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Standing Committee on Social Policy

Estimates

Ministry of Health

Ministry of Education

Comité permanent de la politique sociale

Budget des dépenses

Ministère de la Santé

Ministère de l'Éducation

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Monday 5 June 2023

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43^e législature

Lundi 5 juin 2023

Chair: Brian Riddell
Clerk: Lesley Flores

Président : Brian Riddell
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
SOCIAL POLICYCOMITÉ PERMANENT DE
LA POLITIQUE SOCIALE

Monday 5 June 2023

Lundi 5 juin 2023

*The committee met at 0901 in committee room 2.*ESTIMATES
MINISTRY OF HEALTH

The Chair (Mr. Brian Riddell): Good morning. The Standing Committee on Social Policy will now come to order. We are meeting today to start consideration of the 2023-24 estimates of the Ministry of Health for a total of three hours.

As this is the first ministry before the committee, I would like to remind everyone that the purpose of the estimates procedure is for the members of the Legislature to determine whether the government is spending money appropriately, wisely and effectively in the delivery of the services intended. In the past, members have asked questions about the delivery of similar programs in previous fiscal years, about the policy framework supporting a ministry approach to a problem or service delivery or about the competency of a ministry to spend that money wisely and effectively. However, it must be noted that the onus is on the members asking the questions to make sure the questioning is relevant to the current estimates under consideration.

The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust that the deputy minister has arranged to have the hearings closely monitored with respect to questions raised so that 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 from members before we start?

I'm now required to call vote 1401, which sets the review process in motion. We will begin with a statement of not more than 20 minutes from the Minister of Health.

Minister, the floor is yours.

Hon. Sylvia Jones: Thank you and good morning, everyone. Thank you to Chair Riddell and members of the committee for the opportunity to talk about the ongoing work at the Ministry of Health to connect Ontarians to more convenient care, closer to home.

Before I begin, I would like to welcome and thank Acting Deputy Minister Alison Blair and Associate Deputy Minister Peter Kaftarian for joining me today. We are also joined by many of the talented associate deputy ministers and other Ministry of Health staff to support

today's appearance at the Standing Committee on Social Policy. On behalf of our entire government, I want to express our sincere thanks to all the public servants at the Ministry of Health who work tirelessly to implement our plan to connect more Ontarians to convenient care no matter where you live.

Ontario is making record investments to improve health care delivery and to ensure faster patient-centred care. During the COVID-19 pandemic, the ministry's response was met with record-level investments, which included continued one-time investments throughout the 2022-23 fiscal year. If the 2023-24 estimates are compared to the 2022-23 interim actuals, with one-time COVID-19 investments excluded, the ministry will see a base funding increase of 6.3%, from \$68.4 billion to \$72.7 billion. This represents one of the highest funding amounts the Ministry of Health has ever recorded. Through the 2023 budget, Ontario's health sector investments are increasing by an additional \$15.3 billion over three years, starting in 2023-24.

Since being appointed Minister of Health, I've had the opportunity to travel across the province to the front lines of our health care system. I've seen many examples of world-class and state-of-the-art health care, delivered by dedicated health care workers who provide exceptional patient care each and every day. And I want to take a moment on behalf of Premier Ford and our government to extend our deepest thanks for the tremendous contributions health care workers all across Ontario make every single day.

We've seen first-hand the brilliance of health care workers and their dedication to providing care for patients. When myself and my ministry colleagues are on the road, we've met with nurses, doctors, personal support workers, pharmacists, hospital leaders, health professionals in long-term-care homes and those who provide care directly in Ontarians' homes. Many of them are collaborating across the health care sector, engaging in partnerships more than ever before. However, we are also aware that our health care system and health care workers face some significant pressures, and for too many people health care has been too hard and too slow to access. Too many people are waiting too long to get an appointment or surgery or having to travel too far to get care or spending too much time trying to navigate the health care system.

Earlier this year, our government introduced a comprehensive strategy in response to these long-standing

issues to improve health care for all Ontarians. Your Health: A Plan for Connected and Convenient Care lays out a broad series of initiatives under three main pillars: the right care in the right place, faster access to care and hiring more health care workers. This plan focuses on providing Ontarians with a better health care experience by connecting them to more convenient options closer to home while shortening wait times for key services and growing the health care workforce for years to come. These pillars are working together to deliver better-connected and convenient care across all Ontario health care systems: in hospital emergency departments; in community settings like doctors' offices, pharmacies and community organizations; in long-term-care homes; and through care delivered in people's homes.

Our government is strengthening all aspects of health care where people access it most frequently. For example, we're supporting an expanded role for pharmacists, which is enabling people to connect to care closer to home at their local pharmacy. Since the start of 2023, pharmacists have been able to prescribe medications for 13 common ailments at no extra cost to patients. Expanding the role of pharmacies can save people a trip to the doctor or the emergency department, freeing up time for other health care providers in the system to care for patients who have more serious concerns. Pharmacies are one of the most accessible points of access into our health care system, and as of the end of April 2023, more than 182,000 assessments have been completed in local pharmacies across Ontario.

Our work to strengthen health care requires an integrated approach that includes the knowledge, skill and expertise of many dedicated regulated health care professionals. This integrated approach is captured in our most recent expansions to scopes of practice for registered practical nurses, respiratory therapists, naturopaths, chiropractors, podiatrists and pharmacists. The ministry will continue its work with our many dedicated health care professionals to explore options for expanding their scopes of practice to find ways to make it more convenient and faster for Ontarians to get care in our communities.

We are also making it easier and faster for Ontarians to get the publicly funded surgeries and diagnostic procedures they need. We are further leveraging the use of community surgical and diagnostic centres to reduce wait times and increase the availability of surgeries such as cataract surgeries, hip and knee replacements, colonoscopies, endoscopies, and MRI and CT scans. We're also strengthening the oversight of community surgical settings and including community surgical and diagnostic centres under the Ontario Patient Ombudsman's jurisdiction to be able to field patient concerns or complaints.

0910

The Ministry of Health and Ontario Health will continue to work with system partners and clinical experts to ensure the highest standards for quality and safety in all health care settings. We're requiring these centres to provide detailed staffing plans as part of their application

and measures will be put in place to ensure the stability of staffing in our hospitals.

Ontario Health will ensure that these centres are included in regional health system planning, and funding agreements with these community surgical and diagnostic centres will require these facilities to work with local public hospitals to ensure health systems integration and linkages, including connecting and reporting into the province's wait time information system and participating in regional central intakes, where available, and co-ordinating with local public hospitals to accept patients that have been referred.

Under the recently passed Your Health Act, our government will be supporting these efforts through the anticipated proclamation of the Integrated Community Health Services Centres Act. This provides an updated legislative framework to better respond to current surgical demands in a manner that is integrated within the broader health system and that prioritizes safety and patient needs. And it puts into law that Ontarians will always access insured services at community surgical and diagnostic centres with their OHIP card and never their credit card, consistent with the Canada Health Act. Under Premier Ford, that will never change.

The ministry's investments in Ontario's publicly funded hospitals continue to enable hospitals to provide high-quality care close to home and enhance access to key health services at current and future levels of demand. These investments are supporting the continuation of over 3,500 acute, post-acute and critical care beds opened since the start of the pandemic, increasing hospitals' operational funding, supporting health human resources, and addressing surgical and diagnostic imaging recovery, including investing in the operations of new MRI machines in hospitals across Ontario, including Sioux Lookout in the northwest, Lennox and Addington County General Hospital in the east, Strathroy Middlesex General Hospital in the west, and Collingwood General and Marine Hospital in central Ontario. These are just a few examples of the many hospitals who will be able to operate their first MRI machine thanks to this funding.

To support growing demands on the health care system, Ontario's investments over the next 10 years will lead to \$48 billion in health infrastructure across Ontario. These investments will increase capacity in hospitals, build new hospital facilities and renew existing hospitals and community health centres. Our government's plan for hospital expansion includes getting shovels in the ground for more than 50 major hospital projects right across the entire province that will add an additional 3,000 beds over the next 10 years. We are building in every corner of Ontario, with projects currently under construction in Grimsby, Scarborough, Ottawa and Markdale, to name a few.

The ministry is supporting more convenient care in the community while helping to alleviate pressures on our hospitals by giving paramedics more flexibility to treat certain 911 patients at home, on-scene, or take them to more appropriate care facilities in the community, rather than to emergency departments.

In addition to mental health and addictions and palliative care, these patient care models were recently expanded to different patient groups, including people with diabetes and epilepsy. Currently, more than 50 communities are approved to implement these 911 models of care.

To further help connect people with the right care and reduce wait times, we have made additional investments to expand the Dedicated Offload Nurses Program. This program provides funding to hire health care workers focused exclusively on transferring ambulance patients to hospital care, thereby freeing up paramedics to respond to other 911 emergency calls.

Paramedics, working alongside home care and primary care providers, are also providing additional support to people living with chronic health conditions to live at home more independently and avoid regular visits to the hospital emergency department. The Ministry of Health's expanded community paramedicine program is in place in 55 communities and has connected more than 30,000 people to 24/7 non-emergency support at home or in the community. This initiative allows paramedics to use their training and expertise to provide home visits for a range of services, including making sure medication is taken as prescribed, educating people on how to properly manage their chronic conditions and providing assessments and referrals to local community care services such as home care.

Home and community care services are also critical to reducing pressures on hospitals, and we are accelerating investments to bring funding for home and community care in 2023-24 up to \$569 million, which includes supporting contract rate increases to stabilize the home and community care workforce. This funding will also expand and improve the quality of home care services, making it easier and faster for people to connect to care. The Ministry of Health has also taken significant steps to modernize home and community care, including introducing and expanding new integrated models of care that address long-standing barriers which have separated home and community care from other parts of our health care system, enabling more seamless coordination of services for patients and connections with primary care and other providers in the community while maintaining and strengthening oversight and accountability measures.

Ontario health teams are a new model of integrated care delivery, which will include the delivery of home and community care over the coming years and ensure that these services are better linked with primary care and other parts of the health system. The ministry is further supporting collaboration and engagement among primary care providers through the creation of new primary care networks under Ontario health teams. These primary care networks will support Ontario health teams to coordinate local primary care providers and improve access to care for patients, as well as provide the primary care voice in Ontario health teams' decision-making.

Ontario health teams as well as other health care providers are also being supported by investments in digital

and virtual care projects, with over 600 approved projects that are benefiting over 2.8 million patients in our province. This includes supporting initiatives such as virtual home and community care, integrated virtual care and remote care management, among others. Currently, over 266,000 front-line providers can access provincially held patient health records, leading to more connected care and quicker decision-making. And nearly all Ontarians who receive health services now benefit from digital records and other provincial digital health assets.

The Ontario Health Data Council has also been providing important advice on the future strategic management of Ontario's health data and how data can be leveraged across the health system to improve experiences for patients and health care providers. The ministry will continue to support and advance the province's health care digital and data systems, which are playing a key role in driving improvements to patient care and supporting better health outcomes.

Continuing to improve access to primary care is another key priority for this ministry. Primary care is the first point of health care access for most Ontarians, which can help prevent people from needing to use more costly forms of care such as hospital emergency departments and ambulance services. We are increasing the number of spots for physicians to join a team model of care through the expansion of existing family health organizations and allowing new ones to form. This will add up to 1,200 physicians in a family health organization model over two years. These family health organizations will provide people with more convenient care by providing comprehensive primary care services and expanding evening and weekend hours of service.

0920

We are also investing \$60 million in interprofessional primary care over the next two years, helping vulnerable and marginalized individuals and those without a primary care provider by expanding and creating up to 18 new interprofessional primary care teams.

On May 10, the ministry and Ontario Health released an open expression of interest for funding applications to help connect more Ontarians to primary care. The creation or expansion of interprofessional primary care teams aligns with ongoing efforts to strengthen primary health care as the foundation of the health care system in Ontario.

The province is also improving access to primary care by increasing the number of nurse practitioners across Ontario, and we continue to bolster our health care workforce in many other ways.

The province is moving forward with the largest medical school expansion in more than a decade, which includes supporting all six medical schools across Ontario and the expansion of the new Toronto Metropolitan University school of medicine in Brampton. On top of the medical school seat expansion, we continue to work with Minister Dunlop and the Ministry of Colleges and Universities by increasing education seats in other key areas: 150 nurse practitioner seats, 2,000 registered nursing seats and 1,000 registered practical nurse seats. The ministry has

also introduced an additional 52 funded physician assistant education seats, bringing the total up to 104.

We're expanding education and training opportunities for those interested in working in health care, including the Learn and Stay grant that is helping to recruit and retain health care workers in priority communities. The Learn and Stay grant covers the cost of tuition, books and other direct educational costs for post-secondary students who enrol in high-priority programs.

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

Hon. Sylvia Jones: This is in return for working in those underserved communities for up to two years after they graduate.

We have so many programs, and I'm sorry I can't cover them in the opening, but I know that I'm going to get an opportunity to share more of the expansions that are happening within the Ministry of Health.

Again, I just want to say that this is not one solution. This is not one focus. There are so many pieces that Ministry of Health staff have been working on and I'm very, very pleased with the efforts so far. Thank you.

The Chair (Mr. Brian Riddell): Thank you, Minister. We will now begin questions and answers in rotation of 20 minutes for the official opposition members, 10 minutes for the independent member and 20 minutes for government members for the remainder of the allotted time.

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

I will now start with the official opposition, and I recognize MPP Gélinas.

M^{me} France Gélinas: Thank you, Minister, for this update. My first series of questions will have to do with public health, based in huge part with the report of the Chief Medical Officer of Health, who says quite clearly that the funding envelope for public health units in Ontario is not sufficient to meet the provincially mandated standard. He goes on to say that they require an extra \$132 million in total additional funding. That excludes the funding needed for the Healthy Babies Healthy Children Program, which in itself is \$12.5 million just in order to continue what was there before you were minister; and also the reliance on the one-time funding, which has caused problems; and your commitment through the one-time funding to maintain the 75-25.

Question number one: Where in the estimates can we find the \$132 million needed to maintain public health services?

Hon. Sylvia Jones: I'm going to start with, since 2018, the provincial public health unit funding for programs and services has increased by approximately \$100 million. This is in addition to the \$1.4-billion investment public health units have supported with COVID-19 monitoring, case and contact management and the delivery of the COVID-19 vaccine programs and, as I mentioned at AMO in August, a continuation for this fiscal year for the public health unit funding that was in place as COVID spending.

I will turn it over to Acting Deputy Minister Blair for further details.

Ms. Alison Blair: Good morning, I'm Alison Blair. I'm the associate deputy minister for health integration and partnerships, and today I'm acting deputy minister for the Ministry of Health. Thank you very much for the question. As the minister said, the investments about the 75-25 were announced to be replaced. You will also see in the estimates that the reduction is about one-time COVID funding.

That said, the public health units are continuing to be able to provide expenses, to collect their expenses and continue that emergency funding for a little bit longer so that we can make sure that they have the ability to respond to COVID if there are surges in the future.

The funding then has increased for a number of other programs, including, as the minister said, the seniors' dental program and other programs. I think what we'll do is have Assistant Deputy Minister Liz Walker—executive lead Liz Walker—come and give a bit more detail about the funding for this year.

Ms. Liz Walker: Hi, good morning—

M^{me} France Gélinas: Just before the ADM starts: There is no commitment to go back to 75-25. There is one-time mitigation. Is there a commitment to go back to 75-25 and 100% funded except for dental, which is still 100%? All of the other 100% funded have gone to 70-30, causing huge stress in the public health sector. Where is the commitment to go back to 100% for not only seniors' dental care but all of the 100% programs and the 75-25 that we had before?

Hon. Sylvia Jones: I think it's important to remind the member that during COVID and during that rollout, we were very seized to ensure that the local public health units and local municipalities—many of which, as you know, really stepped up to assist in the vaccine rollout piece—had that funding, had that commitment from the Ministry of Health. As I said at AMO in August, we did signal that the funding as it stands today will continue into this fiscal year.

There are a lot of unknowns happening, particularly as it relates to seniors' dental and we work with the federal government to figure out how their family dental program is going to actually impact in our communities. Is it going to assist? Are there direct pathways to ensure we have that coverage that is—

M^{me} France Gélinas: So you're committed to 75-25 through the end of 2023, but the commitment is not there. It is one-time money that the health unit is receiving. They want commitment to 75-25 and to the programs. Aside from seniors' dental, for all of the other programs that were at 100%, there is no commitment to the end of 2023. You're giving them one-time money. This is not a commitment.

Hon. Sylvia Jones: My apologies, Chair. I didn't realize we were going to be interjecting with each other. If I may finish, as I said, we are still working with the federal government to see specifically how their family dental program is going to impact the program that we have in

the province of Ontario, whether that is for our children with Healthy Smiles or our seniors' dental program, as well, of course, as the ongoing programs that we have with ODSP and OW recipients.

We will continue to do that work and make sure we understand where the federal government's program is going to land, but again, I will remind that we have signalled and told our municipal partners that they can plan and continue to understand that for this fiscal it will be identical to last year's fiscal.

0930

M^{me} France Gélinas: ADM, if you could add?

Ms. Liz Walker: Good morning. Liz Walker. I'm the executive lead in the Office of the Chief Medical Officer of Health, public health. Thank you.

In addition to what the minister and Acting Deputy Blair have said, in Ontario we continue to recognize the considerable time and effort that public health units have taken in responding to COVID-19 over the last several years, as well as recover and bring some of the programs that have been paused over the last few years back and continue to bring those back through this year and into the fall.

In recognition of that, public health units will have continued opportunities to request the COVID-19 extraordinary costs this year that include vaccine-related expenses throughout the 2023 funding year. Also, as the minister and Deputy Blair have said, we are providing service stability by investing another \$47 million to the end of this year for that cost-sharing mitigation to ensure that they are stabilized through this transition, and—

M^{me} France Gélinas: This is just to December 31, not through March, the stabilization funding?

Ms. Liz Walker: Yes, to the end of the municipal calendar year, the public health board fiscal year, which is the end of December. That's correct.

We've also invested an additional \$31 million to extend the school-focused nurses program through to the end of the school year.

For the remainder of this month and as in previous years, health units will have opportunities to request funding for the delivery of their public health programs and services, their base requests and their one-time requests, through the 2023 annual service plan and budget submission process. We have received those now and they are being reviewed inside the ministry, and provincial funding decisions for those programs will be made in the summer of 2023.

M^{me} France Gélinas: I'm aware that you have received the funding requests. I'm also aware that when I looked at the estimates, there is no new money. We're talking \$12.5 million just to meet the requirements of the Healthy Babies Healthy Children Program for this year, for 2023. There is no \$12.5 million—which the health units have requested—to fund the Healthy Babies Healthy Children Program; there is no \$132 million that the health units have requested. You have those requests in your hands, but there is no money in the estimates to pay for those requests.

Hon. Sylvia Jones: Chair, if I may, as with all requests that come in during the fiscal year, those assessments are done as we review all of the health units, as we review all of the needs. We've made expansions, as the assistant deputy minister has highlighted, whether it is school-focused nurses to assist on mental health—that was funding outside the estimates program. We've done that, and we will continue to do that. But those assessments need to happen and we need to focus on making sure that the asks, if you may, match the needs that are happening in the community. We'll do that work in the coming months, and then as the assessments and the needs have been reviewed, then announcements will be made.

M^{me} France Gélinas: So I guess, from what I heard so far, the commitment to go back to 75-25—75 the province, 25 the municipality—is not there, and the commitment to go back to 100% funded for the programs that used to be funded 100% is not there, and COVID-19 is the third-leading cause of death right now, after cancer and heart disease, and permanent funding to sustain those efforts is not there either.

Hon. Sylvia Jones: If I may, I can't agree with the member's editorial; I'm sorry. We continue to provide free vaccines, whether it is through public health units, primary care practitioners or our pharmacy partners. We continue to ensure that individuals who want and need coverage—personal protective equipment is there, whether it is in congregate care settings, whether, of course, in our hospital sectors, in our public health units. So we continue to make those investments, and they are not all exclusively within a public health unit sector.

M^{me} France Gélinas: Just because I only have three hours of estimates this year: There was an application from my community for a supervised consumption—drugs, you call it—

Mrs. Lisa Gretzky: Consumption and treatment.

M^{me} France Gélinas: Consumption and treatment services program. Sorry; we call it supervised consumption in my community. It was sent to the ministry on September 1, 2021, so we will unfortunately celebrate two years. There has been numerous resending of that request for funding. The consumption and treatment services program has been up and saving lives. Right now, we're looking at 898 number of consumptions; 15 overdoses, none of them fatal; and zero money coming from the province for a provincial responsibility.

When do you think the city of Greater Sudbury, the public health unit and their partners will hear back on their request for \$1.2 million for a consumption and treatment services program? How much longer will they have to wait?

Hon. Sylvia Jones: As the member opposite knows, there also was a pandemic when that application was submitted to the ministry, and there was a clear and obvious need to focus on everything related to protecting the people of Ontario and, ultimately, of course, offering and expanding the use of vaccines as they became available.

In terms of the process, I will turn it over to the assistant deputy minister.

Ms. Alison Blair: Great, and we'll have executive lead Liz Walker provide that information.

Ms. Liz Walker: Thank you. Executive lead Liz Walker from public health.

The Chair (Mr. Brian Riddell): Can everyone just speak a little closer to their mike too, please?

Ms. Liz Walker: Of course. Is that helpful? Is that better? Okay, terrific. Thank you.

Thank you very much for the question. The government takes the ongoing opioid crisis very seriously. The ministry has committed to fund up to 21 consumption and treatment services in communities in need across the province. All consumption and treatment services applications are subject to a rigorous screening process, and only sites that meet the ministry's CTS program funding requirements are approved. The application for the city of Greater Sudbury is currently under review.

There are also a number of investments that have been made through mental health and addiction support services in in the region. Our public health units across the province continue to offer the needle syringe programs within their regions so that people who inject drugs have access to sterile needles and syringes and appropriate means for safe disposal of used drug equipment. We also fund our 34 health units for the Ontario harm reduction program enhancement, which includes designing and implementing local opioid response initiatives based on assessment of local data.

Mme France Gélinas: How much longer do you think it will take to assess the request that was made by the city of Greater Sudbury? I'm happy to hear that you're reviewing it right now. How much longer could it take?

Ms. Liz Walker: I don't have an exact timing for you, but we will continue to work with government on finalizing approvals for that application.

Mme France Gélinas: Of the 21 that you agreed to fund, how many are funded so far?

Ms. Liz Walker: Seventeen of them currently receive funding from us.

Mme France Gélinas: So it hasn't changed? It's still 17?

Ms. Liz Walker: Correct.

Mme France Gélinas: And Sudbury and Thunder Bay and everybody else has to fit within the four spots that are left open?

Ms. Liz Walker: There are a number that we are looking at right now that have been received within the ministry. We are aware of others that express interest, and we continue to work with them and the ministry to look at those applications.

Mme France Gélinas: How much money is put aside for the 21 sites?

Ms. Liz Walker: For the 17 that we have up and running right now, there's a budget of about \$24 million, \$24.5 million for those sites. I don't have in front of me the ones of the applications submitted—maybe I do.

Mme France Gélinas: It's okay. If you don't have it, you can get back to the Clerk and let me know how much money is left to go to funding of 21 sites. So far, you're

spending \$24.5 million, but how much money is there in the envelope once we're at 21 sites?

Ms. Liz Walker: We have allocated up to \$31.3 million in annualized funding for the 21 sites.

Mme France Gélinas: Okay, thank you. That's useful. So the only thing we're missing is time frame. I can tell you that the opioid epidemic in my community is awful. We have multiple deaths every single week. The rate of death is four times what it is in the rest of the province, and they are mainly young men, healthy young men with no reason to die. The consumption and treatment service program saves lives every single day.

0940

This needs to be looked at faster rather than slower. You've had this request since 2021. They've re-sent this request at least four times where they've copied me. It's time for the government to make a decision and help save these lives.

Did you want to ask your question now?

Mr. Wayne Gates: I can, quickly.

How much time left, sir?

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

Mr. Wayne Gates: And how much time is left?

The Chair (Mr. Brian Riddell): Two minutes and 57 seconds.

Ms. Lisa MacLeod: You've got this, Gatesy.

Mr. Wayne Gates: I thought you were going to finish it.

Mme France Gélinas: No, I—

Mr. Wayne Gates: I've got one right here; I'll do it real quick.

With the upcoming construction of the new Niagara Falls hospital, which was announced by the Liberal government in 2014, could the minister explain why the project has been repeatedly delayed? During the summer of 2022, the Premier announced that shovels would be in the ground in the fall of 2022. That did not happen. Why has there been a delay? And you know I've asked you this question. I've sent you letters. I've talked to you one-on-one. I thought that maybe you can give me a surprise in the last minute and give me the details on why it's been delayed.

It's now been nine years. We closed seven hospitals in Niagara on the fact that we were going to build a brand new hospital. It's been nine years. We're now taking services out of other areas of my riding. Maybe you can give me a hand here and let me know why it's been delayed. I know right now the shovels are supposed to go in July 16, but it's still not going to start until the fall, where they're going to bring in the equipment and stuff. There is some work being done by the municipality as we speak today. Like I said, we fought for this since 2014.

I'll finish by saying—you're probably not going to give me a real answer, but I want to get this on the record—no, it should not take 14 or 15 years to build a new hospital in the province of Ontario, and that's how long this hospital is going to be. It's probably a five-year build. It's a little bigger than St. Catharines, which was a P3 at a billion

dollars, and this one's \$3.3 billion or \$3.4 billion. And we've lost those hospital services.

Maybe you can surprise me and give me an answer on why it's been delayed for a year.

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

Hon. Sylvia Jones: So, Chair, here's the real answer: It's the same answer that you get when you speak to the CEO in Niagara region—

Mr. Wayne Gates: I haven't spoken to the CEO on this issue.

Hon. Sylvia Jones: Well, maybe you should, because she will tell you that there has been no delay in this project.

Mr. Wayne Gates: The last time I checked, you were the health minister.

Hon. Sylvia Jones: So we're going to do this back and forth interruption, Chair?

The Chair (Mr. Brian Riddell): Can we let the—

Mrs. Lisa Gretzky: It's his time.

Mr. Wayne Gates: It's my time.

I appreciate it. Go ahead.

The Chair (Mr. Brian Riddell): Let's just let people finish their comment before we interject.

Mr. Wayne Gates: That's fair. But it wasn't accurate, sir.

Hon. Sylvia Jones: So what is accurate is that there has been no delay in the Niagara regional hospital. If the member opposite would speak to his CEO, he would know that that is the case.

It is a substantial investment in the Niagara region, which we all should be incredibly proud of and be able to point to as an example of how, when communities, when municipalities work together, we get things done in the province of Ontario.

Having said that, I'm happy to turn it over to acting—

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

Mr. Wayne Gates: I'm out of time probably.

The Chair (Mr. Brian Riddell): Your time is gone.

Mr. Wayne Gates: Okay. Thank you.

The Chair (Mr. Brian Riddell): We will now turn to the independent member for 10 minutes, starting now.

Mr. Adil Shamji: Good morning, Minister. I noted that \$100.8 million has been set aside for 160 new medical student places and 295 postgraduate seats. Is that for up-front capital costs and infrastructure, or also for annual ongoing training?

Hon. Sylvia Jones: Part of that will be through the Ministry of Colleges and Universities, and part of it will be through the Ministry of Health. For further details on how that breakdown actually happens, I'm going to turn it over to Acting Deputy Minister Blair.

Ms. Alison Blair: Wonderful. Thank you very much. And we will absolutely give that answer.

I'm going to invite Dr. Karima Velji, assistant deputy minister and chief nursing executive, up to the table to give more detail on how the dollars break out between capital and what goes to which ministry.

Mr. Adil Shamji: And just to clarify, to help sharpen your response, by my calculation, if we have 295 postgraduate seats and it's roughly \$150,000 per resident per year to train them, there would be a need for about \$44 million per year of training. So I am concerned that \$100.8 million is a significant underinvestment to deliver on this commitment.

Dr. Karima Velji: Thank you very much for the question. It's Karima Velji, chief of nursing and professional practice and ADM. We have a historical expansion of medical education and nursing education that has been committed to by this government. On the medical education side, as you know, we have an expansion of 295 undergraduate seats and over 490 postgraduate seats.

As you know, we work very closely with the Ministry of Colleges and Universities to facilitate this expansion. The expansion covers the cost of education as well as the operational costs, both on the university side as well as the clinical education side, to cover those programs. With the expansions alone, we are expecting our physician numbers to increase from 33,749 in 2022 to 40,067 in 2032. Over 1,800 of those expansions are related to the expansion of seats that will happen in the programs.

Mr. Adil Shamji: I appreciate those details and the ambition in the commitment, but I'm not sure that I'm seeing where the funding for the operational costs is, if only \$100.8 million has been set aside.

Dr. Karima Velji: Operational costs are decided on an annual basis because the education seat expansion is staggered over a number of years. This year, for example, we have allocated \$15 million to cover the operational costs of universities to facilitate the expansion.

Mr. Adil Shamji: Thank you very much for that Minister, in August 2022, you'd given the College of Physicians and Surgeons of Ontario two weeks to deliver proposals for increasing the number of physicians in Ontario. That was two weeks, given the urgency. They turned around and came back asking for the implementation of a practice-ready assessment program. Now, approximately nine months later, I'm curious to know how much has been spent on the practice-ready assessment program and how many doctors have started or completed that program.

Hon. Sylvia Jones: Dr. Velji?

Dr. Karima Velji: Our practice-ready assessment is about to launch. We just established the website and the soft launch, if you will, last week. The goal is to enrol 50 physicians in the practice-ready assessment program this year. Of course, it will continue to expand in the following year.

This is one of many mechanisms that we are using to expedite the registration of international physicians and international nurses. In fact, Ontario is leading the way on removing barriers, basically, to bring IMGs and IENs into the workforce.

Hon. Sylvia Jones: If I may, Chair, the College of Physicians and Surgeons of Ontario recently announced that internationally educated doctors from the UK, Ireland, Australia and the US are now going to be able to practise

in Ontario without the practice-ready assessment. So we really do have a willing partner understanding the urgency and appreciating that there are other pathways to make sure that individuals who want to practise in the province of Ontario can do so seamlessly.

Mr. Adil Shamji: The Financial Accountability Office documented an additional \$15.2 billion in funding in its most recent review of the Ministry of Health spending plan, but in successive quarters last year the FAO also noted significant actual underspending against planned spending by billions of dollars. Why was that?

Hon. Sylvia Jones: Part of that is they are application-based programs. As hospitals see how they can use the expedited surgical recovery program, as an example, there were many hospitals that took up and applied and received funding for that program. There were some hospitals that, for various reasons, chose not to. The programs that are application-based, we put the money aside. We planned for it in our budgets, but ultimately it is a matter of who has the ability, the capacity, to access that funding quickly.

I will say that we've seen really good uptake in our community hospitals, particularly as it relates to the surgical recovery program. But we are not stopping there. That is why we've done things like expanding the community and surgical diagnostic centres. It's not just about increasing the capacity within our existing hospitals; it is also about expanding the availability in other communities.

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Mr. Adil Shamji: Sorry, is it exclusively because of essentially a lack of applications? I personally have been approached, for example, by many people within the home care community saying that they were waiting for their funding to come in last year. I know the government has promised to deliver more of the \$1 billion that has been aside, but in meeting after meeting after meeting with a variety of home care agencies, they said that they were not getting funding that they were promised. On their behalf, I'd like to know why that was.

