

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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## **Official Report of Debates (Hansard)**

SP-11

## **Journal des débats (Hansard)**

SP-11

### **Standing Committee on Social Policy**

### **Comité permanent de la politique sociale**

#### **Estimates**

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Ministry of Children, Community and  
Social Services

Ministry for Seniors  
and Accessibility

#### **Budget des dépenses**

Ministère de la Santé

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

Ministère des Services aux aînés  
et de l'Accessibilité

1<sup>st</sup> Session  
44<sup>th</sup> Parliament

Monday 28 September 2026

1<sup>re</sup> session  
44<sup>e</sup> législature

Lundi 28 septembre 2026

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Chair: Brian Riddell  
Clerk: Vanessa Kattar

Président : Brian Riddell  
Greffière : Vanessa Kattar

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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
SOCIAL POLICYCOMITÉ PERMANENT DE  
LA POLITIQUE SOCIALE

Monday 28 September 2026

Lundi 28 septembre 2026

*The committee met at 0900 in committee room 2.*ESTIMATES  
BUDGET DES DÉPENSES  
MINISTRY OF HEALTH  
MINISTÈRE DE LA SANTÉ

**The Chair (Mr. Brian Riddell):** Good morning, everyone. The Standing Committee on Social Policy will now come to order.

We are meeting to consider the 2026-27 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 provide some comments on the estimates process. In the past, members have been allowed to ask a wide range of questions pertaining to estimates before the committee; however, it must be noted that the onus is on the member asking the question to make sure that the question is relevant to the estimates under consideration.

The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. If you wish, you may, at the end of your appearance, verify the questions and issues being tracked with the research officer.

Are there any questions before we start?

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

Minister, the floor is yours.

**Hon. Sylvia Jones:** I feel honoured that I am first.

Good morning, everyone, and thank you to Chair Riddell and members of the committee for the opportunity to discuss how our government, under the leadership of Premier Ford, continues to make record investments to protect and strengthen health care across Ontario, delivering a patient-focused, integrated and sustainable publicly funded health care system that's connecting Ontarians to high-quality, convenient care where and when they need it.

I would like to begin by discussing a looming threat to our health care system. Over the past 10 years, the federal government has provided provinces and territories with approximately \$11 billion in funding aimed at supporting improved access to mental health and addictions services, as well as home and community care. This funding has

played an important role in supporting our expansions to mental health and addictions services, including mobile crisis response programs; homelessness and addiction recovery treatment, or HART, hubs; and hiring additional home care staff, among many things. These are services that thousands, if not millions, of Ontarians rely on each and every day to ensure that they and their loved ones are cared for and can access the care they need, when and where they need it.

However, these services are now at risk. With the 10-year agreements expiring this March, the federal government is on track to cut half a billion dollars in annual health care funding to the province of Ontario. The impacts of this looming funding cut would be felt province-wide, impacting patients with the most complex needs, who are low-income or from rural communities. Front-line services and front-line providers will also be significantly impacted by these federal cuts. This puts countless patients and health care workers across Ontario, including in your own communities, at risk of losing access to vital health care services they rely on, as well as their jobs.

I trust all members of this committee will agree that we need the federal government to come to the table and renew these agreements, with appropriate cost-of-living increases. However, in the meantime, our government will continue to step up and make record investments in our health care system and see results in key priority areas.

One of our key priorities is ensuring all Ontarians can access primary care. Ontario continues to lead Canada, with nearly 90% of people connected to a primary care provider. Through our \$3.4-billion primary care action plan, we are well on track to connect everyone in the province to a primary care provider by 2029. Since launching this plan, we continue to exceed our patient targets, and in fact have attached over 476,000 people to ongoing and consistent primary care.

In March, we announced that 124 additional applicants are receiving funding for a new or expanded primary care team, which is expected to connect another half a million people to primary care across Ontario. We will soon launch our next call for proposals, which will create or expand nearly 80 primary care teams to provide 600,000 more people with access to care.

We are seeing the results of our investments across Ontario, such as in the north, where the Port Arthur Health Centre in Thunder Bay created a new family health team, which has attached nearly 10,000 patients to primary care,

or in Sault Ste. Marie where Maamwesying North Shore Community Health Services has attached over 1,000 patients to primary care.

In eastern Ontario, the Montfort Academic Family Health Team has attached over 1,500 patients to primary care, while in the southwest, the Kincardine Family Health Team has attached more than 3,200 patients to primary care.

In Toronto, the Women's College Hospital Academic Family Health Team has attached nearly 9,000 patients.

These are just a few of the many success stories happening in every corner of our province.

Working with our front-line providers, we have also cleared over 440,000 people from the Health Care Connect wait-list. This reflects the dedication of the clinicians and their teams in our communities and the health care workers who are going above and beyond every single day.

I have had the opportunity to visit a number of these clinics across Ontario. I hear from Ontarians about how our investments in primary care are helping them and their families—comments from people referred from the Health Care Connect list like, “I’m relieved knowing I am going to be referred to a new doctor and can get the care I need,” or, “We are beyond grateful for your efforts in ensuring that our family now has a family doctor. This has brought us great relief and peace of mind, knowing that we are in good hands.”

And we had an individual who told us about her incredible experience. After meeting her new physician, she received tests, was diagnosed with a brain tumour and has since had surgery. She said, “You saved my life.”

From a primary care leader: “The incredible stories we hear from people as they get connected within their local neighbourhood are inspiring. This is the life-changing work made possible by our province, our partners and the people of primary care.”

We are also providing primary care teams with funding specifically to help recruit and retain health care workers. Earlier this year we announced further investments to expand the primary care workforce, which includes adding up to 150 physician assistant education seats and creating 170 nurse practitioner education seats, while also supporting the recruitment and retention of nurses in primary care through a new innovative program that will help over 1,400 registered nurses upskill and gain specialized clinical knowledge in primary care nursing.

Through the Practice Ready Ontario program, we are streamlining requirements for internationally educated physicians so that they can start family practice in Ontario faster. Since 2025, this has enabled over 100 additional family doctors to provide care to nearly 60 rural and northern communities. And this year we are increasing the number of participating physicians to 150 and expanded eligibility to additional communities, so more patients will have access to a family doctor in communities with the greatest needs.

The province is also providing all existing primary care teams with additional funding to help them meet increased operational costs, and investing in Ontario health teams to

ensure these teams and their primary care networks can support primary care teams and clinicians in attaching everyone within their communities to primary care.

