is why the child welfare redesign is so important. Because we made it very clear it's a priority for our government. The time for talk and dialogue was over. This is for us to make sure that every child is protected, including those in care. And I appreciate the question.

Miss Monique Taylor: Thank you. Victim services: I met with the Ontario victim crisis services last week. They are completely underfunded. They are not able to keep up with their mandate. I wish I knew which page in the book to look at for their funding. Can you tell me their funding in these estimates compared to the last estimates and estimates going forward?

Hon. Michael Parsa: You're talking about the amount of funding for victim services?

Miss Monique Taylor: Yes. Because they're mandated, right? So there should be dedicated funding. While crises continue to go up, their funding has not gone up since 2003-04, and so they are struggling to be able to provide any crisis interventions and help.

Hon. Michael Parsa: Thank you, MPP Taylor. As you know, I have met with victims services—

Miss Monique Taylor: Fifteen minutes, you gave them.

Hon. Michael Parsa: They weren't the only ones—I have met and will continue to. Remember, I've been in this ministry just over two months, MPP Taylor. As I've said from day one, I am going to meet with every individual, everyone—whatever it takes to provide better services in the province of Ontario.

Miss Monique Taylor: To understand their needs takes longer than 15 minutes.

Hon. Michael Parsa: That starts having the dialogue—

The Chair (Mr. Brian Riddell): Please put your comments through the Chair.

Hon. Michael Parsa: Yes. Through you to my colleague, Chair: I'm just going to ask ADM Shella Salazar, if you don't mind, to provide some information to MPP Taylor.

Ms. Denise Cole: It doesn't look as though Shella is there, so I will jump in.

In terms of the supports to victims of violence, the allocation in the 2023-24 budget is \$246.9 million and the difference between 2022-23 versus 2023-24 is \$6.5 million.

Hon. Michael Parsa: And MPP Taylor, I'm just going to ask—oh, there she is. Okay, there you go.

Ms. Shella Salazar: Thank you, Minister and Deputy. Thank you for your question, Minister.

MPP Taylor, my name is Shella Salazar. I'm the chief administrative officer and assistant deputy minister for the business planning and corporate services division for MCCSS.

MPP Taylor, with regard to where you can find the funding in the estimates briefing book, that is actually part of supports for victims of violence in the—

Miss Monique Taylor: Do you have a page number there?

Ms. Shella Salazar: Yes—sorry, one second. That would be item 702-2102 and the table is rolled up as far as the funding is concerned. But I can tell you that in 2022-23, the funding allocation for victim services was for \$49.9 million.

Miss Monique Taylor: And how many—\$49.9 million? Just in the one year?

Ms. Shella Salazar: Yes, for 2022.

Miss Monique Taylor: And how many agencies is that allocated to? How many victims services and crisis centres are there in the province? My point is, or what I'm trying to get to is: How many people are being served and how long is it taking for reimbursements to get back to these crisis centres when they are providing what is necessary and needed at the critical time?

Ms. Shella Salazar: MPP Taylor, I will pass it on to my colleague Rupert Gordon to be able to—

The Chair (Mr. Brian Riddell): One minute remaining.

Ms. Shella Salazar:—give you that information.

Mr. Rupert Gordon: Hello. My name is Rupert Gordon. I'm assistant deputy minister of strategic policy in MCCSS. Thank you, MPP Taylor, for the question.

A few key points: Across the victims-services budget, we're looking at \$50.6 million supporting 128 service providers and assisting about 148,000 Ontarians. That's a 2019, 2021 number. Service data comes in later in the year aligned to public accounts, so that's the most recent component that I have.

Some other really important observations I'd make at this point around the issue of recent investments: Investments of \$2.1 million covering service gaps—

The Chair (Mr. Brian Riddell): Thank you very much. That concludes this part.

Miss Monique Taylor: You can send it to me in writing.

The Chair (Mr. Brian Riddell): We'll now switch over to the government side. I recognize MPP Barnes.

1550

Ms. Patrice Barnes: Thank you, Minister. Thank you for being here. Your ministry is expansive and covers quite a few of the most vulnerable in our community. One of those is our veterans, who have really sacrificed and dedicated their lives to service in Ontario and serving their country. We have programs like Helmets to Hardhats that are getting veterans back to work and that are really helping them to transition.

My question is, as a ministry that is responsible for the Soldiers' Aid Commission, what are some of the supports that are being put in place for our veterans?

Hon. Michael Parsa: Thank you very much, MPP Barnes, for a very important question. I know that I can speak for many, if not all, when I say that we are all very grateful to Canada's and Ontario's veterans for their commitment and for the sacrifice to our country.

For over 100 years the Soldiers' Aid Commission has supported Ontario's most vulnerable veterans and their families. The Soldiers' Aid Commission predates even

Veterans Affairs Canada. Just to give a little bit of background: The Soldiers' Aid Commission was created in 1915, as our veterans were returning home from the First World War. It was later expanded to the veterans of the Second World War, and the Korean conflict as well.

However, it's a sad reality, MPP Barnes, that with each passing year we lose veterans who served in the Second World War and the Korean War. There are fewer than 11,000 veterans of this generation left in our province today. That's why our government passed the Soldiers' Aid Commission Act, 2020, which modernized and expanded the program to ensure it could continue for many years to provide assistance to veterans and their families, regardless of where and when they served. It ensures that our government will continue to be there for the next generation of our brave veterans and their families.

As you know, veterans and their families can face many challenges, such as difficulty adjusting to a return to a civilian life, post-traumatic stress disorder, physical injury, unemployment and, sadly, even homelessness. While veteran support typically falls under the mandate of the federal government and Veterans Affairs Canada, I'm proud to say that Ontario is the only province in Canada with a financial assistance program designed specifically for veterans.

I would also like to recognize that since 2021, the Ministry of Children, Community and Social Services has provided over \$2.3 million in funding to the True Patriot Love Foundation to support community-based organizations to improve veterans' access to mental health and support services and assist them in transitioning back to civilian life.

I would just now ask Deputy Minister Cole to provide more information about the commission.

Ms. Denise Cole: Thank you very much, Minister. As the committee may be aware, for the Soldiers' Aid Commission a veteran is defined as a former member of the Canadian Armed Forces who has completed basic training and was released from service. In order to be eligible for funding through the commission, veterans must be in financial need, live in Ontario and make reasonable efforts to access funds from other veteran-specific programs first.

Often, the challenges that veterans and their families face are unique to the experiences they faced during the time of service. Veterans can be deployed overseas on short notice, veterans can face health and mental health challenges upon discharge, and families can often move around the country and can be separated for long periods of time, making it difficult to put down roots in any given area.

The transition back to civilian life can be hard, and even more compounding if both spouses are veterans. That is why Ontario continues to focus on providing veterans with some additional financial support. Since the launch of the new legislation, the Soldiers' Aid Commission is seeking applications from a broader demographic of veterans, and so our intent has been realized: to support all veterans and their families, regardless of where and when they served.

The Soldiers' Aid Commission provides eligible veterans and their immediate family members with up to \$2,000 per year in funding for items such as securing and maintaining housing; health-related items and services to support physical and mental health, such as assertive devices; and employment-related supports to remove barriers to employment or improve employability, such as work clothing and short-term courses.

The Soldiers' Aid Commission is currently comprised of seven board members, of which the majority are veterans. Everyone brings their own unique military experiences, backgrounds and strengths to the commission. Each member volunteers their time, as they're all extremely passionate about helping Ontario's vulnerable veterans and their families, and they work hard towards Ontario's commitment to helping veterans and their families.

At this time, I would like to ask my colleague assistant deputy minister Rupert Gordon to provide some examples of the veterans who have been supported and of the work of the True Patriot Love Foundation.

Rupert?

Mr. Rupert Gordon: Thank you very much, Deputy Cole and MPP Barnes, for the question.

The Soldiers' Aid Commission is well positioned to help an eligible veteran or family member with a wide array of supports, as the deputy has outlined. The supports can positively impact the applicant's physical and mental health—allowing an applicant to remain in their home long-term, assisting an applicant with their employability, or enabling a veteran to get off the street.

I want to share a few recent examples of the great work that the Soldiers' Aid Commission has been doing.

First, the commission was able to support a young homeless vet to get off the streets by providing them with first and last month's rent for a new apartment. Homelessness is a key challenge facing veterans, and this veteran was suffering with post-traumatic stress disorder and was experiencing difficulty finding housing.

Secondly, a veteran and their family applied for help from the Soldiers' Aid Commission during the past winter because their furnace stopped working. The temperatures outside were frigid, and the family needed assistance in paying for a replacement furnace. The Soldiers' Aid Commission was able to contribute to the cost of a new furnace.

Third, the Soldiers' Aid Commission received an application from a veteran who had developed severe mobility issues, to the point where they became confined to one level of their house. The commission was able to support the purchase of a stairlift to help him get up and down the stairs in a safe manner.

Just from these three examples you can see the impact on the quality of life the Soldiers' Aid Commission is having for those who need assistance. As the minister mentioned, it's a proud tradition that has lasted for well over 100 years and that will continue for many, many more years to come.

The demographics of our Armed Forces have changed considerably. Whereas the term "veteran" may conjure up

an image of an elderly person—perhaps a grandfather who fought for the country in years before we were born—today the average age of someone leaving the Armed Forces is just 39, and they have a whole second career ahead of them. These younger veterans are facing unique challenges, which include things like finding housing, finding a job, and reintegrating back into society. Unfortunately, some of our veterans will need help in overcoming some of these challenges, and this is where the Soldiers' Aid Commission can play a key role so that veterans don't have to be alone in the process.

According to statistics from Veterans Affairs Canada, there are approximately half a million veterans in Canada, and approximately 165,000 of them reside in Ontario. Veterans face various physical and mental health challenges. Sadly, we know that they also have a higher risk of suicide than other Canadians. And they are more likely to have activity limitations that also impact their employment. Some 35% of veterans have health-related activity limitations at work, compared to 13% of Canadians overall; this is a devastating number.

To enhance our support to veterans and their families who are facing mental health challenges, since 2021-22 we have provided funding to the True Patriot Love Foundation. Over the past three years, the ministry has invested over \$2.3 million in the True Patriot Love Foundation. In 2022-23, the projects funded had significant impacts on veterans and their families across Ontario.

Four of last year's projects included:

- Wounded Warriors Canada, offering support to 52 direct beneficiaries, including both men and women, and, indirectly, 64 beneficiaries through Couples Overcoming PTSD Everyday, couples resiliency programming and trauma resiliency programming;

- the Veterans Transition Network, offering approximately 800 hours of clinical support to 16 veterans, with a focus on emotional communication and self-regulation skills to support more successful transitions;

- military creative arts investment with several components: the Perley Health Foundation evaluating the impact of therapeutic recreation; VETS Canada delivering the Guitars for Vets program; the National Ballet School piloting dance programs reaching 90 direct beneficiaries and an estimated 175 indirect beneficiaries; and other funding, including a multidisciplinary art engagement program, supporting 50 participants, that uses performing arts as a therapeutic tool to support and advance the holistic well-being of Canadian military members and their veterans; and

- the Captain Nichola Goddard Fund, which funded Team Rubicon to prepare and train seven women veterans, who then responded to crises in Ottawa, Tweed, Cumberland and Uxbridge.