Hon. Sylvia Jones: As it relates the community home care sector in particular, the member would know that, in this most recent budget, we've made a substantial increase because we know that we want to have that piece of the health care system continue to be stabilized. We've done a lot of work on hospital capital, health human resources, in long-term care, whether it's capital builds or making the retention pay permanent with our personal support workers. Now the next stage, in our opinion, is to make sure that the community care piece is done.

We're working with those partners now. I think we've landed in a good place that says, "We're going to stabilize your workforce to make sure that you don't have constant change in your workforce because they are going to other health care facilities or opportunities." So we've done that piece, and the next stage is some of the innovation that's happening, for example, with Southlake@home, where hospital partners are working directly with community home care agencies to make sure that as people are discharged from their hospitals post-surgery, they have

consistent continuity and staffing available for their continued recovery in home.

I don't know if I've missed anything else.

Ms. Alison Blair: I think the only thing that I would add is that in the FAO report, the comparison to look year over year isn't apples to apples; it's the estimates from last year and the actuals, which are not yet finalized. I think what you'll find is, with the finalization of that information, the amount spent will have been higher. But to echo, especially in home and community care, the health human resources, when they were not able to provide the service—the money was still available for them to do that, but they were not able to provide it. What the minister has talked about is the work that we're doing to make sure that we're stabilizing the sector so that the health human resources are choosing to stay in home care so that service is available.

Mr. Adil Shamji: Thank you. Does the Ministry of Health track how much has not been spent because it was allocated to emergency departments that have now closed?

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

Hon. Sylvia Jones: I'm guessing you're talking about the surgical recovery fund?

Mr. Adil Shamji: No, I'm talking about savings in operational costs because it is not being spent on emergency departments that are closed. How much money has accumulated from closed emergency departments?

Hon. Sylvia Jones: Well, I don't think there's any ministry or government that would suggest that a closed emergency department is a pathway to savings. Let's be frank. The emergency closures, whether they are for a single shift or over the weekend or over the evenings—I've said many times, and I'm sure the member would agree, that these are very deeply disturbing and challenging decisions that hospital leadership must make. But they also have to make it understanding that they cannot open an emergency department if they do not have sufficient health human resources.

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

We'll now turn to the government members for their allotted 20-minute time, starting now. I recognize MPP Rae.

Mr. Matthew Rae: Thank you, Minister, for your remarks and to your entire team that's here this morning to answer our questions as well.

Minister, I know you're very well aware that the availability of health human resources has emerged as a significant challenge in the province, Canada and, really, the Western world. I know in the States as well, they're experiencing some of the same challenges that we are around health human resources. Obviously, both of us, representing rural ridings, know that the need is very acute in rural Ontario. I was just wondering if you and your officials can tell us about what our government is doing to ensure the province has the health human resources to provide the care for Ontarians where they need it, when they need it.

Hon. Sylvia Jones: Yes. Thanks for the question.

It is truly an all-of-government approach. Whether it's the work within the Ministry of Labour on working with the federal government to make sure that individuals who are practising in other parts of the world have the opportunity to be able to come here to Canada and Ontario—Minister McNaughton has been doing a lot of work on that front in particular; I think you will see some good news coming out of the federal immigration shortly on that issue—whether it is with the Ministry of Colleges and Universities by expanding the number of seats that are available, whether it is for lab techs, whether it's for paramedics or whether it is for nurses, PSWs or physicians—all of that ensures that we have capacity as Ontario's population continues to grow. The Learn and Stay program is available for paramedics, lab technicians and nurses in the province of Ontario, where we cover as a province the cost of tuition and books if they are prepared to work in an underserved community.

I'll give a very specific example. Minister Dunlop and I were in the Owen Sound campus of Georgian College last month, and all of the positions that were available were being utilized with that Learn and Stay program. So it is something that is absolutely assisting. In Windsor, there are over 200 nurses that are within the Windsor region because of the nurse preceptor program that has been put in place.

All of these programs together are being offered to ensure that we have health human resources now and for generations to come, because we know that our population is expanding and, unfortunately, aging.

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

Mr. John Jordan: Minister, first of all I want to thank you for the investments that have been made in my riding. Certainly, the expansion of the Carleton Place hospital, the MRI in Smiths Falls and the family health team expansion are well appreciated by the CEOs when I speak to them. So I wanted to thank you for that.

We know that the health care system historically has been very fragmented. That's why in 2019 the government introduced Ontario health teams. I had the privilege of working on the collaborative council for the Lanark, Leeds and Grenville Ontario health team and I'm very optimistic about what Ontario health teams can accomplish. I'm wondering if you could speak to some of the progress and achievements of Ontario health teams, to date, now in 2023.

Hon. Sylvia Jones: Yes. Ontario health teams to me are the integration piece that is going to ultimately make sure that everyone in this enormous health care system has the opportunity to speak to each other and to seamlessly move those patients through. I know, MPP Jordan, you have a lot of knowledge and experience in this. One of the first Ontario health teams I visited encouraged me to talk to you because you had that knowledge and were working with a local Ontario health team.

Imagine, if you will, a world where that patient, no matter if they need mental health supports, whether they need support through chronic conditions, whether they

need rehabilitation post-surgery, has the ability for each of those individual clinicians to be able to give a warm hand-off and, equally important, communicate with each other when conditions change.

I think this is the challenge and, frankly, frustration, that a lot of family physicians, a lot of PSWs, a lot of clinicians have in our community. They know when a patient's condition is changing, their condition worsens or they have different needs, and they want to be able to communicate to the most appropriate avenue of care—because it's not always the emergency department and it's not always your family physician.

So, we're doing that work with the Ontario health teams. We have 54 in the province of Ontario and there are a couple more in the works. It takes a lot of collaboration. Again, I'm not making an excuse, but the pandemic did challenge that work. There is no doubt that clinicians had to be focused on what was the most pressing need in the communities at that time, and that was protecting and ultimately ensuring that individuals had all of the services available. Some of the Ontario health teams are, frankly, a little delayed because of it through no fault of their own. But we have signalled very clearly that we will continue to support them. We have sent some very specific answers to questions that they've had in terms of what the next steps are. I look forward to seeing how Ontario health teams are going to continue to evolve and serve individual communities.

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Mr. John Jordan: Thank you.

Ms. Alison Blair: Can you pass that to me?

Hon. Sylvia Jones: Yes. I'll turn it over to Acting Deputy Minister Blair.

Ms. Alison Blair: Thank you very much, Minister Jones. I'm excited to share more information with the committee today on how Ontario health teams are making a difference and to provide an update on our work to advance and accelerate their implementation.

As the committee knows, Ontario health teams are groups of providers and organizations that, at maturity, will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population. There are currently 54 teams across the province covering every region. We have also received applications from four prospective teams in the northeast to become Ontario health teams.

Through the Ontario health team model, providers are empowered to work together as one collaborative team even if they're not in the same physical location. The vision is to improve patient experience and outcomes by providing better-connected and more integrated care. Over the last three and a half years, we've seen Ontario health teams rise to the occasion and make significant progress on this vision.

I'd like to share a few leading examples with you in the areas of digital and virtual care, primary care, home care and underserved communities.

Ontario health teams have advanced digital health, virtual care and broader coordination initiatives that meet

local needs. For example, in the Mid-West Toronto Ontario Health Team, the remote care monitoring program has seen positive outcomes, supporting the smooth and coordinated discharge of patients from hospital back into the community.

The Middlesex London Ontario Health Team has connected primary care providers to on-demand, virtual interpretation services to enable patients to receive care in their language of comfort. Since April 2021, the Middlesex London OHT has supported interpretation of over a thousand primary care appointments across several clinic sites.

Together with its primary care network, which the minister talked about earlier, the East Toronto Health Partners Ontario health team has developed primary and community care response teams to support care to home-bound and vulnerable seniors with unmet and social needs.

Ontario health teams are also exploring new partnerships with home care providers. A number of Ontario health teams are participating as home-care-leading projects, where they are testing new models of home care delivery within the OHT model. This is something that the minister referred to previously.

Two examples are the Guelph Wellington Ontario Health Team, which will implement an integrated primary care team model that integrates home and community care support services coordinators into primary care teams to bridge information gaps, enhance quality of care and integrate home care providers as dedicated members of the patient's care team. The Durham Ontario Health Team will implement a primary and community care hub model, providing integrated and wraparound services for older adults through a central location, ensuring seamless transition between services and incorporating a flexible support network with non-traditional providers to address diverse patient needs.

It's important to emphasize that the vision of improving patient experience is not only limited to how patients receive care but also how accessible it is. Because of this, improving equitable access to care is essential to the vision of Ontario health teams.

We're seeing teams design and implement new integrated models that are responsive to the unique needs of the communities they serve. For example, in April 2023, Algoma's OHT's community wellness bus celebrated two years of service, bringing primary health care and harm reduction to vulnerable communities. The community wellness bus has made nearly 6,000 visits since it has got on the road in April 2022, and the team that supports it has made over 100 referrals to other services.

The North Toronto Ontario Health Team has established a neighbourhood care team within a seniors' housing building, offering tenants a range of health care services, including regular blood pressure checks, foot care, access to social workers, wellness checks and attachment to primary care.

I'll now ask Allison Costello, director of the Ontario health teams policy and operations branch, to describe the implementation work now being undertaken across the province.

Ms. Allison Costello: Thank you. My name is Allison Costello. I'm the director of the Ontario health teams policy and operations branch. I've had the pleasure of supporting the OHT file for a number of years, and I'm really happy to be here today to speak more of their progress.

The success of Ontario health teams has been due to the hard work and enthusiasm of countless providers and organizations across the health system and beyond. The ministry, Ontario Health and other key partners have been working together to provide supports and resources for teams to succeed. For example, once approved, each Ontario health team is eligible to receive up to \$1.125 million in one-time implementation funding over six fiscal quarters. Ontario health teams are using this funding to build the capacity to transform local care for their patients.

Funding has also been made available for digital and virtual care through Ontario health teams to enhance their digital capabilities. Between the 2020-21 and 2022-23 fiscal years, over \$109 million in funding has been allocated for digital and virtual care projects, including those led by Ontario health teams, with 651 projects funded for programs such as virtual care, patient portals, online appointment booking, clinical systems renewal and digital innovation challenges.

In addition to financial investments, teams are being supported by a range of partners with expertise in leadership and governance; population health management; data and analytics; performance measurement; patient, family and caregiver engagement; and co-design. These supports have been built to meet teams where they are, meaning that they've been matched to meet the local needs of Ontario health teams at all stages of implementation.

For example, Ontario health teams work with best-in-class coaches to build population health management planning and data analysis expertise. Through this coaching, teams are learning to identify and understand the health and social needs of their population, to better understand how to improve their care. Through leadership and governance training, Ontario health teams are learning how to build collaborative leadership through a common understanding of priorities and values. They have also developed leading practices to embed patient, family and caregiver partners within their governance.

Ontario health teams are using advanced data and analytics to plan for the care needs of their population. With this in mind, the ministry, Ontario Health and other partners have worked closely together to coordinate and provide various data and analytic tools and supports. Business intelligence tools, data platforms and other tools have helped individual partners within Ontario health teams to think collectively about health system planning and performance measurement.

In addition to these core competencies of leadership, governance and the use of data to drive improvements, the ministry and its partners are also helping Ontario health teams to build strong foundations with essential partners, patients, families and caregivers. Improving patient experience and outcomes is at the core of every Ontario

health team. For this reason, patients, families and caregivers are key partners in co-designing an improved health system.

We know that across Ontario health teams, patient, family and caregiver partners are leaders in planning and implementation and that patient and family advisory councils are in place in Ontario health teams to ensure that meaningful engagement and co-design are at the foundation of their work.

Our Minister's Patient and Family Advisory Council, a permanent advisory body to the Minister of Health, has been a key adviser to the ministry on guidance, requirements and supports for Ontario health teams as they build their capacity to meaningfully partner with patients, families and caregivers. Several members of our council are leaders within their local OHTs and participate in broad provincial groups, such as communities of practice for patient, family and caregiver engagement and partnership.

An Ontario health teams subcommittee has been established under our Minister's Patient and Family Advisory Council and meets quarterly to provide advice on how to support the Ontario health teams to embed these important perspectives as teams mature. The subcommittee contributed to the development of resources and strategic guidance that reflects the leading practices.

The council was also a key partner in the development of provincial guidance for Ontario Health teams as they prepare to meet their patient, family and caregiver requirements, like attesting to the Patient, Family and Caregiver Declaration of Values for Ontario. The Minister's Patient and Family Advisory Council updated this declaration of values in 2021. It articulates patient and family caregiver expectations of Ontario's health system. It is intended to serve as a compass for the individuals and organizations that are involved in health care and it reflects a summary of the principles and values that patients, families and caregivers say are important to them.

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All Ontario health teams were asked to attest to the Patient, Family and Caregiver Declaration of Values for Ontario under guidance and advice from the Minister's Patient and Family Advisory Council. This council also has provided critical advice to the ministry on many OHT matters, for example, when the ministry recently released guidance to Ontario health teams in a document called *The Path Forward*, which I'll speak to shortly. The council has emphasized to us that Ontario health team implementation should continue to be grounded in a vision of integrated care and population health management, and recommended that corporate structures within Ontario health teams require strong patient, family and caregiver representation to ensure authentic co-design and partnership.

Finally, the chair of the Minister's Patient and Family Advisory Council, Betty-Lou Kristy, has participated in ministry-led webinars for OHTs and worked with an OHT support partner to develop a dedicated hub for patient, family and caregiver engagement and partnership resources. This hub provides easy access to practical patient, family and caregiver resources, tools and training.

Betty-Lou has also joined in the review of all Ontario health team applications since her appointment in June 2020, by joining nearly all virtual visits that the ministry holds with applicant teams to hear directly from those teams about their team and their plans. Betty-Lou is a champion of Ontario health teams, and we appreciate the support, advice and leadership of her and her council.

The ministry and all Ontario health teams have benefited immensely from the experience, expertise and counsel of this council and our broader support partners. Across all of these supports is an undercurrent of knowledge exchange and a learning system. When Ontario health teams were launched in 2019, we committed to learning alongside teams to support them as they mature and advance. Leading practices within Ontario health teams are being spread so that those teams approved most recently can benefit from the learning of those before. Our continued efforts to support Ontario health teams on their path to maturity ensure that teams are built to last and able to enhance care delivery across the province.

The minister mentioned that on November 30, 2022, we released new direction to Ontario health teams in the document called *The Path Forward*. This includes that OHTs are to:

- create new not-for-profit corporations;
- include standard groups in decision-making;
- identify an operational support provider to provide certain back-office functions;
- follow a consistent and recognizable approach to communication in order to build awareness of and confidence in Ontario health teams; and
- implement common integrated clinical pathways.

The ministry and Ontario Health are working together with the input of Ontario health teams to help them achieve these requirements. Ontario Health is a key partner in our work.

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

Ms. Allison Costello: Thanks. Together we work hand in hand to support Ontario health teams' implementation and maturation. Ontario Health now holds the funding relationship with Ontario health teams for their implementation funding and is supporting the achievement of their deliverables.

Other areas of Ontario Health support include administering digital and virtual care funding opportunities, coordinating many communities of practice to support knowledge sharing and launching the integrated clinical pathways that I spoke about earlier, including congestive heart failure and a diabetes management pathway to avoid amputations, which are currently being rolled out through Ontario health teams in the province right now.

They're also supporting Ontario health teams to plan together through an annual collaborative quality improvement plan and developing data and analytical tools for Ontario health teams. Ontario Health will continue to be a close partner as we continue our work forward.

The Chair (Mr. Brian Riddell): Thank you very much. The time being 10:14, this committee—

Ms. Lisa MacLeod: Point of order.

The Chair (Mr. Brian Riddell): Go ahead.

Ms. Lisa MacLeod: Thank you, Chair. On behalf of all of us, I just wanted to say thank you to two people who are in the room: Alison Blair, who is the acting deputy, as well as I see Dr. Kieran Moore is here. As someone who got to see them almost on a daily basis on a Teams meeting or on Zoom, I don't think you could understand or I can say adequately the level of commitment that they gave to the people of Ontario and their health and safety and well-being during the pandemic.

I know it's been a year, but I really wanted to point out how grateful I was to you to work with you and how much all of us, as members of the assembly, should owe you a debt of gratitude for working with your team, sometimes around the clock. I know the minister, who worked with you when she was Solicitor General, knows that there were days that you were up until 3 o'clock in the morning writing recommendations to our cabinet and to our government. So, thank you; I think that it's important that they know that.

The Chair (Mr. Brian Riddell): The time being 10:15, this committee stands in recess until 1 p.m. today.

The committee recessed from 1015 to 1301.

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 1401 of the estimates of the Ministry of Health.

There is one hour and 49 minutes remaining for the review of these estimates. When the committee recessed this morning, the government had just finished their round of questions. We will now move to the official opposition for 20 minutes, then the independent for 10 and 20 minutes for the government. I recognize MPP Gélinas.

M^{me} France Gélinas: Thank you, Chair. My next series of questions will have more to do with primary care, so I'll start with community health centres. They have not had a base operational increase in over 13 years. That is the last five years that you were there and the previous eight years of the Liberal government. How does the minister expect them to continue to balance their budget with the rising cost of everything from electricity to heat as well as the increased patient need?

I know full well that there's a \$30-million application open that will close on June 16. Just from my riding in northern Ontario, you will get \$30-million worth of requests just from the people that I serve. The rest of Ontario will bring you way higher than the \$30 million that is on the table right now, when we all know that there are 2.2 million Ontarians without access to primary care; that primary care is what helps keep people healthy, helps prevent chronic illnesses and helps bring them back to health once they are diagnosed with a disease.

Let's start with community health centres. I will go into FHO and FHT and nurse practitioner-led clinics and Indigenous primary health care organizations later, but right now I want to focus on community health centres.

Question number one: Why is there only \$30 million when the demand is 10 times that amount, easy?

Hon. Sylvia Jones: So, absolutely, the investment that we are making is an acknowledgement that we want to see not only more community health centres, but FHTs and FHOs, because we see that as the natural pathway for people to access services.

The 18 new and expanded are, of course, announced and part of Bill 60 and the Your Health plan. But there is also another piece that we probably don't talk about enough, and that is that currently organizations can only replace someone who is retiring or leaving. We've actually expanded the program to ensure that there can be an expansion within existing CHCs and family health teams.

I'll turn it over to Acting Deputy Minister Blair for further details. Thank you.

Ms. Alison Blair: Great. This will be quick. I'll turn it over to Peter Kaftarian, the associate deputy minister of clinical delivery.

Mr. Peter Kaftarian: Hi. Good afternoon. Peter Kaftarian, associate deputy minister—

The Chair (Mr. Brian Riddell): Could you fix your mike, sir?

Mr. Peter Kaftarian: Sorry. Hi. Peter Kaftarian, associate deputy minister, clinical care and delivery at the Ministry of Health. Thanks for the question.

This call process is under way right now. Community health centres can apply for this. I think the minister has hit the high points on what we're hoping to accomplish, and I have a feeling you're going to go into some further questions. Depending how deep you go, we can get the appropriate officials up to help answer those questions.

M^{me} France Gélinas: Okay. So question number one: Is there other money besides the \$30 million for all of the interdisciplinary primary health care groups that could see more Ontarians who are unattached if only they had the funding to hire more nurse practitioners, more physicians, more primary care providers?

Hon. Sylvia Jones: As with all programs, as we see the applications come in, as we make assessments based on community needs and the availability of health human resources—in other words, does that organization actually have some candidates that are interested and available to fill those positions—we will make continuous assessments. I can assure the member that as we see the need grow, as we see the applications—but as you've rightly pointed out, the call for applications has been relatively recent and we want to see what kind of uptake there will be, because there are multiple pieces to it, whether there is the physical capacity to expand the existing footprint of the existing organization, for one thing; of course, the available access to those individuals who are interested and available to come and work in those communities. But as we see the assessments, as we review those assessments and as we see the need increase, we will obviously look at expanding the program in the months and years ahead.

M^{me} France Gélinas: So when you say "look at expanding the program," that would be—I know there's \$60 million over two years. Would you see expanding it

beyond the \$30 million? I can tell you that the Southwest Ontario Aboriginal Health Access Centre has a First Nation physician who wants to go work there. They have room for her. They have First Nation nurse practitioners who want to go work there. They have a wait-list of over 3,000 people. They have the place; they have the staff; they don't have the money. Are you telling me that they're a shoo-in now because you're looking at needs and staff, and do you have all of this?

The nurse practitioner-led clinic in Capreol is in the exact same place. We have nurse practitioners who are willing. They'll give you their names, their licence; they don't have the money.

Hon. Sylvia Jones: What I will tell you is, the assessment, the review will happen within the ministry, not around this committee table. But there is no doubt that there is a lot of excitement out in communities because they know that the need is great. I've had multiple conversations with municipal leaders saying, "How can we help? How can we provide facilities? What can we do at the municipal level to make sure those applications end up being on a successful pathway to getting additional?"

I think it's important, and you did highlight it in your opening remarks, that we have not seen an expansion for many, many years, so there is a lot of interest out there, and we'll continue to review, assess and, ultimately, approve as appropriate.

M^{me} France Gélinas: It scares me when you say "18 new and expanded." So \$30 million and 18 new ones; that means \$1 million apiece. What happened to the rest of them that exist and have been waiting for a signoff on money for physicians, money for nurse practitioners and all that?

Hon. Sylvia Jones: As you know, the various clinics and applications, some have one or two staff with them and some have multiples, tens and twenties. So the applications are not going to be cookie-cutter. They're not going to be everybody gets X number of staff, X number of facility spaces. It's going to very much be a community-based, "Show us what you think you can do. Show us the service that you can provide," and then the assessments will happen. But they are not going to be consistent.

As you know, we have primary care teams of literally six physicians. We have primary care teams of 50, 100, 500. So we'll make those assessments based on the community need, and then we will appropriately fund. But they're not all the same, as you know only too well.

M^{me} France Gélinas: Many interprofessional primary health care teams are facing higher and higher demand for mental health services. Is the only way for them to get mental health workers on their team the \$30 million, or is there anything else that is available to bring mental health into interdisciplinary primary health care teams?

Hon. Sylvia Jones: Later on in today's presentation, we will have a report from the Associate Minister of Mental Health and Addictions. I can tell you that we have had expansions specifically related to mental health workers and family health teams, but I will turn it over to Acting Deputy Minister Blair.

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Ms. Alison Blair: Thank you very much—really appreciate the question. It sounds like it's a particular question on the process for how one would access funding. I think there are a couple of ways that we can talk about this. I think there is money, as the minister just said, for mental health and addictions funding, which you've seen in the estimates. But I think ADM Teresa Buchanan looks like she's here to give the answer on how this would go with the call for applications.

Ms. Teresa Buchanan: Hello, my name is Teresa Buchanan. I'm the assistant deputy minister for physician and provider services. I have carriage of the primary health care branch. It includes the current expression-of-interest process.

In regard to the expression of interest, obviously what we are looking at, as has been said nicely by the minister, is to support interdisciplinary, team-based care models. Those could be, as you say, community health centres, Indigenous primary health care centres, as well as family health teams and others—really looking to support that team-based approach to primary health care services, which, as you rightly point out, could include mental health supports and do oftentimes within a family health team model include that.

We would be looking, and I would encourage any applicant to look, on the Ontario Health public website. If you go there and you look under system planning and funding for primary health care, all the details of the expression of interest—what we're looking for, what we're looking to support in that process—is outlined there. Certain areas may look for that funding to be targeted toward additional mental health supports. We would want to see that in the application and how that looks to address barriers to primary health care and support the already existing, as you say, CHCs that perhaps are not always fitting the needs in any particular community.

M^{me} France Gélinas: Because when I looked in the estimates books, under votes 1405 and 1416, you figure you would see a spending increase in primary care. There's a spending increase in the physician practitioner, but in the rest of them there isn't. If you're telling me all we have is \$30 million for 18 new—plus nurse practitioners, plus physicians who are on salary, plus all the mental health workers that we need—really, this is a drop in the bucket. Those 2.2 million people need more than \$30 million to be looked after. What will happen to all of the very good proposals who have the staff, who have the room, who have the demand but don't have the money?

Hon. Sylvia Jones: Specifically, about the "How do existing teams get access to more care, more clinicians," we're talking right now about mental health workers, but it could be diabetes educators as another example. There have been a number of announcements that we have been able to make in the last fiscal year that have allowed some of those teams to build out the clinicians that have historically not been part of that team. It really speaks to where we see the value in the multidisciplinary approach. So if I'm attached to a family health team that has that diabetes care educator, that has that mental health worker, that has the ability to refer literally under the same roof,

we're seeing very positive outcomes. That's why, in the last fiscal, we were able to make some of those announcements very specifically on some of those clinicians that did not have access in their family health teams and community health centres.

Mme France Gélinas: I have to pass the questions to my colleague. Just before I go, we mentioned about the maximum of 21 supervised consumption sites, 17 of them already funded. I know of many that are applying. How many are in the queue to apply right now?

Hon. Sylvia Jones: I wouldn't have that number offhand. Do you, Allison?

Ms. Alison Blair: I'm going to ask Elizabeth Walker, the executive lead for public health, to come up and answer.

Mme France Gélinas: Just a quick number, because my colleague has—

Ms. Liz Walker: Yes, we have 17 that are currently funded. There are three submissions that are currently with us for review. A fourth is in an early review stage. And a fifth we are working on a partial application that has been received, so we're working with that organization to—

Mme France Gélinas: So, three submissions for review; the fourth is in early—and what's with the fifth?

Ms. Liz Walker: There was a partial application received, so we are working with them to complete the information that is still required in the application.

Mme France Gélinas: Okay, thank you. And my colleague—

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

Mrs. Lisa Gretzky: I just want to highlight—and I've done it several times now—that in my area, the number of code reds and code blacks as far as paramedics and ambulances being available to respond has dramatically increased. From 2021 to 2022, there was an increase of 4,833 code red minutes. Three months into this year, Windsor-Essex is at nearly—well, three months; that was March. It's at 900 code red minutes, plus there was an additional 2,257 code black minutes. And that was a few weeks ago that I raised that issue, and that problem has only gotten worse.

I've been speaking to local paramedics, whether that is in Windsor-Essex—or, as you may be aware, the paramedics in Chatham-Kent-Leamington were out on strike over some issues. And so the paramedics want to know what your solutions are to ending—not just paramedics, frankly, but my constituents, who can't get an ambulance when they call for one. They want to know what your solutions are to ending the increasing number of code blacks, or code zeros, as they're called in some regions.

Hon. Sylvia Jones: There are a number of paramedical programs that have proven to be very successful. I have often spoken about the 911 models of care, and that is, of course, historically in the province of Ontario, when you were picked up by an ambulance, the only pathway was directly to an emergency department room. That is not the case anymore. We have models of care where paramedic services, if they choose to apply—and everyone that has applied has been approved. Those paramedics can make, with a conversation with the patient and approval of the

patient, an assessment on, “Your symptoms would suggest that going to a palliative care or a long-term care would be an appropriate place for us as paramedics to take you. Would you like that?” And in one of the first groups that did it, in the Tillsonburg area, they had something like an 80% rate where not only was the patient more satisfied with the outcome, but they were also able to be not reoccurring and showing back up at an emergency department, which speaks to the success of the model. That is only one model. We also have community paramedicine—

Mrs. Lisa Gretzky: Chair, I'd like to reclaim my time. That really doesn't address the question that I asked about ending the code blacks; it just talks about community paramedicine, so in the interest of time, I have several questions from paramedics here.

Emergency services, first responders like police, fire and paramedics, were once relatively equally compensated, but over time, the gap between paramedic compensation and the other two emergency services is increasing more and more. They can compare to each other, but you can't compare paramedic compensation. So those paramedics continue to fall further behind. They're currently about 20% lower than other paid compensation, lower than other first responders, making it more difficult to actually recruit and retain paramedics. In fact, in my area and other areas across the province, paramedics are leaving in fairly large numbers to become firefighters.

We are facing a staffing crisis in our hospitals. Bill 124 continues to drive health care workers out of hospitals and now we face a looming crisis in paramedic understaffing. I wish the minister would have said one of their ways of addressing code blacks is to eliminate Bill 124 so we have enough workers in hospitals for those that do need to go off-load.

The paramedics asked—and these are their words; these are not mine—why aren't paramedics treated like emergency service responders in this province? Why aren't they funded accordingly to be able to compete?

And the second question is around bargaining and mental health coverage. They actually have to bargain that in. In my area, they gave me the example that police receive about \$10,000 in mental health coverage, whereas paramedics just—and I have to stress that: just—manage to get \$2,000, and they have limitations on accessing that care. Per session, they have caps on what they can access, and so paramedics are still paying out of pocket. So they also want to know why there's such a difference when it comes to first responders. Why are they not given the mental health supports and access that others are, which they all, frankly, should have access to? They want to know why you're restricting their access to mental health care. We'll start with those two questions, and then they have others as well if we have time.

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Hon. Sylvia Jones: Okay. There was a fair bit of editorializing at the beginning, but I'm going to start with some facts. The truth is that the firefighters and the paramedics are municipal employees, and they negotiate those contracts with their municipal employers. Having said that,

the province of Ontario has always been there to support paramedics and paramedic service—

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

Hon. Sylvia Jones: —across Ontario, and we fund our municipal partners 50-50. Again, I'm going to say that when the municipal services make a determination that they want to expand the paramedic fleet or personnel, we are there as a 50-50 partner.

Specifically on the mental health and PTSI: There's no government that has done more for first responders, police, fire, corrections, paramedics. We are now working with Runnymede, formulating a plan so that first responders have exclusive and unique treatment if they are suffering from PTSI.

The Chair (Mr. Brian Riddell): Twelve seconds.

Mrs. Lisa Gretzky: The paramedics want to know why you aren't funding or improving access to appropriate levels for counselling. So if more funding is needed, if the province needs to step up and do more, why are you not doing that?

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

We'll now move on to the independent member, MPP Shamji.

Mr. Adil Shamji: Minister, in March, Minister Duclos issued a letter warning about the concerning rise of companies charging for medically necessary services, especially around virtual primary care—in plain terms, people in Ontario are paying with their credit card, not their OHIP card—and I agree with him. Recognizing that in the current unregulated environment, there's a real risk of clawbacks, how much are Ontarians spending on virtual primary care, and what action has been taken to regulate this practice?

Hon. Sylvia Jones: I will also say that the Prime Minister of Canada lauded Ontario's innovation in how to approach and how to expand access to primary care. We've done that through a number of pathways, not the least of which, of course, is ensuring that more individuals have access to primary care practitioners, which is why we've expanded and are in the process of expanding to over 18 new expanded models.

To suggest that there is not a pathway for individuals who believe they have been unfairly charged is not accurate. It has been in place in the province of Ontario for many, many years, and it is a system that has worked very well. As individuals have access that is covered by the Canada Health Act, we have a process embedded in the ministry, and I'd like Acting Deputy Minister Blair to talk about specifically the program that we have in place to assess, review and ultimately reimburse individuals who believe they have been unfairly or wrongly charged for services in a community surgical or diagnostic centre.

Mr. Adil Shamji: Thank you, Minister. That won't be necessary, but what I would like to still hear is how much Ontarians are spending on virtual primary care.

Hon. Sylvia Jones: As you know, during the pandemic, we had an agreement with the Ontario Medical Association that ensured that individuals could continue to have

access to their primary care practitioner when they were not able to see them in person. That temporary program was actually modified to ensure that, when appropriate, physicians could still have those virtual care consultations with their patient.