Another important step in our primary care action plan is advancing a new province-wide primary care medical record system that will integrate patient records, reduce paperwork and administrative burdens for doctors and primary care providers, and improve the quality and co-ordination of patient care. Advancing a primary care medical record system builds on existing efforts to provide better digital health services. More than 350,000 front-line providers are now able to access integrated patient records, including hospital reports, lab test results, diagnostic imaging and reports, and drug information, which is already supporting more integrated care and better decision-making.

Ontario also has access to a growing number of resources through Health811. We are seeing around 50,000 Health811 interactions each month: calls, chats and online symptom assessments that help Ontarians access timely health information, guidance and services.

Other provincially funded digital services are enabling providers to send electronic referrals, and many Ontarians have access to convenient virtual care options. For example, more than 40,000 patients—surgical patients, patients with chronic disease and frail elderly—are accessing remote care management programs, which enables better management of conditions from home, reduced emergency department visits and hospital admissions, and improved outcomes.

#### 0910

We are also supporting the Health Innovation Pathway, a streamlined system for reviewing and accelerating the adoption of new health technologies such as medical devices and procedures, digital health tools, medical imaging and screening, lab and genetic testing, and models of health care delivery to prioritize made-in-Ontario innovations, support jobs and ensure more patients can benefit from world-class care closer to home.

Recent examples of where the Health Innovation Pathway is helping deliver better patient outcomes include introducing AI-powered screening technology to detect and treat osteoporosis sooner; mobile cameras and AI technology to screen and identify diabetic retinopathy sooner, avoiding potential blindness; and putting advanced digital diagnostic tools in the hands of health care providers to help treat advanced wounds rapidly, which will reduce damage caused by vascular disease.

Another area where there's been significant progress is through our government's increased investments to expand home and community care while at the same time enabling Ontarians to stay, recover and get care in their homes, where they want to be, while at the same time helping ease pressure on hospitals, preventing avoidable visits to emergency departments and supporting the timely discharge of patients.

Home care patients are getting more hours of care from personal support workers than ever before with more than 44 million hours of publicly funded personal support

visits, as well as more nursing visits and more visits to receive the therapy they need. We have seen significant reduction in patient wait-lists: 95% for personal support services, 20% for therapy services and 78% for nursing services. And over the next three years, home care volumes are up by approximately 33%.

The province is also continuing to boost support for hospital-to-home transitions, helping more patients experience seamless, safe and quicker transitions back home following their hospital stay. The program has expanded, with 64 hospitals now participating, which has helped lower unplanned hospital readmission rates for hospital-to-home patients by nearly 25%. Additionally, alternative-level-of-care volumes are the lowest they have been in a decade.

Another key component of Ontario's health system is immunization, one of the most effective public health investments that help prevent serious illness, reduce the spread of disease and alleviate pressures on our health care system. Ontario's investment in publicly funded immunization programs provides access to 29 immunization products that protect against 23 diseases, helping people stay healthy throughout their lives.

Recent program enhancements include the expansion of RSV immunization eligibility, helping to protect those most vulnerable. We have seen significant reduction in hospitalization for infants and seniors with the introduction of RSV immunization programming. The province continues to strongly encourage everyone to stay up to date on their immunizations, especially children returning to school who may have missed routine vaccines.

Our government is also making record investments in mental health and addictions care, building a comprehensive and connected health care and addictions system that provides people and families with high-quality, evidence-based services and supports, and connects community, primary and acute care to better wrap around the needs of people living with mental health and addictions services. We've boosted investments to support early identification and intervention, expanded treatment and innovative programs, including through youth wellness hubs, mobile mental health and addictions clinics, and digital and virtual supports.

From April 2025 to March 2026, there were nearly 99,000 visits to our youth wellness hubs across Ontario.

And we are investing more than \$560 million to open 29 Homelessness and Addiction Recovery Treatment Hubs, or HART hubs, in communities across Ontario, which are already improving access to a range of comprehensive treatment and recovery services, including primary care, mental health supports, addictions care, social services, housing and employment supports.

Thousands of client interactions have already taken place through HART hubs, and they have also supported over 530 people in accessing supportive housing. We are seeing the positive impacts in our communities, such as through the Somerset West Community Health Centre HART hub in Ottawa, where a client who had experienced instability and challenges over many years has made

significant positive changes in his life since being connected to supportive housing and a dedicated support team. As a provider at Somerset noted, stories like his are a powerful reminder that recovery is rarely linear, but when people have access to stable housing, compassionate care and a team that continues to meet them where they are, meaningful and lasting change is possible—or from clients from the NorWest HART hub in Thunder Bay, who said about their experience, “I feel understood and genuinely cared for by staff and volunteers,” or “I feel a sense of community as well as family. I can get help with clothing, food and direction with addiction management. I am looking forward and excited about exploring the HART hub services.” And at the Simcoe county HART hub, over 100 people have already completed the recovery program and are getting their lives back on track.

Our government also continues to make key investments to expand, modernize and support Ontario's hospitals and local health care facilities. Our plan includes the creation of approximately \$64 billion over the next decade in health infrastructure, supporting over 50 hospital projects and approximately 3,000 new hospital beds, on top of the 3,500 we have already added. We are further supporting our hospitals by providing up to a 4% increase in hospital funding for a fourth consecutive year and more than \$300 million last year to support critical infrastructure upgrades and repairs at hospitals and community health care facilities across Ontario.

We are investing more than a billion dollars in 2026 to increase the availability of paramedics, which includes a 9% average increase over 2025 funding to directly support land ambulance services. And our investments in the Dedicated Offload Nurses Program allows paramedics to get back into the community faster and respond to the next 911 call. As a result of this funding and fostering collaboration between paramedics and hospitals, we have seen provincial off-load times decline by nearly 70% since October 2022. We've also worked with paramedic services to implement over 300 innovative patient care models which allow paramedics to treat and refer patients to care in their community rather than only transporting them to a near hospital.

And through the transportation of medically stable patients initiative, we continue to support paramedics and protect ambulance and paramedic availability, by providing northern communities with funding for non-ambulance vehicle transportation—medically stable patients to vital treatments like dialysis.

By supporting hospitals to reduce surgical backlogs, we've seen a significant increase in publicly funded outpatient hip and knee replacement surgeries, by more than 186% and 226%, respectively.