1600

All these projects supported by the True Patriot Love Foundation enhanced the support the Soldiers' Aid Commission aims to provide and are helping achieve our goal of supporting our veterans to succeed. Thank you.

The Chair (Mr. Brian Riddell): I recognize MPP Wai.

Hon. Michael Parsa: Mr. Chair, I just had something before—it's important for me to be able to add that the commission's funding has actually been increased by 600% on this program and through the commission. And as I mentioned in my remarks, we're the only province to provide financial assistance to our veterans in Canada.

Sorry, Chair. Thank you.

The Chair (Mr. Brian Riddell): I recognize MPP Wai.

Mrs. Daisy Wai: I just want to say thank you, Associate Minister Williams, for all the information you've given us this morning. It's very thorough.

I do have a question for Minister Parsa. I am very impressed that we have doubled the funds that we're going to give to the—what do you call it?

Interjection.

Mrs. Daisy Wai: Yes. Also, with autistic children, we now have 42,000 instead of just the 8,500 that we had been covering. My question for you is, some families have children with complex social needs and require highly individualized and specialized care to ensure the children have the best outcomes possible. Can you give us a little bit more information about this area? What have we been doing to support these kinds of families and their children?

Hon. Michael Parsa: Thanks very much for the question. I want to recognize the work of our front-line workers in the children's services sector and to really reaffirm our government's commitment to helping all children and youth reach their full potential.

The ministry, MPP Wai, funds a range of programs and services for children and youth with special needs to support families. You alluded to one or two of the programs. In 2023-24, we're allocating over \$589.6 million to support programs and services for children and youth with special needs. This funding supports services and supports like respite, occupational therapy, speech therapy, physiotherapy and more, as well as direct payments to families to help with costs related to personal growth and development for children with physical and/or developmental disabilities. Children with a wide range of special needs can access these services, and it's important to note, MPP Wai, that a diagnosis is not required.

In addition, the proposed spending for 2023-24 also includes \$667 million in programs and services specifically for children and youth with an autism diagnosis, to your point earlier.

We know that many families of children with complex medical, developmental and mental health needs sometimes also struggle with challenging behaviours at home and at school, and their families are looking for help. That's why, starting this year, we are investing \$97 million over three years to launch a pilot project at three major hospitals, in Toronto, Hamilton and Ottawa, to help children and youth with complex special needs connect to highly individualized specialized care. Through this investment, and with our partners in the Ministry of Health, we are supporting children and youth with complex and co-occurring needs in an integrated way.

We're also taking action to expand supports for children and youth with complex medical needs so they can

lead healthier and happier lives. We know that families of children with complex medical needs require specialized care. To support these families, we're investing \$12 million over three years to fund 14 additional beds in the greater Toronto area.

I just want to now pass it to Deputy Cole to provide some more information on how we're supporting children with special needs.

Ms. Denise Cole: Thanks very much, Minister. As many of the committee members would know, when children in Ontario begin school, almost 30% have at least one developmental vulnerability that could pose a risk to their lifelong health, learning and behaviour. To support children and youth with special needs to live full lives, the 2021 budget included an investment of \$240 million over four years to support increased capacity and timely access to the Preschool Speech and Language Program as well as children's rehabilitation services, which are delivered by children's treatment centres. This investment is enabling more children to have access to critical rehabilitation services when they need them.

As part of this investment, children's treatment centres and Surrey Place in Toronto began providing SmartStart Hub services. SmartStart Hub services make it easier for parents and caregivers to access child development services in their communities as early as possible. They provide a clear point of entry to services for parents and caregivers who have concerns about their child's development. No diagnosis or referral is needed to access these services.

As the minister mentioned, through an investment with our partners in the Ministry of Health, we're supporting children and youth with complex and co-occurring needs, including developmental and intellectual disabilities, mental health concerns and chronic health conditions in an integrated way. An investment of \$97 million over three years has launched a pilot program at three major hospitals, in Toronto, Hamilton and Ottawa, to help children and youth with complex special needs and their families connect to the highly individualized and specialized care that they need. Families participating in the program are connected to a team of professionals, including physicians, social workers and behavioural consultants, who work together to provide tailored support based on the individual needs of their child or youth. These three children's hospitals—Children's Hospital of Eastern Ontario in Ottawa, McMaster in Hamilton, and Holland Bloorview in Toronto—will work closely with local agencies serving children and youth with complex needs to identify children and youth who may be eligible to receive services through the pilot.

Also, as the minister mentioned, we're taking action to expand supports for children and youth with complex medical needs. We also know that families of children with complex medical needs require specialized care. To support these families, we're investing \$12 million over three years to fund 14 additional short-stay or long-stay out-of-family home care placements for children and youth with complex medical needs. These placements are

at Safehaven, a not-for-profit organization providing residential and respite care at community sites in the greater Toronto area. Children and youth will receive individualized plans of care and health services coordinated with parents and school boards.

The ministry is very much committed to improving the outcomes for all children, youth and their families. And I now pass it along to my colleague ADM Jennifer Morris to talk more about the services we provide to children and families with complex special needs. Jennifer?

Ms. Jennifer Morris: Thank you, Deputy Cole, and thank you, MPP Wai, for the question.

Our service delivery partners are doing critical work to implement the investments Minister Parsa and Deputy Minister Cole spoke of to better support children and youth with special needs and their families across the province. Together, we are making sure that we have integrated programs and services that support early needs identification—

The Chair (Mr. Brian Riddell): One minute remaining.

Ms. Jennifer Morris: —and child- and family-centred services, that help caregivers cope with their day-to-day challenges and that coordinate services to make access more efficient and to lead to better outcomes.

For families and children and youth with multiple or complex special needs, the ministry funds coordinated service plans. A coordinated service plan is developed by a team led by a service planning coordinator and made up of the child's family, service providers and educators, so that everyone is working toward common goals and services are not being duplicated or working at cross-purposes. To support this important work, the ministry is allocating \$17.3 million in 2023-24 to coordinated service planning.

Through the complex special needs funding envelope, the ministry also funds additional support to children and youth with multiple and complex special needs in situations where there's an immediate risk to their health and safety and the complexity of their service needs is beyond the capacity—

The Chair (Mr. Brian Riddell): Thank you. That concludes this part of the government's questioning.

1610

We'll now switch back to the official opposition. I recognize MPP Taylor.

Miss Monique Taylor: I want to be able to touch on youth justice. I've been meeting with BPS folks for years, and they've had the Comparing Apples to Apples campaign. They've talked about the stress that they're under. I questioned the minister in the House today. Unfortunately, the government House leader gave me a nothing-bar of an answer.

They're struggling. These are the most-at-risk youth. They're violent offenders, because we know that it takes a lot to be able to even be put into custody these days. And we have two streams of correctional officers, the OPS and the BPS, who are treated completely differently and have

been for years. It's a complete disparity in the system. The youth are at risk.

We're also hearing from these transfer payment providers that they're just not going to be able to keep up the same service that they currently were, that they're going to have to close beds. They don't have enough funding and they're just not going to be able to provide the services that they were previously. What is your comment on that? Is there any extra funding for correctional services for our youth?

Hon. Michael Parsa: Thank you, MPP Taylor. On the funding, I will ask the deputy to maybe elaborate a bit more. But I can tell you, when it comes to youth justice—as a minister, I will tell you there are two things. First, while youth are being accountable for their actions, I want to make sure and our government wants to make sure that they're also receiving the support they need so they can get back on track again in life.

Deputy, if you don't mind, maybe just talk about the particular funding when it comes to youth justice.

And MPP Taylor, on the questions that you asked: If there's something that I could provide you with, I'd be more than happy to. But sometimes when a question is about a ministry that they're the lead on, you would you have to ask when that ministry appears. But on this one here, I'd be more than happy to.

Miss Monique Taylor: That was the question this morning. Anyway, that's fine.

Hon. Michael Parsa: You mentioned about the earlier question that you asked before—

Miss Monique Taylor: That I asked in question period.

Hon. Michael Parsa: Okay; no, I mean earlier on.

Ms. Denise Cole: Just following the train of thought of the questions: Did you want the one you asked earlier in the House, or do you want me to get to funding?

Miss Monique Taylor: Well, it's the same thing. I would love the funding, but I would love to have an answer to the question that we asked earlier. I mean, WSIB is a major component, especially when they're working with at-risk kids or young people, right? Some of them are not even kids anymore and they're pretty big, and a lot of them are dangerous offenders. We've seen a lot of severe, aggressive behaviours out of today's youth, which I don't think anybody can deny, and so they have to be pretty extreme to be put into these centres. So what is the funding table on them, and is there an increase?

Ms. Denise Cole: With regard to the funding, we do know that some of our transfer payment partners have indicated to the ministry that they are facing some pressures. We are working with those transfer payment partners to address their funding pressures, because we don't want to see beds closing.

Before handing it off to my colleague ADM Sparrow, who is the ADM of the youth justice division, with regard to the WSIA the ministry does require a minimum standard that our transfer payment recipient organizations must implement and maintain: written policies and procedures addressing applicable workplace health and safety legislation and regulations. The ministry also requires that

these policies be compliant with relevant legislation, including, but not limited to, the Occupational Health and Safety Act and the Workplace Safety and Insurance Act.

Every employee in Ontario is entitled to protection under WSIA. So if someone sustains an occupational injury—

Miss Monique Taylor: They're paying for these things out of their own wages because they don't have the WSIB coverage.

Ms. Denise Cole: The claim is made to WSIB, who is solely responsible for making a determination based on the information provided by the employer and the employee. Should the ministry be made aware of a situation in which a TPR is failing to meet their obligations as an employer, we do take that matter very seriously and take appropriate action.

With regard to the specific funding question, I'm going to hand it off to ADM Sparrow.

Trevor?

Mr. Trevor Sparrow: Thank you for the question, MPP Taylor. Just to answer the question in the way it was asked, in terms of the funding pressures experienced by our—sorry.

Trevor Sparrow, assistant deputy minister, youth justice division.

In response to the specific question: As indicated by Deputy Cole, we do work actively with all of the transfer payment recipient agencies that are delivering services on behalf of the youth justice services division. We have been in contact with a number of transfer payment agencies, to work with them on specific pressures that they bring up, to find solutions so that they can continue to deliver consistent, safe services; so that we continue to support the primary priority here, which is safe, healthy services that allow our youth who are in conflict with the law or in contact with the law to reintegrate with society. This comes in the form of not only custody services, but also in terms of educational programming and other services to reintegrate them with society once they move from youth services back into society.

So we are aware, as was mentioned, that a number of our transfer payment agencies are working through some financial pressures, and we're working, agency by agency, to address those, to enable them to continue to provide services.

Miss Monique Taylor: Is there any move to merge the OPS and the BPS?