Mr. Adil Shamji: I am familiar with the history—

Hon. Sylvia Jones: I'm sure you are—

Mr. Adil Shamji: I just need a number, please.

Hon. Sylvia Jones: —but the point is, we did not have it prior to the pandemic. We put a temporary program in place. We saw where it worked, we frankly saw where it didn't work, and we've put it now embedded in the Ontario Medical Association through the physician services agreement—

Interjections.

The Chair (Mr. Brian Riddell): Let's respect each other when we're talking so we aren't talking over each other. Thank you.

You can continue.

Mr. Adil Shamji: Okay. What steps has the ministry taken to respond to Minister Duclos's letter in regard to the charging of private fees for access to virtual primary care in Ontario? Have any steps been taken?

Hon. Sylvia Jones: As I said, if the service being provided is offered and protected under the Canada Health Act, then there is a pathway for patients to make those challenges and questions raised with the Ministry of Health. I would like Assistant Deputy Minister Blair to go over that because it's important for the people listening to understand that there is a pathway and there has been a pathway for many, many years, that if you believe you have been overcharged, here is what happens. Our stats show that it is a negligible amount, where people don't get the appropriate service.

Mr. Adil Shamji: Well, it clearly wasn't so negligible or else Minister Duclos wouldn't have produced that letter. If you're referring to something that has existed for years, then what I'm hearing from you is that there has not been a response to Minister Duclos's letter. I have to move on, I'm afraid.

How much are hospitals spending on—

Interjection.

Mr. Adil Shamji: I'm not talking to you.

How much are hospitals spending on uninsured patients and have you received requests from them to assist with this?

Hon. Sylvia Jones: Again, pre-pandemic, there was always a pathway for emergency medicine provided by our public hospitals when an individual came in uninsured, but I will turn the details over to Acting Deputy Minister Blair.

Ms. Alison Blair: Wonderful. Thank you very much for the question. I think the question is about hospitals and providing services to uninsured patients in the post-pandemic time frame?

Mr. Adil Shamji: Yes. To be explicit, since the program was eliminated, what burden of costs has been placed upon them?

Hon. Sylvia Jones: Keeping in mind there still is a program with community health centres that allows—

Mr. Adil Shamji: Yes, but specific to the hospitals, not the community health centres.

Hon. Sylvia Jones: —and funds them to be able to provide service—

Mr. Adil Shamji: I get to define my own questions, not the minister.

Ms. Alison Blair: Thank you very much. For the answer, I'm going to ask Peter Kaftarian, associate deputy minister of clinical care and delivery, to talk about specifically hospital funding and how they address this.

Mr. Peter Kaftarian: To answer your question, I'm not aware of any requests that have been made to the ministry recently when it comes to the program you're referencing.

Mr. Adil Shamji: Do you know how much hospitals are spending on uninsured patients?

Mr. Peter Kaftarian: I don't have that answer. If hospitals are having operational challenges with delivering services, there is a mechanism and process we have in place to work with Ontario Health to identify those pressure points. As the year moves forward, we can often help out with some pressure funding, if required.

Mr. Adil Shamji: Thank you. How many emergency departments have closed since the beginning of this year?

Hon. Sylvia Jones: Emergency department closures, whether they are for one shift, for one weekend, or over multiple times, are determined by the local hospital leadership. To suggest that this is something that we as the ministry are micromanaging is, you know very well, patently false.

Mr. Adil Shamji: I didn't suggest anything.

Hon. Sylvia Jones: What we have is an Ontario health system that works directly with hospital leadership when they make assessments and highlight that they may have staffing shortages, for any number of reasons. Through that program, we've been able to divert, avoid, prevent over 1,500 of those temporary short-term closures. This is very specific work that is literally one hospital dealing with Ontario Health, which then works with them to recruit and make available, see if there are physicians able to fill that ED shortfall.

Mr. Adil Shamji: Minister, I'm sorry I have to interrupt; I only get 10 minutes. I didn't suggest anything. All I asked was a number. It doesn't imply that you're micromanaging anything. How many emergency departments have closed in 2023? I'm not even assigning blame; I'm just asking for a number.

Hon. Sylvia Jones: We'll have to get that back to you through Ontario Health.

Mr. Adil Shamji: Thank you very much. I'd also appreciate knowing how much money was allocated to those emergency departments that have been closed.

Hon. Sylvia Jones: As you know, emergency departments and hospitals are funded through a number of funding pathways, including base funding. It is not a case where you get X number of dollars for your OB/GYN and X number of dollars for your acute care, your chronic care

or your emergency departments. It is primarily through base funding that local leadership make assessments, based on community need, how they want to assign that budget within their facility.

Mr. Adil Shamji: I do agree with you. A best estimate will suffice.

Is the rate of nursing agency utilization increasing or decreasing? How much? And how much is being spent on nursing agencies in home care, long-term care and acute care?

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Hon. Sylvia Jones: The College of Nurses of Ontario actually keeps the numbers on how many nurses are licensed to practise in the province of Ontario. What we have seen is less reliance on the short-term nursing or staffing agencies, if you will. We've seen it stabilize. But the concept that we cannot have any—

Mr. Adil Shamji: I didn't assert that. I just need a number, please. I know you have those percentages.

The Chair (Mr. Brian Riddell): Let's not talk over each other. Let one person talk at a time, please.

Hon. Sylvia Jones: As a general statement, and correct me if I'm wrong, Acting Deputy Minister Blair, the hospital utilization rate sits around 1% of all hours.

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

Mr. Adil Shamji: Do you have any details for home care or long-term care?

Hon. Sylvia Jones: Not offhand.

Mr. Adil Shamji: Could it be possible to get that in the future?

Ms. Alison Blair: We can take that back.

Mr. Adil Shamji: Thank you very much.

Has the Ministry of Health received any proposals or put out any requests for integrated community health service centres? And what is the total potential value of those requests or proposals?

Hon. Sylvia Jones: Community health centres?

Mr. Adil Shamji: The integrated community health service centres that are created under Bill 60.

Hon. Sylvia Jones: The regulations are still in process, and so there have been no requests for interest at this time.

Mr. Adil Shamji: Thank you very much for that.

Returning to the Physician Practice Ready Assessment Program, I'm curious why the ambition is to only admit 50 physicians when smaller provinces like Alberta have 100 or more on an annual basis.

The Chair (Mr. Brian Riddell): That ends the independent member's time. Now we'll move to the government's time. I recognize MPP Pierre.

Ms. Natalie Pierre: Thank you, Minister Jones, for your comments earlier today. My question might be better suited to Minister Tibollo. Can you tell the committee today what the government is doing to address the addiction needs of Ontarians?

Hon. Michael A. Tibollo: Thank you for the question. Getting Ontarians the help they need to overcome—

The Chair (Mr. Brian Riddell): Would you please recognize yourself and your position.

Hon. Michael A. Tibollo: Oh, I'm sorry. Michael Tibollo, the member for Vaughan–Woodbridge and the Associate Minister of Mental Health and Addictions.

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

Hon. Michael A. Tibollo: Getting Ontarians the help they need to overcome addictions is a major priority for our government. The devastating impacts of substance abuse and other addictions could be felt in every community, in many families and by people of all ages. Addictions do not discriminate. Substance abuse has become more pronounced over the last few years, largely because of the impacts of the pandemic. We know that the opioid crisis and the impact of substance use are experienced to varying degrees across Ontario, with some of the most acute needs being in the north and in Indigenous communities. We know that mortality rates due to opioid overdoses are higher in northern Ontario: At the height of the pandemic, overdose rates in the north were three to four times higher than they were in the rest of the province.

It's for these reasons that we've made a concerted effort to boost access to substance use services and supports in the province through our mental health and addictions strategy. The strategy, as you all know, is the Roadmap to Wellness, which is backed by an investment of \$3.8 billion over 10 years, filling gaps in care, adding capacity, connecting community, primary and acute care. It's based on four pillars: improving quality, expanding existing services, implementing innovative solutions and improving access.

Since 2019-20, \$93 million for addiction services has been invested, including consumption and treatment sites; harm-reduction and naloxone programs; 168 new community addiction treatment beds, including 31 in the north; and 73 rapid-access addiction medicine clinics, which are low-barrier access to addiction medicine. Through these, we're looking to stabilize clients.

Addiction medicine consultation services: \$2.5 million annually to the Breaking Free program, which is low-barrier online addiction support for ages 16 and over. Over 7,500 Ontarians have enrolled since 2021, and 86% of the clients have maintained abstinence, while 61% have demonstrated clinical improvement in level of substance dependence—and of course Renascent, the intensive virtual addictions treatment program.

In addition to that, the Addictions Recovery Fund was created in early 2022. I championed the idea for an addiction recovery fund, arguing that if we made strategic investments that were targeted to the areas of greatest need, we could address the immediate substance use needs while also building the foundation for a robust treatment system for Ontarians that would last into the future. This funding is backed by a \$90-million investment over three years: 400 new treatment beds, 7,000 additional treatment spots. Combined with the Roadmap to Wellness, we have built over 500 new addiction treatment beds since 2019-20.

We've made innovative investments—the mobile mental health clinics for rural and remote areas, which by

the way are working extremely well—and additional investments in the north. Over half of the beds went to northern, rural and Indigenous communities: \$2.5 million went to Monarch Recovery Services in Sudbury; Northern Ontario Addiction Treatment Centre of Excellence, 53 left-hand side of the page new beds for addiction treatment; Kenora Chiefs Advisory, 10 residential supportive treatment beds; Sioux Lookout, \$4.2 million and 37 addiction treatment beds; St. Joseph's Care Group and Dilico Anishinabek Family Care in Thunder Bay, \$3.8 million and 34 new beds.

In closing, we've boosted capacity in the addictions treatment sector and introduced innovative approaches to delivering and funding care. Working in partnership with Ontario Health, we're going to continue to pursue investments that are evidence-based and responsive to local needs.

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

Mrs. Daisy Wai: Thank you, Minister, for explaining. I am specifically concerned about the transition youth, which is aged between 16 and 25. The pandemic has created a lot of mental health problems and also addiction is affecting them very much as well. Can you help us to see what the government is doing to address this need?

Hon. Michael A. Tibollo: Again, youth are our future, and the evidence is clear that young people between the ages of 16 and 25 have the highest levels of need for mental health and addictions care, but they're the least likely to seek help, access care or complete treatment. We know that between 16 and 25 years of age, people undergo dramatic neurological and psychosocial growth. It's a time when individuals lay the foundations for their lives across a range of areas, including education, employment, relationships and, of course, habits.

Under the Roadmap to Wellness, we've taken steps to address the needs of this age group, recognizing that early intervention is critical not only for reducing the lifetime burden of illness and improving individual life chances, but also for the sustainability of our health care system. The services that we're putting in place are designed to identify problems early and intervene, and are smart investments. These investments in mental health are investments in health. Our youth wellness hubs are one great example. These are low-barrier access to walk-in primary care and addictions and mental health supports.

Data collection and feedback to providers is an extremely important part because, again, if you're going to manage a system, you have to be able to measure what the system is doing. Community engagement services that are designed specifically for the needs of the community: A one-size-fits-all approach does not work. We know that, so it's important for us to understand what the needs are and provide those services that are geared to providing supports and services to the individual and meeting them where and when they are, and that includes the delivery of services in the French language.

I'm very proud to say that our government has opened and is opening, throughout this year, the balance, which will get us to 22 youth wellness hubs in the province of

Ontario, and they're not all in southern Ontario. They're in Kenora, Timmins, Algoma, Sudbury and, for the first time, a youth wellness hub in an Indigenous community, the Sagamok First Nation, and this is based on land-based healing, culturally appropriate services. Since we started opening the youth wellness hubs in the province of Ontario, between April 2020 and December 2022, over 81,000 visits have been made to these centres. So they are definitely being taken up by the individuals—the youth—and they're looking and seeing that there's opportunities for them.

In 2021-22, we announced \$2.9 million in new base funding for the Substance Abuse Program for African and Caribbean Canadian Youth. Why? Because, again, if we're going to build a Roadmap to Wellness, we need to take into account culturally sensitive and safe services to support all communities. These dollars are supporting the original clinical program at CAMH and are facilitating the opening of seven new satellite sites across the province. At the new satellite sites, Black youth and their families are provided an opportunity to access high-quality, evidence-based and culturally appropriate care closer to home in communities like the greater Toronto area, Hamilton, Ottawa and Windsor.

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In closing—and thank you for that question—I want to emphasize again the innovative nature of these investments in carving out developmentally and culturally appropriate services for youth and young adults, a population that has been underserved by traditional approaches to health care and mental health and addictions for many, many years.

The Chair (Mr. Brian Riddell): MPP Barnes is recognized.

Ms. Patrice Barnes: Thank you, Associate Minister. My question is around the Roadmap to Wellness. This program has been rolled out for a number of years, and you've expanded on a lot of the work that has been done. If you could expand on the vision of what that is and the things that have come to fruition, and how you've integrated not just being a Toronto-centric type of model, but to be working all over the province of Ontario.

Hon. Michael A. Tibollo: Thank you. I'm very proud, by the way, of the great work that the minister has done and all the ministers in collaboration, because when you talk about mental health, it implicates so many other ministries. The approach cannot be a silent approach to the development of a strategy to really ensure that people are mentally well and, as a result of that, healthy and, as a result of that, able to work and look after their families.

It's an extremely important question, as well, in terms of what we've done and what we are still doing and building on through the Roadmap to Wellness. We've flowed a total of about \$525 million in annual funding now, so that's \$3.8 billion over the 10 years. The funding has supported a wide range of different investments, and I'd like to speak about those.

One of them is \$130 million for child and youth mental health to improve access to specialized mental health

treatment, reduce wait-lists and wait times, expand existing programs and create new programs to help manage stress, depression and anxiety.

There's more than \$80 million for community mental health. These include investments in:

- Ontario structured psychotherapy;

- non-police mobile crisis services and mobile mental health clinics, of which there are more than four now and expanding—again, providing services to individuals where they are, where sometimes they're unable because of transportation issues, because of the remoteness of our communities, to have a mobile health unit visit them, as opposed to them having to figure out how to get to that help;

- early psychosis intervention, another important feature, and a piece that I'm extremely interested in as well, the peer supports that are much needed in that continuum of care; and

- \$16.6 million invested in eating disorder services and supports, including for the treatment of children. Again, the children and youth are so important to us. We need to make sure that they have the supports and services they need and, of course, adults also with eating disorders, both moderate and severe. Again, this all culminated in the creation of eating disorder prevention networks across the province and a centre of excellence to deal with eating disorders.

There's a \$77.35-million investment for supportive housing. This funding is being used in three different ways:

- maintaining the supply of supportive housing by increasing funding for the rent supplements in response to average market rent increases;

- replacing operating agreements that have expired with rent supplement funding for private, not-profit dedicated buildings; and

- of course, investing in new supply, which, again, is much needed and which we know is one of the social determinants of health.

We are working and expanding, creating 350 new rent-supplement supportive housing units for mental health and addictions clients throughout the province who are also ALC—alternate level of care—in hospital, and who require both affordable housing and associated support services to live as independently as possible in community.

Through the Roadmap to Wellness, we have also invested in virtual programming, another very important component of that continuum of care. For depression and anxiety, one of the areas, through the Ontario Structured Psychotherapy Program—so we are dealing with issues of depression and anxiety and anxiety-related conditions. We know those are the two most pronounced mental health issues that we see over and over again in our society, and the province has invested in a suite of virtual services, including Internet cognitive behavioural therapy. OSP enrolled over 12,700 people in 2021-22, and to show you the effectiveness of the program, in 2022-23, so far 13,200 additional people are subscribing to the program.

Among the important work to support the mental health of children and youth across the province, we've also launched One Stop Talk, a program that offers convenient, low-barrier ways to talk to a clinician, either by phone, videoconference, text or chat, all without an appointment. During its pilot phase, launched in November 2022, almost 1,000 wait-listed clients—I want to repeat that—almost 1,000 clients that were wait-listed were served.

On May 1, 2023, the first day of the Canadian Mental Health Association's Mental Health Week, the soft launch of One Stop Talk occurred. Service usage has been doubling month over month since November, and we expect more clients to be served as a result of expanded marketing and engagement efforts in the 14 pilot locations we presently have.

We've also created the Mental Health Addictions Centre of Excellence within Ontario Health. The centre of excellence is mandated to put in place province-wide service standards to make care consistent and develop pathways that better connect primary, acute and community services around the needs of their clients. The centre of excellence is building the data and digital infrastructure needed to support a modern health care continuum, including collecting high-quality data to understand who's receiving care and whether that care is making a difference—extremely important. Again, as I said, you can't manage what you're not measuring, so we're putting this all in place to ensure that we have accurate ways of measuring and collecting data. It's also putting in place a provincial access model connected to the new Health811 service that will make it easier for Ontarians to locate care and connect to services.

By convening clinical experts from across Ontario, the centre of excellence has started to develop a plan to achieve standardized care in four priority areas.

Depression and anxiety-related disorders: As I mentioned, these are critical to put proper supports in place because they are fundamentally the major issues that we deal with and see each and every day.

Schizophrenia and psychoses: Again, if you know or have met someone who has that, a family member or someone who has a family member with schizophrenia or psychosis, you know the need that needs to be there with supportive housing and the proper care to ensure the individual is properly looked after.

Eating disorders: Again, something we've seen expand as a result of the pandemic, that more of those supports and services are required.

The fourth priority, which is a priority that I again take very seriously, is substance use disorders, which is something that again plagues not just us in the province of Ontario and not just in Canada, but we're seeing it everywhere in the world.

We know that more needs to be done and, thankfully along with the minister, we're doing excellent work with all the supports that we have in government as well.

In budget 2023, I was very pleased to announce an additional \$425 million over three years for mental health

and addictions. This will provide a 5% base funding increase for community mental health and addictions. This is extremely important. It provides us with the base outside of the hospitals to support the work in the community to ensure that limited, expensive resources in the hospital are saved and used by the people who need the hospitals—by providing these supports and services in the community.

In addition to that, I was really pleased to announce that the 2023 budget included another \$202 million specifically for supportive housing. Again, why is this important? We know that the social determinants of health must be addressed if we're going to make any headway with respect to the work in mental health and providing individuals the help they need to reintegrate back into society.

We're working every day to build a recovery-oriented continuum of care that provides low-barrier access to mental health and addictions. This, to me, again is extremely important. It's something that I think we need to see if we are truly going to help individuals in the province.

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As I said, one size does not fit all. We need to understand the needs of individuals, and the Roadmap to Wellness does, I believe, a very good job in doing that, because it looks at the lifespan of individuals and addresses issues specific to children and youth, to our young adults, to our adults and, of course, to our seniors. It looks to create a stepped care model to ensure that as many of the supports and services are delivered in the community and not at the hospital.

Again, why is that important? We know the expense of operating hospitals, and the focus there should be for the most acute cases and not for cases that can be dealt with in the communities. So the investments that are being made are targeted to ensure that we provide as much support and alleviate as much of the pressures on our hospitals and provide the supports and services when and where those supports and services are needed.

The last piece, which I think is extremely important as well, is the delivery of culturally safe and appropriate services that are low-barrier, that are based on the needs of the individual, meeting the individual—

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

Hon. Michael A. Tibollo: —where they are and ensuring that when we give those supports to the individuals, they are able to relate to the people they're working with. That's the concept of a therapeutic alliance.

An individual who is from one community may not understand the subtleties of delivering services. I'll give you the example of Indigenous communities. Land- and water-based healing work: It's proven that they work, and we've seen that where those investments have been made, it has made incredible differences in the local communities, because the individuals are getting the supports and services as close to home as they can get them, and then they have the wraparound supports and services that allow them to stay on the right path. The right path is what? It's

abstinence, it's recovery, and to the best of their ability to live their lives to the fullest potential.

So I'm very proud of the system that we've built, that we're continuing to invest in. Have we done all the work? Absolutely not. There's so much more to do, but we're working hard to do it.

The Chair (Mr. Brian Riddell): Thank you, Minister. That ends your time.

We'll now move to the official opposition for 20 minutes. I recognize MPP Gates.

Mr. Wayne Gates: It's nice to be doing estimates today on health care when just two days—right over there on the front lawn, we had 10,000 health care workers come to Queen's Park to talk about this government's record on privatizing of health care and how they're upset about Bill 60 on the privatization—their Enough is Enough rally, Bill 124. Then there were other groups talking about affordability, but affordability is health care. So I found it very interesting that we're here today talking about those very, very important issues when you're saying that people in our community—and I know that your government says that you're working for workers all the time, but I didn't see any of your colleagues there on the front lawn on Saturday.

But I'm going to get on to my question, one that I'm very passionate about. We recently learned that Douglas Memorial urgent care centre in Fort Erie is reducing hours by half, only operating from 10 a.m. to 10 p.m. With that reality, we now know that people of Fort Erie will not have adequate access to health care.

I want to remind the minister—I'm sure she knows—that we had an ice storm in December, over Christmas. It lasted almost the full week. We couldn't go down the highway of the QEW down to the Niagara Falls hospital. You can imagine, if that hospital was closed—because the storm didn't say, "I'm just going to happen from 10 in the morning until 10 at night." It went on for a few days.

Two things, before I forget: We have 34,000 residents living in Fort Erie. A number of them are seniors. Right now, they're projected to grow very rapidly into 41,000. So my question is, what is the minister doing to ensure communities like Fort Erie have access to health care that they deserve?

Hon. Sylvia Jones: First of all, we're going to continue to build those health human resources through more access through education, more access through licensing through the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario. We're going to do that through Bill 60 with as of right, which means that if you're a physician in British Columbia and you want to practise in the province of Ontario, you can do that and you can do that without unnecessary red tape.

But the member opposite began by talking about Bill 60 and the integrated surgical piece. I want to say—

Mr. Wayne Gates: I never mentioned the surgical piece.

Hon. Sylvia Jones: Yes, you did—Bill 60. So I'm going to quote a few experts in the field who reference, specifically, the surgical expansion—

Mr. Wayne Gates: Can you please just stay on Fort Erie?

The Chair (Mr. Brian Riddell): Let the minister finish before you jump in, please.

Hon. Sylvia Jones: Thank you.

Mr. Wayne Gates: I want to claim my time back. I only get a few minutes here. I don't need a speech.

Hon. Sylvia Jones: "We welcome the government's proposed legislative framework for new community, surgical and diagnostic centres. It's the right thing to do. It helps reduce wait times, which is critical both for the health of patients and for the health of the system that cares for them."

We'd had a surgical backlog fund in the province of Ontario since COVID began, and as a result of that—

Mr. Wayne Gates: Chair, I want to reclaim my time, please.

The Chair (Mr. Brian Riddell): Continue, please.

Mr. Wayne Gates: Thank you. And I will say, on Bill 60—

Hon. Sylvia Jones: Am I to continue or is he to continue? Because I was speaking.

Mr. Wayne Gates: No, no, I continue. It's my time.

The Chair (Mr. Brian Riddell): MPP Gates can continue.

Mr. Wayne Gates: I'll continue. But I will say, on Bill 60, we know that nurses and doctors are going to be taken away from the publicly funded, publicly delivered system under Bill 60. It's already happening in Ottawa, where we're now having surgeries happening in a publicly funded hospital on a Saturday and a Sunday, where 21 doctors set up a corporation and they are now doing surgeries on Saturday and Sunday in one of the Ottawa hospitals, using our own nurses and our doctors that are working in those hospitals from Monday to Friday. That's going to happen right across the province of Ontario.

I'll get on to my next question, which is equally important. Niagara-on-the-Lake—which is also in my riding, if you're not aware of it—had a meeting with the Ontario Health team and the Minister of Health regarding securing a nurse practitioner in Niagara-on-the-Lake. As of today, they have no firm commitment from the minister on getting a nurse practitioner, which, again, we need because we're short on doctors in Niagara-on-the-Lake and we also, again—I'm sure you're aware, Minister—have, by far, one of the highest senior populations in the entire province of Ontario. So they came to you, asking you, but as of today, we have not had a firm commitment from the ministry.

I'm asking you: Can you commit today that you will get a nurse practitioner into Niagara-on-the-Lake? Or at least give a commitment that you will take a serious look on getting that nurse practitioner that they need immediately into Niagara-on-the-Lake?

Hon. Sylvia Jones: If the member opposite would turn and speak to his colleague beside him, he would know that the request for interest for those expansions just started, just began, and if Niagara-on-the-Lake puts in a proposal,

we will absolutely make that assessment based on need, based on capacity, and do a proper review.

We are not going to pre-emptively jump the gun; we will make sure that every community has, first, the opportunity to actually apply for these new positions, and then a proper assessment has happened based on discussions with Ontario Health based on needs within the community, based on capacity, facility set-up etc. It would be inappropriate to suggest that, by having someone pre-empt a process that has been set up to ensure accuracy, fairness and coverage across Ontario—we will follow that process.

I will assure the member that we intend to make these assessments very quickly. It is, frankly, why there is a limited window of how much time there is for people to apply. But we're going to do it fairly and make sure those assessments are happening province-wide and not one-offs, as the member is suggesting we do.

Mr. Wayne Gates: I'm just trying to take care of my riding and to make sure that they have a nurse practitioner. I've given you the reasons why, with the number of seniors that we have. You don't get the opportunity to talk directly to the minister, and I took that opportunity to do that, to talk directly to you so you know that Niagara-on-the-Lake has an incredible need. They've met with you; they've discussed it with you. They really need it and that's why I decided to do it this way. I don't get a chance to talk to you very often. I'm taking that advantage.

My next question to you, I think, is equally important. Could the minister give an overview of how the estimates may change if they are unsuccessful in their court challenge on Bill 124 to strip front-line health care workers of wages and increases? How are your finances going to change?

Hon. Sylvia Jones: I have no intention of presupposing an outcome that is happening independent and separate from government. I don't know, Acting Deputy Minister Blair, if you have anything else to add, but truly, we should not be presupposing any type of judicial assessment or review that is happening.

Mr. Wayne Gates: I appreciate the answer, but I guess my comeback to you is that you shouldn't have brought Bill 124 forward and you shouldn't have continued to waste taxpayers' dollars in the courts on Bill 124.

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The reason I say that is that I listened to my colleague earlier on code blacks or code reds; I listened to my colleague from Sudbury, who was asking for help with the opioid crisis that she has in her community. I believe—and I believe even my colleagues across from me would say it, probably, off camera—that taxpayers' money is better spent on health care than it is in the courts fighting Bill 124. Because at the end of the day the only ones who get rich there are the lawyers. That's the reality.

I don't want to use more of my 10 minutes, so I'm going to check it right now to make sure I'm not past 10—

The Chair (Mr. Brian Riddell): You have 11 minutes and 29 seconds.

Mr. Wayne Gates: How much?

The Chair (Mr. Brian Riddell): Eleven minutes and 29 seconds.

Mr. Wayne Gates: Okay, so I've got one minute left. I've got one more question for you, Minister. Has the minister given any thought to how significantly costs are projected to increase from private surgery clinics with the passing of Bill 60? I'll give you an example—my colleagues used it earlier today—on carpal tunnel. When you get carpal tunnel in a publicly funded, publicly delivered system, the cost is about \$495. If you get it done in a private system, as Quebec found out, it's \$950, which is about a 93%—I wasn't number one in math, but I'm close—a 93% increase in what it costs the taxpayer on getting that surgery. Have you given any thoughts around that under Bill 60 and how much more it's going to cost you to do these, whether it's cataract or whether it's carpal tunnel?

Hon. Sylvia Jones: I will say that Bill 60 is all about improving access and eliminating wait times. We have far too many people in our communities—and I am regularly approached by NDP members asking for their representatives to have surgeries in community because they don't want people waiting on wait-lists. We did that in January by announcing an expansion of cataracts in the province of Ontario through Windsor, Kitchener-Waterloo and Ottawa. We will continue to do that with Bill 60 because it is the right thing to do to get those wait times down and get people back with their families in community, doing what they want to do—

Mr. Wayne Gates: Can I claim my time back so I can give it to my friend?

Hon. Sylvia Jones: —instead of languishing on wait-lists.

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

M^{me} France Gélinas: My next series of questions has to do with hospitals, just so that you know, and they are all numbers-driven. The first one is, can I get a breakdown of the amount of base funding by hospital for each HCCSS region for this fiscal that just ended and the fiscal coming in the budget?

Hon. Sylvia Jones: You will know that hospital base funding is based on a number of models. One, of course, is large, medium, small, teaching hospital. Above and beyond that baseline model, we also have access to things like the surgical backlog recovery fund, where hospitals could apply for and expand their OR capacity, for example. Again, we were eliminating and trying to deal as quickly as possible with the surgery wait times. So to suggest that there is a one-size-fits-all, it is not in the province of Ontario—

M^{me} France Gélinas: No. You're taking my next question ahead of me before I even got an opportunity to ask you, but thank you for going down that path. My first question was how much in base funding, followed by how much in ambulance off-load nurses funding, how much in pay-per-performance emergency funding, how much in quality-based procedure funding and how much in new grad nursing funding per hospital per HCCSS region?

Hon. Sylvia Jones: Again, we've already talked about how the size and what is offered in that hospital is a determinant and part of the formula for the base funding. Again, I will highlight surgical backlog recovery and the dedicated off-load nursing program. Those are programs that are available and that the Ministry of Health has budgeted, but they are application-based. So as communities, as hospitals apply and present their model on how they intend to do it, then they pull on that funding.

But I will turn it over to ADM Kaftarian if I have missed any other details.

Mme France Gélinas: Peter, I'm interested in what happened in 2022-23, the year that's gone by. How much did we give in base funding to each of our hospitals—you can group them by HCCSS region—how much in ambulance off-load delay, pay-per-performance, emergency funding, quality-based procedures and new grad nursing funding, please?

Hon. Sylvia Jones: Some of that work is still ongoing as hospitals bring forward their budgetary asks. We assess to make sure the information that they have provided us is completely accurate and up to date, because, as you know, as we get close to the end of the fiscal, there is a little bit of final financials that have to happen, and I don't believe that all of that work has been completed at this point.

Mme France Gélinas: If you could send that information to me once it's completed, I would very much appreciate it.

The next one is the overtime hours worked in our hospitals for RNs and RPNs. The same thing: For the year end that's ended, whenever this number comes out, if you could share it, as well as the usage of agency nurses. Do we collect the number of agency nurses' hours in all of our hospitals or just part of them?

Hon. Sylvia Jones: It's hospital by hospital. The Ontario Hospital Association is telling us that it's approximately 1% of all hospital hours that are accessing agency nurses. You, as a northern member, of course, would know that there is a very wide variance on which hospitals are using nursing agencies to aid to a larger degree and a lesser degree.

Mme France Gélinas: I would like to have the usage per hospital for RNs, as well as RPNs, and if possible, for the year that ended in 2021, in 2022 and the year that ended in 2023.

Hon. Sylvia Jones: Chair, if I may, a bit of guidance: Those are individual hospital decisions, and I'm not sure that that is appropriate scope for what the minister should be providing when it is literally individual hospitals who are making those assessments and determinations.

The Chair (Mr. Brian Riddell): We'll take note of that comment. Thank you.

Mme France Gélinas: Is this information reported to the ministry?

Hon. Sylvia Jones: In that granular detail? I wouldn't—

Mr. Peter Kaftarian: Hi. Peter Kaftarian, associate deputy, clinical care and delivery, Ministry of Health. The minister has given a pretty thorough answer, and when it

comes to last year, some of this is being sorted through public accounts. Some of that information I know is available; others, I actually am not sure, and we've got to take that back, as far as the team that I'm responsible for, whether we collect it or other areas do, and potentially OHA. So we can take that back, though.