According to the Canadian Institute for Health Information, the average wait time in Ontario for cataract surgery has improved by over 55%. And at the same time, our actions to expand cataract surgeries in community surgical and diagnostic centres have increased the number of cataract surgeries performed by over 172%.

0920

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

**Hon. Sylvia Jones:** In 2025, nearly three million MRI and CT scans took place, the most scans ever performed and a 7% increase from the previous year.

Chair, I could go on and talk about the successes that we have had, but at the end of the day, the Ministry of Health and the work that we are doing is about improving patient-focused care close to home, and I think that the stats and the investments that we are making and have been making and will continue to make are making an impact in all of our communities across Ontario. Whether they are in-home, in long-term-care facilities, in hospitals, we are making an impact, and I'm proud of that work. Thank you.

**The Chair (Mr. Brian Riddell):** Thank you, Minister. Thank you for your presentation.

We will now begin with questions and answers in rotations of 15 minutes for the official opposition members of the committee, 15 minutes for the third party of the committee, five minutes for the independent members of the committee and 15 minutes for the government members of the committee for the remainder of the allotted time.

As always, please remember to make your comments through the Chair. For any staff appearing today, when you are called on to speak, please give your name and your title so we may accurately record in the Hansard who's here today.

I will start with the official opposition. I recognize MPP Lennox.

**MPP Robin Lennox:** Thank you for that presentation. That's very helpful.

You mentioned the projected cuts in federal funding that we're going to be seeing. One of the things that we've missed out on in federal funding was any federal funding through pharmacare. BC, this year, will receive \$250 million.

Can you confirm that we will receive zero dollars in federal pharmacare dollars for diabetes medication and contraception because we did not sign on to federal pharmacare?

**Hon. Sylvia Jones:** Well, what I can confirm is the federal government has paused all negotiations, conversations and any interest in expanding the program. We have in Ontario a very robust drug program that provides for individuals under age 25, over the age of 65, individuals on ODSP, Ontario Works.

Look, I was very clear about the need for the federal government to be part of the conversations. Tomorrow, we are having an emergency health ministers' meeting to once again explain to the federal government what this fiscal cliff will cause in our communities. That work is ongoing.

Deputy Richardson, I don't know if there was anything else you wanted to add.

**MPP Robin Lennox:** I think I got my answer there, thank you. It is a shame that we're not receiving any dollars, because if we were in BC or if we were in Mani-

toba—they were proactive and signed on, and they're getting hundreds of millions of dollars this year.

And it's especially sad given I've heard from a number of people who have reached out who have been denied life-saving newer cancer therapies because they have not been approved by this government for access. Many of them were in the news recently.

So how can we justify to those patients who are being denied life-saving cancer treatment that we left hundreds of millions of dollars for pharmacare just on the table?

**Hon. Sylvia Jones:** Well, respectfully, Chair, the member opposite is conflating two very separate issues.

I would like the deputy minister to highlight the work that Ontario is leading the Confederation in, particularly as related to FAST, getting that access to cancer drug therapies to Ontario residents literally over a year sooner than has historically been the case. And we now have other Canadian jurisdictions' health ministers reaching out and saying, "How did Ontario do it?" We are leading, in Ontario, cancer care access, here. And while I will continue to fight and work with our finance minister and Premier Ford to make sure that we get those bilateral agreements to be extended, like mental health and addictions, like home and community care, it's really important to understand that Ontario leads in access to cancer therapies.

Deputy Richardson.

**MPP Robin Lennox:** Thank you, and actually, you did tell me about FAST last year when I asked a similar question, so I can move on to my next question.

Minister, this past year, a constituent being treated for cancer was left in a hospital stretcher in a hallway for three days before getting into an actual hospital bed. And we know that that's the case for an average of 1,425 Ontarians each and every single day here in Ontario. Your attempts to end hallway health care have actually resulted in them doubling during your tenure in government, and there's nothing in the budget to directly address this problem. In fact, because of the lack of funding for our hospitals, the FAO recently suggested we will lose 2,400 hospital beds over the next three years.

So, Minister, could you just provide a yes or no about whether or not you will actually achieve your target of ending hallway beds by what was 2025 but I assume continues to be your target—by this upcoming end of fiscal 2027?

**Hon. Sylvia Jones:** While the previous Liberal government froze hospital operating budgets for three years running, we have for the last four years expanded the number by 4%, over a billion dollars, annually for hospital operating dollars. We have seen already, since 2018, an increase in hospital beds of 3,500 beds, an investment and an increase—respectfully, Chair—that the member opposite and her Liberal colleagues continue to vote against.

We are on track to expand another 3,000 additional hospital beds in the province of Ontario. Those are \$64 billion worth of investments in hospitals literally across Ontario. Whether you live in Mississauga, in Windsor, in Niagara, in Ottawa, in Thunder Bay, in Timmins, you are

seeing enhancements, expansions, investments in your hospitals because our government has made the commitment, through \$64 billion, 50 different hospital builds, that new hospitals, expanded hospitals, renovated hospitals are getting those investments. We've already proven that we've expanded 3,500 beds, and we are on track for an additional 3,000 beds. Compare that—respectfully—to a Liberal government that froze hospital budgets for three years running.

Deputy Richardson, I don't know if you wanted to add anything further.

**MPP Robin Lennox:** Thank you. I appreciate that. With the picture that you paint, you would never know there were 1,400 patients in a hospital hallway today. So I think the reality of our constituents is different than what might be reflected in your book, but I'll move on to another topic.

You mentioned the significant investment, half a billion dollars in HART hub funding, and this was a creation of your ministry, a model that you came up with through the ministry, without consultation with the community. In your briefing book, you mentioned that as of December 2025, HART hubs had supported 100,000 client interactions. On first blush, that looks like a six-figure number, but then when you actually divide it down to see how many client interactions that is per day, that was only 13 client interactions per day over the first nine months that those HART hubs were operating. With the funding that you dedicated, that's an average of \$1,260 per client interaction over those first nine months, some of which might have been for a meal program or a shower or a drop-in. That's quite an extraordinary amount of money per interaction. And we knew that because there wasn't any consultation—this would be a slower and more costly roll-out than if it had been done in consultation with the community, who knew which services to expand.

But my question is, now that we're one and a half years into this three-year pilot, how are you determining value for money given that each interaction is costing about \$1,200?