Mr. Trevor Sparrow: To merge the OPS and transfer payment agencies? I want to make sure—

Miss Monique Taylor: To bring them all under OPS.

Mr. Trevor Sparrow: There is no strategy that I'm aware of at this time to move away from partnering with transfer payment agencies as part of the way we deliver services in the youth justice sector.

Miss Monique Taylor: Thank you very much for your time.

The Chair (Mr. Brian Riddell): I now recognize MPP Gélinas.

M^{me} France Gélinas: I was interested in assistant deputy minister Morris—when she was talking about the children’s treatment centres.

I’ll start with you, Minister. I know you haven’t been there very long, but would you know if there are different funding quotas used for children’s treatment centres in northern Ontario—to realize that it is more expensive to deliver care in children’s treatment centres in northern Ontario than it is in southern Ontario, yet the funding formula is the same. So the first question is, would you be willing to look at the difference in providing care in northern Ontario children’s treatment centres versus southern—but I’ll start by saying that they all need more resources. They all have long wait-lists for some of the services that they provide.

Hon. Michael Parsa: As far as the specifics, I will ask the ADM to elaborate.

When it comes to the supports that are being provided, and MPP Gélinas, I think you heard me say this in the House many times, as a minister—and you’re right; I have been the minister in this ministry just over two months now. I’m doing my very best to make sure that I connect with everyone on the ground and I talk to all the service providers, individuals, families—because it’s important, as a minister, for me to know that.

The discussion that we had earlier in the morning about some of the challenges, about some of the remote, rural, northern areas is something that’s being looked at by the ministry and various sectors of supports that are being provided.

As far as the specifics—I’m just going to ask the deputy if she can help with the funding that MPP Gélinas is asking for.

Ms. Denise Cole: With regard to the pressures of the north, we see it across many of our programs, including the children’s treatment centres.

I’m going to ask Jennifer to speak to the specifics of the funding and the approach to how we fund the children’s treatment centres.

Hon. Michael Parsa: If you don’t mind, just before ADM Morris comes in—maybe she can talk about the new facility that’s replacing the old one in Sudbury; maybe she can elaborate on that, as well.

M^{me} France Gélinas: No. I know the situation in Sudbury inside and out, so I could probably tell her a few things about the change in the children’s treatment centre in Sudbury. But I am interested in the funding allocation coming for—and thank you for the new children’s treatment centre in Sudbury; it is magnificent. It is able to see kids in a way that we have never been able to do before. Thank you very much. But I wanted to talk about the funding allocation to children’s treatment centres, especially the pressures in northern Ontario.

1620

Ms. Denise Cole: Jennifer?

Ms. Jennifer Morris: Thank you, MPP Gélinas. Yes, in the funding formula for children’s treatment centres there is an amount that is factored in for northern, rural and remote children’s treatment centres. We will have to loop

back to you, and we can share more information on that, but it is a factor in the funding formula for children’s treatment centres.

I would also say that the children’s treatment centres received, over four years, a \$240-million increase in their budgets two years ago, and that funding as well has used the same funding formula, so there is a factor in the new funding that they received that recognizes some of the complexity and challenges of northern, rural and remote services.

M^{me} France Gélinas: I really want you to realize that often for families that have a child with a disability, whether it be cerebral palsy or amputation or spina bifida or psychosocial needs, the children’s treatment centre is it. This is the only source of help and care for those children. In other parts of the province, they would have access to an interdisciplinary primary care model that will handle some of their care. They would have access to all sorts of other stuff that is not available to the people that I represent and to the people who live in northern Ontario. So the demand on the care provided by the children’s treatment centre goes through the roof because there is nothing else for those children to gain access to.

There is a program that works really good in northern Ontario called Integrated Services for Northern Children. The Integrated Services for Northern Children looks after children who have physical disabilities, psychosocial and educational needs, and they go to where the child lives. Again, it doesn’t matter if it’s a physical need, if it’s a psychosocial need, if it’s an educational need; the Integrated Services for Northern Children team is there.

But the minute you come with a diagnosis of autism, then those kids are not allowed. Why is that?

Hon. Michael Parsa: ADM Morris?

Ms. Jennifer Morris: Thank you, MPP Gélinas, for the question. That should not be the case. We’re very clear that children with autism can access other services for children with special needs that are delivered by children’s treatment centres. They’re not precluded from accessing those services. So I think that’s probably worth following up. If you want to share some more information with us, we’d be happy to do that.

M^{me} France Gélinas: Okay. I like your answer. So if I follow your train of thought—remember before the break I was talking about children in part of my riding that have been diagnosed, that have gotten the money from your government, but that are not able to hire anything because there’s nothing. The minute this happened, the Integrated Services for Northern Children is not available to them anymore. You cannot buy into Integrated Services for Northern Children; it’s a not-for-profit.

So you’re telling me that even if they have been assessed, they have gotten money from the government for having been diagnosed with autism—the parents don’t know what to do with that money because there is nobody to hire where I live, and even less if the family is francophone; forget it, you’re not going to be able to find anybody to help you. But there are knowledgeable people

at Integrated Services for Northern Children who could help, and you're telling me that they should help?

Hon. Michael Parsa: Listen, I—

Ms. Jennifer Morris: Thank—

Hon. Michael Parsa: Sorry, ADM Morris; I'll pass it on to you. But thanks very much for sharing this. This shouldn't be happening, and I will take this back and I'll have a conversation with my team and follow up for sure.

M^{me} France Gélinas: Okay. So far I like her answer very much, so I will try to push that a little bit further as to why cannot—how come the same thing happens? If you try to get a child who's on the spectrum, who has physical, psychosocial, educational needs—if you try to get a child to be seen by the interdisciplinary team at the children's treatment centres, the minute they get diagnosed with autism, then those services are not available to them anymore and they have to go and buy them from providers that don't exist.

I hope you're going to tell me the same answer as the first one—fingers crossed.

Hon. Michael Parsa: I'm just going to ask ADM Morris, because I cut her off, if you don't mind.

ADM Morris, I'm sorry to have cut you off earlier. Do you want to just respond to MPP Gélinas, please?

Ms. Jennifer Morris: Thanks, Minister, and no worries.

Yes, MPP Gélinas, there is nothing that precludes a child with a diagnosis of autism from accessing other services for children with special needs delivered through children's treatment centres.

M^{me} France Gélinas: Do you know if any children's treatment centres offer IBI therapy or ABA therapy?

Ms. Jennifer Morris: No, as far as I know, they don't. But they do offer speech-language therapy, occupational therapy. These are often therapies that children with autism benefit from.

M^{me} France Gélinas: Why is it that IBI and ABA are not available at children's treatment centres?

Ms. Jennifer Morris: I don't know the history of it. It's not one of the clinical interventions that is typically provided through children's treatment centres, although they do provide some of those services as part of the Ontario Autism Program and some of our program pathways, like the early years programs and the entry to school program. That would be based on principles of ABA, in terms of the delivery. But I'm not familiar with a children's treatment centre that actually provides ABA, specifically, on an individual basis for children.

M^{me} France Gélinas: But are you telling me that if they chose to do so, they would be allowed under your ministry funding?

Ms. Jennifer Morris: The funding would come from direct funding we provide to families for core clinical services. Some of the children's treatment centres are offering fee-for-service for clinical services, including behavioural therapy, through the Ontario Autism Program. So if you have a diagnosis of autism and you've received core clinical services funding, your CTC may offer fee-for-service behavioural therapy that you can purchase.

M^{me} France Gélinas: Could you give me the list of the children's treatment centres that offer those services? I would be very much interested.

Ms. Jennifer Morris: Yes.

M^{me} France Gélinas: And when did that start—that children's treatment centres took money from parents to provide care? And how does that work for the rest of the team, like the social workers and the speech pathologists and the occupational therapists and everybody else?

Ms. Jennifer Morris: Part of the transformation of the Ontario Autism Program is moving away from base funding agencies to deliver those services and, instead, providing direct funding to families to purchase those services. We've been supporting those community agencies, many that are children's treatment centres, to develop fee-for-service offerings for families of children with autism, so some, not all, are taking up that challenge and are now offering services to purchase for children.

M^{me} France Gélinas: But they will continue to provide those services free of charge for a child with cerebral palsy or spina bifida or amputations or—

Ms. Jennifer Morris: Correct.

M^{me} France Gélinas: Does that make any sense to you? Why is it that if you're diagnosed with cerebral palsy all the services are free but if you're diagnosed with autism you have to pay? Who dreamed that up?

The Chair (Mr. Brian Riddell): One minute remaining.

M^{me} France Gélinas: I would love for you to give me the list of the children's treatment centres and the services that they offer on a fee-for-service basis. And are only children on the autism spectrum allowed to buy the fee-for-service—or could rich parents buy fee-for-service for their child with cerebral palsy?

Ms. Jennifer Morris: I don't believe that children's treatment centres ask families what the source of funding is, so I believe families could purchase those services as well.

M^{me} France Gélinas: They could purchase the services as well?

Ms. Jennifer Morris: I believe so, yes.

1630

M^{me} France Gélinas: Okay, so I will be waiting for the list of children's treatment centres, the services that they offer for future service and who can gain access to those fee-for-service payments.

The Chair (Mr. Brian Riddell): Thank you very much.

We'll now go back to the government's side. I recognize MPP Quinn.

Mr. Nolan Quinn: It is important that people with developmental disabilities are supported and have access to services and supports that help them build relationships and thrive in their communities. What is the government doing to support individuals and their families and caregivers?

Hon. Michael Parsa: Thanks very much for the question, and thank you for the great work that you do as a

parliamentary assistant in a very, very important ministry, PA Quinn.

For years, the ministry has heard from people with developmental disabilities and their families about the challenges they face with the developmental service system in the province. They were unsure about when they could expect to get support, and shared concerns about how their loved ones will be cared for when they can no longer care for them. The demand for services has continued to grow over the past 15 years and it's critical that we plan for the future—and that's exactly what our government is going to do.

In May 2021, we released a plan for change called *Journey to Belonging: Choice and Inclusion*. We developed a plan with the input from people with developmental disabilities, their families, service providers, academics and other partners through province-wide engagements. We heard clearly that our province needs developmental services that are person-centred, responsive and sustainable, to address people's needs now and in the future.

People want more choice and stronger supports that will help promote better outcomes over the course of their lives. Ontarians living with disabilities and their families should expect to enjoy all the rights and opportunities of living in a modern, equal society, such as going to school, having a job and access to health care. People living with disabilities should have real, tangible choice and control over the decisions that affect them.

Significant progress has already been made, but we still have more to do. The journey to reform developmental services has been a long one, but we have made incredible progress. We have moved from a place and time where people with developmental disabilities were living in institutions, separated from their community, to one where meaningful community inclusion and true belonging are within reach.

Our plan is framed by a common vision that we share with people with developmental disabilities, their families and our sector partners; a vision where people with developmental disabilities are supported to fully belong in their communities. Our plan is focused on three key areas:

- creating a more person-centred system where supports are based on a person's needs;
- offering greater choice and flexibility and helping people achieve their desired goals to modernize how services and supports are delivered; and
- delivering high-quality services, with a strong emphasis on achieving positive outcomes for people.