Mme France Gélinas: Good enough. If you have that information, share it. If you're not allowed to share through estimates, I'll FOI—all good.

Has the ministry done any studies, either in the past or under way right now, for the future supply and demand for nursing in Ontario? Do we know—I mean, we have the Financial Accountability Officer telling us numbers, but has the ministry done its own numbers?

Hon. Sylvia Jones: There's a lot of work that's happening in that space. What we do know, to be blunt and without getting too political, is there was not enough preparation and planning for the expanded population in Ontario and the aging population in Ontario. Having said that, it is not just a numbers percentage; it is also how we are providing and offering care in the province of Ontario. For example, in Ontario, we have nurse practitioners, we have RPNs, we have RNs, we have PSWs. We have a lot more health care clinicians, if you will, who are playing a role in keeping Ontarians safe.

What we are seeing is that as we, as a ministry, do the work on scope of practice and ensuring that pharmacies, for example, can now prescribe for a minor ailments. We are seeing a shift in perhaps people going to their local pharmacy to get access to treating symptoms of pink eye, urinary tract infections, as opposed to going to their primary care practitioner or their emergency department. It means that we constantly have to be tweaking and assessing where do we need more. We absolutely need more in terms of primary care practitioners. We saw, as a result of some changes and decreases that happened in previous administrations—

Mme France Gélinas: I like your answer, but I have a few more questions, so I'd like to—

Hon. Sylvia Jones: So, scope of practice is an important part of how we make those assessments.

Mme France Gélinas: Yes, but if you are studying this, I want a copy of those studies. I love everything that you just said, and I agree with it, but if it comes from a secure body of data in evidence, share that data in evidence with us.

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The next one is the breakdown of funding for the new graduate nursing initiative. If I could get this breakdown by employer, that would be very good, as well as the breakdown of funding for the new nursing expansion program by hospitals, as well as the breakdown in funding for the Community Commitment Program for Nurses.

Three very good nursing programs: one new graduate nursing initiative, the nursing student expansion program, as well as the Community Commitment Program for Nurses. I'd like to have those by employers, as well as by the year that ended in 2022 and the year that ended in 2023, as soon as those numbers are available.

Hon. Sylvia Jones: Again, Chair, some direction?

The Chair (Mr. Brian Riddell): Yes, if you want these questions answered, what I would advise you to do is write the questions down, submit them to the Ministry of Health and they'll come up with the answer. And we should be just going by the 2023-24 expenditures.

Mrs. Robin Martin: On a point of order there, Chair, or clarification? I think the minister was trying to address what maybe can be answered, which she was trying to clarify, because they don't necessarily have all the information being requested. So before we say they're going to get back with the information, maybe we should let the minister clarify?

Hon. Sylvia Jones: My point was going to be very similar to the other: There are some hospitals that have used these programs very effectively, but they are based on hospital-per-hospital. I'm looking for direction from you to say, is that something that the Ministry of Health should be putting in or does the total budget line for that program province-wide be submitted to the committee?

The Chair (Mr. Brian Riddell): Okay, so there's 18 seconds left. To answer your question—

Mme France Gélinas: I always got that information. I've come to health estimates every year for the last 16 years. I've asked those same questions every year and I've always gotten them by hospital, I've gotten them by employers before. I don't see why this year would be any different.

The Chair (Mr. Brian Riddell): The time is up anyway, but we'll continue with that.

Right now, we'll go to the independent members. MPP Shamji.

Mr. Adil Shamji: I wondered if we could continue where we left off. I was asking about the Physician Practice Ready Assessment Program and why the program is only admitting 50 physicians when smaller provinces, like Alberta, have 100 and more on an annual basis.

Hon. Sylvia Jones: I'm glad I have an opportunity to continue that conversation because it is only one program that we are building and expanding in the province of Ontario. As you know, we have substantially increased the number of postgraduate residency positions, so that is another pathway. We have directed the College of Physicians and Surgeons of Ontario to assess, review and ultimately license internationally educated medical doctors, and that has been a very effective model to ensure individuals who want to practise in the province of Ontario can do so.

When we put all of these programs together—and I'm going to highlight another one because it is a historic first. Again, with the College of Physicians and Surgeons of Ontario now, if you have been educated and practised in the UK, Ireland, Australia or the USA, then you can come in without that medical practice ready assessment need. It just speaks to how we don't put all of our investments and changes into one program. We're trying to offer a suite to make sure that all have the opportunity to practise in Ontario.

Interjection.

Hon. Sylvia Jones: Please carry on.

Ms. Alison Blair: Great, thank you very much. I think I'll ask Dr. Karima Velji to come and give a bit more detail, but we certainly know that, as this program launches, we're looking to add 50 by 2024. But that's also—we're partway through the year, so annualizing what—

Mr. Adil Shamji: That's actually good enough, but welcome, Dr. Velji. I am curious to know, when is the start date for the first cohort?

Dr. Karima Velji: It should be a matter of weeks, actually. In a few weeks.

Mr. Adil Shamji: That's exciting; thank you.

Dr. Karima Velji: It will be very exciting, but I just wanted to elaborate on what the minister said. There are eight pathways that the College of Nurses is using. PRAs is one of them, practice ready assessments, and then there is a whole comms process that has been revised, as you know, to blend the second iteration to create a better pathway for international medical graduates. We've had a historical performance for Ontario in the process. I'm happy to elaborate on the numbers if you like.

Mr. Adil Shamji: That's okay, but—well, actually, perhaps you may have some insight into this. At the current rate of family medicine recruitment and retention, does the Ministry of Health have an estimate for how long it will take to ensure every person in Ontario has a family doctor?

Hon. Sylvia Jones: I'm going to start by saying that it is unlikely that there is ever a time when every individual in the province of Ontario will access and have a primary care physician. What our goal should and needs to be is every individual in the province of Ontario who wants to have a primary care practitioner has that pathway. As we've talked about previously, it could be a family doctor; it could be a nurse practitioner-led clinic; it could be other expertise that that individual wants at that point in time of their treatment and their pathway through the medical system. I want to be very clear that the goal should be that if you are looking and want a family physician in the province of Ontario, we're building a system to make sure you have that capacity.

Mr. Adil Shamji: Okay. I presume that in all of the recruitment and retention strategies, there is a target. So to start with, how many patients in Ontario do you think want a family doctor?

Hon. Sylvia Jones: What we have seen is very high interest in having access to that primary care model. As I said, in some cases, because of where an individual is in their life pathway, it may be through a community health centre. It may be through international students who are coming to work in the province of Ontario and have coverage through the college or university that they are training and schooling in.

I think, for me, the important piece is, are we sufficiently making sure that people have access, and are we sufficiently training? We're doing that both with the expansion of the post-secondary residency—I'll give you a very specific example. In many jurisdictions across the

world, you would know, sir, it's actually specialists that are challenged. In the province of Ontario, we would love to have far more primary care practitioners. So as a result of some innovation that's happening with Queen's University and Lakeridge Health, we now have a program that starts this September with 20 individuals who want to practise family medicine, and they're going through their entire medical training with a focus on that family practice piece.

It speaks to where the gaps and where the opportunities are, and who has that innovative idea that we can do. We've funded that program, and there will be 20 that are starting this September.

Mr. Adil Shamji: I will say, I've heard overwhelmingly from almost every Ontarian I speak to that if they don't have a family doctor, and many of them don't, they're all looking for one. So in my mind, I'm just trying to get a sense of how soon we think we can bridge that gap. But I might move on.

What is the current nursing vacancy rate in Ontario for acute care?

Hon. Sylvia Jones: Again, it would be hospital by hospital, long-term-care home by long-term-care home, community care organization—it would be very much dependent on the community that they are located in, essentially.

Mr. Adil Shamji: You don't have even a general sense of the delta in terms of how many positions we need filled in acute care in Ontario?

Hon. Sylvia Jones: I'm happy to have Dr. Velji to speak to more details. But it is very much dependent on the community that you are located and where those jobs are openings.

Dr. Karima Velji: Absolutely, the rate varies across communities. The average is about 12%.

Mr. Adil Shamji: So 12% vacancy?

Dr. Karima Velji: Remember, though, vacancies come from not just people who may be attritioning from workplace to workplace—because we don't see attrition from the professions themselves. Regardless of what we hear in the media, a vast amount of nurses are not leaving the profession; they leave workplaces. So there will be workplace-to-workplace movement of nurses. Then, when we add capacity in the system—for example, adding acute care beds, adding long-term-care beds, adding four hours of care in long-term care—of course we will need more staff to fuel those beds and, therefore, you will see the vacancy number fluctuate as a result.

1420

Mr. Adil Shamji: Right. Would you say the majority of that vacancy rate currently is because there are too many beds? Is that what you think is the problem right now?

Dr. Karima Velji: It's a combination of adding capacity and movement of people, and then there is a natural attrition rate historically that happens in the system as people come and leave in the profession. So it's a variety of things that contribute to that.

Mr. Adil Shamji: What would be a typical vacancy rate if attrition weren't heightened as it is currently?

Dr. Karima Velji: There is no typical vacancy rate because it varies according to community, the needs of the community, the expansions of services that may be taking place and so on.

Mr. Adil Shamji: Thank you, Dr. Velji.

Hon. Sylvia Jones: What I would say, Chair, is there are so many different opportunities. Whether it is working in community, in long-term care, in hospital, in practice with the primary care physician or group, in public health units, the pathways and opportunities for individuals who wish to practise nursing in the province of Ontario are truly limitless.

Mr. Adil Shamji: Yes, although my understanding—and please do correct me if I'm wrong—is that the vacancy rates in those other settings are higher than in acute care.

Hon. Sylvia Jones: In terms of—higher in public health units?

Mr. Adil Shamji: Higher vacancy rates.

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

Mr. Adil Shamji: Maybe not public health units, but certainly in long-term care, for example.

Hon. Sylvia Jones: Again, it would be very much dependent on point by point.

Mr. Adil Shamji: Have any ALC patients in hospital been asked to pay daily fines in lieu of being sent to long-term-care homes as directed by Bill 7, and if so, what is the total value of fines that have been collected?

Hon. Sylvia Jones: As of today, to the best of my knowledge, no one has been charged. What we have seen is really good co-operation between hospitals and long-term-care facilities to both prepare, have those conversations with the family members and the patient and give them options. What we have seen happening, anecdotally, is families are adding approved or interested long-term-care homes to their list of “we would like to go there if there is an opening.”

Mr. Adil Shamji: Okay, thank you. What is the average turnaround time for individual funding requests by family health teams?

The Chair (Mr. Brian Riddell): Thank you. That ends your time.

I will go now to the government side. I recognize MPP Quinn.

Mr. Nolan Quinn: Minister, we hear almost daily—quite frequently in the media—about a shortage of doctors and nurses in Canada, and not just Ontario. As most of my colleagues know, I am a human resource grad, and I also own a restaurant with many students working for me, and they're very appreciative of the things we put in place to be able to help the health human resources. Can you tell us what the government is doing to ensure the province has doctors and nurses for the future in Ontario?

Hon. Sylvia Jones: Thanks, and while we here are very focused on health human resources, I am really glad that you raised the fact that this is a challenge that is happening internationally, frankly, in all sectors, whether it is in construction, in service, in health. But I'm happy to talk about our government's efforts to ensure that Ontario has

the health human resources required to meet the care needs of all Ontarians where and when they need it.

As I've said before, the dedication of Ontario's health care providers is unlimited. Their commitment to delivering the greatest care to Ontarians every day is unwavering and remarkable. Our government is committed to ensuring Ontario has a health workforce that is supported, equipped and able to respond to the needs of patients and the health system we are building.

Ontario is proud to have one of the largest publicly funded health care systems in the world; a system that we are investing nearly \$80 billion in this year. To support our treasured public health system, since our government took office in 2018, we have added over 3,500 hospital beds, over 60,000 new nurses, and nearly 8,000 new doctors have registered to work in Ontario. It speaks to the previous questions about, as you build capacity, you need to build both capital and health human resources capacity.

But we know more needs to be done, which is why earlier this year, our government announced Your Health, a plan to connect the people of Ontario to the care they need. Growing the health care workforce and building health human resources capacities are key parts of Your Health plan.

I'd now like to turn it over to Acting Deputy Minister Alison Blair to outline the actions we've taken thus far and will continue to take to ensure Ontario has health human resources available to deliver the care Ontarians need.

Ms. Alison Blair: Thank you very much, Minister.

As the minister said, we have taken strides to increase the number of health providers in the province, and then to maximize the impact of those we already have to create health human resources capacity for the health system. The minister also noted that since 2018, we've added over 60,000 new nurses and nearly 8,000 new doctors who have registered to work in Ontario. We've also supported the training of over 26,000 PSWs in the past two years to deliver needed care to Ontarians in their homes, in long-term-care homes and in other health settings across the province.

We're also developing our future workforce. We're expanding medical education and nursing education programs in the province to add thousands of new health providers over the coming years, to care for Ontarians throughout the province. And the government's new Learn and Stay Grant is helping to ensure health providers will be available where they are needed. It supports education programs and tuition grants for students in areas of the province that are in the most need of health providers, such as rural and northern communities.

As the minister said, health human resources is a top priority within the government's Your Health plan, so I can assure you that our commitment to developing and maintaining our health workforce will continue unabated.

I'll now ask Dr. Karima Velji, chief of nursing and professional practice and assistant deputy minister, to talk in more detail about the actions that we're taking to ensure the province has the health human resources it needs to care for Ontarians.

Dr. Karima Velji: Thank you, Associate Deputy, and thank you, Minister. I can assure everyone here today that health human resources are paramount for the ministry and the government. As you know, HHR is one of the three pillars of the Your Health plan. I welcome the opportunity to talk about the work that we are doing to ensure Ontario has a health workforce that meets the care needs of Ontarians everywhere in the province.

In that vein, I'd like to open by talking about some of our recent successes for ensuring health human resources capacity in the province. I'll start to talk about our Enhanced Extern Program. Our extern program supports health human resource capacity in the province by enabling nurses, paramedics, respiratory therapists and undergraduate medical students to be employed as unregulated care providers to work under the supervision of regulated care providers. The program is available to all the hospital sites in Ontario.

Between winter 2020 and May 2023, over 5,900 externs have participated in the program. Of those, 1,700 have registered and entered practice. In 2022-23 alone, there were 4,100 externs participating in the program. I'm very pleased to say that this program has been extended for 2023-24, as you'll see in our estimates document, with \$150 million of funding.

Our second initiative is the accelerated critical care nursing initiative. In 2022-23, the ministry implemented a critical care nursing initiative to upskill registered nurses to deliver critical care in priority hospitals where they are needed the most. Ministry funding supported accelerated critical care nursing education to upskill RNs already employed by 17 priority hospitals, so they could work in critical care. Specifically, funding supported free tuition and all college, university and hospital costs associated with delivering the education, such as the preceptor roles and backfilling the RNs that were being upskilled. Almost 450 RNs had completed the upskilling education program by the end of March 2023, and we have allocations to continue the program for 2023-24.

Next I'll speak about our nursing new graduate program, our historically most long-standing program. This program provides new graduate registered nurses and registered practical nurses in Ontario with temporary full-time employment above staffing complement to support their successful transition to practice and to full-time employment. The program provides 20 weeks of funding for each new nurse approved to participate in the program, and includes 12 weeks of funding for the nurse's transition to practice and eight weeks of funding to reinvest in existing front-line nurses and their professional development. Between winter 2020 and May 2023, over 3,300 nurses were supported as part of this program, and again, we had a very big historical uptake in the last fiscal year.

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Our next program is the temporary nursing retention initiative. This initiative supports nursing retention in the health care system by providing eligible nurses with two lump sum payments, totalling \$5,000. This program has now completed. Approximately 119,000 nurses in all

sectors received this initiative, and the government had invested \$645 million towards this initiative in the last two years.

Next, our physician locum programs—and these matter a lot when we are talking about our ability to keep our EDs in the rural and remote communities open. Ontario supports a large range of physician locum programs to ensure coordinated locum physician assistance for hospitals, communities and physicians across the province. These programs are administered by Ontario Health. Amongst these programs is our EDLP, or the Emergency Department Locum Program. In 2022-23, the EDLP supported over 60,000 hours of physician coverage in Ontario emergency departments in high need, ensuring that the care of patients continued to be met. This program will continue in this fiscal year.

Our next locum program is our temporary summer locum program. To further support hospitals, the ministry has implemented the temporary summer locum program. This program allows eligible hospitals to offer a premium to physicians, specifically in this case local physicians, to maintain 24/7 emergency department services and to facilitate the safe operation of emergency departments. This program, between June 2022 and May 2023—between two summers—provided 588,000 hours in additional physician coverage, and I'm very pleased to share that we've extended this program to the end of September of 2023.

Moving to personal support workers, the associate deputy minister noted our personal support training earlier. PSWs, personal support workers, are important and valued members of Ontario's health workforce. They play a vital role in the delivery of health care to Ontarians throughout the province, including providing services to seniors and people with complex care needs in their homes, reducing or delaying the need for more costly care in hospitals and long-term-care homes. Permanent wage increases and efforts to improve working conditions are helping to attract and retain the PSWs we need to care for patients.

We have recently fulfilled our commitment to funding and training a significant number of PSWs by the end of 2023. The number is 26,643 additional PSWs in the system who have completed their education.

The government also continues to advance its commitment to establish the new Health and Supportive Care Providers Oversight Authority to bring greater uniformity to PSW education and training qualifications, as well as to enhance their capacity to provide high-quality care. This authority will stand up in this calendar year and will begin to register PSWs starting in the new calendar year, 2024. For the first time, we will have a proper line of sight on our PSW workforce.

Going forward, I'd like to now turn to what is really a combination of what we are doing and where we are going in the future, because our HHR efforts are not only about ensuring we are adding capacity today but preparing for the realities that are going to face us with the growing

population, and the growing aging population in particular, for the future.

To talk about how we'll ensure that Ontario's health workforce has the right size and type of health providers to be responsive to the needs of Ontario and the needs of our health care system, the government's comprehensive strategy *Your Health: A Plan for Connected and Convenient Care* is responding to these challenges. Growing our workforce and building our health human resources are a key part of this plan. To that end, and going forward, we are pushing on four fronts in particular. The first one is education expansion and clinical supports. As you've heard, we are developing the health workforce we need by making bold investments in expanding health education in the province. We are increasing educational seats for nurses, nurse practitioners, physicians and physician assistants, and will be looking to do more. We are working to tie this expansion to new approaches to education, to train more providers faster while ensuring high-quality education so providers are prepared to deliver the care Ontarians need.

On the nursing side, we are working very closely with the Ministry of Long-Term Care as well as the Ministry of Colleges and Universities to actively manage nursing program enrolment, to ensure Ontario has the right number and mix of nurses to meet the needs of patients. In 2022-23, Ontario added 1,000 registered nursing and 500 registered practical nursing education seats at publicly assisted colleges and universities. We are doubling that number. We are adding an additional 1,000 RN and 500 RNP seats beginning in fiscal 2023. We are also adding 150 more education seats for nurse practitioners, starting in 2023-24. This expansion will bring the total number of NP seats to 350 annually.

We are also providing tuition supports to current personal support workers to further their education to become RPNs, and for RPNs to upgrade their education to become registered nurses. This is through what's called the BEGIN program, or the Bridging Educational Grant in Nursing program.

These new education seats will add thousands of new nurses over the next few coming years. As I've cited previously, we'll be growing the number of nurses we'll be adding to the system from the about 179,000 nurses that exist in the system today to about 223,000-plus nurses in the next 10 years.

On the physician side, again, a very big historical medical education expansion is on the way. In 2021, there were 33,170 physicians practising in Ontario. The number of physicians practising in the province increased by 5.6% between 2018 and 2021, or we added 1,766 additional physicians.

We are now expanding our medical school education by adding 260 undergraduate and 449 post-graduate positions by 2032; 60% of these post-graduate positions will be dedicated to family medicine. As the minister cited, currently our ratios of primary care physicians to specialists is 40% to 60%. We intend to turn that, basically, with

more physicians occupying primary care gaps that we have in the system.

This expansion also allocates seats to the Toronto Metropolitan University school of medicine, which recently, as you know, found its new home in Brampton. The expansion will increase access to family and specialty physicians across the province for some years to come.

On the physician assistant side, we are also permanently increasing training spots for physician assistants by adding 52 new educational seats. This will double the number of annual graduates to 104. Training more nurses, nurse practitioners, physicians and physician assistants will help us to ensure Ontarians can access the health care they need, when they need it, wherever they may live.

Our second area of big focus in our health human resource strategy is creating expedited pathways for interjurisdictional and international practitioners. As I said previously, Ontario is leading the charge on this effort across the country. Other jurisdictions are looking to us as an example. We are breaking barriers to enable internationally educated health professionals who have chosen to come to Ontario to enter the workforce in an expedited time. We've introduced new as-of-right rules in Ontario that will allow health care workers who are members in good standing, which means they are registered in other provinces and territories, to immediately start working while they complete their registration process with their respective college. We've worked with the College of Nurses of Ontario to allow internationally educated nurses to register in a temporary class with supervision so they may begin to work sooner while they complete the requirements for full registration.

1440

Our Supervised Practice Experience Partnership, SPEP, for the internationally educated nursing program is enabling internationally educated nurses to meet their evidence of practice and language proficiency requirements for registration to practice in Ontario. Over 1,700 internationally educated nurses have obtained their registration through the SPEP program since its launch in January 2022. In fact, I would cite the registration statistics for the College of Nurses for 2022: We had a historical number of new registrations in the province of Ontario—12,000-plus—and half of those were international nurses. This is the largest number of international nursing registration we've seen in our history, so we are very proud of that work.

In 2023, we launched the Physician Practice Ready Assessment Program, as I have spoken about, which will enable internationally educated physicians with previous medical practice experience abroad to enter practice in Ontario immediately.

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

Dr. Karima Velji: Our next two items or our next two areas of focus—I won't elaborate on them, but I'll cite what they are. One is the scope-of-practice expansion, and our significant focus on that front is in the area of pharmacy, with all the work we're doing on minor ailments, vaccine administration and other things, so that people can

access primary health care through many channels in the community. And there will be a significant scope-of-practice expansion for nursing. Registered nurses will pick up the work on RN prescribing; for registered practical nurses, the work of RPN initiation has already begun in the province; and we are further removing scope-of-practice barriers away from nurse practitioners.

The last area of focus in our HHR strategy obviously is retention and distribution of the workforce. So significant—

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

Dr. Karima Velji: Thank you.

The Chair (Mr. Brian Riddell): We'll now move to the official opposition for 10 minutes. I recognize MPP Gélinas.

Mme France Gélinas: Thank you, Dr. Velji—very much appreciated. You answered quite a few of my questions; they did not know if you could give me an answer, but you did. So \$150 million for 2023-24 in this budget year for the extern program. Could I get this amount for the previous two years as well as by hospital? You've given me the overall amount; I would like it for—you talked about the 5,900 and then the 1,700 registered in 2022-23. If you could give me the amount of money that this cost and by hospital. Same thing—

Hon. Sylvia Jones: Again, Chair, some guidance on whether we should be providing individual hospital numbers would be appreciated at some point.

Mme France Gélinas: You always did in the past. I will show you the documents that you have. You didn't, but your predecessor did, and I got it by hospital. So I'm not too worried. We will figure that out and realize that you've done this many years before.

Same thing: Thank you for the updated data on new nursing grads. The new nursing graduate initiative—I was amazed at the number of people, 2,300. Well done. Again, if you could share the amount of money for the fiscal year ended—

The Chair (Mr. Brian Riddell): MPP Gélinas, I'll suggest again: Write it down and submit it to the ministry. *Interjection.*

The Chair (Mr. Brian Riddell): Just a second.

Mme France Gélinas: While they go at it, basically, new nursing grad initiative, the extern program by hospital and the community commitment program by employer for the previous fiscal year and the last one, as soon as you get those numbers in and they figure out that I'm allowed to have that info.

I have very little time left. I looked through the book and could not see any increased money for hospitals that have EldCap beds. You all know that the EldCap beds need to go to four hours of hands-on care. All of long-term care is getting more money to make it to four hours hands-on, but the EldCaps are not. In most of my area, we don't have long-term-care homes; we have EldCap beds. Is there money hidden someplace that I didn't see to help hospitals achieve the four hours of hands-on care for the long-term-care residents that are in EldCap beds?

Hon. Sylvia Jones: In the last budget, there was an announcement—an increase in the hospitals’ annual base budget, so it would be part of that. But again, I will say that it is not an across-the-board consistent number. It does vary depending on the size of the hospital and the programs that are available.

ADM Kaftarian, am I missing anything?

Mr. Peter Kaftarian: I don’t have anything to add to that, Minister. If there’s further detail available, we can look into it, but I think the minister gave a good update.

M^{me} France Gélinas: Chapleau, Espanola, Hearst, Manitoulin: They’ve all written to you asking for money specifically for their EldCap beds to match the four hours of hands-on care that is available to long-term-care homes. To say “use the base budget increase to cover your EldCap” is what I’m hearing right now—not what I want to hear, but that’s what I heard out of you. Am I right?

Hon. Sylvia Jones: We’ll take that back because, as I say, the formula was based on a number of factors, not only size but other programs. So we’ll take that back.

M^{me} France Gélinas: Okay. I’ll expect a response back.

The next one I looked really hard for was hospice funding. We all know that our hospices only get funded for hands-on care, but the cost of electricity, the cost of heating the place, the cost of feeding the people—I mean, food banks are really generous to our hospices, but they shouldn’t be. Hospices should have enough money to buy their own food, and they should have enough money to pay people to provide the food. On your last day on earth, you should not be washing bathrooms and cleaning the dishes; you should be receiving care. How come there is no new funding for hospice in this budget? Or did I miss the estimate someplace?

Hon. Sylvia Jones: An announcement will be forthcoming on the hospice model. I can assure you that our government is very seized on the valuable work that palliative care organizations do in the province of Ontario, not just in residential hospice but obviously in bereavement support and family support. So stay tuned.

M^{me} France Gélinas: Okay. I like that. I can stay tuned.

My next question has to do with independent health facilities. Can I have a breakdown of spending in the previous year and in the year coming on independent health facilities by HCCSS?

Hon. Sylvia Jones: With the community surgical and diagnostic centres, there were opportunities for some of those community diagnostic and surgical centres to apply for the surgical recovery program. So we would have the full number of how much of that almost \$1 billion—\$806 million—was spent from the previous programs. Last year, it was \$300 million in total, if I remember correctly, but it is a program that has been in place for many years, available both to hospitals and community surgical centres.

M^{me} France Gélinas: I have no problem calling them “community surgical centres” as long as I get the numbers. So the number I’m looking for is a breakdown by HCCSS

region for community surgical centres and diagnostic, whatever money you spent under—

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

M^{me} France Gélinas: —independent health facilities, when they were that name. I’m interested to have them by region.

Same thing: I’d like to request a listing of contracts that have been signed for private delivery of cataract surgery and funding for the previous year and this year—

Hon. Sylvia Jones: There have been no new contracts signed. We did announce expansions of existing facilities that had capacity, both in staff and in facility, to expand the access to cataract surgeries in particular. Those expansions have been announced, and of course you know Windsor, Kitchener-Waterloo and Ottawa were the successful recipients, because we saw those communities in particular had a higher-than-average provincial wait for cataract surgeries.

1450

M^{me} France Gélinas: All good. All I need is the money.

Hon. Sylvia Jones: So they’re not new contracts.

M^{me} France Gélinas: No, I didn’t call them new contracts; just the money—

The Chair (Mr. Brian Riddell): That concludes our committee’s consideration of estimates of the Ministry of Health. Standing order 69 requires that the Chair put, without further amendment or debate, every question necessary to dispose of the estimates. Are the members ready to vote?

M^{me} France Gélinas: Recorded vote.

Mrs. Lisa Gretzky: Just before the vote, I would ask that, for any information that was requested that the minister or one of the representatives had said they’d bring back, it comes to everybody in the committee, not just specific members.

M^{me} France Gélinas: And could you give us the list of what you have right now that you need to get back to us on?

The Chair (Mr. Brian Riddell): Lesley, you can answer that one.

Okay, are members ready to vote?

Mr. Wayne Gates: Can we get an answer there first?

Ms. Sandra Lopes: Hi. Sorry, just to clarify: It’s not an official list. I will have to go back and just check with the draft Hansard. But we do record any question that the minister or her staff has indicated they are going to respond to at a later time.

One thing I did hear is something about the emergency departments closing since the beginning of the year; the number of agency staff at long-term care and home care; and then, again, something about the agency uses—I believe it was per hospital or per region, but I would have to, again, go back. And there was a commitment, I think, around the EldCaps and to respond to additional information on that.

M^{me} France Gélinas: Okay. So when will we get the full list of your follow-up?

Ms. Sandra Lopes: I believe by the end of this week you'll receive the list of questions. It will be circulated through the Clerk to the committee.

M^{me} France Gélinas: And for the questions that did not make it on, but that we still want answers to, what's the process?

The Clerk of the Committee (Ms. Lesley Flores): There are a couple ways that one could go about it. They only become those outstanding questions which Sandra listed—again, like she said—if the ministry said they would respond. However, the other things that you could do would include—if you wanted to create a list of questions, that would be tabled as an exhibit with the committee. That wouldn't be the same as eliciting a response; it wouldn't require a response. The other method would be probably a written question tabled in the chamber.

Does that answer—

M^{me} France Gélinas: Yes.

The Chair (Mr. Brian Riddell): Are members ready to vote?

M^{me} France Gélinas: Recorded vote.

The Chair (Mr. Brian Riddell): Shall vote 1401, ministry administration program, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): The motion carries. Shall vote 1402, health policy and research program, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): That vote carries. Shall vote 1403, digital health and information management program, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): The motion carries. Shall vote 1405, Ontario health insurance program, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): The motion carries. Shall vote 1406, population and public health program, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): The motion carries. Shall vote 1412, provincial programs and stewardship, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): The motion carries. Shall vote 1413, information systems, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

The Chair (Mr. Brian Riddell): The motion carries. Shall vote 1416, health services programs, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

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

Mrs. Robin Martin: Excuse me, Chair—

The Chair (Mr. Brian Riddell): Go ahead.

Mrs. Robin Martin: I didn't hear 1406. Did we vote on 1406?

The Chair (Mr. Brian Riddell): Yes, we did.

Mrs. Robin Martin: Population and public health?

The Chair (Mr. Brian Riddell): We did.

Mrs. Robin Martin: Sorry.

The Chair (Mr. Brian Riddell): That's okay.

Shall vote 1407, health capital program, carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

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

Shall the 2023-24 estimates of the Ministry of Health carry?

Ayes

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

Nays

Gates, Gélinas, Gretzky, Shamji.

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

Shall the 2023-24 estimates to the Ministry of Health be reported to the House?

Ayes

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

Nays

Gates, Gélinas, Gretzky.

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

Thank you. We will now recess for four minutes.

The committee recessed from 1458 to 1505.

MINISTRY OF EDUCATION

The Chair (Mr. Brian Riddell): Good afternoon. The committee is waiting to begin consideration of 2023-24 estimates of the Ministry of Education, 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 that 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 1001, which sets the review process in motion. We will begin with a statement no longer than 20 minutes from the Minister of Education.

The remaining time will be allotted for questions and answers in rotations of 20 minutes for the official opposition members, 10 minutes for the independent member and 20 minutes for the government members of this committee.

Minister, the floor is yours.

Hon. Stephen Lecce: Thank you very much, Chair. Good to be with you all. Good to be back at estimates. I'm pleased to be here with officials from the ministry and the deputy minister. Thank you, Nancy, for your presence and the entire leadership team within the ministry for their work.