**Hon. Sylvia Jones:** I'm not sure—respectfully, Chair—if the member opposite is suggesting that we don't need HART hubs in the province of Ontario. I fully believe that we need to move away from enabling people to use deadly drugs in our communities, and one way we are doing that is through our Homelessness and Addiction Recovery Treatment Hubs. We have now fully operationalized 29 across Ontario, and what we are seeing is people are getting access to supportive housing—900 new supportive housing opportunities for people because of our HART hub model. It is a three-year demonstration model, and we will take the input from all of those organizations that are working collaboratively together to provide services. Whether it is primary care, whether it is mental health and addictions services, whether it is access to housing and employment supports, different people need different services. Bringing organizations together has meant that that can happen in a very seamless, patient-focused way. I

am very proud of the \$560 million we've invested, and we will invest and watch where the best practices are.

I gave some very specific examples, whether it was Ottawa or Barrie, where people are graduating, are back with their family, are back with their community. That, to me, is success, because, as I said in my opening remarks, at the end of the day, this ministry is about serving people. We need to do that, and we need to be creative about it. The HART hubs have been a great example of how that is working.

**0930**

**MPP Robin Lennox:** Minister, respectfully, the HART hub transition has been anything but seamless. It's been—

**Hon. Sylvia Jones:** Then why am I getting—

**MPP Robin Lennox:** Excuse me, Minister. If I may finish—

**Hon. Sylvia Jones:** —regular letters from your colleagues asking for HART hubs in their community—

**MPP Robin Lennox:** If I may reclaim my time, Minister—

**The Chair (Mr. Brian Riddell):** MPP Lennox, please make your comments through the Chair.

**MPP Robin Lennox:** Through the Chair: If I may reclaim my time—thank you—just so I can get my question out.

Minister, the HART hub transition has been anything but seamless. We saw many of the HART hubs were not ready to open their doors on April 1 of the year that you said. Many have taken even up to 18 months to try to get even to partial programming, not even the full programming that you've offered.

I have dedicated most of my career to expanding access to treatment for people with substance use disorders, and I can tell you that telling programs to arbitrarily start doing something that they've never done before, on a timeline that you arranged, versus consulting with the community and expanding options for treatment at scale—there are different ways of doing this, but you chose a very expensive, very slow way and a way that actually had no input from the community.

But my question to you, Minister, was: How are you actually assessing the outcome data? You've said this is a three-year pilot. Certainly, you're looking at interim outcomes. What outcomes can you point to that would actually suggest this is good value for money? Because the last time I checked—just a couple of months ago—our wait times for a bed-based treatment were on average three and a half months for someone wanting substance use treatment.

**Hon. Sylvia Jones:** Well, in fact, Chair, the application-based program to host a HART hub in community was based on bringing organizations that were already working in those communities together. We have some excellent organizations, whether it is mental health, whether it is supportive housing, whether it is primary care. What the HART hub model did—and it was application-based, so communities and organizations had the opportunity to put

together and submit their applications. We now have those organizations collaboratively working together.

So instead of saying today, “Mrs. Jones, you need primary care, and if you are looking for mental health and addiction services, here’s a phone number”—we’re not doing that, because we know we can do better. We have excellent organizations who are doing that and that’s why the application-based HART hub model was to bring those existing organizations together and say, “How can you better utilize your facilities, your clinical staff, to make sure that we are making patient-focused front-line decisions?”

Deputy Richardson, did you want to add to that?

**The Chair (Mr. Brian Riddell):** Please state your name for the Hansard.

**Ms. Deborah Richardson:** Deborah Richardson, Deputy Minister of Health.

I just wanted to share a couple of data points that we’ve been collecting from the people who are working on the ground with communities. There have been over 46,000 clients who have attended the HART hubs to date, and—this number just blew my mind, having worked in the community as well—485,000 client interactions.

It took a while to get up and running, because some of these organizations were new, some of them were merging other entities and then also it was just connecting the dots with community. That’s why we went through—we heard from communities. A number of cities and municipalities had come to us about the concept of HART hubs, and that’s why we ended up advancing that to government as an idea. Really, it is what’s connecting all of the dots in terms of treatment: somewhere where someone can just go get a coffee, somewhere where somebody can go to gain the trust of the people who they’re working with—

**MPP Robin Lennox:** In mind of time, I’m just going to reclaim my time. Thank you so much.

I will point out that even though that number of interactions has gone up, that’s still an average between \$250 and \$300 per interaction, which is sort of approaching the cost of six or seven physician visits, so it’s still a fairly costly model. I will just move on, though.

When we look at substance use treatment—you’ve talked about expanding access to treatment, wanting to promote a recovery-focused model.

Minister, could you just provide a yes-or-no answer as to whether three and a half months’ wait for bed-based treatment is an acceptable wait time in your mind?

**Hon. Sylvia Jones:** And can you provide a yes-or-no answer as to whether the fiscal cliff that we are facing as a province—and indeed across Canada—by March 31 is a real and imminent danger? Because I believe it is. We have a federal government that is not at the table and we need to make sure—all of us in this room understand the value and importance of the mental health and addiction services that we are offering in the province of Ontario, and we have to have a federal government that is part of those conversations.

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

**MPP Robin Lennox:** Minister, I think it’s really unfortunate that you couldn’t provide a yes-or-no answer and that you chose instead to point fingers at another level of government when, in fact, administering substance use treatment is your responsibility and has been for the last eight years.

But for my final question, there are actually—

**Hon. Sylvia Jones:** So you don’t want us to do a bilateral agreement—

**MPP Robin Lennox:** Excuse me, Minister, it is my time to ask questions.

Thank you. Through the Chair: May I reclaim my time? Thank you.

**The Chair (Mr. Brian Riddell):** Continue.

**MPP Robin Lennox:** Fantastic.

Minister, one thing that you could tangibly do to improve access to substance use care would be to medicalize withdrawal management services so that they can actually treat the complex withdrawal symptoms that we’re seeing. I understand that this has been an issue raised to you prior.

Is there anything in the budget to actually enhance and bring up to quality of care our withdrawal management services for people with complex withdrawal syndromes?

**Hon. Sylvia Jones:** What we have been able to do with our expansion of primary care is—

**The Chair (Mr. Brian Riddell):** Thank you. We’ll now move on to the third party. I recognize MPP Fairclough.

**Ms. Lee Fairclough:** Thank you, Minister, for your opening remarks and to all off the staff that are here today to support this discussion, an important one on the investments that we need to be making in health care.

Nobody wants to end up in a hospital, in particular in the hallway of a hospital, but with the oldest of the baby boomers now turning 80 this year and the population growing, we know that people are going to need more care.