Our plan is an ambitious one, but it's an achievable one with our partners and the collaboration with sector partners.

We know that change will not happen overnight. We are taking a gradual approach over eight to 10 years to arrive at a system that is more responsive to individuals' needs and supports greater choice and flexibility for people over the course of their lives. We're committed to planning for the future and better serving those who depend on developmental services. We want to build a system that is more responsive to people's needs and that

supports greater choice and flexibility for people over the course of their lives.

Working with individuals, their families and sector partners, we will take a gradual, careful approach to minimize any potential unintended impacts on people who depend on developmental services. But we're also recognizing that people want to see immediate improvements to the services that they receive. That's why the plan also includes immediate changes to improve access to services and remove barriers.

Our government continues to ensure that every eligible adult may request to receive a minimum of \$5,500 in annual Passport Program funding that can be used to purchase services and supports for community participation, daily living activities and person-directed planning. People may receive additional Passport funding of up to \$44,275 based on their priority, assessed needs and availability of resources. During the 2022-23 fiscal year, Passport supported over 60,000 people. That was an increase of approximately 15,000 people since March 2019. If someone is in urgent need of support, the local Developmental Services Ontario office works with a network of developmental services agencies and community partners to identify interim supports to address urgent needs.

We know that demand for developmental services has grown considerably over the last decade and a half, and we'll continue to make investments in developmental services to support people currently in service and those who will access services in the future.

I will now turn it over to Deputy Minister Cole to provide more details on our engagement and reform commitments.

Ms. Denise Cole: Thanks very much, Minister. As the minister outlined in his remarks this morning and just now, *Journey to Belonging: Choice and Inclusion* was developed through engagement and consultation with people across Ontario, including people with developmental disabilities, their families and caregivers. We engaged with hundreds of people in full-day engagement sessions and received about 900 responses to an online survey. Some of the key themes that emerged from the engagement included:

- making supports more person-centred, responsive to people's needs and providing meaningful choice;
- building on people's strengths instead of their deficits;
- supporting families and caregivers so that they can continue to provide support;
- shifting to more proactive supports and moving away from a model where people may need to be in crisis before they can get supports;
- addressing barriers to accessing other community services like health, education and employment opportunities;

—finally, we also heard that providing culturally relevant services for Indigenous people, francophones and newcomers to Canada as well as regional supports in northern, rural and remote communities were very important.

The plan for reform builds on a vision where people with developmental disabilities are more empowered to make choices and live as independently as possible through supports that are person-centred, equitable and sustainable. The plan sets out guiding principles for reform, immediate actions to improve current services and supports and long-term commitments to reform the system. Those reform commitments fall under three pillars.

The first pillar is putting people first. Our goal, as the minister outlined, is creating a more person-centred system, where supports are based on a person's needs, that offers greater choice and flexibility and helps people achieve their desired goals. We will do this through developing a person-centred funding model that will enable more choice, flexibility, and equitable and sustainable funding; better planning and earlier intervention for people; more culturally relevant supports; and addressing barriers to accessing mainstream services.

The second pillar is improving service experience. Our goal is to improve service experience by modernizing how services and supports are delivered. We will do this through improving the experience of accessing services, including making improvements to the application and assessment process, making it easier to adopt and share best practices and innovations, and more convenient online options for people.

The third pillar is improving quality and accountability. Our goal is to deliver high-quality services with a strong focus on achieving positive outcomes for people. We plan to do this through developing a performance measurement approach and a service quality framework that will help people choose service providers, collaborating with the sector on a workforce strategy to support a skilled, diverse and professional workforce that will help people participate meaningfully in their communities.

We're currently in the design and build phase of our reform plan. In this phase, we're gathering data, advice and feedback from our sector partners as we develop plans to meet the key commitments outlined in Journey to Belonging. We're taking a gradual, phased approach to developmental services reform to carefully plan, engage our partners and minimize disruptions to families, individuals, caregivers and service providers as different elements of the reform plans are introduced. We recognize that we need time to assess the impact of the proposed changes on people, families, providers and other parts of the system.

1640

I will now turn it over to acting assistant deputy minister of community services division, Christine Kuepfer, who will speak about the progress that has been made on Journey to Belonging. Christine?

Ms. Christine Kuepfer: Thank you, Deputy Cole. Christine Kuepfer, acting assistant deputy minister of community services division.

As the minister said earlier, we know that people want to see improvements now while we work to continue to build better supports for the future. That's why we've

taken immediate actions to improve developmental services while we work on longer-term reform.

In 2023-24, the province is investing approximately \$3.4 billion for developmental services, which includes approximately \$2.2 billion dedicated to providing supportive living services and supports. This will provide developmental service living supports to over 19,000 people and it will provide access to Passport funding for over 16,000 people.

Additionally, some of our actions since the government published Journey to Belonging include:

(1) Better supporting people who use the Passport direct funding program: We made permanent changes to the Passport Program to expand the list of eligible expenses. We also shared resources to increase clarity on how people can use the Passport funding and to help people with budgeting and submitting their claims for quicker reimbursement. Our Passport agency partners created a new website for the Passport Program—www.passportfunding.ca—which provides resources on how the Passport Program is administered, how to utilize funding on purchasing admissible supports and services in the community and how to file claims.

(2) We've made it easier to access assessments at Developmental Services Ontario offices. We have increased capacity to train new assessors at DSO offices and ensured that virtual assessments continue to be an option for people, which provides greater choice and flexibility.

(3) We are supporting families and caregivers and recognizing the value of peer supports by way of providing grant funding through the Ontario Caregiver Organization to family support groups to help them share information, expand their capacity and build stronger connections between families and caregivers. In 2022, the Ontario Caregiver Organization awarded 29 new, emerging and existing family support network grants of up to \$4,500, and seven impact and collaboration grants of up to \$10,000.

(4) We are reducing barriers across services and communities. We're helping more people find housing in community and live more independently through an investment to expand both housing navigation at the Developmental Services Ontario and Adult Protective Service Worker programs. This investment of \$13 million over three years began in 2021-22. We released the first phase of an education and awareness social media campaign to promote more welcoming communities for people with developmental disabilities. The second phase is in development. We funded an initiative by the Ontario Disability Employment Network, or ODEN, to support employment of youth with developmental disabilities, with the goal of identifying best practices that can be shared and replicated.

To support service quality and continuous improvement to services and supports, we're prototyping a performance-measurement approach to measure outcomes for people in the developmental services system, starting with the application process. We're continuing to support the

developmental services knowledge translation and transfer hub and network, which supports the sharing of best practices in the sector and the shift to more person-centred ways of providing supports.

We are also supporting the developmental services workforce in a number of ways. We collaborated with service partners, including self-advocates, family members, service providers and bargaining agents to introduce three new initiatives to support the workforce. They include a recruitment-focused marketing campaign to promote developmental services as a career choice; modernized core competencies for developmental service workers to help them build the skills and the competencies that they need to provide more individualized, person-centred supports in the future; a leadership training program to help leaders in management roles to develop their skills and strengthen their organizations so that they can attract and retain skilled direct support staff. We're also supporting the Provincial Network on Developmental Services with the development of a recruitment strategy. Finally, the government also increased personal support and direct support worker compensation by \$3 an hour. This wage enhancement is now permanent.

As part of the longer-term DS reform, we're developing a workforce strategy to support a more skilled, diverse and professional workforce over the long term, and we held engagements with a wide range of stakeholders last fall. We recognize the importance of a ministry-sector partnership approach to achieving positive outcomes. We are committed to working collaboratively on these immediate steps and initiatives to support the workforce. Achieving the vision of Journey to Belonging means having a stable and professional workforce that can deliver on the values of Journey to Belonging.

We are also addressing individuals with a dual diagnosis who have been designated an alternate level of care. Together, we're working with the Ministry of Health and Ontario Health on identifying individuals with both developmental disabilities and mental health conditions who are designated as alternate level of care in hospital. This work has identified approximately 90 individuals. We have invested \$16 million in ongoing funding for the ministries to work in partnership with local health and developmental services partners to move up to 40 individuals from hospitals to community placements.

A key commitment in Journey to Belonging is developing a new way to fund services and supports for people with developmental disabilities. We are working towards a person-centred funding approach where funding is directly linked to people's support needs and people have options for greater choice and flexibility. The future state that we are working towards is intended to result in greater equity because of individual budgets tied to people's assessed needs. To do that, we need to establish a fair funding model to determine a funding amount for each person. This means developing a fair way to identify what supports a person needs based on their assessment, and then determining how much money the government will pay for those supports.

We also need to develop the policies and processes that surround the use of individualized budgets. We must have

structures and guidelines in place for paying for services, rules for how a person and the service provider can use the budget and upgrades and changes to data and IT systems. Finally, we need to develop the timing and transition plan.

The Chair (Mr. Brian Riddell): One minute remaining.

Ms. Christine Kuepfer: We need to determine how things are rolled out, in what order and when. We are committed to phasing in changes and supporting people with the transition, but we still need to work out details of what it looks like so people will have certainty on where they fit in the change and in the future. Journey to Belonging is a key step towards our goal of a province where every individual is celebrated and receives the support they need to achieve success and live the lives they choose. Our goal is a more person-centred system that is more fair, flexible and responsive to everyone's unique needs and goals. We'll continue to engage with our partners and provide regular updates as we make progress on developmental services reform.

Reform will take place over a period of eight to 10 years. We're taking a gradual approach so we can continue to support people with developmental disabilities, families and service providers through changes to developmental services. The ministry is committed to building a stronger system that is more responsive and supports greater choice and flexibility for people over the—

The Chair (Mr. Brian Riddell): I'd like to thank everyone for their time today. This concludes the committee's consideration of estimates of the Ministry of Children, Community and Social Services.

Standing order 69 requires that the Chair put, without further amendment or debate, every question necessary to dispose of the estimates.

Are members ready to vote?

M^{me} France Gélinas: Recorded vote.

The Chair (Mr. Brian Riddell): Recorded vote.

Shall vote 701, ministry administration program, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Taylor.

The Chair (Mr. Brian Riddell): The motion is passed. Shall vote 702, children and adult services program, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Taylor.

The Chair (Mr. Brian Riddell): The motion carries.

Shall vote 704, children, community and social services capital program, carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Taylor.

The Chair (Mr. Brian Riddell): It passes.

Shall the 2023-24 estimates for the Ministry of Children, Community and Social Services carry?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Taylor.

The Chair (Mr. Brian Riddell): It passes.

Shall the Chair report the 2023-24 estimates of the Ministry of Children, Community and Social Services to the House?

Ayes

Barnes, Jordan, Martin, Pierre, Quinn, Rae, Wai.

Nays

Gates, Gélinas, Taylor.

The Chair (Mr. Brian Riddell): The motion carries.

We will now recess until 5 p.m.

The committee recessed from 1651 to 1700.