Really, we're here to provide an overview of the plan to help support students, especially as we look forward to the 2023-24 school year and the work we're doing this school year, most specifically to support academic achievement and the well-being of children. That includes a focus on foundational knowledge like reading, writing and math, and boosting the skill sets that matter most.

To do this, we made historic investments in tutoring and other academic supports and I want to enumerate some of those key investments.

In February 2022, we announced education funding of \$26.6 billion for the 2022-23 school year that we provided through the Grants for Student Needs. As well, we provided funding through the priorities and partnerships funding. This included key investments for a range of initiatives, and it includes time-limited funding to hire thousands of staff. It included \$175 million in expanding access to tutoring. It, of course, included great focus on literacy and math in that program, Chair, that helped over 200,000 kids, so we're very proud of that. It included additional funding for summer learning opportunities to expand access to education through the summer, a \$15-million investment, and likewise, over \$90 million to support student mental health, a very critical and timely investment today, perhaps more than ever.

We also provided \$25 million to provide reading intervention programs and professional assessments to support our youngest learners. In October 2022, we also announced the Catch Up Payments program to help parents really to support children at home—for families, parents and guardians who care for their kids, to provide some support, a payment of \$200 to \$250 per child. Over 1.4 million payments have been made directly to parents. It's a significant way we can help offset the cost-of-living challenges across the country.

I will also note, in the curriculum, part of our effort for September 2022, for this past year was really to ensure we have a destreamed grade 9 science course in addition to the new destreamed grade 9 math course that was implemented the year prior. It means that as of September 2022, Chair, all grade 9 subjects are being offered in one stream. That's very positive as we remove barriers that have historically impeded the progress and the success of students, particularly when it comes to graduation rates, higher learning, post-secondary and the skilled trades. This is a fundamental priority, and I know it's a priority cham-

pioned by the former trustee from Ajax, now parliamentary assistant, Patrice Barnes, and others who have been long advocates for destreaming. So I appreciate the partnership and advocacy because I think it's going to make a difference and over time we'll see the benefit of that.

1510

We've also introduced a new elementary science and technology curriculum that will be in place for September 2024 and a new, revised grade 10 civics and citizenship course in the 2022-23 school year. It didn't get a lot of headlines leading into an election, but I can assure you it's really critical updated knowledge, trying to strengthen the critical thinking skills of young people, particularly when it comes to all of the online sphere. So there are really important reforms being brought forth to the curricula, a major overhaul with an emphasis on STEM but still prioritizing other areas of reform as well.

Part of our priority is also to ensure that we have the infrastructure in place to support academic achievement, and so we are investing \$1.4 billion in the school year for the repairs, the backlog and the renewal of schools. This is important. Every year we're doing this, and it's part of a broader aim to make sure kids are learning in spaces that are conducive to a safe place to learn and to thrive.

It also underscores why we provide roughly \$500 million every single year as part of the annual Capital Priorities Program, and that's very critical, that we continue to invest significant amounts of funding to build new schools or major additions. Either way, we really see a future in this area of leaning into that investment and working on the non-financial elements to help speed up delivery of schools, because I think perhaps one of the things that would unify us in this committee today is that in some communities, it takes very long to build a school. That's a problem, and not just a financial problem; it's a quality-of-learning problem. So we're determined to expedite that. We've got a bill before the House, Chair, the Better Schools and Student Outcomes Act, that in part will help to remediate that. That's an ongoing area of priority for myself as minister. But while we do that, we're going to continue to provide the dollars: the \$1.4 billion in renewal and the \$500 million-plus in capital. It's going to help improve the state of schools in Ontario.

Another part of what we do in our ministry—it is quite multi-faceted, but it is important—is child care. We build tens of thousands of child care spaces within our schools. It creates convenience and maximizes our assets better for parents and for the taxpayer respectively. But another part of this—really the major step forward—was the signing of the agreement with the federal government, a materially better deal than what was originally proposed to Ontario at the front end, where we had \$13.2 billion. We were able to secure an additional year of investment and several billion dollars more in funding guarantees for that. So that's positive, because it's supporting increased access and decreased fees for families.

Again, I think we probably agree at least with the problem definition, that it costs too much to raise a child.

It was prohibitive to send a child into care. Upwards of \$10,000, \$12,000, \$14,000 per child is truly crazy. So this program, this initiative signed with the federal government I think is really helping. It is helping in every community. The average reduction is 50%, and I'm very proud of that. Obviously it's going to keep coming down, but even at 50% in the first not even year—or I guess roughly a year now that we've passed the one-year anniversary of its signing—we're seeing a real impact in the reduction of costs. I'm very proud of that, particularly as we try to support—

The Chair (Mr. Brian Riddell): Minister, could you speak closer to the mike, please.

Hon. Stephen Lecce: It's critically important as we try to increase access for working parents in Ontario and particularly increase women's participation in the labour market, which is also a priority of the province of Ontario. So we've seen those reductions, approximately \$1.1 billion in savings in the 2022-23 school year.

In December, we launched a directed growth plan. This is really to help incentivize the market to build more spaces where we think they need them or where they've historically been under-represented, and that's a pretty significant step forward. It's \$213 million in start-up grants to support new and existing operators with the initial costs of creating new spaces.

Chair, I will note that the parliamentary assistant did a great deal of work consulting with the sector to understand what's fair and sends a strong signal of incentive to the market to help get more child care spaces built, and a result of that consultation was the launch of this \$213-million plan that provides municipal service managers with updated space creation targets. We're talking about thousands of additional spaces that are now being added in phase 2 of this; it's been iterative. We came out with a big win in phase 1 and we know have additional hundreds or thousands of spaces for more communities, particularly for the ones who put their hand up asking for more. In some cases where they didn't, we still went back to them saying, "We'd like you to really consider if you could use a few extra hundred or a few extra spaces because we have the availability and we want to be helpful." The start-up grant I think has been a great driver of the success as we try to better equalize access and the ratios of children to spaces across Ontario.

Of course, our child care spaces are nothing without the people within them, and I want to thank our registered early childhood educators. They do really special work—very committed and hard-working—and perhaps an anomaly within the space is that they worked through the pandemic. We often forget what sectors were open, full stop, and our ECEs worked and never complained. They just kept their head down and did their very best in a pretty impossible situation. But the point is, they did amazing work and we're truly grateful for them.

One of the realities—part of this deal—is to provide annual increases until the end of this program of \$1 per hour, per year. But I, full stop, accept that there's more we can do and we will do to create every incentive possible to

retain these good workers within our child care centres, for profit and non-profit—our official policy is we're agnostic. We just want them working, we want them happy, we want them safe, we want them supported in whatever place they choose to work. That's another area of priority, but we're very pleased to see thousands of dollars, \$46 on average per day down to \$23. That's huge; it's a very positive step forward.

In addition, Chair, just if we look writ large, going back to the education sphere, we really wanted to emphasize that, for the more than two million students across the province, our aim continues really to be building the skills and knowledge they're going to need to succeed. I've only highlighted some of the initiatives within this space to support student achievement. Going forward, the government remains very committed to improving student outcomes and really preparing students for the jobs of the future, and part of why we're here today is to explore the funding vehicles for how we do that.

In April 2023, so this year, we announced \$27.6 billion in public education for the coming school year. This is an increase of 2.7% in base GSN funding compared to the year prior. This year's investment demonstrates a commitment to supporting and providing students with the access to the skills they're going to need, and that includes significant investments to support students in building those foundational skills. Be it reading, writing and math or other STEM disciplines, we see this as fundamental. So we've put in place \$180 million—this is new—in reading and math supports for a new strategy to help students build the skills they need to succeed. Specifically, \$71 million is going to implement a new math plan to help strengthen the math skills of these kids and the residual \$109 million of that is going to go to support building stronger reading skills and, really, to overall improve literacy.

There's \$100 million specifically, Chair, for staffing to support destreaming and transition work to high school for additional teachers in grade 7 to grade 10, and they're going to work directly with students. I want to emphasize that for the record. There's an additional \$100 million specifically to support the destreamed courses. Of course, today, in the government, that is grade 9 we've destreamed, but to support the grades 7 and 8 transition in and the grade 10 transition out, we're adding roughly 900-plus teachers to support those critical years to make sure it's a success. That's in addition to and removed from the monies we're putting in place for literacy and for math that I just enumerated to the committee. So we're talking about just in or around 1,800, 2,000 people—educators by the way, front-line certified educators in schools. I think that's a really positive step forward, particularly as we try to strengthen the areas where we've seen some regression in EQAO data.

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We've also recognized there are rising risks around our schools, in communities. It's not necessarily because of school safety issues, but community violence is manifesting and pouring into places from subways to schools to playgrounds. It's a problem. We're seized with it as a

government, looking at a variety of reforms, including efforts to call on the federal government to meaningfully reform their bail system, which—they have heeded the advice of the Premier and other provincial first ministers in the country who have called for that action. That's positive.

But within our school system specifically, we've added \$24 million specifically to hire workers like safety monitors within schools—and other mental health supports. We recognize there's a clear connection between mental health and behaviour. It's why the government increased funding in mental health again this school year. We're today investing north of 550% more than when we started in 2017-18. That's a really positive step forward. I recognize there's more we can do, but I'm proud of that trajectory, with the recognition that we've got to keep working on this and keep improving access for kids. Community, schools, all the above—I appreciate these kids need more access, and we're going to be supportive of that.

I also just want to note, Chair, that another area of priority that's often in the news as we go into September is on student transportation, on busing. We want to make sure kids get to and from school in a safe manner. That's an important obligation: the safety of kids. We've announced a new student transportation formula and funding, \$111 million of additional funding to provide more effective, reliable student transportation. I think that's actually really important as we look forward, given that costs are rising for fuel and carbon taxation and other issues that put pressure on the sector. While we oppose those types of taxes imposed on consumers and small businesses, in the meantime, we're going to be there for the sector to respond to rising costs, just to make sure there's certainty in communities.

In perhaps the smallest towns, the most rural concessions and villages and northern parts of Ontario, it's tough to operate. There's not a ton of competition up there. So we just thought an infusion of an extra \$111 million for this coming school year is going to help with that reality of the costs for operating in the busing industry today everywhere, but most especially in rural parts of Ontario.

I just want to turn for a moment, Chair, beyond the dollars, to start speaking just a bit about some of the actions we've taken on curriculum. I accept investing is an important part of what we do, what a responsible government will do. I think an important metric is not just the amount of money we're investing; it's the outcomes associated with that investment that we should be emphasizing more. Hopefully that will resonate with all members today. But I do think an area where governments of the past, respectfully, should have been better at this is in the area of curriculum.

We really do believe in strengthening pathways for young people, providing the more hands-on learning—that has been one of the anchors of our reforms is trying to make the curriculum more relevant to young people, more exciting, using hands-on learning experiences, a more experiential approach, but it gets kids thinking critically. I

often reflect on walking into a classroom, grade 2 or 3, which now requires these kids to start to build robots. The excitement of those kids, by the way—in the abstract, talking about robotics may be boring when reading in a text, but when they're actually doing it, they were excited. Teachers remarked that they discovered passions in their kids that they wouldn't have known if they didn't get to see those kids, in real time, express an interest in STEM and engineering and basic math and in design, which I think is really cool, really powerful, very positive. So that's part of our emphasis.

Part of this is making sure that the curriculum is relevant to the labour market. I think it is problematic—I'm being very diplomatic and perhaps conservative in my criticisms of the former Liberal government, but I must say it is a real blunder of judgment for a curriculum to have stayed 10, 12, 13, 14 years out of date from the last time it was reformed, because we had kids learning skill sets that—provinces east and west now had a competitive advantage over Ontario because we weren't teaching kids, for example, mandatory requirements in the curriculum on financial literacy. It was problematic then, but we've resolved that by mandating it in every grade, starting in grade 1, learning the most basic money skills and how to build those skills when they get older, utilizing the knowledge on budgeting, on interest, on credit, on mortgage and taxation—just real-life skills. We need to make this more an emphasis on the real-life application of what we teach in schools. We've really been on a roll in this respect.

I know our curriculum writers are very busy. These are educators we second. I want to thank them, and ADM Ginsler and the entire division, who work probably 24/7 in this respect. But it's important. It is really important. Many very thoughtful educators have shared with me the importance of keeping the curriculum relevant, so I appreciate that.

In March of this year, we also plan to accelerate apprenticeship pathways for students.

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

Hon. Stephen Lecce: We also announced a requirement for all children in the next school year, 2024, to take one tech course. That's going to help particularly girls, who are disproportionately under-represented—only a third of them in tech courses. It's going to help equalize access to those paths.

We've overhauled the math and science curricula. We have required and expanded the Dual Credit Program, to create over 2,000 student opportunities to earn college credits while they're in high school. We have modernized the computer studies courses, or plan to do that for grade 10 for this coming September.

And, of course, we have a new language curriculum that follows the Ontario Human Rights Commission's Right to Read report, a landmark study calling for a return to phonics in how we read, for the youngest learners. We have accepted that, without reservation. We've accepted their advice. We've implemented a screener for senior kindergarten and grades 1 and 2. We've funded it fully, and

we have a new language curriculum which will be in place in English and French for September.

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

Hon. Stephen Lecce: Thank you so much.

The Chair (Mr. Brian Riddell): We will now go to the official opposition for 20 minutes. I'll recognize MPP Pasma.

Ms. Chandra Pasma: Thank you very much for being here, Minister. I know transparency and accountability are very important to you, because you've told us that many times over the past month with Bill 98, so it's disappointing that the government members have only allowed you to be here for three hours. But I'm sure, in the interest of having as much transparency as possible, you will want to keep your answers commensurate with the length of our questions and not try to talk out our time.

To start with, I'd like to ask a question about the school repair backlog, and I'm looking for a number, not a sermon. What is the current school repair backlog in Ontario?

Hon. Stephen Lecce: Thank you for your thoughts, member. I'm going to provide an answer on what we do with respect to our capital backlog—

Ms. Chandra Pasma: But I'm looking for the number, not what you do with respect to the capital repair backlog.

Hon. Stephen Lecce: You're going to get a lot of numbers, member. The first is \$1.4 billion, which the province of Ontario expends on renewal funding, which the Auditor General of this province has recommended.

Ms. Chandra Pasma: I'm not looking for what we're spending every year; I'm looking for what the repair backlog number is.

Hon. Stephen Lecce: And the Auditor General recommends to the province a 2.5% allocation for renewal, and that is precisely what the province has invested every single year since I've been here. We invest \$550 million in capital. We are making every effort to update schools, including through a \$600-million ventilation upgrade. And I would just note that notwithstanding the \$1.4-billion allocation and \$550 million in capital, the official opposition has voted against each and every capital investment we've made.

Ms. Chandra Pasma: This is now the fifth time that I have asked you for the repair backlog in Ontario. I asked you in committee in November, I asked you by letter following that meeting, I've asked you via order paper, I've asked you via an FOI and now I've asked you again in committee. I have not gotten an answer a single time.

I'm wondering if the reason why you fail to answer this question when I've asked it and when the previous education critic asked it for the past few years is because you don't actually know the school repair backlog in Ontario, and if the reason why you don't actually know what the school repair backlog is in Ontario is because inspections have not taken place since 2020, since the previous contract expired.

Hon. Stephen Lecce: We are very committed to making sure that schools are modern and state of the art for kids. We've undertaken a major renewal of an annual

investment of \$550 million. We've been building, on average, anywhere between 30 to 40 new elementary and high schools. We include modern ventilation technology, as well as accessibility, as part of the base benchmarks. We invest in the renewal funding, and outside of the monies I've cited to you, we also put in a one-time investment of about \$600 million, overwhelmingly for ventilation, which improves the state of schools. That's going to continue to be an emphasis of the government.

We recognize how important it is that parents have confidence their kids are learning in a safe, modern, healthy place. With the new ventilation upgrades, with the ongoing funding and maintenance, I do believe that we're going to continue to make sure kids are learning in safe, positive places every single year, and that will be an area of priority for the Premier and the government.

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Ms. Chandra Pasma: Are inspections taking place currently?

Hon. Stephen Lecce: Could you be more specific on that? What do you mean by that?

Ms. Chandra Pasma: Are inspections of schools taking place? Has there been a new contract issued for a vendor who is inspecting schools?

Hon. Stephen Lecce: I may defer to the deputy minister on that specific element, on inspections.

Ms. Nancy Naylor: Yes, thank you. The ministry has run through a procurement—

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

Ms. Nancy Naylor: Oh, pardon me. I'm Nancy Naylor. I'm the Deputy Minister of Education. Excuse me.

We have issued a new contract for school condition surveys. If you'd like more information on that, our ADM is here and can speak to that project.

Ms. Chandra Pasma: What I'm asking, though, is, are those inspections, are those surveys taking place right now? It sounds like the answer is no. So when will they start taking place again, when can we expect the database to be up to date, and when will there be a total number of repair backlogs known again?

Hon. Stephen Lecce: As a matter of course, we are engaged with school boards on their capital needs, particularly as we look out in the short and medium term—often 10-year lookouts. We are cognizant and aware of the needs based on the population that is rising in communities across Ontario. That point alone is the driving force, the impetus for why in Bill 98, as you mentioned, there are provisions in place to expedite the delivery of those schools, because time is creating an impact on the quality of learning, longer busing routes, and obviously it costs more if we're waiting years and years to build a project. So we've included a plan in Bill 98, as proposed—part of Bill 98 is to accelerate the delivery of those schools, which I do think is important because I recognize, like you, that we've got to keep renewing the schools that our kids learn in.

Ms. Chandra Pasma: It kind of sounds to me like instead of Bill 98, you should have been spending the time

working on getting your own act together on the school inspections and increasing funding for the repair backlog.

Do you know what inflation has been in Canada between 2018 and 2023?

Hon. Stephen Lecce: Can you say that again?

Ms. Chandra Pasma: Do you know what inflation has been in Canada between 2018 and 2023?

Hon. Stephen Lecce: Deputy, do you want to take that?

Ms. Nancy Naylor: Not off the top of my head, but we go by the Ministry of Finance's projections and recordings of CPI in Ontario.

Ms. Chandra Pasma: Well, CPI has increased 17.3% since 2018. Do you know how much per-student funding in Ontario has increased since 2018?

Hon. Stephen Lecce: I'm aware that school boards identify priorities to the ministry. We have, since then and certainly over the past four or five years, provided specific funding to meet the needs of children. For example, we saw a significant learning loss following the pandemic. What was the government's response? We increased funding in literacy by \$100 million, we increased funding in—

Ms. Chandra Pasma: I'll just cut you off because the answer is not in there. The answer is 6.8%. Do you acknowledge that 6.8% is less than 17.3%?

Hon. Stephen Lecce: I think when you look at the needs of children in literacy, math, mental health, in areas that matter to parents we represent, you will see a significant increase in expenditure. You'll know, member, 80 cents to the dollar in this ministry goes to compensation.

Ms. Chandra Pasma: So you're not going to acknowledge that 6.8% is less than 17.3%?

Hon. Stephen Lecce: I'm going to affirm to you and to the dozens of individuals watching today that we are going to continue to meet the needs of children in a very targeted way, from literacy to mental health to special education to student transportation. In each of those areas, funding is up. In mental health, it's up 550%. In student transportation, it's up \$111 million this coming school year. In literacy, there's \$180 million specifically for reading, writing and math—that's literacy and math—and \$100 million separately for destreaming. So if you look at the targeted areas of investment, I'm confirming to you that we have and will remain a committed partner in supporting kids where the needs are.

Ms. Chandra Pasma: Oh, I agree that needs are up, but your funding is up way, way less than the rate of inflation. The Bank of Canada said inflation was 4.4% in April. Your own government's projection for inflation, from the Ministry of Finance, is 3.6% for the year. You've claimed that your increase in funding for the year is 2.7%; if you actually compare year-over-year funding, it's only 1.4%, but let's go with your number. Do you acknowledge 2.7% is less than 4.4%?

Hon. Stephen Lecce: I think, when we're dealing with the challenges of kids learning after a pandemic and the measurements of EQAO data, mental health and wellness in the areas where parents, students and, frankly, many educators have advocated to see increased investment, I'm

acknowledging and confirming that we've increased those supports. The case study which I appreciate you may not want to focus on is the 2,000 additional teachers that were hired for September of this coming school year to support those areas of need in reading, writing and math and destreamed courses.

I'm confirming that for the coming school year, we're going to increase mental health funding. That's important. I know it's important to you, too. We're adding funding to annualize access through this summer. That never happened historically, for the most part, in the province; there have been one or two exceptions. We're now making that part of a commitment for the next not one year, but three years built, into the fiscal framework.

We are responding to the needs. The needs are real. They're rising. I acknowledge that. That's why we've stepped up funding every single year.

Ms. Chandra Pasma: Actually, you've stepped up funding significantly less than the rate of inflation every single year. Do you think it's fair to impose financial literacy courses on students when it appears that you are unaware of the impact of inflation on the value of money over time?

Hon. Stephen Lecce: I think when you see the student enrolment figures—you would have them handy, I'm sure—enrolment in the province has been fairly flat, and yet funding is up, as you've acknowledged, and I appreciate that—

Ms. Chandra Pasma: Funding is up less than the rate of inflation, which means that it's worth less over time, so you're actually providing a stable number of students less funding over time.

Mrs. Robin Martin: Chair, a point of order.

Hon. Stephen Lecce: But you didn't disagree with the premise that enrolment—

Interjection.

Hon. Stephen Lecce: I'm fine, Chair—

The Chair (Mr. Brian Riddell): Just hold for a second. Point of order?

Mrs. Robin Martin: Sorry, Chair. I'm just not understanding what's going on here. Are we having a debate across the floor, or are we having a question-and-answer session? It seems like it's a debate with interjections all the time. I'm not hearing any answers being given—

The Chair (Mr. Brian Riddell): It's supposed to be question and answer, so we'll keep it to question and answer.

Ms. Chandra Pasma: I would love to hear some answers, please, Minister.

Mrs. Robin Martin: You might have to let him speak.

Hon. Stephen Lecce: With your concurrence, I'll try that again. I was saying we work on a system—most of our funding, as the member opposite will know, is pupil-based. It's driven by enrolment. Do you acknowledge that enrolment is largely flat in the province?

Ms. Chandra Pasma: What I acknowledge is that your per-pupil funding has dropped by \$1,200 over the past five years.

Hon. Stephen Lecce: Okay, so it sounds like we're using a—

The Chair (Mr. Brian Riddell): Let's let the minister finish before you respond.

Ms. Chandra Pasma: He asked me a question.

Hon. Stephen Lecce: Right. And we took a similar approach on the answer, it looks like. But I think what I'd acknowledge, simply, is that enrolment is flat. Per-pupil funding is literally in the name; it's driven by the amount of kids in the system. So if it goes up, the funding commensurately goes up. If enrolment is down, there's usually a reduction. That's not a cut; it just means that there are fewer kids in schools.

In this case, enrolment is flat overwhelmingly, and funding is up on an annual basis every single year, with this coming school year by \$690 million. And even though staff responds to enrolment, we still have 7,500 more education workers and teachers combined hired since 2018, when we started. That's a truth.

So look, we have not more kids; we have fewer kids, relatively speaking, and more staff. That's an important part of the discussion, an intellectually honest part of the discussion. We don't have more kids in the system, but we have a heck of a lot more staff in the system, and that's going to help these kids get back on track, which I think we all care about.

Ms. Chandra Pasma: Your per-pupil funding is down \$1,200 per student due to the impact of inflation. That's not actually an increase per student.

To move on to another topic, over the past few years, we've seen a number of school boards have to pay significant funds out of their own reserve funding for COVID-related expenditures: \$70 million for the TDSB, \$60 million for the Toronto Catholic District School Board, \$10 million for the Ottawa-Carleton District School Board. And now, all three of these boards are facing significant deficits and cuts. Meanwhile, over the past few years, your government sat on billions of dollars earmarked for COVID without spending them on schools, and now you're imposing inflationary cuts on these boards this year. Do you think that's fair?

Hon. Stephen Lecce: Well, I appreciate that you did mention the fact that there was a funding provision on an exceptional basis, one time, which became two-time funding for COVID. I think we accept that we're not in a pandemic today, but I appreciate that there are long-term challenges we're still facing as a society and as a government.

And so I thought it was absolutely responsible of the government to put aside, in addition to increasing funding on a year-over-year basis, an additional infusion of funds to hire north of 3,000 staff to help, often for areas like more custodial support staff or social workers, EAs—things that we needed at that time, and I will note that your party opposed those investments.

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Ms. Chandra Pasma: You've just acknowledged it's 3,000 positions over the past year, roughly. Now, the school boards are losing that COVID-19 recovery funding.

How many positions are going to be defunded in this coming school year because of the loss of the money?

Hon. Stephen Lecce: I just want to make sure I understand. So the fund that we created two years ago which the New Democrats voted against, you now want us to continue funding those staff members?

Ms. Chandra Pasma: No, the question I asked you is, how many positions are being defunded this coming school year because you're not continuing that funding? I didn't ask you anything about who voted for what. How many positions are being defunded this coming year?

Hon. Stephen Lecce: Right. But it is interesting to note that you opposed the investments when you had the chance—

Ms. Chandra Pasma: I wasn't here two years ago. I gladly would have been, but I did not have the opportunity—

Hon. Stephen Lecce: The member from Niagara Falls was, and maybe I'm—

The Chair (Mr. Brian Riddell): Always remember to—

Mr. Wayne Gates: Don't drag me into your problems, okay?

Hon. Stephen Lecce: All right.

The Chair (Mr. Brian Riddell): MPP Gates.

Hon. Stephen Lecce: Fair enough, Wayne. Fair enough.

The Chair (Mr. Brian Riddell): All comments have to go through the Chair.

Hon. Stephen Lecce: I will accept the advice of the member from Niagara Falls on this one.

We hired thousands of staff on an exceptional basis. We're proud to deliver that funding. We actually carried it over another year. Even though it was supposed to be one time, it became two-time funding. Obviously, for the coming school year, what we're doing to help in areas of need is we provided \$100 million specifically to hire educators for literacy; \$70 million for math teachers, doubling the math educators. We've added \$100 million in destreaming. We're talking about roughly 2,000 teachers. Before, those were workers and teachers, aggregated. This is specifically teachers, which, as you know, is at a benchmark of roughly \$100,000 per person. So we're really paying for quality individuals to be in the classrooms to make a difference for kids while the focus is on learning recovery, given the regression in those areas.

Look, I'm happy that the government invested when it mattered most. I'm very pleased that we've still retained a critical component of these supports, now focused on reading, writing, math and mental health. And I just want you to know that based on the changing landscape and needs of children and school boards in communities, we will evolve. We'll continue to pivot. We'll continue to be there. I think the \$200-million-plus investment in hiring teachers in Ontario for the coming school year amid ongoing negotiations demonstrates a goodwill commitment to do what's right for these kids, and that's why we've added more staff specifically focused on the areas where we've seen, according to the EQAO data, an area of regression.

While we're not the worst in Canada, we're certainly concerned about where we're at and we're determined to lift those scores and lift the performances of children.

Ms. Chandra Pasma: Since apparently the answer is you don't know how many positions will be defunded, I'll ask the ministry to follow up in writing later with the answer to that question.

To come back to the question of forcing boards to spend out of their reserves and now imposing inflationary cuts, we're seeing huge cuts coming at the TDSB, Toronto Catholic District School Board, OCDSB. One of the things that we know schools are having to cut is school-based safety monitors and child and youth workers. We've seen a real epidemic of violence. York Memorial said one of the only things that worked was actually hiring additional supports to work with kids, especially safety-based monitors, mental health resources. So when we already have a crisis of violence and mental health in our schools like at Tomken Road Middle School and York Memorial high school, what do you think is going to be the impact of cutting 40 school-based safety monitors and 35 child and youth workers in the Toronto District School Board?

Hon. Stephen Lecce: First off, the government announced \$24 million just a few months ago to help hire school-based safety monitors and help to reduce incidents of violence within schools. We announced \$2.8 million specifically to expand the Focus on Youth Program, which is that high-quality after-school programming that's been effective that was advocated for by TDSB. When we met with the director and chair, they recommended this type of expansion, so we followed the recommendation. We've announced \$1.8 million specifically for the TDSB to work with community organizations. We funded a half-million-dollar investment with Pinball Clemons to partner with the One Voice One Team youth leadership organization, which provides leadership and mentorship to at-risk kids. We're taking a multitude of actions of adding more people, more staff, leveraging community wherever possible. And I think some of the connections and investment we provide specifically to TDSB—because we met with them. The deputy and I met with the chair and director many times over the past months on that very issue specifically, and we've come up with some incremental supports for them. We'll continue to do whatever is necessary, frankly, to keep the school system safe.

I think mental health really can't be decoupled from violence. I think we'd probably both acknowledge that there's causal connection between the two. We've massively increased the funding, too, and we've annualized in the summers, because the system wasn't really designed for children; it seemed to be better designed for bureaucracies than for the end-user, for kids, where a kid, a child would have to pivot out of school to the community on a potential wait-list instead of just getting access to the same mental health worker in July and August. That was a good idea. We ran with it, we funded it, and we're going to do that for the next three years.

My point is, there's mental health funding, additional safety monitors; there's \$24 million specifically in that

area and then targeted funding with third parties like Pinball Clemons—

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

Hon. Stephen Lecce: —which I think is making a big difference. If you ask the TDSB today, those partnerships are yielding a difference. They're getting kids involved in co-op after-school programs, tutoring programs, mentorship programs, nutrition. All of this is going to help try to keep kids on a good track and help them graduate ultimately.

Ms. Chandra Pasma: Twenty million dollars is a drop in the bucket when you consider that we have nearly 5,000 schools in the province, and it still doesn't address the fact that you're actually imposing cuts on these school boards. Like, the fact that the TDSB is going to lose 40 school-based safety monitors when they have this epidemic of violence I think is a big problem, and I did not hear you say whether or not you think that's fair.

Hon. Stephen Lecce: I've not seen a final budget proposed by that board. You may be privy to what is not public yet. All I can tell you is that we are working in good faith with that board and every board to make sure they've got the right staffing complement. TDSB has seen funding go up, notwithstanding that their staffing is actually down, not flat—

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

We'll now go to the independent member. I recognize MPP Collard.

M^{me} Lucille Collard: Thank you, Minister, for your presentation. I have to start with a question about the shortage of francophone teachers. As you know, it is a big concern. It has become a crisis. Two years ago, you did strike a working group to look at those issues in collaboration with the school boards' association, which was, I think, a great initiative. The work of that working group yielded some 27 recommendations. I would like you to speak to what has been implemented, in terms of those recommendations, to assist with the shortage of francophone teachers, and what else is coming up in the pipe to be able to make a difference, because it's got into a crisis right now and it's very, very concerning.

Hon. Stephen Lecce: I appreciate the question and your advocacy in this area. I know this is a shared priority for us all, because our limitation is not funding, it's not commitment; it's literally people in some respects, on the French side. That's a national challenge. It precedes our government's time. It's not an Ontario problem; it's a Canadian problem. But nonetheless, we are determined as a government to fix it.

We did, two years ago, launch a working group. We brought labour, school boards, community and the ministry together to one table. We funded it at roughly \$13-odd million. So the question is specific to the yields from that investment. In the 2022-23 school year, there were close to 400 new French-language graduates from the faculties of education—400 were new. That is a promising number, and most are available for French-language school boards for the next school year. In addition,

I will note that the ministry has certified 91 international teachers since the recruitment portal launched in January 2022. I can confirm that we facilitated nearly 700 additional French educators since the working group has been established. Of course, it's now up to school boards to hire them. The second part of this is—we can help get them certified, attract them, retain them, and then of course it comes down to the employer to hire them. But the number, in short, to my colleague, is 700 additional educators on the French side.