What we’ve seen in the media reporting this last year is that we’ve got 77 public hospitals that were not able to balance their budget, and they were required by you to submit a plan for how they were going to reach that. The FAO last week said that it’s not feasible for the government to ask the health sector to maintain the same level of service with less resources without additional funding or system efficiencies and projects a loss of 2,000 hospital beds and 7,000 nurses over the next two years now. And we are seeing those layoffs, right? We’ve seen layoffs just last week. We saw it in Hamilton Health Sciences, we’ve seen it in Ottawa, we’ve seen it actually in many of the cities that you’ve named.

My question is, with this plan you’ve tabled, can you share with us the service reductions that are contained in these plans by hospitals with your ministry and which ones you actually consider the highest risk to have service impacts for people?

**Hon. Sylvia Jones:** Well, first of all, we did fund additionally, for the last four years, two hospitals’ base funding—an additional \$1 billion every year for the last four years, on average a 4% increase. So we are in fact

enhancing and ensuring that our hospital partners have that fiscal room.

We are also asking, through a “path to balance” process that is in progress right now, each hospital—and to their credit, every single hospital in Ontario submitted their plan for how they are going to ensure that front-line patient care continues to be their number one priority. We are working through that through regional tables—so where we have hospital leadership working together, assessing each other’s plans and making sure that best practices that are happening in many hospitals across Ontario are being shared with equivalent hospitals. We’ve seen—

**Ms. Lee Fairclough:** Through the Chair, may have a follow-up question, please?

**Hon. Sylvia Jones:** Well, can I finish my answer?

**The Chair (Mr. Brian Riddell):** Continue.

**Hon. Sylvia Jones:** Thank you, Chair.

There is a lot of work that is happening on the path to balance, and it is in progress. So to suggest that we should be tabling those plans doesn’t work because we are still working with those hospital partners. Deputy Richardson—

**Ms. Lee Fairclough:** Thank you. Maybe I can ask a follow-up, then. Could you please just tell me how many hospitals remain in operating deficit? Also, I’m interested in understanding working capital for hospitals, which is a measure of the health of their ability to meet their bills and make payroll.

0940

Could you maybe explain to us what this plan—those two metrics. How many will remain in deficit with this plan on the table today and what is the current state of working capital in hospitals?

**Hon. Sylvia Jones:** Again, the FAO report, the financial accountability report, is a snapshot in time. We do not flow all of the money that the Ministry of Health supports all of our stakeholders with, all of our hospitals, on April 1. It is transferred over multiple quarters through the year, so when the Financial Accountability Office is looking at a moment in time, they are not seeing the complete picture.

It is far more appropriate to look at the actual budget and expenditures at the end of the year to see where that money has flown. As I said, 4% increase for the last four years, \$1 billion on to their operating-dollars-based funding. It is fiscally prudent for our government to ensure that that money is spent appropriately.

**Ms. Lee Fairclough:** Through the Chair, if I may ask: What I’m hearing from the minister then is that she’s not feeling there are any risks to impact of service with this plan on the table here, despite the fact that we know that hospitals are likely projecting deficits. We know that there are challenges on working capital. But I’m hearing there are going to be no impacts to service this year. Is that correct?

**Hon. Sylvia Jones:** What you’re hearing is what I said, which is for four years running, we have increased hospital operating dollars by \$1 billion a year. That is right on their baseline: 4% on average increase. I would respectfully also compare that to a Liberal government for three years

running who gave zero dollars to hospital budgets, bottom-line.

We are making sure that those dollars that are flowing to all of our hospital sectors, all of our hospital partners, are being spent appropriately on front-line patient focus in care. That is what the “path to balance” exercise is about. It is about sharing best practices and ensuring that we are getting the most appropriate care.

**Ms. Lee Fairclough:** I do just want to ask a question: You talked about some of the capital projects that you have got. The FAO projects that your funding plan will support 2,407 fewer funded beds in this year and by 2028-29, from 221 to 205 beds per 100,000 Ontarians, while your budget promises 3,000 new beds for capital projects.

How are you going to reconcile that? You’re sort of saying you’re building more, but we’re saying that actually, you’re funding quite a few less. Does it make sense to build hospitals and not actually fund the operating for them?

**Hon. Sylvia Jones:** It is very important to reinforce that our path to balance program is in no way impacting decreasing patient bed access. In fact, as my opening remarks said, we have added an additional 3,500 beds already into the system. We are on track for an additional 3,000 hospital beds.

I look at expansions at Waypoint in Penetanguishene, where we have taken shell space and made sure, through capital investments from our government, to ensure that they have additional beds; shell space opportunities that we are actively working with Halton Healthcare on.

Those types of projects suggest that we are in fact enhancing the number of patient beds in the province of Ontario, in our system. We have seen that through the hard numbers: 3,500 already, on track for an additional 3,000.

**Ms. Lee Fairclough:** Thank you, Chair. I will switch gears. I would like to talk about children’s mental health. It is reported that roughly 28,000 children and youth are on wait-lists for community mental health services. Some have been waiting for up to two and half years. We know what the Auditor General’s report said as well about child and youth mental health.

But this budget estimates \$533.9 million for child and youth mental health, which is actually \$28.5 million less than was spent last year and below what was spent in 2024-25. That seems to be going in the wrong direction for what the Auditor General was hoping that we would do for child and youth mental health. What is the current average wait time for child and youth community mental health services? What is your target?

**Hon. Sylvia Jones:** Through our \$3.8 billion, working with the federal government over 10 years—

**Ms. Lee Fairclough:** Yes, I think a lot of that is federal money.

**Hon. Sylvia Jones:** —we’re building a—respectfully, this is a joint program between the federal government, operated and initiated by the provincial government. The member opposite, as a member of the Liberal Party, should understand that the fiscal cliff is real. If she believes, and is advocating, for children, youth and mental health, which

I believe everyone is, then she should also be focused on ensuring that we do not have a partner who is walking away at a critical time. We're investing \$232 million in, again, new base funding for community mental health, including investments in early psychosis intervention; a program called youth wellness hubs that did not exist in the province of Ontario before 2018 is ensuring that young people who are asking questions, who are concerned, have an opportunity in a very open, welcoming environment, to ask questions and ensure that they make informed choices. Those are the investments we're making.

**Ms. Lee Fairclough:** Thanks very much. I mean, I'm not hearing any numbers—actually specific numbers—for how many more will receive the care.