MINISTRY OF LONG-TERM CARE

The Chair (Mr. Brian Riddell): Good afternoon. The committee is meeting to begin consideration of the 2023-24 estimates for the Ministry of Long-Term Care for a total of two hours. The ministry is required to monitor the proceedings for any questions or issues the ministry undertakes to address. I trust the deputy minister has arranged to have the hearings closely monitored with respect to questions raised so the ministry can respond accordingly. If you wish, you may verify questions and issues being tracked by the research officer at the end of your appearance. Are there any questions before we start?

I am now required to call vote 4501, which sets the review process in motion. We will begin with a statement of no longer than 20 minutes from the Minister of Long-Term Care. The remaining time will be allotted for questions and answers in rotation of 20 minutes for the official opposition members, 10 minutes for independent

members and 20 minutes for the government members of the committee.

Minister, the floor is yours.

Hon. Paul Calandra: I appreciate the opportunity to be here with colleagues to talk about the work that we've been doing in long-term care since 2018, work that has really been expedited and moved very quickly over the last number of years. At the same time, when we do start, I always like to make sure that I do thank very sincerely all the men and women in long-term care: the front-line workers, PSWs, the nurses, the staff in our long-term care who have been doing such incredible work, not only during the pandemic—I know we like to focus on the pandemic—but before the pandemic and certainly since that, as well. The work that they do goes above and beyond the call of duty constantly each and every day, and I can't thank them all enough.

I also just want to take a moment to thank the residents themselves in long-term care. The residents' councils have played a very, very important role in helping to reshape long-term care over the last number of years, so I wanted to take an opportunity to thank them, the families and the caregivers, all who have done an extraordinary amount of work to help us not only get through a pandemic, but also help us build a better long-term-care system for everybody in the province of Ontario.

As you know, Mr. Chair and colleagues, we did inherit a system that had not been given the appropriate amount of attention by many governments over a long period of time. When we took over back in 2018, we made a promise that we would build 60,000 new and upgraded long-term-care beds across the province of Ontario, but we were also going to make a number of other investments in long-term care.

Now, the ministry's work has been focused on four pillars, as you all know:

- further integrating long-term care within the broader care continuum;

- improving staffing and care;

- driving quality and better accountability, enforcement and transparency; and

- building modern, safe and comfortable homes.

I'll touch on each of these as we go, colleagues, and I look forward to your questions.

When we talk about integrating long-term care within the broader care spectrum, it is something that we have constantly heard. Something that we have focused on is: How do we make long-term care more than it is? The traditional model of long-term care—and we've talked about this a lot—is a home which in the past was often considered more of an institution than it was a home, and it was alone on an island to itself. We saw that as we started to build out more homes and make investments in long-term-care homes—we believed that our homes can be more than they are right now. And in many of the communities across the table that I have visited and we've been opening up new homes in, we see how much more long-term care can be in those communities.

We started out with a community paramedicine program, colleagues. I know that it had started off as a trial in a number of ridings across the province and has since expanded to the entire province. This has been a very, very successful program. And what is this? This is about bringing paramedics into the community, to help them assist in keeping people in the community as long as possible, because what we hear often is that as much as people want long-term-care homes—we have a number of people on the waiting lists—people would like to be in the community as long as possible, and I think long-term care can play a role in that. Community paramedicine was the first step, I would suggest, colleagues, in helping make this a reality.

We went a little bit further than that too. We announced a pilot program as part of our move to entertaining more diagnostics in homes, and I'll get to that in a little bit—a pilot program which was meant to give greater access to our residents in long-term care, access to diagnostic tools.

What we heard a lot—and many of you will probably have heard this—is that when we take our seniors out of long-term-care homes and we transfer them to hospitals for tests, whether it's X-rays or CAT scans or the other diagnostic services they need, that causes a decline in the senior, so we wanted to look at ways that we could stop that. How could we utilize our long-term-care homes to give our seniors better access to state-of-the-art diagnostic tools both in their homes and in community?

We did a pilot program—we have pilot programs which are under way right now with Royal Victoria Hospital and Humber. They give seniors in our long-term-care homes the opportunity to get testing at specific times. They're transferred from the home to a diagnostic service without waiting. They make an appointment, and they're able to go back and forth as quickly as possible. Those pilots are about taking people from the home and getting them the diagnostic services they need as soon as possible at a hospital.

But we want to go a bit further than that. How can we make our new long-term-care homes more accessible for our seniors, so that we can bring diagnostics right into our long-term-care homes, so that we avoid sending our seniors out and keep them in the community? It is something that I highlighted in a recent speech. We have to look differently at long-term care—that it can be a partner not only in home care; it can be a partner in delivering critical services for our seniors who are in their homes, but also in long-term care across the province.

We went a step further than that, as well. We know the challenges that many of our seniors are facing. We highlighted and brought forward a program which allows our long-term-care homes to access funding for their priorities, and it's called the Local Priorities Fund. I know a lot of the homes in many of your ridings have taken advantage of the Local Priorities Fund; this could be for lifts, bariatric beds, scanners. These are common issues which are forcing our residents of long-term care out of their homes and into hospitals, and we wanted to avoid that, so we brought in the Local Priorities Fund. So many

of our long-term-care homes have been making great use of this program. It really has been a remarkable success, and the uptake from our homes has been quite spectacular.

This is all leading us, colleagues, to what I believe will be the next step in helping to ensure that we give people the right care in the right place at the right time—you've heard us talk about this a lot—in long-term care.

The Minister of Health was before you already, if I'm not mistaken, and talked about how we're trying to make health care more responsive so that people don't have to go to care, so that care comes to them, and long-term care can play a very important role in making that happen. This is also one of the reasons, frankly, that we brought in Bill 7, which allows people to ensure that they get care—out of a hospital and back into a long-term-care home. We have heard constantly that a hospital is not the place for somebody who needs to be in long-term care to be getting the care they need.

When I tour some of the homes, one of the biggest things I hear from people who have exited hospital and gone into a long-term-care home is that they wished they had done this sooner, because the quality of care that they're getting in long-term care is second to none.

So there is a lot happening when it comes to integrating our long-term-care homes into the broader care continuum, and I'm very excited by it. The new homes allow us the opportunity to do this—and as I get further on to some of the other areas that I want to talk about, I'll be able to highlight how it circles back, colleagues.

The next phase I want to talk about is improving staffing in care. This is something that I'm, frankly, quite excited about. As we bring on 30,000 new beds and we bring on the 28,000 upgraded beds across the province of Ontario, simultaneously we've made the commitment, as you all know, to increase the level of care to four hours per resident per day. This will be a North America-leading standard of care in our long-term-care homes, and that requires an additional 27,000 health care workers in our long-term-care homes. The new homes, as I said, also give us the opportunity to do more things than they currently do. In co-operation with the Minister of Colleges and Universities, we've undertaken a number of programs to help us meet that goal of improving care.

1710

I'm very happy to say that we have met our targets. We said that we would hit the four hours of care by 2025 and, colleagues, as we've done that—and I'll just address this, because I'm sure it might be a question. I've gotten it in the past: "Well, why didn't we do four hours of care right away?" That would be great to do, but as you know, colleagues, you have to train and onboard the people; you have to build the homes. The four hours of care commitment is undertaken at the same time that we are onboarding, as we're continuing the phase of bringing on new people into the sector.

And it's not just PSWs. It's PSWs, it's nurse practitioners, it's allied health care workers—for the first time we're making advances on allied health care workers: social workers, dietitians. It is very exciting. We have

made significant investments in that. We have close to a \$5-billion investment that we will make, a recently announced \$1.2-billion commitment and an additional \$1.8 billion for next year as we proceed on our goal of four hours of care per day.

We will meet our goal. We will meet our targets, colleagues. I'm very, very confident of that. I'm excited by the work that we've been able to do not only in long-term care but with Minister Dunlop in helping to bring new people into long-term care.

The other thing I just really wanted to touch on quickly too on that is the nurse practitioner program and the incredible work that they do across our long-term-care sector. We made a commitment to increase the number of nurse practitioners in long-term care and, again, our partners in long-term-care homes have been very, very excited to take us up on that offer. The services that they offer in homes have been truly second to none. As I've talked to medical directors, as I've talked to families and as I've talked to the operators, they say that this is one program that can really make a huge difference as we seek to improve the quality of care in our long-term-care homes.

The other one I wanted to talk on is driving accountability, enforcement and transparency in our long-term-care homes. It's the third pillar. This is obviously a very, very important part of our program. Look, we've said to our partners that we are going to be making significant investments, and Parliament has given us approval to make significant investments in improving long-term care. Frankly, it's an over \$14-billion improvement in long-term care across the province of Ontario. But part of that had to be to ensure that we had the highest standards not only in Canada but frankly in North America, and that is what we've done.

It's not just about the ease of access. We've improved the ease of access, where somebody can download and look at the inspection reports in each home. You're able to go online now and look at a particular home, see what's happening in the home. You're able to look at staffing levels and see the inspection reports, if it's approved for construction—what is happening at the home. That is very easy to find now; it's in one place, and that's part of the transparency mechanisms.

I already talked a little bit about the family councils and the residents' councils which are in each and every home. These are game-changers in a lot of instances too. The residents' councils and the family councils are playing a really, really important role in helping to ensure accountability and to also help move us forward on improving long-term care.

I've also talked about enforcement. And let me touch, first, on the act. Colleagues, certainly in the last Parliament, you will remember that we passed the landmark Fixing Long-Term Care Act, which gave us the highest standards in North America. But part of that was also to ensure that the highest standards also included the highest inspector-to-home ratio in North America, and we are doing that. Right now, we have hired an additional 200

inspectors. We have an inspector-to-home ratio of about one inspector for every two homes—again, which is the highest in North America. We have introduced administrative monetary penalties because we have wanted to ensure that our homes, our operators, understand the importance that we place on ensuring the highest quality of care for the residents in long-term care.

We have undertaken, as you know, just by example, the air conditioning in homes—truly remarkable, I would say, colleagues, that it hadn't been done before we got here, before we came into office; that for 30 years, nobody had thought that we should put air conditioning in long-term-care homes. It is another thing, of course, that the government has done to ensure that every home has it in long-term care, but we've also increased the fines for those homes that do not have air conditioning to \$25,000 as an administrative penalty, and we are levelling those fines where we find people in breach.

We take this very, very seriously and we want our partners to understand just how seriously we take it and to ensure that our residents have the absolute highest quality of care. The government is making a serious commitment; the Parliament has given us the resources to make a very, very serious commitment to long-term care. We expect our partners to follow that example, and through the quality inspection branch—I know Jeff is here and he will get embarrassed when I say it, but he has done a tremendous amount of work to help us bring up that inspection and enforcement branch, and the quality of the people that we have there to ensure that our homes are operating at their highest level is truly second to none.

And then on the fourth pillar, colleagues, it is about modern, safe and comfortable homes, which I'm happy to say that we have really taken on. You've heard me say it a lot, that we wanted to build homes in all parts of the province—small communities, large communities, the north, southeast and west, urban, rural, remote. We want to include all of our partners because what we heard constantly during COVID and one of the lessons that we learned is that people want to live in the communities that they helped build. They want to live close to their family and their friends and they don't want to be moved out if that can be avoided. In many of these small communities, we are building brand new, modern, state-of-the-art long-term-care homes. In many communities, the long-term-care home will be the largest property taxpayer, the long-term-care home will be the largest employer, and it is a game-changer for many communities.