Look, there's a lot more to do. In Bill 98, as you will know well, there are specific components that deal with accelerating processes for certification. I thought it was problematic that in Ontario, it took twice the length to certify an educator from France, for example, who wants to come work in Ontario, or from other parts of the Francophonie—it takes more than twice the length to certify that international educator to be in Ontario than it does in BC, so we've resolved to cut that by at least half, to help French school boards quickly be able to gain access to those international applicants who come to Canada, shortening the amount of days it takes to get them certified, so they can get into classrooms working.

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M^{me} Lucille Collard: On that particular point, as a follow-up question: How are you working with the regulatory body for certification? Because what I hear is that there are immigrants here who have foreign credentials, who do have the basics. And while I understand that they may need to enroll in a bridging program to be able to get up to par, the OQRE is still making it very difficult for those teachers. I've been in touch with teachers who have been telling me it has been more than a year, and there's still nothing going on. So what are you doing to work with the regulatory agencies, so that they actually collaborate into certifying those teachers?

Hon. Stephen Lecce: I have met directly with the college, the registrar, the leadership team, and I've met with the board to emphasize my expectations. Now I'm at the point that we're going to be using government authorities to impose those ceilings of the amount of days that will be acceptable to certify.

I guess my point is that we're trying to change cultures. It takes time, but obviously I share your impatience, so I'm now using authorities of ministry to impose a maximum amount of days. It will be cut by at least half. That is my commitment to you. That's more in line with large provincial regulators like, for example, in BC.

We also did something that I thought was important to create access to more educators, essentially liberalizing access to the three areas of educators where we have historically been under, where we don't have a significant pool of candidates. That includes for French-language education, for Indigenous education and for the skilled trades, where we've historically had acute shortages, French being among the most challenging of the list. That remains a top priority for us.

What we did in Bill 98—or what was proposed, more clearly—is we created a new specialized experience

certificate for those priority groups. What that essentially means is it expedites individuals with real work experience into classrooms, to instructional roles. It creates pathways to transition from often mid-career professionals to working with kids. And it creates a bit more equitable status as teachers, to help reduce the disincentives, because if you're a mid-career person, as you know, based on the seniority system, it can create some challenges and perhaps disincentives.

So that's another major area where I think it's going to be a big win for the French school boards—including for skilled trades, for Indigenous education, but particularly for French—having more latitude to access more individuals who we believe could make a difference in schools. And obviously the working group continues with a great deal of emphasis.

M^{me} Lucille Collard: From these 27 recommendations, though, I believe that maybe only a couple have been implemented to some extent. So I would like to know, what is your plan in terms of implementing more of these? Because I think that there was a lot of work involved to identify the solutions, and I would really like to see the ministry not leaving that work to go to waste and really working on implementing those solutions.

Hon. Stephen Lecce: I would be more than pleased to maybe turn it to the deputy or the ADM responsible. Let me just outline some of the work that's been done. I don't recall off the top of my head the number, but I believe a majority or a significant portion of those recommendations have been already enacted. Some of them are under way; some of them are future tense. But if you permit me, if the deputy or the ADM responsible, Denys Giguere, could provide a quick update on where we're at on implementation, that would be helpful.

M^{me} Lucille Collard: If you can, I would appreciate getting a detailed answer on this, as to what has been implemented, what is left to do and what the government intends to implement.

I'm going to move to a slightly different area, which is capital funding projects. There is something that I need to understand. To this day, even after being a school trustee for 10 years, what I don't understand is how the priority lists of capital funding are selected by the ministry. For example, when I was at the CEPEO, we submitted a list of 10 priorities and we got funding for priorities number 6 and 7, for example, and our first priorities were not addressed. Can you explain to me how it is that the priorities identified by school boards are not addressed?

Hon. Stephen Lecce: Sure. I am going to turn it over to the ADM or the deputy, just to speak a bit about the process around identifying priorities and capital needs as we look at the short and medium term.

Ms. Didem Proulx: Hello, my name is Didem Proulx. I'm the assistant deputy minister of the capital and business support division at the Ministry of Education. Thank you so much for the question. As you noted, the ministry issues a call for proposals, so to speak—ideas for school boards to submit. In the past, the number of projects school boards could submit ranged anywhere from five to

10 projects per year and it gives school boards an opportunity to identify what their needs and priorities are as they see on the ground.

As you might know, for capital priorities—

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

Ms. Didem Proulx: —there is funding provided for growth or for French-language or Catholic access, constitutionally provided access. When proposals come forward for evaluation, we look at what are alternative solutions that may be available, because every year we receive way more projects than what we can fund, and we look at whether this is a short-term need or a long-term need—again, either alternative solutions, what is the access capacity and pressures on the ground.

There are multiple criteria that are followed in terms of being able to do the relative ranking of proposals, and the proposals that have the highest need and the most urgency are chosen and are announced every year.

M^{me} Lucille Collard: Thank you.

The Chair (Mr. Brian Riddell): We'll now go to the government side and recognize MPP Rae.

Mr. Matthew Rae: Thank you, Minister, and to your officials for being here today. I also want to take a brief moment to thank Nancy. I know she is moving on from education, but I want to thank Nancy for all her work, especially during the pandemic, as well. I know she will be missed. I know you're getting a great deputy minister, as well—she's coming from MMAH, but I know Nancy will be missed, so, thank you, Nancy.

And so, my hard-hitting question for the minister: Minister, as you are very well aware, over the past decade, Ontario's population has grown rapidly and is growing rapidly. We're accepting—I believe it's almost 450,000 new immigrants and new Canadians into our province. It's great to see these newcomers that are coming into all our communities. Obviously, that means more children for our publicly funded education system, whether that's English, French, Catholic or public.

Families are obviously counting on our government to get more schools built, and capital and everything that's entailed with that—top-quality schools; schools with shop classes; computer programming and those supports; robotics. I was just wondering if you could elaborate on what our government is doing to make sure more schools are built across Ontario in rapidly growing communities—like the community of Drayton in my riding; it would be great to see a new school there one day, Minister, so just a plug for that—and help address our growing populations.

Hon. Stephen Lecce: I appreciate the question. Obviously the issue is we're all seized by a desire to see schools built quicker, a more efficient use of tax dollars and, frankly, just a better record when it comes to school boards, communities and the ministry working together to deliver on a school build that doesn't take seven, eight or 10 to 12 years, which it does for many parts of Ontario.

What is proposed in Bill 98 is a culture change within the ministry and the broader education sector. I would submit that not a great deal of necessary innovation takes

hold on the capital side. It's really fairly static in how the things were designed and how approvals and processes were developed and that's not really a strength. So we brought forward Bill 98, which you are well versed in because you, as well as parliamentary assistant Barnes, played an important role in consulting on building out that program.

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It includes a few changes, the first of which is to change the culture by which we encourage school boards to work together on joint-use schools. That in itself is something that's not done very often. There's about 40-odd joint-use projects in Ontario for the roughly 4,700, 4,800 schools in the province. We want to see school boards take initiative to initiate joint-use projects where they make sense. Where there's compatibility and alignment, I think it makes a lot of sense that they start working together. Particularly in small communities where they may not have the number of students to justify certain courses, having higher enrolment in their schools will lead to better programming and options and course offerings for the kids, and it will preserve their navigation to a variety of skilled trades and higher learning options. We want to do that.

The second is really around encouraging joint-use projects between school boards and third parties. We see massive benefit for school boards to work with a recreational non-profit, like the YMCA for example, to build a new community joint-use project where, by day, those recreational facilities are used for the students, and by night, the community would use them for other recreational benefits. It's a win-win. The motive is not to save money, it's just to yield recreational infrastructure that no school probably would have, like an ice rink or a swimming pool—very rare to have those types of things. If we can make that a bit more commonplace in Ontario, it's great for these kids. I think often some of the most at-risk children probably won't have access to those facilities, so if we could put them into the school system, we really do create equal playing fields of access. That's very positive.

Also, part of this aim is to reduce the amount of time it takes to get schools built. Site plan approval can take, in Toronto, two years, maybe more. That's not a comment on the board, to be fair. It's not a comment on the ministry. It's actually very much a comment on the municipality, parliamentary assistant to the Minister of Municipal Affairs and Housing. So we need your help and your minister's continued support. There has been wonderful collaboration to say to municipalities that that time is creating an impact. I know you and Minister Clark are determined, with us, to create greater efficiencies in how we build in Ontario, because that's just unacceptable. I think we all accept that.

In the bill, there are specific provisions that will expedite approvals. Look, we're going to continue to invest half a billion dollars every single year in building new schools. We're going to continue to maintain funding, as recommended by the Auditor General of Ontario, at

2.5% of our overall budget, \$1.4 billion. I'm very confident that as we make those investments and as we look forward to the growth and work with our other ministry partners to cut through the red tape, I know we'll be there for students and for fast-growing communities so that the benchmark of our success is not that the schools get built nine years later, but that the schools get built quickly, efficiently. Now, we're able to reduce bus routes and potentially quality-of-life impacts for those students and their parents. So it's a great area of mutual priority.

I know in rural communities, there is fast growth. That's a good, new challenge that we're facing as a province. We're looking at new ways to consider building vertically, building in vertical communities. I approved the first vertical elementary school in the province's history. That's very common in New York City, common in Vancouver—an earth-shattering development here in Ontario, though. We want that to be part of our history. We want this to become more normative. We also want to work with the sector, industry and boards to find a way to do it more efficiently, because it can be expensive to build vertically in general. But we're committed to doing that to support young families. Wherever they live, wherever their kids are, we want to make sure there's access to quality learning near them.

I do appreciate the partnership right across all ministries, but I would submit, in municipal affairs and housing, yourself and Minister Clark have been great partners in helping us reduce the red tape. Place some healthy pressure on municipal partners to get on with approvals so we can build these schools and, frankly, build communities together.

Mr. Matthew Rae: I believe one of my colleagues has a question.

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

Mrs. Robin Martin: Thank you, Minister. You know I'm kind of obsessed with special-needs supports in education, so I wanted to ask you about this. We heard, of course, from lots of constituents; we hear all the time from lots of constituents about making sure that children with special needs—their children, often—are getting the supports they need.

I wondered if you could tell us what the government is investing to ensure that students with special needs across Ontario are receiving the supports they need to succeed inside the classroom and beyond.

Hon. Stephen Lecce: This is an area of importance. I'm very mindful that for those parents and those children, they have additional potential obstacles that they've got to navigate to graduate. It's important to demonstrate a great sense of compassion but also confidence that these students can succeed if they're given the right supports.

That's why you'll note when you look at the overall funding allocation for special education compared to 2017-18—the final year of spending under the former government—we're at nearly \$541 million more than when we started. If you look at this coming school year, the 2022-23 school year, when you compare it, it's \$125

million more. These are not insignificant quantum of funding. These are significant increases. It's at the highest levels ever recorded in Ontario history. The overall grant for special education is at \$3.4 billion today. It's up by north of \$540 million since 2018. It's up \$125 million, last year compared to this year, and we've hired thousands of additional EAs, 3,000-plus—3,200 I believe—additional net EAs since we started in 2017-18, who often support kids in special education.

So the people are there. We've enhanced training through our professional development days. We've expanded supports for parents as well, and if you look at the funding for destreaming, because we recognize that could have a disproportionate challenge on some kids with intellectual or developmental disability, we actually funded, last year, additional supports specifically to help those kids succeed and help them fulfill the credit requirements so that they can get to the finish line, too.

So we've continuously had that compassionate lens. I'm just making sure that those kids who have often faced some difficulty—it's just the reality of their lives—we want the system to be there, be responsive to their needs. I appreciate the work our special education educators, EAs, ECEs and others who work with these children do. It's a difficult job, it's an important job, and I know their parents value their kids being in school, building those social skills and confidence and learning life skills, because many of these individuals, I would submit, are often ignored when it comes to labour market opportunities. In this past budget, in this past GSN, we actually elevate new funding specifically to help create links between children with special education needs in our schools and more co-op and more job placements, because I really believe in optimizing the full potential and dignity of these kids. If you talk to the parents, which I know you do a lot, they'll feel like this really should be much more aspirational about what these kids can contribute to in our society and our economy, and I think we all agree with that.

So we've put more funding in place to help connect those dots, create opportunities for employment and speak to employers. They often will say that these are the most proficient, hardest-working, diligent, kindest workers they've got. So they're proud of them. This isn't an act of generosity; they get good ROI on these investments. I just need more employers to understand that these individuals have something to offer. So how we, in government, could play a role, connecting dots, I think is important and I'm very pleased that the budget included new funding specifically for that.

Mrs. Robin Martin: Thank you very much, Minister. And just one quick follow-up: I've been quite frustrated talking to some teachers but also parents that the special-needs funding doesn't appear to be manifesting itself in their schools. It goes to the school board. From what you've said, we've increased this amount, but people don't necessarily see these increases. So how can we ensure that the increases for special education monies are actually getting to those kids and helping them?

Hon. Stephen Lecce: It speaks to the member from Eglinton—Lawrence's long-standing insistence on transparency, because we're investing a lot and we still get those rhetorical questions where I think parents are asking, reasonably, how does that trickle down to me and to my kid? That's a fair question; it's a fair default, and I think we're sensitive to it. I think we're actually quite concerned about significant increases of funding and not necessarily a commensurate increase in outcomes or services or supports.

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Now, that's not a comment on the staff. They're working very hard. I just think we need to have a better regime in place that helps tell the story of where those dollars are going and how school boards invest those dollars, because ultimately we cut a cheque and it's up to the school boards in the day-to-day administration of how those funds get spent.

I think greater transparency around reporting is critical, which, of course, is something that I know you and others have called for. It is reflected in Bill 98, the Better Schools and Student Outcomes Act. It is really designed to build public confidence and to make sure parents understand where their tax dollars are at work and how they are supporting services or areas like mental health or special education. I know school boards will fulfill our requirements as proposed in the legislation, should the bill pass, because I think we all have an interest in helping to share the positive outcomes associated with the increasing of investment.

Contrary to what we hear today, the numbers tell a story, right? When funding is up half a billion dollars over the last four or five years—and it's up \$125 million this year alone—I think it underscores a commitment to invest in the areas that matter most. It's a big priority for parents. They are passionate. I think they are tired of having to make demands on government. They just want the system to work for them.

I'm very sympathetic to that. I share the frustrations I know you specifically have when you meet parents and they are annoyed that they are not getting access to the services they deserve. I think more transparency can only be an advantage in this respect, and I think it actually is healthy for governments—lower-tier, upper-tier, whatever—for them to be able to share how those investments are reaching children and how they are supporting those kids when it comes to the broader student achievement mandate that we have in the Ministry of Education.

Mrs. Robin Martin: Thank you.

Hon. Stephen Lecce: Thank you.

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

Ms. Natalie Pierre: Thank you, Minister and Deputy Minister, for your remarks. Minister, many children and youth are struggling with mental health challenges, which make school and other aspects of life difficult. We know that the pandemic has made this issue more challenging for young people in our province. To help our students thrive, they need to be equipped with knowledge about

mental health and know where to go to get help when they need it.

It's vital that the mental health and well-being of our students continue to be a top priority of our government. I firmly believe that the need for more student support in this area is greater than ever before. This is especially true with respect to applying a preventive lens for our students in schools. Minister, can you please explain what this government is doing to expand mental health supports for students and staff?

Hon. Stephen Lecce: It won't be ironic to members of this committee: You are actually the best-positioned person to speak about those reforms, the member from Burlington, because you've led on them and we appreciate your work and your leadership in the province.

First off, on funding: I think it's fair to say that we have significantly, on an annual basis, increased the funding in place for schools, for mental health. It started around \$18 million and it's today over \$110 million. That's a 550% increase overall when it comes to school-based mental health supports. We're employing more mental health professionals; we're providing professional learning and training; we're collaborating with community mental health, particularly when it comes to leveraging community where there's an intersectional connection between various ethnocultural or faith communities in the province, to make sure that they get access to those culturally appropriate mental health supports; and we are conducting better reporting and analysis of student mental health information.

Specifically when it comes to proactivity: Yes, we can have staff in place, and we have massively increased the funding for schools. We have roughly \$12 million, as I mentioned, for this school year, \$14 million for the year after and \$16 million the year after that for summer-based mental health funding.

But your question really deals with how we help prevent, to the extent it is humanly possible, that type of difficulty many young people face with respect to mental health, and I think a lot of it is going to be based on the mandatory curriculum, the learning we expect of children in our publicly funded schools. One of the brilliant concepts that was elevated to the ministry was a concept to create mandatory learning in grades 7, 8 and 10 related to recognizing signs of being overwhelmed, of creating a realistic tool box for young people to use—really life skills on how to manage and cope with stress, anxiety and the often roller-coaster experience of being a young person today, the good and the bad. I think those are life skills that many young people wish they learned, and I'm grateful to you for bringing this forth through the motion that all parties supported. I do appreciate all parties' support for that, on an issue that I think really is above politics in the sense of we're just trying to make sure kids have knowledge built in so they know exactly who to turn to if, God forbid, they face a level of darkness, and also for their friends and peers to be allies within classrooms. I think all of that is very important.

In grades 7 and 8, we're going to be unveiling this for the coming September. We're moving with a great sense of speed, because I know this is a priority and it is a rather urgent area that government should focus on. It's going to deal with life skills around managing stress, about understanding the relationship between mental health and mental illness. It's going to focus on recognizing—

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

Hon. Stephen Lecce: —the signs and symptoms of mental health concerns, and it's also going to speak about the stigma surrounding mental health.

In grade 10, it's going to really focus on, in the careers course, the relationship between building careers and having to manage that in a productive way. So I want to thank you, not just for the advocacy for funding, but for the advocacy surrounding mandatory learning in those most important years of grades 7, 8 and 10, to help set people up with the confidence and the real-life skills that will help them regulate, manage and ultimately perform, be it in personal or professional settings, and be healthy and safe while they do it.

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

Mrs. Daisy Wai: Do we still have time?

The Chair (Mr. Brian Riddell): Ten seconds.

Mrs. Daisy Wai: I'll wait for the next round—or, well, I'll ask the question and then you can answer—

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

Now we'll go back to the opposition, and I recognize MPP Pasma.

Ms. Chandra Pasma: I'm going to continue on this topic of mental health in schools because mental health is really at a breaking point right now. What's the total number of mental health professionals—psychologists, mental health nurses or social workers—that are currently hired by and working in Ontario schools?

Hon. Stephen Lecce: I can speak specifically, to my colleague, to roughly 7,500 overall education staff, which would include mental health workers that have been hired since 2017-18.

I'm cognizant of the overall funding envelope that has been increased. I know that in previous GSNs, in the Grants for Student Needs, we made permanent the hiring of additional psychologists and psychotherapists. We've increased access to social workers, which have been critical, and that feedback has been appreciated. And as you will know, when we unveiled the literacy and the funding and the summer continuity of access, those supports were supported by a variety of mental health stakeholders and practitioners, including, for example, Kids Help Phone, who really see the benefit of that investment.

Ms. Chandra Pasma: So that 7,500 was more than mental health workers? Because you said it includes mental health workers.

Hon. Stephen Lecce: That is accurate. That 7,500, rather, is inclusive of all the educational workers that are new hires since 2017—

Ms. Chandra Pasma: Okay. Well, what I would like to know rather than number of people hired since 2017 is

the total number of mental health professionals working in the school system. That can be provided in writing later.

Some 90% of schools say they need more support with mental health. Less than one in 10 actually has regularly scheduled access, and just because you have regularly scheduled access doesn't even mean that's enough. Two weeks ago, I was at a school in my riding that has 600 kids, and what they have is access to a social worker every other week for one morning, which is clearly not enough to meet the needs.

Visiting schools recently, the number one thing that everyone tells me they need is additional support with mental health. I'm wondering, what's your plan to make sure every school has regularly scheduled access to at least one trained mental health professional?

Hon. Stephen Lecce: I'm going to turn it over to the deputy just to speak broadly on that. I know all publicly funded schools have access to mental health supports based on the needs of those children. Not every school, as you can appreciate, will need a psychotherapist, for example, but they'll have access to them. They move around to school boards, up at the schools within those boards based on need. The amount of funding we put in place to support the people is significant when you look at where we started and where we're at, from \$18 million to roughly \$114 million, which is a truly historic amount.

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But I do want to turn to the deputy just maybe to speak more about access to practitioners in schools and the type of people we have available right across Ontario.

Ms. Nancy Naylor: Thank you, Minister. We do have some data on wait-lists and access to care for mental health supports in schools. Forty-three per cent of our boards—31 of them—report having a wait-list with average wait times of 13 days, and 57% of school boards—or 41—reported not having a wait-list in the last two surveys. That is for mental health supports in schools. Obviously school boards work in partnership with community agencies, and they have varying wait-lists, but they work together to navigate students and children to the appropriate level of care for their needs.

Ms. Chandra Pasma: One of the particular challenges we're seeing is lack of access to these trained mental health professionals but particularly French-language ones. I know at le Conseil des écoles catholiques du Centre-Est, they have six vacancies for psychologists. One of those positions has been vacant for seven years. They are unable to compete on a salary basis with other positions that these psychologists could apply for. What specifically are you going to do to make sure that franco-phone children in Ontario have access to trained mental health professionals in their schools?

Hon. Stephen Lecce: That is an important question, and I think that principle could be extended even to remote parts of Ontario where it's not necessarily a language barrier, just geography, but I appreciate the challenge in access to French-language services.

I want to turn it over perhaps to the ADM responsible for mental health or the deputy, but I will say just at a high

level, we have made a concerted effort to help support French-language school boards access these practitioners.

We've historically heard different experiences where often community-based health workers are moving into the schools because they just have better entitlement packages. This means I've never heard of an example where boards couldn't hire, because often boards are higher-waged than community-based mental health supports. So we often get told they're all moving to the schools and we need them in our community. I mean, we need both. So I've never heard that particular concern, but we will look into that, to understand if that's something unique in some parts of the province where there's French-language communities.

All I can simply say is that we have more staff being employed. Specifically when it comes to regulated mental health practitioners, we have been able to increase the access, reduce wait times in both languages, but I understand that, for that specific segment of the workforce, it's even more of a challenge.

I remember when we had public health nurses or public health agents—I'm sure you heard the same thing: "We're challenged finding French-language public health nurses." So it's a unique challenge, but I would like to turn to the ADM or to the deputy specifically to speak about some of the efforts we're supporting school boards to recruit staffing, because those French boards have just as much of a right to get access to mental health workers as the English boards.

Ms. Nancy Naylor: Thank you, Minister. I will start, but I will say that we have paid particular attention to the needs of French boards, especially northern French boards. We have a very successful consortia that we have funded and expanded twice under this government where northern boards collaborate to hire and share French-language social workers, psychiatrists and specialized supports for students with special needs and mental health needs.

We also work closely with School Mental Health Ontario, who also facilitates access and sharing for specialized professionals for this issue.

Ms. Chandra Pasma: Principals, teachers, parents and education workers are all saying additional resources are needed. Kids are in crisis and they're not getting the supports they needed. I can say, as a parent, I have seen that from my own child in the school system. You say everything's great. Why not create a series of benchmarks or targets that we could be tracking and reporting on publicly over time so that we can actually measure how we're doing on mental health in schools and the mental health of our children?

Hon. Stephen Lecce: Yes, I mean, that wouldn't be the characterization I'd use. I've acknowledged that we've made progress, but there's a very legitimate, authentic desire to continue to invest and elevate our standards and expectations in mental health because the issue is serious. I accept that.

So 2020-21 was the first year that Ontario ever launched a student mental health survey. To your point

about creating benchmarks, I actually, as minister, signed off on a survey for the first time to students, which was very helpful in understanding how pervasive the challenges are and getting advice on access. We worked with the Ontario Student Trustees' Association as well—English, French, Catholic and public—to understand recommendations. It was from that consultation that they said—one student had an example where they didn't have access in the summer, which is the genesis of where that idea came from. So I do believe metrics are important to measure impact and it's why we produced a survey for the first time, to actually ask students themselves their opinions.

With your concurrence, I'd like to turn it over to ADM Clayton La Touche just to provide a bit of comment on some of that work and how we are trying to measure success in this respect and increase access to the mental health practitioners.

Mr. Clayton La Touche: Thank you, Minister. Clayton La Touche, ADM of student support and field services division in the Ministry of Education. MPP Pasma, you are absolutely correct about the level of need in our schools with respect to mental health. We also know that, as a result of the pandemic, those needs have certainly increased. As a result, as the minister has indicated, funding has increased quite significantly over time.

I do acknowledge that, with that funding, boards then have to turn that around to have real impact at the student's desk, so to speak, where that support is needed. In that regard, I think one of the concepts that we're advancing through the work of the ministry, through the work of School Mental Health Ontario and directly with school boards is tiered support, so looking at tier 1 support, which focuses on promotion and prevention and looking at where schools fit in that shared model with community and looking at early intervention.

We know that, when it comes to the number of mental health workers, we have to be cognizant of not just those that are in schools but also those that are in community, because when we look at the highest tiers of need, those students who require support that is intensive to deal with significant mental health concerns or mental illness, those needs are not best served necessarily in schools, although schools must respond. Those needs are best served in community.

And so at the ministry, we're working very much with the Ministry of Health on that collaborative approach so that, in respect to a report that was advanced not just by School Mental Health Ontario, but by the Knowledge Institute and other partners—the Right Time, Right Care report—whichever door a student or child or youth should knock on, they will receive the support that they need. And we know that schools are a fundamental part of that picture. It doesn't take away from the significant challenges that exist in terms of workers generally in every field, but certainly with the pressure when it comes to mental health professionals, we have to look at the number of workers, we have to look at funding and we also have to look at the policy decisions that will address that level of need.

Ms. Chandra Pasma: I'm going to switch gears now to capital funding. Last year, the ministry only spent \$2 million out of its \$10-million capital allocation for child care and early years programs. Given this poor track record, what is the ministry going to do this year to ensure that the money actually gets out the door? If you couldn't get \$10 million out the door last year, what are going to be the accountability measures in place to make sure that this 11,000% increase actually gets spent on badly needed child care spaces and this doesn't become yet another broken promise to parents?

Hon. Stephen Lecce: Just help me understand: You suggested \$2 million of a \$10-million fund specifically for child care?

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Ms. Chandra Pasma: Capital funding for child care.

Hon. Stephen Lecce: If you're comfortable tabling that item, I must admit I don't have any recollection of where that—we probably spend more than two million bucks in your riding on child care, so I don't know where that came from.

Ms. Chandra Pasma: Okay. I'll take that in writing then.

Hon. Stephen Lecce: Please, yes. I appreciate that.

Ms. Chandra Pasma: The ministry also underspent its capital funding for school board grants. Total underfunding for elementary and secondary program capital expenses was \$171 million. Of that, about \$38 million was for child-care-related expenditures, but \$139 million was capital grants to school boards. How do you explain that underspending of \$139 million when we have over \$16 billion in repairs and kids in crowded classrooms and crowded schools? What will you do to ensure the money actually gets out the door this year?

Hon. Stephen Lecce: I am going to turn it over to the ADM responsible, Didem Proulx, just to walk through our capital allocation and anything specific to child care—

Ms. Chandra Pasma: No, now I'm not asking about child care. I'm asking about the non-child-care portion of capital funding to school boards.

Hon. Stephen Lecce: Right. Okay.

Ms. Chandra Pasma: It's page 78 in the briefing binder.

Hon. Stephen Lecce: Understood. Thank you.

Ms. Didem Proulx: My name is Didem Proulx. I'm the assistant deputy minister of capital and business support division of the Ministry of Education.

I would like to start off by saying that the ministry's estimates are done on a PSAB basis, so the numbers that you're seeing are the net expense numbers. The numbers that you see are not the amount of cash that would flow to school boards, but as schools are being built and the expenses are coming onto our books, onto the provincial books. So I wouldn't look at those numbers and say that it's necessarily that each dollar is an underspending of the allocation.

However, unlike operating allocations, capital payments are made to school boards as capital projects meet certain milestones. We work with school boards every

year to see which projects are coming forward for various stages of approval and which ones are being built and completed and opened. As those milestones are met, cash is flowed to them. So the slight decline that you see in the estimates reflects the current projection of when projects are going to be completed and coming onto our books, as well as the projected cash flow.

Ms. Chandra Pasma: I'm not asking about the decline from last year's estimates to this year's estimates. I'm asking about the difference between last year's estimates and last year's interim actuals, which show that \$139 million that was approved last year as part of the estimates was not spent.

Ms. Didem Proulx: Right. That reflects the fact that certain projects that—as I mentioned, we work with school boards to see which projects are going to come forward for various approvals and which milestones are going to be met. So any slippage in those timelines does require re-profiling of the funds. That doesn't mean the funds are lost; that means that it wasn't spent this year and it's re-profiled into the 10-year capital plan that is in effect now, that is reflected in this year's budget.

Ms. Chandra Pasma: So those funds will be spent next year?

Ms. Didem Proulx: Right. The approved project pipeline is, as those projects meet their milestones, they are going to be flowed.

Ms. Chandra Pasma: Okay. Thank you.

On to shortages of teachers: How many teachers are there working in the English-language school boards currently who are not certified?

Hon. Stephen Lecce: How many educators are—

Ms. Chandra Pasma: Teachers.

Hon. Stephen Lecce: How many teachers, you said, who are not certified?

Ms. Chandra Pasma: We know the number for the French boards, but we don't know the number for the English boards.

Hon. Stephen Lecce: I'm not cognizant of that data point.

Ms. Chandra Pasma: Okay. I'll take in writing later.

Hon. Stephen Lecce: I just want to make sure I understand. The question surrounds the amount of non-OCT-certified adults that go into classrooms when there's not someone to supply teach—so they bring in your neighbour's cousin to, essentially, babysit? That's not something that I'm particularly—we don't want to see that in schools. We appreciate school boards have always had exceptional powers to bring them in for a long time, well before our government came in. Where there were acute shortages, the French side would use it; English may use it as well. My message to the school boards is to make every effort to find a certified educator to teach.

I think what I'm hearing is the basis of the question is that that's not a desirable outcome. It's actually exactly why we brought forth in Bill 98 a proposal on the exceptional experience certificate to leverage mid-career professionals who otherwise wouldn't be allowed in the schools because they're not certified. But it allows us to

bring in truly qualified individuals to help teach kids, be it in French, Indigenous education or in skilled trades, where we have the largest shortages.

Ms. Chandra Pasma: But what we're seeing is a growing number of schools that just don't have access to teachers. I had superintendents and directors telling me they were thrilled when university was out for the year because suddenly they had a whole new pool of people to call into the classroom. The first thing they do every morning is try to fill the eight gaps that they have in their school.

Last week, the Ontario Principals Council sent you a letter asking you to take urgent action on the teacher shortage. Today, the OSSTF president sent you a letter regarding the teacher shortages. It doesn't matter what kind of curriculum changes you've announced, what kind of teachers you intend to hire to support math or reading or tech if we don't actually have the teachers in Ontario and they're not actually qualified.

Those supports aren't there for the kids in our classrooms, and our kids aren't getting the quality education they deserve. So where's the plan to address the teacher shortage?