**Hon. Sylvia Jones:** Some 100,000 youth have been served through the youth wellness hubs—

**Ms. Lee Fairclough:** You talked about the federal transfer money that will be missing on mental health. I'd like to know, actually, what the provincial match on programs like HART hubs has been. That's a \$500-million program. When I looked at the Auditor General's review of that program, there was not a lot of provincial dollars that were put in to match that federal investment—

**Hon. Sylvia Jones:** I'm happy to let—

**Ms. Lee Fairclough:** So maybe you can speak a little bit to that—

**The Chair (Mr. Brian Riddell):** Let's have one person at a time, please.

**Hon. Sylvia Jones:** I'm happy to let Deputy Richardson explain.

**Ms. Deborah Richardson:** The majority of the HART hub announcement comes from the provincial purse, I guess, so to speak. I think that there are three HART hubs that were funded out of the 19 from the federal allocation, so there will be impacts, should we not get that money past March 31, 2027.

**Ms. Lee Fairclough:** But the majority is provincial?

**Ms. Deborah Richardson:** The majority is provincial.

**Ms. Lee Fairclough:** Oh, that's good to hear. That's great, because that seems different than what was reported previously. That's good.

Okay, I'll just switch gears for a second again here. We've seen a pretty dramatic rise in boys and young men in particular that are experiencing gambling addiction since the government introduced its policy allowing dozens of private gambling companies from the US and other jurisdictions to advertise their online gambling websites on sportscasts, TV and radio. These companies are reaching right into the pockets of young men and boys right now through their smartphones. Of course, I would like those ads to be stopped, but in the meantime, as the harms and the demand for treatment and emergency care keep growing, what is your ministry doing to expand access to gambling treatment, especially for young men and minors in this budget plan?

**Hon. Sylvia Jones:** To date, we've spent \$28 million in assisting individuals who are at risk or having challenges with gambling addiction. Of course, through the work of the Ministry of Finance, we also fund, very aggressive-

ly, public awareness campaigns on understanding what the risks are and where to go if they believe a loved one is gambling inappropriately or at risk of addiction. Those investments continue through the AGCO, as well as the Ministry of Finance.

**Ms. Lee Fairclough:** Respectfully, you would probably agree with me as the Minister of Health that it doesn't seem that it's working, because we're seeing the number of people reaching out for care actually increasing, so I do hope—

**Hon. Sylvia Jones:** That would suggest to me that the public awareness campaigns are working because people know where to seek help.

**Ms. Lee Fairclough:** Well, I would argue the flip: Couldn't we actually reduce the harm to begin with? This is about good public health practices and getting ahead of problems.

With that, I'll stop and I'll turn to my colleague.

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

**Mr. Adil Shamji:** Thanks, Chair.

Minister, I'd like to take you back in time to April 2026, when you berated a room full of hospital executives and told them, essentially, that they weren't thankful enough. You implied that they were being bad partners and you said, and I quote, "You will have to forgive me if I get a bit frustrated." You repeated the same claim that you made today: that hospital funding has gone up by 4%. But you'll have to forgive me for wondering why I think those hospital executives should be grateful.

I'm looking at a list of 81 out of 135 hospitals reporting deficits for 2026: Hospital for Sick Children, a \$73.1-million deficit for 2026; Trillium Health Partners, a \$64.7-million deficit; Unity Health Toronto, \$45.2 million; Lakeridge Health, \$41.2 million. I could go on and on and on, 81 times.

Minister, successive estimates and successive estimates and successive budgets by this government have led hospitals in Ontario to have deficits, but this year will be the worst year of deficits. Why is it that your estimates do nothing to eliminate these deficits this year?

**0950**

**Hon. Sylvia Jones:** Again, I would remind the member opposite that the FAO report is a snapshot, a moment in time.

**Mr. Adil Shamji:** This is not an FAO report—

**The Chair (Mr. Brian Riddell):** One person at a time, please.

**Mr. Adil Shamji:** These statistics are from the publicly reported financial documents of the hospitals, not the FAO.

**Hon. Sylvia Jones:** What we are seeing, as we work through with our hospital partners, is a 4% increase over four years. Again, I respectfully have to make a comparison between a Liberal government for three years running that gave zero dollars to hospital bottom-line operating. We have—

**Mr. Adil Shamji:** Thank you, Minister. That's fine.

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

**Mr. Adil Shamji:** Under a Liberal government, hospitals have never reported deficits on the scale that we are seeing like this—in fact, nothing like this at all.

But I'm going to settle on something. You have multiple times tried to discredit the FAO report that came out last week, which projected thousands of cuts, thousands of bed losses over the next three years arising from the massive hospital deficits arising under your watch.

Can you commit to this committee right here and right now that under your watch, there will be no service cuts to staffing or bed levels in hospitals in the next three years? Yes or no?

**Hon. Sylvia Jones:** What I would like to commit—and I will commit—is that we are actively engaged with our hospital partners on regional tables, ensuring that their path to balance is laser focused on front-line patient care.

**Mr. Adil Shamji:** So you will not commit to that. How many bed cuts and layoffs are acceptable to you?

**The Chair (Mr. Brian Riddell):** One person at a time, please.

**Hon. Sylvia Jones:** I would like Deputy Richardson to highlight some specific work we are doing in the big program.

If you would, Deputy Richardson?

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

I will now go on to the independent member. Go ahead. I recognize MPP Clancy.

**Ms. Aislinn Clancy:** I also want to echo my colleague's gratitude to have so many folks—sardines—brought to the table.

**Hon. Sylvia Jones:** But you're not letting them speak.

**Ms. Aislinn Clancy:** I know we're short on time, so sorry if we don't give you all the chance. But I do appreciate that you took time out of your schedules and made your way down here.

I want to thank the minister for her comments, to get started. There are lots of bright spots, and I do want to thank you. I noticed in my area that the investment in primary care is working. I'm hearing back from people in my community and from Community Healthcaring, for example—gratitude for new money to address the needs of more folks, especially in this particular instance, folks with complex health care needs. I hear you on the concern about the federal government, so I'll take that back and work with my federal colleagues in the region of Waterloo to raise those concerns forward.

I am glad that we have money for HART hubs, but I still feel like there is a shortfall when it comes to folks facing homelessness. We have 85,000 people homeless in the province of Ontario, and that number is set to rise to 300,000. So while I appreciate the 900 beds, I'm concerned that it's not going to meet the moment. There was an increase between 2022 and 2026, but estimates say that the funding won't increase.