Along with that, in many of these new state-of-the-art homes, we are seeing staffing want to come back into long-term care because what it means is a different scope of practice for them. They can practise at some of the highest levels right in a long-term-care home. When you couple that with the investments that we're making through the Local Priorities Fund, the movement that we're making to integrating long-term care and working more closely with home care, the moves that we're making on diagnostics so that the brand new long-term-care homes can participate in providing services for people, balanced

off by the highest standards and the toughest inspection regime in the country to ensure that accountability—colleagues, I would say that we're on a very strong path to finally not only improve long-term care but make it better than anybody else in North America.

Again, colleagues, as I close, I will just say this: Remember where we were when we got started. When we took office in 2018, there were about 611 beds that were built across the province of Ontario in the preceding 10 years. Put that into context of what we all knew was happening with respect to the demographics in terms of where people were, the aging and the explosion of seniors from—

The Chair (Mr. Brian Riddell): One minute remaining, Minister.

Hon. Paul Calandra: —the baby boom generation. We knew we had to move fast, we knew we had to move quickly and we knew we had to work as best we could with our partners in health in the acute-care system and also with our partners in home care. We had to get shovels in the ground and build new beds.

1720

So I'm very excited by what we've been able to accomplish, and more yet to do. With that, Mr. Chair, I'm eager to take some questions from colleagues.

The Chair (Mr. Brian Riddell): Thank you, Minister Calandra.

We will now begin questions and answers in a rotation of 20 minutes for the official opposition members, 10 minutes for independent members and 20 minutes for the government members for the remainder of the allotted time.

For the deputy ministers, assistant deputy ministers and ministry staff: Please state your name and title each time you are called on to speak so that proceedings can be accurately recorded in Hansard. As always, remember to make your comments through the Chair.

I will now start with the official opposition. I recognize MPP Gates.

Mr. Wayne Gates: Good afternoon, Minister. Thanks for being here. I'll start off with a question: During the COVID-19 pandemic, over 5,600 seniors—our moms, our dads, our grandparents, our aunts and uncles—lost their lives in Ontario's long-term-care homes. Sadly, most of those were in for-profit homes. Before we begin today, could the minister tell us why people were so much more likely to die of COVID in a for-profit long-term-care home in Ontario? I believe it's around 78%.

Hon. Paul Calandra: Thank you for the question. Mr. Chair, I would say this: As I said in my opening remarks, long-term care had been ignored by the previous government to the extent where they had only made investments to build 611 new beds. We had some of the lowest levels of care with respect to hours per day. I think when we took office it was at about two hours and 15 minutes a day per resident. We're increasing that, of course, to four hours a day. That was where long-term care was when we took over.

It is exactly why we said when we came into office that we had to build and improve on that 611 from the previous government. We had to build 30,000 new beds and 28,000 upgraded beds across the province of Ontario. He's exactly right: That's why we have brought in the highest standards in North America in terms of the inspector-to-home ratio. That's why, through the Fixing Long-Term Care Act, we brought in a residents' bill of rights to ensure that our residents get the highest quality of care.

There has been a lot of work done, but full stop, the answer is that for 15 years prior to us taking office, no government at that time—the previous governments did not make the investments in long-term care that they needed to make to ensure that our seniors were safe in long-term care, and we are making those investments in Parliament. As I say, Parliament has given us the opportunity to do it, and we'll continue to make the investments to improve care across the system.

Mr. Wayne Gates: I appreciate your answer, but I think the big reason is it was about profit, not care. I've said that many, many times in questions to you. I still feel that way. If we would have just been taking care of the care instead of worrying about shareholders and CEOs, it probably would have been a lot better for our seniors and certainly we wouldn't have had the 5,600 die. Most of them—like I said, 78%—were in for-profit.

From looking at the numbers in front of us, we are seeing a significant increase in the funding to this ministry, but when you look beyond the numbers, it gets more concerning. Does the minister know what share of the funding from the ministry will be going directly to for-profit corporations?

Hon. Paul Calandra: I just wanted to quickly touch on one thing that you said. I would say this: Whether it's in a for-profit home, not-for-profit home or a municipal home, the people who are working in those homes are registered nurses, are members of RNAO, are members of different unions. They are the same people who work in not-for-profit who work in for-profit homes, and I think that they equally care about the people who are in the homes whether they're in a for-profit or not-for-profit home.

We have said it very clearly, and I will continue to say it: I don't care where the service is provided, but that service has to be equal, whether it's in a for-profit, not-for-profit or municipal home. That is why we brought in the Fixing Long-Term Care Act. That is why I've increased inspections; that is why I have put \$2 billion towards the inspection regime. That is why we brought in the four hours of care across all of our homes, so that we could ensure the highest quality of care. It's why I closed the four-bed ward rooms across the province of Ontario. It's why I'm hiring 27,000 additional health care workers.

But ultimately, yes, you know what, there should have been no instance where a previous government, three administrations, built 611 beds, left our seniors at two hours and 15 minutes of care a day. And again, I'll say it as often as you ask me: I don't care who provides the service, but they better be providing the highest level of care that the funds we are providing, which Parliament has

approved, and that the Fixing Long-Term Care Act mandate that they should.

Mr. Wayne Gates: I appreciate the fact you mentioned about the nurses and the staff. I agree with you 100%. They gave every ounce of energy that they had. Like yourself, I tour a lot of long-term-care facilities. I go in and talk to them, and the reality is that some of those nurses probably love the patients and see their patients a lot more than the family does, so I agree with you.

But is it fair to say that you agree that for a number of years, it was about profit and not care in these long-term-care homes? Is that a fair statement from your answer?

Hon. Paul Calandra: No.

Mr. Wayne Gates: Okay. I just thought I'd try it. That's where I took that, but that's fine.

This is a fair question; I've already asked this to you, but I think it's good to do it here. Does the minister believe that Orchard Villa did a good job of protecting their residents during COVID?

Hon. Paul Calandra: Orchard Villa had a number of challenges. It was one of our oldest homes in the system. It should have been closed years before. I would suggest that when you held the balance of power, Orchard Villa should have been closed at that time as well. Orchard Villa had a number of ward rooms which we closed. Orchard Villa, as I said, was one of our older homes, and they did the best they could do under the circumstances they had in front of them.

Again, when you look at the quality of care across our long-term-care system, it is one of the reasons why we brought in the Fixing Long-Term Care Act, right? And it's why we brought in the inspection regime, why we brought in the residents' bill of rights, why we're investing \$4 billion to add 27,000 additional health care workers. Again, I'll reiterate: You can ask me the question any way you like. I don't care who the service is being provided by, but that service had better meet the obligations that we set forward in the Fixing Long-Term Care Act, and the government also has a responsibility to provide that funding.

I know the people who worked in Orchard Villa worked extraordinarily hard. The same nurses that you talk about in not-for-profit and municipal homes are the very same people who were working in Orchard Villa. But it was an old home with too many ward rooms. It should have been decommissioned years before the pandemic, but they did not have the resources in order to do that. Our government put the resources in place. We have a number of bed allocations in Pickering that are awaiting municipal approval, frankly, and as I've said in the House, if the municipality doesn't get off their backside and approve those homes for the people of Pickering who are waiting for those beds, we will use every tool at our disposal to make sure that those two brand new homes, which will cut the waiting list in Pickering in half, are built.

Mr. Wayne Gates: I appreciate the answer. As you already know, 80 seniors died in that home. You also know that some of the reasons you brought in the military, or the military was brought in, was because of the understaffing. It was more about profit than care—

Interjection.

Mr. Wayne Gates: It was—well, listen, let me just finish and then you can continue. The food was rotten. No one was there to feed the seniors because they had no staff. A body laid there, we know, for 24 to 48 hours that was already dead. They died of dehydration.

It wasn't the staff. They didn't have any staff. That's why you had to call in the military in this facility. So that's my take on that.

When you mention about the balance of power, the Conservatives before you—you were in federal Parliament at that time—were the official opposition for 15 years as well, and they voted 58% of the time with the Liberals.

Let me just get to this next question for you. You did mention, which I think is extremely important as well, about four hours of care, so I've got a couple of questions on that as well. With the introduction of federal standards for long-term care and the commitments from the province to eventually achieve an average of four hours of care for residents, some groups have said that more funding is urgently needed.

Why do you believe that the current funding allotments are enough to ensure residents actually receive an average of four hours of care by properly trained support workers?

Hon. Paul Calandra: I'll just conclude the previous discussion by saying I'm very familiar with Orchard Villa. My wife's aunt was in Orchard Villa at that time and passed away at the time, so I am very, very familiar with how hard the staff worked in Orchard Villa. I'm very familiar with the age of the home. I'm very familiar that that home should have been closed down by the previous government. And I will say, to the staff who were there before a vaccine was brought forward—they were heroic, and they did everything that they could have been asked to do in a home that should have been closed down many years before.

1730

With respect to the four hours of care: I think it was one of your own members who brought forward a bill, as well, asking for four hours of care, but it was continuously turned down by the previous government. I'm not sure why it wasn't passed when you held the balance of power and could have demanded it. Our government decided that we needed to get to a four-hours-of-care standard, and we passed that as part of our plan to fix long-term care through the Fixing Long-Term Care Act.

It's all part of a broader spectrum of care; it's not just about long-term care on its own. I envision a system where long-term care also has a role to play in home care.

The new homes that we are bringing online can offer so much more than just the home for residents: a residents' bill of rights that puts them first; transitioning from institution to recognizing that this is a home for people; four hours of care that includes allied health work, which is dietitians—this is a North America-leading standard. You talk about the federal government's recent initiative on standards. The federal government, I think, by and large, sets a national floor. That's what national standards do.

They set a floor. We are exceeding that floor, I'm very happy to say. I encourage other provinces to meet the federal floor. And if there is more to do, we have shown very clearly that this is a government that will do more when we are called upon to do more.

As I said, the four hours of care—I'm very excited by the opportunities that this allows us to do in our homes. And honestly, the uptake, even in smaller communities—I talked about the Athens, Ontario home, and having people so excited to say that they were going to be living in there. It's a small community—huge property taxpayer. The homes that I've visited recently, where we're bringing new homes on—they're telling me that they're having competitions for staff to get in to work in their long-term-care homes; it's something that we haven't heard in a very, very long time. So I am quite excited by it—the staff and the residents themselves, and the work that we're doing. The residents' councils and the family councils are also very supportive of the four-hour standard of care. There are going to be options, though.

I will say this: You're not wrong; there are going to be some homes that will require more. That's also why we brought in the Local Priorities Fund. Every situation is going to be different. Every home will have a different need or a different standard that they're going to need to do their—the care that they are asked to provide will be different from home to home, but I think by setting a floor, there is a minimum expectation that we can have. But then there are other funds available so that when a home needs to provide more, they can do that. And the homes have really been aggressive in the uptake. That's part of the Local Priorities Fund, as well—it allows us to make some of those adjustments.