Hon. Stephen Lecce: A few things: The Ontario Principals Council brought forth a series of recommendations. As minister, I meet with all principal councils and all school board trustee associations on a regularised basis. The OPC, first off, a few years ago recommended that the government—

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

Hon. Stephen Lecce: —abolish regulation 274, to improve speed and ensure qualified hiring according to local needs. We did that. I know our parties respectfully disagree on the concept of moving to a merit-based system from a seniority-based system, but that's what the OPC wanted, and we did that.

They also wanted us to expand access to more qualified individuals who can work within our schools. It's what's covered in Bill 98. In the 2020-21 school year, we had 2,000 temporary certificate teachers who were hired. We brought in second-year candidates in their faculty of education programs. They were amazing. They haven't yet been certified, but they're just finalizing their faculty program in their second year, often second semester. The teachers and principals who were with them were the biggest validators, which is what informed me to now expand access to these individuals on a more permanent basis as recommended in Bill 98.

I actually agree with you: We need more teachers. We are working on the French side, on the Indigenous side and the skilled trades side—

The Chair (Mr. Brian Riddell): Thank you, Minister. Now, we'll go to the independent member. I recognize MPP Collard.

Mme Lucille Collard: Before I dive into my question, I'm just going to pass on a couple comments from a response I received earlier, regarding the capital funding projects that are prioritized and the choices that the

ministry makes into funding these. I was a little bit disturbed to hear that alternatives are being considered as a criteria when you have schools that have so many portables in their school yard that half the school yard or more is taken away. I don't know what other alternatives there can be when, as priority one, a school board says, "We need a new school because this one is clearly over capacity." But anyway, that probably requires a longer conversation that maybe we can have a different time.

Minister, you did acknowledge that it does take a long time to build schools. I just wanted to bring to your attention, because you're promoting the ideas of having joint schools, that I can tell you that having joint schools actually expands tremendously the amount of time to be able to build a school, because before you get to the authorization, there's all that back and forth between the two different school boards. That really creates three times more the delays. We do have a specific example for a school in Kingston. I'll leave it at that. I just wanted to bring that up to bring it to your attention.

Given the time that it takes to build a school and the delay that occurs between the time that the ministry approves a project for funding, the time to build the school and the time we can actually get to construction—so between the time it's proposed with the numbers that the school board has identified, then the time that it takes for the ministry to approve the funding and then the time we get to construction because of all the approvals—the cost of labour and construction materials has gone so much higher that it becomes impossible for school boards to actually build the school that they were initially funded for.

My question is, do you have a mechanism to take this situation into account? What can school boards do to get the necessary funding to actually concretely build the school that they need? Are they supposed to factor in these variables in their capital funding projects application? And if so, would it be accepted?

1640

Hon. Stephen Lecce: It's an important question. I appreciate that inflation is creating challenges. Every single week, pretty much without exception, we'll take a project that was approved in 2019, 2021 or whatever, and there will be some request for ancillary dollars because of inflation and the cost of equipment or materials that have increased. It is a challenge. Within our benchmarks we have increased the amount of contingency in place to make sure that we're able to fulfill our obligations. When we make a commitment to build a school, we're going to build the school.

But you are right: Time could further frustrate the costs. If it takes two or three or four years to get a site plan approval, that really does complicate things and it will inflate the costs of the project. I would submit that's really unacceptable, which is why we set out some very clear expectations associated with approval timelines.

In the Ministry of Education, just a few years ago, I enacted a broad reduction in the internal approvals—we did a lean review of our system—about a 50% reduction

in capital approval timelines on the ministry side. But I accept that's still not enough because many communities in Ottawa and, frankly, everywhere are waiting a long time. So we've now designed a bill that doesn't exclusively focus on the capital, but I think a healthy emphasis of it, accompanying the student achievement area, is on accelerating the completion of schools.

I take your point: Joint use can potentially create complication. The way we envision the system is school boards would go off, work together on a submission and come to us—instead of at the front end, having done no due diligence—after they actually have a meaningful business case to bring to the ministry so that it would reduce the amount of time to approve. We're really trying to think through those scenarios so we don't exacerbate a problem we're trying to fix, but I appreciate your point.

Since 2018, about 100 new schools have been built, 88 additions, 65 additional child care spaces. It's significant, but I do think, given the rate of population growth in Ontario, at a quantum of 300,000-plus per year and every year, we're just going to have to work a lot smarter. That's why I welcome perspectives shared by yourself and others, frankly, on the capital side, specifically about how we can further reduce the time it takes to build a school in Ontario. English or French, Catholic or public, it's a problem everywhere. It's perhaps most acute in Toronto, but I can name many boards where it takes many years to build a simple, often copy—it's the same format, same template. I think most people in the sector have come to the realization that we've got to change things, which is why we've brought forth provisions that cut the amount of approval time and to get projects done quicker.

Mme Lucille Collard: Thank you. Just for the francophones, their enrolment has been on the rise for many years, so there's a real shortage of school facilities. The impact is that parents will decide to send their kids to an anglophone school because they don't want their kids to be travelling on a two-hour bus ride to be able to get to the closest francophone school. There's a real shortage on that.

But I want to change regimes because I did want ask a question about the well-being of teachers. Changing the curriculum has a direct impact on the ability of teachers to teach, as they may not have the required skills or competence to deliver the new content. This creates stress and contributes to many leaving the profession, unfortunately. What I've heard from teachers is that they also need the resources and the support, whether through training or access to experts or resources in the classroom, to be able to deliver that new content. Whether we're talking about financial literacy or sex ed—I've heard horror stories about that one—I'm wondering what measures you're putting forward to assist those teachers. Are you taking into consideration, when making these changes, that this creates a burden on teachers?

Hon. Stephen Lecce: I accept that new curricula can require additional work to learn it. That is the responsibility of our education workforce: to make sure that they're teaching things that are relevant, topical and

timely. I would submit it is a responsibility, but I do appreciate that can come with some pressure.

I would argue, when it comes to this area, that we have to be fairly aggressive to insist that what we teach children in Ontario is labour-market-aligned. It's a problem that in the former math or science curricula, we just didn't have mentions of financial literacy or AI or coding. It really means that Ontario students were at a competitive disadvantage when you contrast other provinces, east and west. Somehow their teachers and their governments were able to do it. So I don't think it's a limitation. I don't think the concern is just that impact; it's also the impact of not doing it for kids.

Having come up with a sensible balance of bringing it forth, for example in the mental health curriculum—for example, in grade 10, that component will come online in September 2024, and the new technology course—sorry, the new tech ed curriculum will come in place in September 2024. The course is up front in 2023, but the overall is in 2024.

My point is, we're trying phase some of these areas in. The Indigenous changes to the social sciences curriculum in grades 1 to 3—the Indigenous leaders and elders asked for more time, to be fair. But even then, it gave more time for implementation, because I do appreciate that often these can be very sensitive and complex discussions. I accept the premise that giving them time to prepare is—

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

Hon. Stephen Lecce: Interprofessional development: We dedicated a PD day. We have webinars dedicated, over the summer. We really take this seriously. The ADM responsible for this has made a great effort to work with school boards as employers, to make sure there's a PD day dedicated to learn some of the new learning expectations, particularly on the language curriculum, which is a huge overhaul where we're implementing for the first time, in senior kindergarten to grade 2, a screener of these kids. It's a lot of work, it's a lot of investment and, to your point, it's going to take a lot of collaboration to get this right, so that we get those literacy rates or math scores or other areas of priority.

M^{me} Lucille Collard: Thank you.

The Chair (Mr. Brian Riddell): Now we'll go to the government side. We will have 20 minutes. I recognize MPP Wai.

Mrs. Daisy Wai: Thank you, Minister, for all the answers that you've just given.

My question is on safe schools. Parents and our government see the priority of maintaining safe schools for our students. The classroom must always be a safe place for the students so that they can focus and learn, and it must be an environment free of potential threats of school violence. Minister, can you explain what actions this government has taken to protect the safety and the well-being of the staff, as well as the students?

Hon. Stephen Lecce: I do appreciate the question from the member from Richmond Hill.

The safety of children, I think, is probably the foremost obligation of any government, for school boards and for parents. I mean, it really is what matters most. Seeing some of the headlines of violent incidents happening, often near schools or in parking lots, or on occasion in the schools, I think we all are quite disturbed by that trend and that phenomenon. It's why I think we need, as a government, to work at some of the root causes of those challenges and really lean in to fixing those areas in education, from increasing access to nutrition to after-school programs, co-op programs, mentorship programs and leadership development programs.

We created in the ministry a few years ago—as minister, I was proud to launch a program, specifically the Black graduation coach program, which was really designed to help some of the most at-risk children in some communities to gain access to mentorship and supports, so they can get on a path to graduation and higher learning, and frankly to success, however they define it in whatever career they choose. That was important. And we expanded the Indigenous graduation coach program that had already existed.

All of this is important to really try to wrap around these children with supports and keep them productive and busy, with caring adults in their life. Often they can come from challenged circumstances, and I think that's why our education system is really trying to step up to help fill those gaps, from literally providing breakfast programs or providing employment opportunities after school or rec programs where kids can play together and socialize together in a safe space. That really matters. That is part of our response to this challenge.

1650

But when it comes to things like safety monitors, the \$24 million we announced a few months ago was really designed to recognize the challenge that's happening in urban settings, and in rural settings too. It used to be a much more urban experience, and we're now seeing it everywhere. I know in York region and across Ontario, these challenges are taking hold. Violence physically and an increasing level of bullying against certain segments, against certain minority communities is very troubling.

Through our health and physical education curriculum, we brought in new mandatory learning on concepts of respect, teaching young people about the implicit and explicit differences that exist; the celebration of diversity based on faith or heritage, orientation, gender, colour of skin; whatever the perceived difference is, the sort of unifying reality we have in our school system as Canadians, really trying to get at that as a values issue, as a hearts-and-minds issue, to appeal to young people to be ambassadors of respect and to call out racism and incidents of violence.

Your question speaks, perhaps, to all of it, not just in words but often in actions. We're seeing violence, we're seeing injury, and that's why we continue to encourage school boards to leverage those investments and work with local communities, with parents, guardians and law enforcement, just to make sure we deter crime.

I would also argue that having more staff in schools—7,500 staff is not insignificant when you look at the overall story of caring adults in the room, in the building, keeping an eye out for these kids, monitoring and intervening when necessary. We've done a significant amount of training, de-escalation training, particularly for principals and vice-principals. We've even reformed some of the disciplinary practices. We've really tried to reflect the best evidence in a world that is being disrupted by change, and not always good change.

My point to you is that we know this is a problem. We've brought forth investments in more people and better training. We've modernized the curriculum to emphasize the importance of respect as a fundamental pillar of being a Canadian and being a student in Ontario.

I acknowledge, though, that this is an issue that maybe didn't start in education, but we still have a role to play. Obviously the work of the Attorney General, the work of the Solicitor General, the work of the federal, provincial and municipal governments—all of them, frankly, have a role to play here, where we're one subcomponent of a broader phenomenon of an increase in mental health and violence. I worry about that trend, but I am sure that the government is taking proactive steps to mitigate it, and we are working in partnership, from law enforcement to social support systems—everyone; we're working with a variety of ministries. I could name just three in the past months we've met with bilaterally to really help elevate the concern and come up with solutions.

I know that the additional \$24 million, the additional staffing in place, the school monitors and the mental health supports are going to go a long way in helping kids live a productive life in our school system and obviously not consider a path of criminality or violence.

Mrs. Daisy Wai: Thank you very much, Minister. It's very broad coverage. Would you mind elaborating a little bit on the investments that we have made so far?

Hon. Stephen Lecce: I can, yes. The one that probably comes to mind is that I was with parliamentary assistant Patrice Barnes on a Saturday, as I like to spend my weekends with Patrice. But we were together and we were with Pinball Clemens at the launch of a really wonderful mentorship initiative that brought in some of these incredibly bright children, Black kids from across the GTHA, and helped connect them with some of the best C-suite executives and leaders in private and public enterprise. That was an initiative we funded. We provided half a million dollars, I believe, a two-year commitment. I speak about that example because we actually got to sit down with some of the students who didn't know us, probably didn't know who we were—which made it wonderful, to have that lens—and just opened up with discussion. In both instances, these students spoke about the sense of belonging, the concept of being affirmed in their school and some of the positive changes that they were seeing. They, for the first time, a few years ago had a homeroom teacher that looked like them. I wouldn't argue we should be celebrating that in 2021—slow progress—but the fact is, some of the reforms the government has

made have enabled the ability of principals to hire educators based on their talents and qualifications, but also based on their own experiences. We know that research is clear: Educators who reflect their classrooms historically will have higher graduation rates and success rates, and we want to see more of that in Ontario. That investment with Pinball is one example.

You may know Sheldon Kennedy, a former NHL hockey player. He runs an organization called the Respect Group really designed to reduce the impacts of bullying, because he's seen it first-hand against a variety of communities; certainly against new Canadians, children from racialized backgrounds, kids from the LGBTQ+ community, who disproportionately get bullied. It's very real for these children. So we've really leveraged various community partners with subject expertise to come in and help build capacity in schools—in the teacher, in the school; literally, class by class, school by school—to build that understanding and to really build allyship against this reality that, unfortunately, is too common in many schools.

We've provided funding specifically—we're talking about \$12 million specifically through the safe and clean schools supplement. That's an investment we provide through the GSN, and that's to support the hiring of psychologists, of social workers, of child and youth workers. That helps as well. And there's \$4 million in education assistants, the EAs, who will require and provide additional support.

I will say, there's over 3000 EAs hired writ large, and the new mental health learning—you will know the first curriculum I unveiled as minister was the health and physical education curriculum. In every grade, we included mental health as a matter of proactivity. In every single grade starting in grade 1—it's very age-appropriate for a grade 1 child, learning basic concepts. Now, based on the announcement that was done in Burlington with the member from Burlington and Minister Tibollo and others, we announced a plan to even elevate mandatory learning in grades 7, 8 and 10. So these are going to make a difference. I acknowledge full stop it's a positive start. They're meaningful actions, but it will never be the end. This has to be a living document, a living priority of continuously building up, scaling up capacity.

One thing I didn't get to mention—to Ms. Collard's question that I thought was important, or actually, one of the members opposite's questions—was about the integration of the Ministries of Health and Education. They often had been silos that coexisted and didn't maybe talk a lot. I'm very proud, frankly, that both under the ministers' and deputy ministers' leadership, we have really put aside territorial thoughts and worked together on a cross-ministry collaboration and consultation which we launched and concluded I guess it would have been last year, which provided very eye-opening realizations about the challenges young people have when it comes to system navigation and how the systems need to work together better. The deputy spoke about the more acute cases. If a child is in a very difficult place, they're not getting mental health supports, historically, in a school. They're going to

go to a community-based mental health clinic, be it maybe at SickKids or another specialized area that may have those capabilities, whereas more basic or lower-tier needs could be provided within schools.

So how do we make sure the system is more collaborative, a more seamless transition from school to community and vice versa, more interoperability between the systems? That's why we did the consultation. We acknowledge what we don't know, and we need the systems to be more efficient and more connected. I thought that was a really positive step in helping to really make the end-user experience for children better. And I think when we talk about benchmarks, that's the benchmark: Does a child get access to a practitioner quicker in their community when time is of the essence? I think that's what we're undertaking. We've already seen some positive reforms. I assure you that for the ministers at the ministry level—and, I know, at the deputy levels and across our entire teams—this is an area of priority.

1700

Mrs. Daisy Wai: Thank you. Keep up with the great work. I'll pass it on to other colleagues here.

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

Mr. John Jordan: Thank you, Minister, for your comments. I'd like to take it outside of the school for a minute and talk about school bus transportation. Certainly, in a previous life, I've had experiences working in school bus transportation. Recruitment and retention of school bus drivers was a major problem then, which was decades ago, and I believe continues to be a major problem now. I'm wondering if the minister could speak to what this ministry has done to assist our school bus operators in that regard.

Hon. Stephen Lecce: I appreciate the question. We just lost a school bus driver not even a week ago, and it's the first loss in some time, if I recall—

Ms. Nancy Naylor: In my time.

Hon. Stephen Lecce: —and in your memory.

I think we just all express condolences to the community. Often, school bus drivers are individuals—not always—but retired individuals who come back to work for several days. They are great with the kids. They're often parents, grandparents. They're very patient, as I've learned. They're good people in our communities. So we appreciate their work.

Former parliamentary assistant Sam Oosterhoff and former parliamentary assistant Matt Rae have something in common: that they have consulted for hundreds of hours on this issue, supported by parliamentary assistant Barnes, to help navigate and ultimately get us to the finish line on the reforms we've brought forward.

Like in child care, you can't have a student transportation system without a really dedicated, qualified adult school bus driver. We value what they do. I'm excited that part of our GSN, part of the Grants for Student Needs we outlined includes specific funding for student transportation to really improve service reliability. You know, 99%-plus of our routes are protected, meaning every day in Ontario, I think it's 99.9%, if I'm not mistaken, of routes

are fulfilled by school buses in Ontario. They're operated by consortia and funded through school boards. We provide funding and it trickles down. We're not involved in the operations of school bus or cancellations if it's an inclement weather day. We're not involved in that at all.

But the point is, we know that student transportation is so important for roughly a million kids every day. So what have we done? First, we built a new framework for student transportation that's going to establish a needs-based common reference standard for all funding to encourage consistency and to improve equitable access to student transportation. So as opposed to a block grant, we're actually basing it on the needs of the sector. We're establishing evidence-based funding benchmarks that reflect the costs of providing services, and we're providing transition supports. Part of that is just the recognition that for fuel costs, as they rise, the government is going to be there to cover those increased costs on school boards and on the operators themselves.

That's what our funding formula does. As you know, we've increased it by \$111 million from the previous school year, part of that plan to make sure that we provide every school board with funding. No school board is receiving less funding under this model. Over the next several years, we're going to see school boards work with their transportation consortia and service providers to align their policies and costs with that funding framework.

Specifically to the workers, we actually increased wages for these individuals. It hasn't gotten a ton of attention, but it really should, because school bus drivers do important work. We increased and created a transparent, reasonable hourly wage rate for benchmarks that are now set at an average of \$23 per hour, plus 13% statutory benefits. We've provided a provision of 30 minutes per day for non-driving duties—that's for refueling, cleaning, circle checks and weather preparation; we're actually going to pay them to do that important work that they must do every day. There's compensation for statutory holidays during the school year. There's time for annual training and even dry runs at the start of the school year.

A lot of this never existed before. There's a new model that will sunset the stand-alone driver retention program, because obviously we're going to be increasing the wages and the base pay of every worker, now at an average of \$23 per hour. So it is a big step forward. School Bus Ontario, which has deputized before parliamentary committees this year and in many years, has welcomed the support and welcomed the increase, welcomed the enhancement of the wage and the funding guarantees—an element of certainty to the sector. Honestly, it's maybe more of a technical exercise. The end-users, the parents, are going to continue to see their kids getting to and from school safely bused. But from a ministry perspective, it really is a positive reform, of moving the system to a needs-based—that delivers a quality transportation experience for children while also ensuring that the funding benchmarks are reflective of the reality in the market. We know that commodities and gasoline and things like this have increased significantly, and this plan

now reflects that reality on a permanent basis. I know the sector is grateful. I know workers appreciate it. But most of all, I think parents are just assured that their kids are going to get to school safely, funded by government, delivered by local consortia and school boards working together.

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

Mr. Nolan Quinn: While Ontario has established itself as a leading jurisdiction in education, most recent EQAO data underscores what parents have known for years: that students across all grades—

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

Mr. Nolan Quinn: I knew that was coming—are struggling with math proficiency as well as in reading and writing in grade 3. These are foundational skills that are required for success in the future. The emphasis that this government has consistently placed on learning these skills is certainly encouraging.

Minister, what is this government's plan to increase proficiency in math, reading and writing for students across the province so that they may have the necessary knowledge and skills to succeed inside the classroom and in their future careers?

Hon. Stephen Lecce: I can't do anything in 30 seconds. I think what I would simply say is, reading, writing and math are perhaps some of the most consequential skills we want to strengthen. I would submit that they're not the only ones that are important, but they are the fundamentals, and if we don't get those right we're going to deny young people pathways to very aspirational careers in a variety of disciplines. So we are zeroing in and focusing on that—

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

We'll now go to the opposition for 20 minutes. I recognize MPP Gates.

Mr. Wayne Gates: How are you doing, Minister?

I just want to start out by saying that you probably don't know that my wife was a principal, my daughter works with special-needs kids in the Catholic school board, and my other daughter is a teacher in the Catholic school board as well, so I've been surrounded by education for the last 30 years.

I will answer your question—because you raised my name. I have voted against some bills here at Queen's Park in my four terms. I voted against Bill 115, which was brought in by the Liberals and supported by the Conservatives. I also voted against Bill 124, which I think is one of the worst—well, the second-worst bill. I think Bill 60 was terrible too, and Bill 28—the “notwithstanding” clause. So I have voted against some of those bills.

Having said that, I think we talked about three weeks ago, at committee, about a nutrition program for Niagara, and I raised it to you at that time. I have always said that sometimes you've got to work with the opposition and with the government. So I just wanted to make sure that I go on record as saying thanks for raising that issue. They have received their money, and the kids who have been

going to school hungry will at least get through to the end of the school year.

That's a lead-up to my next question.

I understand that an allotment of funding has been issued to the school boards across the province for assisting nutrition programs across Ontario. However, there doesn't seem to be a long-term solution for next year in place. What is the plan for the Ministry of Education to advocate to get this funding in place before the beginning of the next school year?

Hon. Stephen Lecce: Thank you, and I—

Mr. Wayne Gates: Try to keep it short, because they only give me eight or 10 minutes to talk.

Hon. Stephen Lecce: Well, I'm going to have to remove my gratitude to you, then, to shave off a minute.

I appreciate that point. I'm pleased to work with any member if it means improving the quality of life of kids. That's not a political imperative. So thank you for your advocacy.

1710

That is a lead that is under the MCCSS, but I will answer the question. We did increase funding this year; we just announced, I believe in the last two weeks, that an additional million dollars was added to student nutrition. I believe that it went from \$20 million to \$21 million. But I am more than pleased to follow up with the member, working with the minister responsible for MCCSS, on understanding some of the longer-term plans around student nutrition.

We did increase funding unilaterally at the Ministry of Education during the pandemic. We've enforced—not enforced, but we required these systems to create mobile—when schools were closed, we literally did some of the most innovative things to make sure that kids had access to basic healthy nutrition, healthy meals, breakfast and lunch. I will continue to be an advocate for expanding nutrition supports in schools for those who actually need it most. I submit that it should be needs-based, for those who just don't have access to food. I want to make sure that they can focus, they can be nourished and they don't have to deal with the pressures, societal and otherwise, of not having a meal to eat in school.

Mr. Wayne Gates: I appreciate that.

This is another one: In Niagara—and I try to keep my questions to my riding, which you can appreciate, I'm sure—we recently saw a Catholic board trustee compare flying the Pride flag to that of a Nazi. This seems to be a disturbing trend across this province. What is the minister doing to promote human rights in all schools, and what action is being taken when trustees in the province make such disgusting comments about the LGBTQ community? And will the minister tell all school boards to fly the Pride flag this month?

Hon. Stephen Lecce: Thank you for the question. I did actually comment on that individual; you may have seen CHCH that night. I condemned it in the most clearest terms. It's vile to draw a parallel to a universal symbol of hate, the Nazis' flag, with the Pride flag, which is a message of hope and unconditional love. It's a shameful

illustration by that public officeholder, and we should expect better of elected officials, whoever you are, of any party at any level. I said that last week, and I stand by that today.

The work on anti-racism, and particularly on reducing some of the barriers, is very important. There are a few things I'll mention in speed. The first is we destreamed the grade 9 curriculum—all of it—removing what was, historically, a disproportionality of Black kids and Indigenous and others being streamed into applied instead of academic routes. The data from the TDSB that was actually surveying this saw it was two or three times the rate. We saw it in Peel, as well. I believed it was systemic, so we eliminated it. We took a look at the data for grade 9 and took a phased approach, starting in math, then we did the entire curriculum, and we've added funding to support that.

The second is, we have funded human rights officers within publicly funded schools and expanded access to them. These are individuals who essentially internally help to navigate, advocate for and support kids or staff when it comes to the obligations on school boards on upholding their human rights obligations.

I think another area where we have really leaned into this is eliminating the discretionary suspensions of children in kindergarten to grade 3, where we saw, again, a disproportionate amount of kids being suspended who were often Black. So my point to you is that we've taken action. These are not performative things. Destreaming is a huge undertaking. The last government to try was the Rae government a generation ago. It's not a political comment; it just didn't work well then for whatever reason. I want to get this right. We have a ton of skin in the game for these kids, so we're trying to make meaningful, systemic change that's going to help create pathways for these young people to jobs, graduation and success.

Mr. Wayne Gates: Okay, I appreciate that. I don't usually give the government a lot of advice—they don't take it that often anyway—but I will suggest they really consider flying the flag. I think that would be what we should be doing in the province of Ontario.

I have one really quick question: Niagara has an influx of asylum seekers this year. Our community has come together to best support these new families as they transition into the country. However, we know that many schools in Niagara were struggling to get the support they needed to assist these new families. The District School Board of Niagara directly asked for assistance from your ministry to assist these families. What is the status of that request?

And I will say, I toured the classrooms and in one classroom there are kids—they're in grade 2; they are so smart. There is one class where they had 11 different languages being spoken with one teacher. So I appreciate that. I'll pass it on to my colleague.

The Chair (Mr. Brian Riddell): I recognize—

Hon. Stephen Lecce: It's an important question. I know—

The Chair (Mr. Brian Riddell): Oh, I'm sorry. Go ahead.

Hon. Stephen Lecce: I was just going to simply say I know that is a challenge in your community. You and I have spoken about it. It is also a challenge in eastern Ontario where we're seeing a significant influx of irregular border crossers and asylum seekers coming to the province and the country.

What I can say is, when that issue first arose—when you raised it to me—I had asked the deputy minister to reach out to the directors of education there. We have ensured that the per-pupil funding continues to flow to them so there are no concerns or obstacles when it comes to staffing per student. We've also worked with them on identifying language supports, because I understand—I don't want to speak for all of them—that there's an overwhelming Spanish-speaking community that's coming in, at least in Niagara, and trying to find individuals that have that capability, be it for mental health or even basic language skills.

I'm going to turn it over to the deputy, because I recall you spoke to the director of education on my request on that, because you raised it. Obviously we need to make sure that these kids have access to supports, and one of the things the deputy has ensured, working with the directors, is that they have continuous access through the summer as well. We're not going to end it like most systems. We're going to continue to provide an element of predictability and certainty for these kids because they're new to the country and probably overwhelmed with their past few months or years. We want to make sure they've got supports in their language.

But, Deputy, I'll turn it to you, if there's anything you'd like to add.

Ms. Nancy Naylor: In fairness, Clayton La Touche, who you heard from earlier, has been staying in close touch with both the Niagara and Niagara Catholic boards. They're to be commended for their support. They leapt into action, really, when the refugees began to appear in the Niagara region. And, as the minister said, in other parts, the other school boards as well have offered a very compassionate and constructive approach.

We're partners with the federal government in supporting this. Obviously, school boards have a lot of assets, including room in their classrooms and staff, so they have been providing the appropriate education supports, working closely with the coordinators about where the families and the individuals may choose to spend the next school year. We are working with them to ensure that they have supports that go right through the summer, because the students can benefit from education continuity, given what they have been through.

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

Ms. Chandra Pasma: Just in the interests of time and the fact that it's running out quickly, I'm going to ask the deputy minister to make note of a few things I'd like written answers on. One is the ministry's total advertising budget for this year. The second is what the ministry is

spending on online education this year and, as a sub-category of that, how much of that is going to private education providers for online course credits.

To the minister, I have a question about tracking of exclusions in the province. The Ontario Autism Coalition was here during the hearings on Bill 98 to ask for all exclusions to be tracked. They were also here last week to ask, once again, for all exclusions to be tracked—formal, informal, hard and soft, as they sometimes call it. The ministry said, in response to a query from CBC, that tracking of exclusions is already a requirement in Ontario. I reached out to five different school boards to ask what guidance they've been given on exclusions and received some very different answers from the school boards, including a few who said that that was not a requirement at all. A couple of them were able to point it to me. But it seems that a big part of the lack of clarity is because no memo was ever issued on this. So I'm wondering, if this is a real commitment on the part of the ministry, why not issue a memo with clear instructions on how to track exclusions and report them?

Hon. Stephen Lecce: Thank you. I will take back on the issuing of the memo. Normally any time there's a new requirement or policy or survey imposed on school boards, there usually is a B memo or some sort of memo that goes out through the ministry, so let me figure out if that was sent.

But I can confirm to you that in 2021, as minister—perhaps we had a similar concern that this wasn't being reported, and if we're not measuring it, we don't know how pervasive it is. So I actually did require school boards, for the first time in at least our ministry's history, to report on exclusions because I wanted to understand as I was hearing from many parents that it was becoming too common.

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I will reflect on the mechanics of how that information gets from school boards to the ministry and then out from there, but I actually created the survey around exclusions—and it's not a choice. School boards must submit. I can't speak to the four you spoke to, but if you were speaking to the superintendents responsible, they would know this because they're the ones submitting the data to us on an annual basis. I can confirm a memo was sent and I'd be prepared to share that with you.

Ms. Chandra Pasma: Okay. I would be happy to see that. Will you commit to next year providing clear instructions again for all exclusions to be tracked, not just formal long-term exclusions but exclusions as well when the parents are called to pick up the child for the day or the parents receive a call in the morning saying the child may not go in because the supports are not present in the school?

Hon. Stephen Lecce: I believe, given that we created the tracking of this, I really don't foresee scenario where we would change it. I find value in the data, so yes, I would continue to support requiring it by mandating school boards to submit exclusions that take place within our schools. I think it's in the public interest to know.

Ms. Chandra Pasma: The requirement has clearly not been communicated well enough that school boards know they have this obligation, and in fact it's not just me who received this answer from school boards. The Ontario Autism Coalition parents have been told it by directors of education and superintendents. In fact, some of them have told them that it's not possible to track. So certainly there needs to be far more clear direction provided, and I think public reporting is part of that, so that we can all see what is happening with exclusions in the province.

A question about the Indigenous funding in the GSNs: The change in allocation that you made is actually taking funding for Indigenous education out of classrooms. I'm wondering who you consulted with before making this change?

Hon. Stephen Lecce: First off, Indigenous education funding is up this school year, I can confirm that any changes to the grant, the funds stay within the Indigenous funding envelope for that school board.

My point is, there will not be a reduction in investment in Indigenous education funding when it comes to the overall funding portfolio for that school board. I just want to make that clear to you. I can appreciate if those fundings were drawn down and then repatriated in the ministry and were balancing a budget—like, we're changing the formula on how the funding takes place within Indigenous education within our school boards, within that specific line, but we're not reducing funding. Any of those dollars that are moved still stay within that overall envelope, but—

Ms. Chandra Pasma: But the change in funding does take money out of the envelope that actually goes towards classrooms. So yes, it's the total amount of funding, but it reduces the amount of funding that is actually going to education in classrooms.

Hon. Stephen Lecce: Respectfully, member, it doesn't; it does stay within the schools, it stays within the classroom.

But I would love to turn to the deputy or the ADM responsible maybe just to provide clarity to the committee and to assure you all that we're not reducing those expenditures. We are enhancing it, and it's accompanied by a gap that I think we agreed shouldn't have existed. From grades 1 to 3, we didn't have in the social science curriculum mandatory learning on residential schools and Indigenous education. We've worked with elders and Indigenous leaders to now mandate it, and this coming September it will be in place, which I think is very timely and necessary.