Between 2026 and 2029, I see \$4 billion your government is spending on jail. Jail would cost \$12,000 a month, whereas supportive housing costs \$4,000.

What I'm hearing from providers is that the federal government is committing dollars to build supportive housing projects, but Ontario will be missing out because we aren't committing the operating dollars.

Can you explain why you've chosen to not expand more operating dollars for supportive housing to meet the moment, given the circumstances that municipalities across Ontario are facing right now?

**Hon. Sylvia Jones:** There are a couple of things to unpack there. As part of the HART hubs—homelessness and addiction recovery treatment—we've actually been able to add an additional 900 supportive housing units, so there is an expansion piece with the HART hubs.

The other piece—and the member opposite raised it—with the primary care expansion, one thing that I'm particularly proud of is, we have been able to embed and ensure that applications for expansion include mental health clinicians. What we don't want to do is have a system that only helps the most critical. We need to get to people sooner, and part of that is through our primary care expansion so that mental health workers are embedded with physicians, with nurse practitioners, with dietitians in those organizations.

We are also seeing through our youth wellness hubs—again, something that we didn't have in the province of Ontario before 2018, where people have access when they are in need and seeking answers and ultimately getting support in community. There is and there has been an increase of an additional 900 supportive housing units through the HART hub model.

**Ms. Aislinn Clancy:** Do you think that you could commit to working with the Ministry of Children, Community and Social Services and MMAH? Because in my community, we have seen a doubling of seniors facing homelessness in one year. I think, in the last provincial budget, we had \$4 billion spent on new jail beds and only \$53 million spent on new supportive housing beds. So I appreciate the 900; I think every little bit counts.

I've seen amazing projects in my community really address folks—because we know that, if you're facing mental health and addiction challenges but you don't have a roof over your head, it's kind of a waste of money to get care when you're still facing homelessness.

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

**Ms. Aislinn Clancy:** Will you commit to having conversations with your colleagues in cabinet about the vast array of supportive housing needs that aren't being met?

**Hon. Sylvia Jones:** We are already doing that. And in fact, in budget 2026, we made an announcement of an additional 425 units that will be added from budget 2026.

**Ms. Aislinn Clancy:** I think my next question is about privatization. I've been hearing from hospitals that their operating rooms are empty many, many hours of the day. Here we are investing dollars into privatized community clinics, which cost more per procedure, as opposed to funding hospitals to do more procedures. Why have you made that choice?

**Hon. Sylvia Jones:** Well, in fact, as Premier Ford often says, it's not an either/or. We have, through a \$1-billion investment specifically targeted to our hospital partners—

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

We will now go to the government side. I recognize MPP Leardi.

**Mr. Anthony Leardi:** Minister, I have a question regarding mental health and federal funding under the bilateral agreements that Ontario has with the federal government.

At the present time, we have a bilateral agreement with the federal government that provides approximately \$11 billion of funding for various services. Those services include mental health services, community care services and home care services. By my calculation, that \$11 billion represents approximately 11% of the Ontario health care budget.

My understanding is that this bilateral agreement with the federal government is set to expire on March 31, 2027. That's less than a year away. My question, Minister, is, if the federal government decides not to renew this bilateral agreement and decides not to transfer the \$11 billion to the province of Ontario, what are the consequences that might occur if the federal government fails to do that?

**Hon. Sylvia Jones:** Thank you. The consequences are real, and they impact people and they impact programs and services, and they ultimately impact jobs.

For Ontarians that rely on our health care system for mental health services, we are looking at a cut of almost half a billion dollars. If there is no extension of the bilateral—and we're not even talking about adding extra for inflation—it would lead to the closure of three HART hubs. It would lead to a significant loss of beds across Ontario, including 15 secure treatment beds for children and youth and a minimum of 180 24/7 safe beds in over 35 municipalities. It would lead to a cut of over 1,000 supportive housing units, 8,000 people losing access to free psychotherapy services.

These are all programs and services that our government has worked very hard to ramp up and operationalize. Not having that bilateral extended is a real and imminent threat to our homelessness addiction recovery program in the province of Ontario.

**The Chair (Mr. Brian Riddell):** MPP Leardi.

**Mr. Anthony Leardi:** Thank you, Minister. I now have a question regarding MRIs and CT scans.

My riding, the riding of Essex, is serviced by two hospitals. One is Erie Shores hospital in Leamington, which received operational funding for a new MRI. The other is Windsor Regional Hospital, which received operational funding for both an MRI and a CT scan. These were new services that were provided, and of course my riding is very grateful for those new services provided by two MRI machines and another CT scanner.

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My question, Minister, is this: With regard to the expansion of MRI and CT availability—and we all know that this is extremely important, to get these diagnostics, for positive patient outcomes—my question is, how is this

expansion of MRIs and CT scans expanding the number of diagnostic treatments occurring in the province of Ontario?

**Hon. Sylvia Jones:** Well, it really truly has been a program that has succeeded across Ontario. In the fiscal year 2025-26, Ontario hospitals completed over 1.1 million MRIs and 1.8 million CT scans, which is the most ever that we've been able to do in the province of Ontario. As the member opposite highlighted, we have approved and are now paying for the operation of 50 new MRIs, often in communities and hospitals that never had them before.

This is patient care closer to home. When an emergency room doctor wants to order an MRI and a CT and has to take time away from their emergency department duties to phone and find an available MRI, to phone and find access through paramedics to transport that patient, we are taking away time from that emergency department physician to actually help the next person. When I announced an MRI in my own community, an emergency room doctor walked through literally how much time it was taking her to access these MRI scans and what it was going to lead to as a game-changer to have these operationalized in hospitals—in some cases, in communities that have literally been asking for decades for an MRI.

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

**Mr. Billy Pang:** I have a question for the minister on the hospital infrastructure funding. Building health infrastructure across Ontario is essential to strengthening and connecting the province's health care system to better serve Ontarians. What investments has the government made since 2022 to expand and modernize health infrastructure across the province, and what progress has been achieved to date?

**Hon. Sylvia Jones:** There's no doubt that a growing demand for health services—and, as our population ages, we need to make sure that our infrastructure and our communities are there to serve. Infrastructure renewal is an essential part of that repair and renewal process. We have, as I have mentioned previously, committed \$64 billion in hospital capital renewal funds, leading to over 50 hospital projects, whether it is net new hospital, expanded or renovated hospital.