Mr. Wayne Gates: I'm going to ask this question—you already answered it, but I'm going to ask it just for the record. Could the minister also clarify: Will this be a guarantee of four hours of hands-on care per day by properly trained support workers for all residents in long-term care, or will it simply be an average they hope to achieve in the future?

I will add that I also believe that every single worker who worked in long-term care gave every ounce of energy to try to save people.

I'm sorry about your loss. We had a loss in our family, as well, in long-term care.

Hon. Paul Calandra: Yes, they did heroic work; I think we all agree on that. We may—

Mr. Wayne Gates: If you could clarify that—because I've got lots of questions.

Hon. Paul Calandra: Yes. Look, they did heroic work; I think we can all agree on that. We just have differences of opinion on how we get there.

We're hiring 27,000 additional health care workers to ensure that we get to the four-hour standard of care across the system, but as I said earlier, there are going to be some homes that will need to exceed that; it depends on the case mix in the home. Some homes will need more than four hours of care. If the case mix is different in a home, then they might not need in excess of four hours of care. But

my goal is to ensure that there is a floor of four hours of care across our homes. And it's not just about PSWs and nurses; it's also about including allied health professionals so that we can—dietitians, physiotherapists, psychologists. It's got to be a broad spectrum of supports for the residents in our long-term-care system.

As we increase access to diagnostics in our homes, as we bring in home care to—eventually, what I hope—having people from community access services in long-term-care homes, I think then there's a potential to even go beyond that.

Mr. Wayne Gates: I think it's fair to say it's an average from that particular answer. I've got—

Hon. Paul Calandra: No, I don't think so. I think what I said is that my goal is to make it a floor, but there will be homes that require more than the floor, right? There are some homes that have a larger case mix index with respect to dementia, and there needs to be more care than just four hours of care.

Mr. Wayne Gates: AdvantAge has come out and said that homes need funding for front-line staff, infection prevention and control and better environments for residents to live in. Why do you disagree with that statement?

Hon. Paul Calandra: Oh, I don't. That's why I have maintained the infection prevention and control funding across our long-term-care homes. It's mandated as part of the Fixing Long-Term Care Act, frankly. Infection prevention and control is now built in to all of our new builds. It's why I'm so excited about some of the new builds. Maybe we'll go visit some of them together. When you get in there—

Mr. Wayne Gates: That would turn a lot of heads, that's for sure.

Hon. Paul Calandra: Well, look, I'm sure we could have fun together at some of them. But when you go into them, the windows are big. And it might not seem like a big deal, but when somebody is in a wheelchair and they can move to a window and they can see outside—we're building homes in communities as well, because we heard a lot too, Mr. Chair, that the residents in the long-term-care homes actually want to be within a community. They want to see kids at a school. They want to see kids playing hockey outside. They want to feel like they're still a part of the community.

So when you go to where these new homes are being built and the work that has been done on infection prevention and control, improving the environment, it's part of what the Premier said to me: Stop thinking of these as institutions. It's not a hospital; it's a home. Build and make sure that whatever you do, these new homes are homes for people and that they feel like they're in a home. I think we are achieving that. But I would agree with you: Some of the older homes that we're bringing off-line, I don't think people feel that way.

Mr. Wayne Gates: I appreciate that and, like I said, I've got lots of questions so I'm trying not to cut you off and get an answer.

Hon. Paul Calandra: You can cut me off any time you like, Wayne. It's okay.

Mr. Wayne Gates: We see there has been a cut to assisted living services and supportive housing. We know that these services are important to the well-being and health of the individuals seeking them. Could the minister explain the funding decrease, especially as costs across the province continue to rise?

Hon. Paul Calandra: Long-term care has had a significant increase in its funding levels—frankly, historic levels of funding. I'm very grateful to that. But I think also when you look at it too, it's part of what I said earlier: When we're building the new homes, we want to bring it into different communities and smaller communities. But I think there's more to it than that too. If you look at an investment that we made in Kenora, where we invested—I think it's 50, and my team can tell me if I'm wrong—50 units in Kenora, it is a multi-use home, for instance, that has a portion of it for long-term care, a portion of it for home care, a portion of it for market-based rentals and a portion of it for rent geared to income. I think this offers us a really exciting opportunity, because it's part of this integration that is so important.

I see you might have another question, so I'll stop. But it's part of this integration and changing how we look at home care. Yes, the bigger homes are needed, and I think we will transition larger homes to more complex care. But people always tell me one thing: They want to live at home as long as possible. That is their goal. I think the more we integrate the system, the more we work with home care and long-term care partnering together, the better opportunity that we have to give people what they want.

Mr. Wayne Gates: I agree 100% that people want to stay in their homes as long as they can, and we have to provide the necessary staffing and funding so they can.

One thing that's really come up—and I think it's not just in long-term care; it's in our hospital system—is agency employee costs. We know that many long-term-care homes in Ontario are having to rely on agency staffing companies to ensure they have enough front-line staff to operate their facility. Why does the minister believe this is currently happening? I know that even in long-term care, as the minister—they're charging between \$150 and \$300 per hour to get nurses, and we've had lots of complaints from long-term-care and retirement homes, particularly not-for-profits that can't afford the bill.

Hon. Paul Calandra: Yes, so the—

Mr. Wayne Gates: I've got one more question I want to get to, so—

Hon. Paul Calandra: Sure, go ahead. You can ask at the same time. I'll answer—

The Chair (Mr. Brian Riddell): One minute remaining.

1740

Hon. Paul Calandra: Ask it and I'll try to go really quickly for you.

Mr. Wayne Gates: Okay.

Mme France Gélinas: Let him answer that one.

Mr. Wayne Gates: Okay, answer that one.

Hon. Paul Calandra: So look, as you know, I directed the deputy to take a look at agency staffing. AdvantAge

and the OLTCA, the Ontario Long Term Care Home Association, have given us advice. It's the number one question I ask when I go to every home: "Where's your agency at?" And I'm very happy to say that across every home I've visited, they have started to say the agency has really come down.

One of the things I hear all the time is it's about flexibility. They want to also have a life, people who are working in long-term care, right? And across some of our homes that have started to partner with unions and offer flexibility in scheduling, they have virtually eliminated agency staff. So we are moving in the right direction.

The new homes, with the increase—the new homes are attracting people back into long-term care. I think that the one last step is ensuring that our health care professionals in long-term care can practise to the highest scope that their licensing—

The Chair (Mr. Brian Riddell): Thank you. That ends this part for the official opposition. We'll now turn to the government side. I recognize MPP Rae.

Mr. Matthew Rae: Thank you, Minister, for your remarks. Before I get to my question, I just want, for the committee, to share a personal experience in Perth–Wellington. Under the previous Liberal government, they built and approved zero long-term-care beds. Under our government, we've approved over 940 new or upgraded beds under the last mandate, and I know some of them are coming online now.

To your point, Minister, obviously, I have a lot of smaller communities, so people are very excited about that. They take pride in that redevelopment of long-term care and the addition of those beds. So I know it's very appreciated in my riding.

I know our government has been hard at work in positioning Ontario's long-term-care homes at the forefront of the sector—really, in the country. I know you're doing a lot of work on that. It means providing more hours of care, catering to residents' cultural needs and providing specialized supports, as you alluded to in your remarks as well, for individuals. For this fiscal year, the government has earmarked \$1.25 billion to hire and retain long-term-care staff. I also see that our government will be increasing the level-of-care envelope by an additional \$108 million to support nursing and personal care programs for residents and families.

Minister, could you please inform the committee on how these investments will support our government's broader staffing and care plans for long-term care moving forward?

Hon. Paul Calandra: Yes, thank you. It is very important. You hit the nail on the head in the sense that one of the big problems we had when we took over in 2018—it was twofold. First, the level of care in the homes was abysmally low. I think we were at two hours and 15 minutes. We knew we had to do better than that. But we also had to build more homes. What we saw across the province just did not meet the expectations of a province the size and with the wealth of Ontario.

You touched on that, and I did in my remarks as well: The fact that there were only 611 beds built in the decade leading up to when we took over in 2018, frankly, is scandalous. That also was at a time when the then provincial government was also reducing acute-care beds in the province of Ontario, was not making investments in intensive care beds and critical care beds across the province of Ontario. They were not utilizing the significant increase in funding that was coming from the federal government. In fact, in some instances, they actually cut health care funding. So we knew we had to do something different. We knew we had to bring on new homes. We knew we had to bring on better staffing and increase the level of care.

Also, something you touched on—it's culturally sensitive as well. I talk about this a lot, and Mr. Gates, you might even agree. Look, I come from an Italian family and the chances of getting an Italian to go into a long-term-care home that isn't run by an Italian is very tough, because they will immediately think that the food is not going to meet the expectations and the standards; they're not going to be able to just talk in Italian.

So bringing on the cultural appropriation as well has also been a game-changer. That's whether it's in First Nations communities; whether it's in different parts of Brampton, where we're bringing on the first Sikh home; in our community, York region, bringing on more homes in the Asian community, which has been a game-changer. But it has to include the staffing that goes along with it. So the staff have to be able to work in our long-term-care homes. They have to be able to converse in the language. There has to be a level of care that gives people the comfort that when they go into a long-term-care home, their needs will be met.

It is all part of expanding long-term care. It's part of regaining people's trust and faith in long-term care. More work needs to be done for sure, but I'm actually quite excited by where we're going so far.

Mr. Matthew Rae: Thank you, Minister. I'll cede my time to MPP Martin.

The Chair (Mr. Brian Riddell): I recognize MPP Martin.

Mrs. Robin Martin: Thank you, Minister. Minister, long-term wait-lists are really a big concern for our aging population. It's a systemic problem. We know that governments have failed to make necessary investments in long-term care time and time again. As you mentioned, over more than a decade, the former Liberal government, at the same time as they were doubling the debt, somehow managed to, shamefully, add only just over 600 beds in over a decade. With the aging and growing population, frankly, at the same time, this resulted in an enormous backlog or lineup of something like 40,000 Ontarians waiting to get into long-term care.

To address this challenge, I understand that our government is investing about \$6.4 billion, I think I saw, to develop new beds across the province. I'm wondering if you could help us on the committee with how this investment would compare with historical investments

into long-term care and how it will address the urgent needs, really, of our population for new beds.

Hon. Paul Calandra: I don't think there's any context anywhere in North America with a government that is putting more money into building out long-term care at any point. I think this is the single largest investment in long-term care, both in terms of beds and in staffing, anywhere in North America.

It truly is scandalous that in the years leading up to 2018, so little attention was paid to long-term care when the demographics were very clear. People knew what was happening. When, at the same time, there was a federal government that was providing guaranteed transfers of 6% a year, it was pretty clear where we needed to go.

When the Premier said that we had to build these homes and we had to take the older homes out and add 30,000 new beds to the system, we knew it was a big undertaking in a very short period of time. I will say that the sector has really come through for us. We've been able to allocate all of the beds. We've worked very closely with, as I said, cultural communities. We worked with First Nations communities because we also want them to participate in this. We had a delegation just yesterday, frankly, talking about how little opportunity there is in First Nations communities for their elders to access long-term care. We've got significant allocations coming there.