Deputy, perhaps you can speak to the funding regime and maybe just provide assurance to the member that we're keeping the funds in the school system, in the classroom specifically.

Ms. Nancy Naylor: In 2023-24, we'll be providing over \$166 million. That is an increase of \$23 million over 2022-23.

We are changing the method of allocation. Initially, when the grant was introduced many years ago—small amounts of money—it was very focused on ensuring that

school boards who were offering Indigenous education or Native languages could afford to staff a classroom, even at very small class sizes. With the growing interest and responsibility that schools boards are taking for delivering Indigenous education, that is no longer an activity that's limited to small boards supporting small classrooms. So we have changed the method of how the money is allocated, and we are consulting with school boards on the types of priorities a board should be allowed to spend this funding on. We are actually increasing the funding substantially, and it has increased substantially over the past few years, but it is enveloped, and boards are required to spend it on Indigenous education priorities.

Ms. Chandra Pasma: I would like an answer to my original question in writing, which was, who was consulted on this change?

There is \$317 million in the GSNs that is identified as planning provision funding. I'm wondering, Minister, will you commit that this funding will go to school boards for supports in our schools rather than going to private companies or to cheques to parents who have to track down these supports by themselves?

Hon. Stephen Lecce: I'm so sorry; I just missed the beginning part of the question. You said "planning grants"—did I hear that correctly?

Ms. Chandra Pasma: In the GSNs, there's \$317 million identified as planning provision funding.

Interjection.

Hon. Stephen Lecce: Yes. That \$317 million all goes to school boards.

Ms. Chandra Pasma: I'll hand over the remaining minute and a half to MPP Gélinas.

M^{me} France Gélinas: The community of Gogama almost had to close their school because they couldn't find a teacher. They finally found a teacher, but she's two hours away. She lives in Timmins and goes to Gogama.

Is there any way to support northern school boards so that they are able—

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

M^{me} France Gélinas: —to have rent available for the little communities? I have schools in Ivanhoe, in Foleyet, in Gogama. They all face a really hard time recruiting teachers and could benefit from having a place for the teachers to stay in those communities, if there could be any money made available to the school boards for that.

Hon. Stephen Lecce: I appreciate that that is a challenge. I know that, overall, for the school boards in Nickel Belt writ large, we have increased the funding.

I think what I'm hearing from you is a concern about the availability of educators.

Just so I understand, is that a French-language school board?

M^{me} France Gélinas: Yes.

Hon. Stephen Lecce: It is. So that's a double whammy of being challenged.

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

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

Mr. Nolan Quinn: I'd just like to let the minister finish his answer, but I will say the question one more time: Minister, what is this government's plan to increase proficiency in math, reading and writing for students across this province so that they may have the necessary knowledge and skills to succeed inside the classrooms and in their future careers?

Hon. Stephen Lecce: I will circle back to the member from Nickel Belt on that question. We are certainly aware that in northern communities, in both languages, there are challenges. The fact that it's French-language and in a remote community makes it doubly challenging for that board—not a fault of effort, frankly; just available staff. And I want to presume that that has not been a new challenge. I know it has been common for many years in Ontario, in remote parts, particularly in the north.

I'm proud that all of our schools in northern Ontario have broadband that we've delivered under our government and that we've invested heavily in new French-language schools in northern Ontario—and English.

Obviously, we have work to do, to be quite honest with you, about finding more people to work in our French-language school system. We've got about 700, since the working group was created, who are available to school boards, and it now falls on the school boards to hire them. We know of hundreds of qualified teachers who are available today to be hired. They just haven't been hired yet. My hope is that between now and the next month or two, as staffing gets finalized, we won't have to see scenarios where communities are potentially having to close a school. That just doesn't seem acceptable. I can appreciate the angst that provided to the parents, or maybe to the entire community, the workforce—that they don't have a school. So we will take back an effort to really ensure we've got better access to those staff in the most remote parts of Ontario.

I appreciate the question specific to boosting math and literacy competencies. I think when you look at the EQAO data, it's quite true in Ontario and around the Western world and right across the OECD that we've seen a net reduction, a regression in those skills. I really do believe as a parliamentarian that if we don't master those fundamental skills, nothing else matters. And I'm not suggesting other soft skills that we teach and harness in our schools are not important. Of course they are consequential. They are vital. Employers are increasingly looking to those skills, perhaps more than the hard skills.

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But if young people aren't graduating with sufficient literacy for their grade, and they don't have basic math skills or they're not financially literate, we are going to further compound the challenges young people face, because they don't have the fundamental skills right. So we believe as a government in really emphasizing and refocusing the school system and the school boards on what fundamentally matters to parents, to students and to the future of our country and our economy, which is a group of students that have really mastered that skill set.

We have a plan in place that follows the evidence and the science of reading, for example, where the Ontario Human Rights Commission put out a landmark report, the Right to Read. I don't think it should be a political exercise in accepting advice, given to us by evidence, that speaks specifically to how we can strengthen literacy and reading among our youngest learners, where often children with special education needs were falling behind because of the old language curriculum under the former government. So we brought forth a commitment to overhaul the language curriculum in English and French; that will be unveiled and in place for this coming September.

In addition, we have a screener. For the first time, we're going to actually know if children in senior kindergarten, grades 1 and 2—it's the most expansive screener; there's no province doing it like this. Some provinces are doing some screening of perhaps one or two grades, but we're doing the three, following the recommendations, with some common screening principles in place that we're providing to school boards, to find out which youngster in their school and classroom needs additional support.

But we're not just identifying the problem and then hoping for the best. We've actually put in place funding to staff roughly 900 to 1,000 more front-line educators to focus on literacy and math. My point is, we're going to assess the child. If they're not at the standard or the grade level they should be at, we now have new full-time educators who are going to be there to intervene and work with these kids, to boost the rates and get them on track. I honestly believe that's a massive lift and a level up of raising expectations and helping young people succeed in the areas that matter most.

In the curriculum, we've mandated learning on financial literacy, on coding, on personal budgeting. We actually require students today to literally build a budget for the year after graduation, a hands-on, real-life application that is going to, I think, make learning exciting, but to the extent possible, make it usable and relevant to their life, and ultimately to their jobs and to their careers. And so we see a great deal of change in this respect.

We also are doubling the amount of math coaches within the school system. We are, for the first time, setting out a math recovery plan that, for the lowest-performing school boards—we're not going to be bystanders, like governments of the past that really just sat idle and didn't act. We actually are setting up a ministry team of some of the best educators we can second in Ontario to come into our ministry, where we can deploy on a school or board-by-board basis to essentially disrupt the lowest-performing quintile of schools that are just not meeting standards—and not just for one or two years; it's often for a decade that this has been the reality. So we're really creating a healthy level of accountability, and it's mutual accountability. We have a role to play too in the ministry, but we're going to send in resources to lift math scores for the lowest-performing schools, often in some of the lowest-income communities. We want those kids and those parents to know that we actually believe their kids

should be succeeding just like any other community in Ontario.

We are going to be doubling math coaches. We've modernized the curriculum. We've included a massive overhaul of the skills we're now requiring, teaching young people about concepts like how to manage a credit card; concepts like paying taxes, saving for a mortgage, understanding the reality of interest rates, of budgets. These things are really important life skills, so that's now in the curriculum, as well.

Finally, I just will note that our overall aim when it comes to Bill 98, as proposed in the Better Schools and Student Outcomes Act, is about elevating the standards and elevating the focus of schools on those areas of priority. And I would submit that strengthening those skills needs to be the central focus of the education system.

We'll now create accountability, where boards will, as proposed, have a board improvement plan. That board improvement plan, for the first time, is going to be tied to the board's and the director of education's adherence to the implementation of provincial academic achievement priorities. We cannot be more clear and unambiguous on my expectation of the system. We need to lift standards on reading, writing and math; on the amount of students who show up to class, to reduce absenteeism of these kids and thus increase graduation rates overall. That's what we want to achieve. That's the metric of our success.

School boards, should the bill pass, will be bound by law that they have to focus on that. Even the directors of education—even their performance assessments now in part will be tied to their ability as directors to lead by example and emphasize what the ministry has now required them to do, which is to strengthen the skills that matter most. So we take this seriously. We've received massive feedback, a great deal of support from the education sector and from parent associations and many others who have been longing for change, who are desperate for the system to focus on skills development, in addition to many other good things we do in our schools. I accept that premise, and that's why the bill is before the House.

I would urge members of all parties to put politics aside and really aim for better and to elevate our standards and, frankly, the ambitions we hold in our kids, to make sure that they can succeed and get good-paying jobs and rewarding careers in this country.

Mr. Nolan Quinn: I appreciate that, being the father of three young children. I did not get any financial literacy education until college. So I thank you for what my children are going to be learning, because I want them to be independent.

I'll pass my time to another member.

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

Ms. Patrice Barnes: I recognize that the Minister of Education has been really motoring along with a vision towards lifting expectations for students and teachers and just about everybody involved in education, and part of that is a renewed focus on skilled trades.

We've talked about skilled trades. We've talked about technology courses. I just want to ask, what is the government doing to connect students with the good-paying jobs of tomorrow, to grow the interest of students in skilled trades and to equip them with the skills they need to enter into the jobs of tomorrow?

Hon. Stephen Lecce: I appreciate this. I know it is a passion that you have—among many in education—to improve the amount of students entering the skilled trades, particularly under-represented constituencies, and particularly girls. If you walk into an engineering class today on any campus, there will still be an apparent gender imbalance. So I think if we can ensure young girls see themselves in those careers—it's why I was excited to be with the member from Oakville North–Burlington on Friday at a school where a young girl achieved at a competition for the Canadian Space Agency. She wants to not just land on the moon; she wants to go to Mars. It's that type of ambition which was exciting for the member and I to hear. And to see her parents, new Canadians who came to this country just a few years ago, see their daughter succeed—it honestly was really very powerful for me.

So, yes, we want to see more young people in the skilled trades. We have an economic imperative; we need them. But I actually believe, even beyond just the broad economic aim of trying to fill a labour gap, where we have this unusual reality of people without jobs and jobs without people, this weird paradox in this country—somehow both could be true, but they are.

We have a plan that starts in the K-to-12 system, starting young, to make sure young people, all kids of all backgrounds, see themselves on pathways to the skilled trades, and we've seen some wonderful success associated with this. Every school board in Ontario has reported an increase in their boards that are holding career exploration events in the skilled trades. We now have over 2,800 experiential learning activities for the skilled trades in our publicly funded schools. We have at least 73% of students taking at least one technical education course, and as of September 2024, every student will take it; only a third of girls currently do it. So that's going to help equalize access to those careers, and it's not just the—perhaps for many of us—imagination of industries of the 1970s. These are very advanced technologies. It really is the cutting edge. There are lots of options for these young people to choose whatever sort of excites them, and it's one choice in grade 9 or 10.

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In addition, we have increased the amount of funding in co-ops. I'm very excited that we've seen a significant increase in our co-op program. In the Ontario Youth Apprenticeship Program, we now have over 90% OYAP students graduating, which is slightly above our provincial average. In our Dual Credit Program, I believe it's over a 40% increase in the amount of dual credits being offered to students and a significant increase in co-op learning.

Across the board we've increased access to skilled trades knowledge. We've increased funding. We're now increasing access to the teachers because we recognize

there's some wonderful mid-career people who work within private enterprise or maybe in a non-profit, but they want to work with kids, and they'd be brilliant at that, but they're impeded by the regulators and the requirements. So what is proposed in Bill 98 is allowing for these mid-career professionals—obviously, they will have to go through their due diligence and there will be appropriate reviews of who these individuals are, but to allow more of them to work with kids to bridge that gap.

The other area of expansion has been our investments in the SHSM programs, the Specialist High Skills Major programs. From culinary arts to tourism to energy, these represent critical sectors of the economy. I will tell you that many employers often cite that the early interest was sparked through these types of hands-on learning programs, so we've massively expanded them across the board. That's going to make a difference.

You will notice in a lot of the new schools we're building, many of the ones we approve are including bringing back tech classes, shop classes as they were referred to back in the day, these types of things, trying to build them into the school benchmarks, trying to send a signal to school boards that schools that bring forward those types of proposals will be looked at favourably because we want to see more of that hands-on experience, and in many of our secondary schools we see that. We see that very presently, currently.

We've also launched, for the first time, funding specifically on an entrepreneurial education pilot to try to get more young people learning how to take risks, how to scale, how to attract capital; learning fundamental skills that may be helpful to inspire or spark that entrepreneurial spirit within them. We've done a lot of different things. We've tried outside-the-box approaches. We've funded junior achievement where they bring in professionals, CFOs or CAs to come into schools, to try to bring their lived experience and make financial literacy exciting. We're doing all the above exercises here to make sure that young people know that there is a good-paying job at the end of their learning journey, should they want it, in the skilled trades. We're trying to destigmatize it for parents who often, notwithstanding love for their kids, may want a different path. I think we're trying to speak to them to say this is a great path. This is a meaningful path. This is a path where their children will be productive and successful, and often entrepreneurial, which many people enjoy that sort of approach.

We're working across the system. We're working across the Ministries of Colleges and Universities and Labour. We've expanded a variety of dual credits. When we talk about the health care sector, the ECEs, we've worked with specific ministries and sectors to help bridge those gaps. The overall message across the board, wherever we are, for the young people we meet is a message of gratitude and a desire to see more, not less, of the hands-on learning experience that our government has really emphasized. It gives me a great sense of confidence that what we're doing is working. It's being reflected—kids

like it, and so expect to see more of it over the years to come.

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

Ms. Patrice Barnes: Thank you. Based on the feedback you've gotten over this, how impactful have you found that parents and students are saying this additional switch in focus has been in re-engaging their students or their children back in education and also through the lens of educators as well?

Hon. Stephen Lecce: I think early exposure has been critical. Many employers said to me, "Waiting until grade 10 is too late." Students have already chosen, in the old system, if they're taking an applied or academic path. They've already chosen their prerequisites. That's informative for the latter years. I heard them, and therefore we designed our elementary curriculum by placing early mandatory learning on the skilled trades, math and, I believe, science as well, grades 1 through 8. That was really helpful.

You asked about the teacher side of it. They really play an important part of the picture, particularly guidance counsellors. I think there's a desire to see continuous reform, to make sure that they provide the best outcomes with the best level of knowledge of the changing labour market around them. Many students will submit that they want to see a greater emphasis on training, so that the impact is there. Some students have spoken about wonderful experiences, but many have spoken about the need to really see how we can modernize and overhaul the guidance counsellor system, to make sure that they understand the changing economy around them.

And so, greater linkages with chambers of commerce, boards of trade and employment service agencies—because at the end of the day, we don't just want young people to get a degree. We want them ultimately to use their skills in some way that they could land a job or a career—a vocation, ideally; something that they're passionate about. But something has got to pay the bills, so we need them to have skills that they can monetize, frankly.

I don't think it should be lost on this generation that they should be able to still dream to own a home. Even my generation, even those among my class of individuals on earth, have started to lose that ability to still dream, and I want them to be aspirational and—

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

Hon. Stephen Lecce: —I want them to have the confidence that if they graduate and they work hard and they play by the rules and pay their taxes and they're good people, good citizens, they can succeed in this country.

I think that's the driving force of this bill: It's to motivate young people to believe again; it's to re-emphasize what matters most, on boosting reading, writing and math; and, to your point, it's about creating more pathways for more students across Ontario to get a good job and live a good life in the country.

Ms. Patrice Barnes: Thank you.

The Chair (Mr. Brian Riddell): All right, 28 seconds.

Hon. Stephen Lecce: I would be remiss to not take this time to perhaps, in the final seconds, just echo the message that Mr. Rae said: Deputy Minister Naylor will conclude her service to the OPS, after many years in many senior ministries making a difference. While there will be an appropriate time to say goodbyes, Chair, I do want it on the record, just to express on behalf of our entire ministry—all public servants, all political staff and all parliamentarians—a sense of profound gratitude for your sacrifice and your superb service to the people of Ontario. We are eternally grateful, and it is big shoes to fill. But I have a complete sense of confidence in your successor too.

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

We'll now go to the official opposition for the remainder of the time. I'll recognize MPP Pasma.

Ms. Chandra Pasma: I will also start by just saying thank you to Deputy Minister Naylor for your service. I know we depend on the hard work and dedicated service of professional public servants in Ontario, and so thank you for your years of service to the province. It's much appreciated.

I will also just take a quick moment to say thank you to all the teachers and education workers who I know are sweating away the final weeks of school. My daughter asked me last week how many weeks of school there were, and when I said "five" she told me she didn't think she would survive it. I spoke to a few teachers on Saturday who were feeling the same way, so we definitely appreciate all the hard work that teachers and education workers have done in our education system through a difficult period—and the first school year in four years that has actually been the normal length, which I know is part of what feels so long about it.

Minister, I want to come back to the question of kids with autism, because we're in the midst of a transition of 4,000 kids who were in the legacy autism program receiving therapy. Some of them have never been in our schools at all. Most of them have not been in our schools in anything resembling full time. Your government promised a committee to plan the transition. That committee never happened, and now that transition is taking place without any kind of plan. So I'm wondering, what happened to the committee? And where is the plan to make sure this transition happens successfully?

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Hon. Stephen Lecce: With your permission, may I turn it to the ADM responsible to speak about that transition and the planning under way? Clayton La Touche would be best positioned to speak to that.

Mr. Clayton La Touche: Thank you, Minister. Through you, Chair, to MPP Pasma: We definitely care very much about every student in Ontario, including our students with autism spectrum disorder. It's important to our ministry that we work in collaboration with the Ministry of Children, Community and Social Services to make sure that students and families are well served. Any kind of transition is particularly important for those children who are most vulnerable. Among them are students with autism and their families, who want

desperately to make sure that they are well served and well taken care of and that they are well received in schools. You are right that having a plan for transition, knowing what's going to happen, really makes that transition seamless for the students.

With regard to the approach being taken in the Ministry of Education, certainly we can look at the funding decisions that have been made. The minister spoke earlier about the increase in our special education funding of \$125 million projected to next year over the current year spending. Within that envelope is dedicated funding for students with autism.

We have \$39 million going to ABA expertise professionals. These are professionals who are hired within school boards to support schools and to work with students to make sure that the students transition into schools and the students have supports to address behaviour, to address how students transition from one activity to another, to make sure that there's a plan to support these students. That's what these professionals do who are experts in the field.

Additionally, we have an ABA training amount of \$6.1 million, which supports all the professionals, including our teachers and EAs, who are working with our students with autism. We know that these students, because they're most vulnerable, require very specialized skills in order to be well supported and to achieve success in school—because we believe very much in their potential. So the training amount of \$6.1 million supports boards in providing customized training in the context of their school boards for the students they have.

Additionally, there's an after-school skills development amount of \$6.4 million. These programs after school build on the supports that students receive during the day and provide targeted skills development and knowledge building for the students. It allows them an environment where they can practise the skills that they can then apply within the regular classroom program.

Ms. Chandra Pasma: But these programs aren't about the autism legacy kids who are joining our schools.

With all due respect, there was no coordination between the ministries. In many cases, it was parents who were informing the school board that their child was coming. The school board had no idea that this transition was happening. There was no plan in place to ensure that these transitions happened successfully. There are no additional supports within the school boards, despite the fact that many of these children are very high-needs. Many of them need somebody with them just for safety and security, to keep them alive, to make sure they're not choking, to make sure they're not fleeing the school facilities, and yet we saw no additional resources and no planning put in place to make sure that these children are able to transition successfully to our schools and to keep them safe while they are there.

Hon. Stephen Lecce: If I may just build on what the ADM has mentioned—we provided \$10 million in investments for the summer, for 2024, as we're doing just to

provide transition supports and additional staffing for students with special education needs. We've provided \$92 million to support students, particularly kids with special education needs, of which \$65 million is for education staff. That's to help support reading interventions for those children with special education needs. We put in place some specialized supports to help them.

Our ministries have been working and dialoguing for many years on this overhaul of the OAP and, of course, as I've noted and as other officials have noted, the overall funding grant, which is the vehicle by which we give school boards dollars to hire staff or to come up with additional supports for the parent or for the children, is now up. It's been up every year, but it's up this year by over \$120-odd million, \$124 million to be specific, which is almost 4% from the year prior. That's not the highest levels, but I think what I'm hearing from you is there's an increased need to do it.

On the ABA supports, if I recall, the allocation was doubled within the ministry. There's been some specific funding provided over the past years and particularly this year to help with that transition. I accept there's more we can do, and we'll do it in partnership with the ministry leading that program to make sure those kids are supported, should they come into our schools.

Ms. Chandra Pasma: So 4% is once again less than what the actual rate of inflation is this year, and that's for a special education allotment that is so far below what the actual needs in our schools are—as we saw today, Lambton Kent is getting less than a quarter of what their actual cost for special education is. The TDSB reported last week that they are spending \$67.7 million more on special education than what they are actually getting from this government. The Ottawa-Carleton District School Board reported that they are considering killing a program for children with disabilities in the summer that teaches them important life skills because they have to eliminate \$19 million from their deficit for the coming school year and can't provide programming throughout the regular year.

Your government is not keeping up with inflation. You are not funding the full amount of special education, and when these inflationary pressures and cuts are happening, the place that school boards are looking to cut is special education because you are funding so little of the actual cost. It is our children with disabilities who are paying the price for your government's funding decisions. It's the kids with disabilities who aren't able to get this life skills programming that they need. It's kids with disabilities who don't have the EAs that actually allow them to participate in school. It's kids with disabilities that don't have the EAs and the support staff around them that will actually keep them safe and allow them to be at school during the day.

Do you think that's fair? Do you think that's right? Do you think that we are doing well by children with disabilities in Ontario?

Hon. Stephen Lecce: I think a significant increase in investments—now over \$3.4 billion, the highest ever in Ontario history—is a positive proof point to you and to others that we are investing more. I think perhaps what we

can agree on is we're not seeing more out of the system. It's part of the reason why we brought forth transparency reporting tools within Bill 98, as proposed. I do hope you'll consider voting for it even on that premise alone.

We've hired 3,200 more EAs to help those kids. We've expanded mental health funding for those children. We've expanded access to special education funding in the summer as well, and we're increasing funding on an annual basis to a quantum of now over \$124 million this year alone.

I guess what I'd say to you is I recognize there's more to do. I recognize the system needs to be better. It's actually why we've introduced a bill called the Better Schools and Student Outcomes Act to elevate standards and create accountability for you, for parents, for the taxpayer, for everyone involved in supporting kids in our publicly funded schools.

Ms. Chandra Pasma: Just so I'm clear, when we're funding only a quarter of the cost of special education for a school board like Lambton Kent and the TDSB is spending \$67 million more than what they're getting from this government, you are blaming school boards for the outcomes for students with disabilities?

Hon. Stephen Lecce: I'm asserting that we are spending a lot more in public education. I think the open-ended question to people in Ontario is, are we seeing a lot better outcomes? That's an overarching question. We've never spent more on publicly funded schools ever in the history of Ontario. If you compare the Ministry of Education budget from 2017 to the present, we're talking about an over 20% increase. The GSN is up 10%. In every measurement, it's up, but the question I think we need to be asking is, what are the outcomes associated with this increasing investment?

I believe, on behalf of the taxpayer and parents and students, we should be expecting more from the system. We should be expecting it to be more accountable and more nimble, and while we're going to continue to invest more, that is not the only metric of success. We've spent many millions—in fact, billions—more and we're seeing the same outcomes on EQAO.

I mean, the former government—the majority of students weren't meeting the provincial math standards. No one would submit Premier Wynne was massively underfunding public education. We all believed that they were investing in education—probably not in the right areas—and even still EQAO data was devastating, with the majority of kids not meeting the provincial math standard.

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I would submit that the metric of success, the virtue as a government official, is not just throwing money at a problem; it's demanding better and actually holding systems to account to yield better outcomes and improved success stories for those kids. We're talking about kids. We're not talking about numbers. We're talking about young people who otherwise, in this system, had the same curriculum, the same static assumptions. We had public office-holders who weren't bold enough to make any

meaningful decision, and we had the same exact EQAO data for like 10 years.

So, yes, I am—

Ms. Chandra Pasma: Your spending increase is not even remotely equivalent to the increase in inflation in the time you've been in government—like 10 percentage points off. And those inflationary cuts that you are imposing on school boards are, in turn, being turned around and imposed on children with disabilities.

I think if there needs to be some accountability within the school system, it should start with your ministry and your government and the level of funding that you are providing for kids with disabilities.

Hon. Stephen Lecce: Then you should vote for Bill 98, because it—

Ms. Chandra Pasma: I will not be voting for Bill 98, in part because of the fact that your government wouldn't even accept amendments that would make sure Bill 98 would benefit children with disabilities.

While we're on the subject of children with disabilities—

Mrs. Robin Martin: Is this a lecture?

Ms. Chandra Pasma: I can do what I want with my time, MPP Martin.

Your government is also directly responsible for provincial schools which are attended by children with disabilities, and these schools are, in the province of Ontario, crumbling and putting children at risk. We have a school with a boiler that went down, where children who need to use their fingers to communicate had to have class in the bathroom, wearing their coats and gloves, because it was so cold in the school. There is a pool where children who need ASL swimming instructions have not been able to get the lessons that they need because the pool has been closed. You can't pin the blame on school boards here.

Where's the funding to make sure that kids in provincial schools actually have safe and decent schools with the services that they need in the school?

Hon. Stephen Lecce: We are proud of the work that has been done in our provincial and demonstration schools. I've visited many of them in Ontario. They do magic—that's how I describe what they achieve for these kids—create a real community for them; often, it's residential, and it makes a great difference for our kids with varying disabilities. We're grateful to the educators and the staff who work around the clock to support them.

I would like to turn to the ADM, Clayton La Touche, or the deputy just to speak about some of the investments we've made to make sure that the schools are meeting the needs of those kids; that there's sufficient staffing in place; that there's an elevated amount of resources to keep the schools with the capabilities required for students who are deaf or hard of hearing or blind or low-vision. All of those kids deserve access to quality learning; I think what we're doing in our demonstration schools demonstrates our commitment to it. I'll turn to the ADM to highlight some of those areas.

Mr. Clayton La Touche: Minister, you are correct about the investments that have been kept stable in provincial and demonstration schools that serve some of the most vulnerable students across the province.

For context, there are seven provincial and demonstration schools—three schools for the deaf, one school for the blind, and three schools for students with severe learning disabilities. These schools are located in four sites across the province: Milton, London, Belleville and Brantford. These schools have been in existence for a considerable amount of time.

The government has demonstrated its commitment to maintaining these schools, including maintaining the budget that supports each student, at a rate of \$125,000 per student. The capital budget has been maintained at \$8.6 million over the last many years. There's a three-year capital plan that's in place to ensure that the schools are appropriately maintained.

MPP Pasma, you are correct that there was a failure of boilers at WRMS, W. Ross Macdonald School, in Brantford a couple of years ago. Those boilers have been replaced, and this past winter there was no failure of those boilers.

A number of projects continue to move forward in the schools, including, at WRMS, investments of about \$2 million to ensure that there is an accessible track that is purpose-built to support the needs of blind students. This track will also be accessible to other schools and to the community around the Brantford area.

With regard to the pool you referred to in Milton, there were two pools that were closed to ensure that they could be appropriately repaired so that the students would have access to the best facilities possible. One of those pools in Brantford came back online and is fully operational at present; the other pool has taken some time to repair, that's for sure. The repair timelines were affected by the pandemic in terms of the access to parts and so forth, which I know many folks involved in construction have experienced, not just in Milton.

We recognize the impact of the specialized facility not being available to students and—

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

Mr. Clayton La Touche: —every effort has been made to make that sure it can come back online. I can provide the update that we have scheduled a health and safety inspection with the public health department to bring this pool back online. It's expected to come back online very shortly. And that's a testament to the effort that's been made and the consistent push to make sure that these facilities can come back online.

There are other examples—

Ms. Chandra Pasma: Sorry, I only have 30 seconds left. So my question is—I'm glad to hear about the pool, but if the government is so supportive of provincial schools, then why are the line items for salaries and benefits and services within our provincial schools all going down in this year's estimates, not up?

Hon. Stephen Lecce: I would defer to the ADM specifically on that. They may be able to shed light on—

The Chair (Mr. Brian Riddell): This concludes the committee's consideration of estimates of the Ministry of Education. 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: Chair?

The Chair (Mr. Brian Riddell): Yes?

M^{me} France Gélinas: Could we have the list of questions that will get a written follow-up, please?

Ms. Sandra Lopes: Sure. As I mentioned, only questions that have been explicitly stated that a response is coming, either by the minister or staff, will be included in the outstanding questions.

And I apologize; the wording will be finalized with draft Hansard or another record. There was a question about inspections taking place. There was a question about the recommendations related to francophone teachers. There was a question about the salary issue that might be unique to French-language communities for teachers. Capital child care funding: There was a question on that. There was reference to getting further details about nutrition funding from MCCSS—sorry if I got that acronym wrong. There was a commitment to share the memo on exclusions. There was talk about circling back about Gogama and northern schools, and some of the initiatives to recruit teachers to northern communities. That is what I recorded.

The Chair (Mr. Brian Riddell): MPP Pasma.

Ms. Chandra Pasma: So I also had how many positions will be defunded in the coming year because of the end of the COVID-19 recovery funding, the total number of mental health professionals working in the school boards and the questions about online advertising and online education.

Ms. Sandra Lopes: I'm happy to review Hansard when it comes out about those specific questions. Typically, I do look to hear a specific commitment to respond to the question to include them.

I believe there's another process and that you can table a question with the Clerk. Sorry, my apologies if—

The Clerk of the Committee (Ms. Lesley Flores): It's okay.

Not with this Clerk, but with the Clerks at the table in the chamber—written questions would be the other way. If you were to circulate, as an exhibit, questions that you had asked, because they're questions coming from an individual member as opposed to a question from the entire committee, I wouldn't be sending that along to the minister or to the ministry. If you wanted, for example, to have on the record questions for such and such, you could table that list of questions to be an exhibit, but there isn't a mechanism in the standing orders for the committee to then transmit that to the ministry. Does that make sense?

Interjections.

The Chair (Mr. Brian Riddell): Are members ready to vote?

M^{me} France Gélinas: Recorded vote.

The Chair (Mr. Brian Riddell): Shall vote 1001, ministry administration program, carry?

Ayes

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

Nays

Gates, Gélinas, Pasma.

The Chair (Mr. Brian Riddell): The vote carries.
Shall vote 1002, elementary and secondary education programs, carry?

Ayes

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

Nays

Gates, Gélinas, Pasma.

The Chair (Mr. Brian Riddell): Carried.
Shall vote 1003, community services information and information technology cluster, carry?

Ayes

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

Nays

Gates, Gélinas, Pasma.

The Chair (Mr. Brian Riddell): That carries.
Shall vote 1004, child care and early years program, carry?

Ayes

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

Nays

Gates, Gélinas, Pasma.

The Chair (Mr. Brian Riddell): Carried.
Shall the 2023-24 estimates of the Ministry of Education carry?

Ayes

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

Nays

Gates, Gélinas, Pasma.

The Chair (Mr. Brian Riddell): That carries.
Shall the Chair report the 2023-24 estimates of the Ministry of Education to the House?

Ayes

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

Nays

Gates, Gélinas, Pasma.

The Chair (Mr. Brian Riddell): Carried.
Thank you, everyone. That concludes our business for today.
This committee stands adjourned until 9 a.m. on Tuesday, June 6, 2023, for the consideration of estimates of the Ministry of Children, Community and Social Services.
The committee adjourned at 1813.

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