I'll say as well that when we saw the increase in inflation and the challenges that the post-pandemic era was causing with respect to building—we've heard this across sectors and with our partners, frankly, that the costs were rising to such an extent that it was making it hard for them to continue getting shovels in the ground. The Premier looked to us and said, "It doesn't matter. Get it done." We were able to double the funding. The \$6.4 billion, I'm sure—it will be higher than \$6.4 billion because the Premier was very clear: We are going to meet our commitment. We are going to build these beds, and we are going to provide more homes for people, for seniors in our community.

Again, I want to get back to the other part too—and I'm sorry to keep coming back to it. As important as the beds are and the new homes are, and as important as they are in communities, it is important to have other opportunities, because I hear it constantly: "Give people the ability to stay home. Let long-term care participate in that." The long-term-care homes say that they can. It is why we've done the Local Priorities Fund. It's why I made the announcement with respect to improving diagnostics care. It's why we're reviewing and providing \$1 billion in extra resources for home care. It is all part of building an integrated system. It is really the original vision of Ontario health teams, which now you're starting to see coming into fruition. It's one care, one access, one point.

1750

I always talk about the story of my father-in-law, who broke his shoulder in Ajax. He came to live with me in Stouffville, and man, if I wasn't a member of Parliament at the time—to try and transition his home care from one community to the next was such a nightmare. I can't

imagine how people who don't have a team around them to help them would do it. In Stouffville, as I say, we've got five long-term-care homes. Seniors go to the hospital, as opposed to accessing a long-term-care home for basic needs. I think we can play a bigger role.

As important as the beds are, the integration of the system and the work that was started by your ministry with respect to Ontario health teams and the recent Your Health plan also pushes us down that road very, very aggressively and provides an integrated system where long-term care has a huge role to play in improving care for seniors. So it is one pillar, the homes, and I'm excited about it. We will get them done and we will do it in a way that encourages people to come back in and that has the highest level of care, and we are well on our way of doing that.

Mrs. Robin Martin: Thank you, Minister.

The Chair (Mr. Brian Riddell): I recognize MPP Quinn.

Mr. Nolan Quinn: Minister, you've said many times that long-term-care homes are more than just institutions; they are truly homes for the residents who live there. As you mentioned earlier, the new facilities are state-of-the-art. They're absolutely beautiful. You were in my riding for the grand opening of one in the city of Cornwall. It's right beside an elementary school, and I know that the people living in the home are extremely happy to see the students playing outside in the backyard. Part of being in a home is feeling welcomed and connected to the culture where you live.

There is an Irish proverb that states that laughter is brightest in the place where food is good. Having spent most of my life working in the food industry, I couldn't agree more. Minister, I am pleased to see the government will be increasing the long-term-care food envelope by 9.7% this fiscal year. It is a significant investment, particularly since the government already increased the envelope by 15% last year.

Minister, could you please explain or inform the committee why the government has increased the food budget so substantially, and what these new investments will contribute to long-term-care residents?

Hon. Paul Calandra: I'll say it was actually quite exciting to be in Cornwall for the opening of that new home. You're right, it's right in the middle of the community, and the school is there.

But what was actually quite awesome, frankly, was seeing the residents come from the old home as they got out and saw what their new home was going to be like. As they moved in through the doors and were moving around the home, to see their faces and saying, "Is this our home?" And we were like, "Yes, this is it, your new home," with the large windows that they could see out and they could watch everything that's going on. This is the vision of the new long-term care.

The food budget: I would say specifically the entire credit of that goes to a gentleman in Extencicare Brampton who is a member of the residents' council there, Murray Woodcock. If I'm not mistaken, he is 92 years old. Through the residents' council, this gentleman contacted

us, lobbied us, talked to us about the challenges with the food budget and why it hadn't been increased last year. He did the same this year with respect to the inflationary pressures that they were feeling, and we listened.

And you hit the nail on the head, you know. For many communities—I'm Italian—your life is spent around a dinner table when you're with family and friends. That is where you feel most at home. That's what our residents tell us. When they are with their friends in the home, when they can have dinner together and there are more options available to them, then it starts to feel more like a home.

The new homes give us that opportunity to do that as well. If you go into some of our new homes, in particular, residents can choose from a suite of menu options that the funding allows them to do. In the older homes now, before we transition them out, the extra funding allows us to offer so much more local. Many of our homes, especially in some of the smaller areas, have locally grown food. They're doing more with all kinds of different and healthier options that they never would have had the opportunity to do before.

But I take no credit for it all. This is one of the powers of the residents' councils and the family councils. This is a 92-year-old gentleman who did not stop until he got us on a Zoom call from his home, with his friends and the other members of the residents' council, and made his case, and we followed through last year—and again, he did it this year, and we followed through this year.

We're hearing across the spectrum—this allows us so many more opportunities to provide fresh foods, but also just to give residents a different and a more family-like experience in their homes. Frankly, it's a small investment that makes a huge difference in all of our long-term-care homes.

The Chair (Mr. Brian Riddell): I recognize MPP Jordan.

Mr. John Jordan: Thank you, Minister. I certainly appreciate your passion for fixing long-term care—and there's a number of your team here, so I thank them for all their hard work.

One of the things you already spoke to was the commitment to build over 30,000 new long-term-care beds and 28,000 reconditioned beds. I know that progress started to slow with the rising interest rates, rising costs of construction, supply chain issues. To respond to that, in November, the government did introduce the construction funding subsidy of \$35 per long-term-care bed per day for 25 years, and I know that has had a positive impact. I'm wondering if you can let the committee know what the results of that subsidy have been and how many beds and homes you feel will be able to participate in that and have shovels in the ground by August 31 of this year.

Hon. Paul Calandra: Honestly, that's another program that I think you should take credit for. You come to us from health care within the community, and you are one of the people who helped me understand early on that there were challenges in a lot of different communities with getting shovels in the ground. So I thank you for that.

When the Premier said, “You’ve got to get them built, and you’ve got to keep on time and just get them done,” we moved very, very quickly.

It is my anticipation that the funding will allow for 70 homes, but more importantly, 11,000 new and upgraded beds to be delivered through this program.

Again, I can’t say it enough: Our partners have really come through. They have been excited—whether it’s for-profit, not-for-profit or municipal homes—and have come through.

At the same time, as you know, working with Infrastructure Ontario to provide loan guarantees for some of our not-for-profit homes that were having challenges getting financing—the loan guarantee program has helped us also get some shovels in the ground on some pretty exciting projects.

Specifically to your question—70 homes, but more importantly, about 11,000 beds from the increased subsidy through the CFS funding.

The Chair (Mr. Brian Riddell): I recognize MPP Rae.

Mr. Matthew Rae: How much time do we have, Chair?

The Chair (Mr. Brian Riddell): You have two minutes and 35 seconds, sir.

Mr. Matthew Rae: Thanks, Minister. In my own riding, I had some local priority funding I was able to announce for that, and I know the administrators were very appreciative of that funding because, as you mentioned in your remarks, it really provides the flexibility for them to identify their needs and the care they can provide. So I was just wondering if you could expand on some of that and how that, overall, is helping address the hours of care across Ontario.

Hon. Paul Calandra: That’s a really good question.

A lot of our long-term-care homes across the province are using this funding, and the main goal of it is to keep residents of long-term care in their homes, to avoid a transfer to a hospital, to an acute-care setting, where we know that they don’t want to be. Often, what we heard from nurses in the homes, from the medical directors in the homes is that a very simple diagnostic tool would allow them to keep their residents in the home and avoid that transfer, and they were very specific on the types of things—whether it’s blood scanners or even just bariatric beds, lifts. It is, again, a small investment, in the grand scheme of things. When you’re a department that has over \$13 billion, in that context, it’s small, but the difference that it makes in communities across the province, this

funding, has really, really made a huge difference, and it is part of what we say—Mr. Gates referenced it—

The Chair (Mr. Brian Riddell): One minute remaining.

Hon. Paul Calandra: It’s also part of ensuring that long-term care provides better services, keeps people in their homes, but also gives us the opportunity to allow the staff in a long-term-care home to provide more services than we otherwise would have allowed them to do. As you know, the uptake has been amazing, and the results of that are so encouraging and will help us in the next phase of the diagnostics improvement across our long-term-care sector.

The Chair (Mr. Brian Riddell): The time being 6:01 p.m., the time allotted for the consideration of estimates today has ended. The remaining one hour allotted for consideration of estimates—

Mr. Wayne Gates: I just want to say to the long-term-care minister that it’s an important file and hopefully you’d consider, next year, to give longer to the long-term-care file. I think it’s that important.

Hon. Paul Calandra: Always at your service.

The Chair (Mr. Brian Riddell): The remaining one hour allotted for consideration of estimates of the Ministry of Long-Term Care will resume Monday, September 11, 2023, at 9 a.m.

Is there any further business? MPP Martin.

Mrs. Robin Martin: I move that the committee enter a closed session.

The Chair (Mr. Brian Riddell): If you want to do that, that’s fine. Any debate on that? I recognize MPP Gélinas.

M^{me} France Gélinas: I want to be as helpful as possible: Could we have an idea to how long you think the closed session will be so that I know if I need to ask for a break now to come back, or is it going to be quick?

Interjections.

M^{me} France Gélinas: It’s going to be quick? Okay. All good then.

The Chair (Mr. Brian Riddell): If you’d like to exit, Minister, you’ve got the green light. Thank you for your time today, sir.

Is there any further debate? If none, I will now put the question. Are members ready to vote? All in favour? All those opposed? The vote carries. We will now go into closed session.

I will recess the committee until we have cleared the room.

The committee recessed at 1802 and later continued in closed session.

STANDING COMMITTEE ON SOCIAL POLICY

Chair / Président

Mr. Brian Riddell (Cambridge PC)

Vice-Chair / Vice-Présidente

M^{me} France Gélinas (Nickel Belt ND)

Ms. Patrice Barnes (Ajax PC)

Mr. Wayne Gates (Niagara Falls ND)

M^{me} France Gélinas (Nickel Belt ND)

Mrs. Lisa Gretzky (Windsor West / Windsor-Ouest ND)

Mr. John Jordan (Lanark–Frontenac–Kingston PC)

Mrs. Robin Martin (Eglinton–Lawrence PC)

Ms. Natalie Pierre (Burlington PC)

Mr. Nolan Quinn (Stormont–Dundas–South Glengarry PC)

Mr. Matthew Rae (Perth–Wellington PC)

Mr. Brian Riddell (Cambridge PC)

Mr. Adil Shamji (Don Valley East / Don Valley-Est L)

Mrs. Daisy Wai (Richmond Hill PC)

Substitutions / Membres remplaçants

Miss Monique Taylor (Hamilton Mountain ND)

Clerk / Greffière

Ms. Lesley Flores

Staff / Personnel

Ms. Amanda Boyce, research officer,
Research Services