We have seen, through a program, hospital infrastructure renewal fund—HIRF, as we affectionately call it—making sure that those imminent and necessary repairs happen quickly. That program has been—and, Deputy Richardson, correct me if I'm wrong—I believe a 10% increase in the last number of years to make sure that we keep up with the renewal piece.

Deputy Richardson, is there anything you want to add or I've missed?

**Ms. Deborah Richardson:** It would be really great to highlight some of the projects and also to call on director Dave Reeder, who I don't think has ever come to estimates before. I'm going to put him on the hot seat so he can have some experience; I think that would be just terrific.

But really, the needs are so great, so making sure that we know where those needs are and then also planning for the future is really, really important.

Just to highlight some of the projects that we have in flight: There's the Waterloo Regional Health Network, formerly known as the Grand River Hospital and the St. Mary's General Hospital. They received a ministry capital planning grant of \$5 million in 2022 and an additional \$10-million planning grant in the 2025 budget. They're working on, as you're probably well aware, those of you who are close to it, about redevelopment of an acute health care infrastructure to address capacity issues, aging infrastructure, create operational efficiencies, and really have a unified system of care in Kitchener-Waterloo.

The Windsor Regional Hospital, or the new Windsor-Essex acute-care hospital project, officially broke ground this summer—it was just such a highlight—supported by a government investment of more than \$202 million. The project will consolidate acute-care services and expand services by adding more hospital beds to ensure better and connected care in the Windsor-Essex region. The ministry is supporting early planning and design costs to make sure that the future of health care investments are built to meet the needs of the community.

The Niagara Health system and the Welland refurbishment project is supported by a planning grant approved this past February 2026. The project will renovate and upgrade the Welland site to support the transfer of complex continuing care and residential treatment programs, and improve access to care.

There are some completed major hospital projects as well.

There is the West Park Healthcare Centre capital redevelopment project, which is a new, six-storey rehabilitation and complex continuing care centre that continues increasing capacity for in-patient, ambulatory care, diagnostic and therapeutic services, with a capacity of up to 314 beds. It's a great partnership with a number of hospitals here in the city of Toronto.

Brightshores Health System, the Markdale Hospital greenfield capital redevelopment project: It replaced a 64-year-old deteriorating facility with a new building on a new site. It has a 24/7 emergency department, a short-stay in-patient unit and clinical and laboratory services to preserve core health services in a rural region. This project was completed in May 2023.

There's the Finch site, which was normally the Branson site, which is the reactivation centre for North York General Hospital. That will improve access to care for patients and families and reduce wait times in hospital. This project will support 120 new transitional care beds for North York General Hospital, allowing patients with lower acuity needs and alternative-level-of-care patients to be relocated to this site. The project was completed in February 2023.

Sunnybrook Health Sciences Centre, the brain sciences centre: If anyone has never been, you need to go. It's just so impressive. They reached substantial completion in 2024 and began seeing patients in early 2025. The prov-

ince has invested \$60 million to support the new 12,000-plus-square-foot state-of-the-art facility dedicated to brain science research and care, connecting those with complex mental health conditions to the care that they need.

The Hamilton Health Sciences West Lincoln Memorial Hospital redevelopment project opened in November 2025. That project involves the construction of a new community hospital on the current WLMHF, which is the West Lincoln Memorial Hospital site in Grimsby. That new hospital will replace the current aging infrastructure, which will be demolished. The new hospital will have increased in-patient beds, including medical, surgical, obstetrics and complex continuing care beds.

The Windsor Regional Hospital and the cardiac renovation project involves renovations and expansion of Windsor's cardiac cath lab, enabling 24-hour service to complete more vital cardiac procedures. That renovation will include the addition of a second cath table to connect more people to care that they need sooner and reduce wait times for both urgent and elective procedures.

And just to touch on two more quick projects before I turn it over to my colleague who heads up the capital program at the ministry: The Pembroke Regional Hospital surgical services and central sterile reprocessing project was completed in July 2025. That investment will increase the capacity of the surgical in-patient unit from 13 to 15 and include an off-site, outsourced CSR department—which is central sterile reprocessing.

**1010**

And then, finally, the Brant Community Healthcare System: A new emergency department was launched. It was completed, actually, just this past August. The project involved construction of a new and expanded emergency department at Brantford General Hospital, over 7,000 square feet larger than the hospital's previous emergency department. The project provides:

- new and expanded treatment rooms to support faster patient assessments;
- a dedicated extended-stay area and improved walk-in in the arrival area;
- additional mental health safe rooms, which is really critical, we've been hearing, and it's really great to see;
- an expanded observation area, ambulance arrival and off-loading zone; and
- a new Indigenous family space adjacent to the emergency department.

This project is anticipated to reduce wait times, increase capacity—

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

**Ms. Deborah Richardson:** —and I will turn it over now to my colleague Dave Reeder.

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

**Mr. Dave Reeder:** My name is Dave Reeder. I am the director of the health capital operations branch. I'm attending this morning on behalf of Danielle Jane, who is the assistant deputy minister of the hospitals and capital division.

As the minister had indicated, the ministry has a robust, long-term capital plan that will invest over \$50 billion in health infrastructure grants over the next 10 years, contributing to nearly \$64 billion in total health infrastructure investments across the province of Ontario. The plan will expand and modernize Ontario health infrastructure, ensuring we have new and modern health care facilities that allow for the expansion of services across the entire continuum of care. This includes crisis and critical care, emergency and urgent care, general and specialty acute, ambulatory services, mental health and addictions, and primary care, as well as community care.

By investing in the right mix of services to best address the unique needs of local communities, the ministry is strengthening access—

**The Chair (Mr. Brian Riddell):** Thank you for your answer.

We will now go to the official opposition, and I recognize MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Good morning, Minister. I hope you had a good summer. I know that mine was good, just too short. And thank you, everybody else, for being here.

My first questions will have to do with primary care. We all know about \$3.7 billion on track to help people connect to primary care: the first round, \$476,000; the second round, 124 applicants, 500 more people. The question I have: I represent people from the north, so we are hoping the next call is coming soon, but for many of the regions that I represent, there are no physicians to put something forward.

So I was just wondering: Within that \$3.4 billion, is there any money dedicated to making sure that people in northern Ontario also get connected to primary care and that through the request for proposals, some of those proposals are made to also cover—I'll give you the example of Onaping and Levack. The Premier was just there two weeks ago, because of mining. Thousands of people live there, but there is no primary care. They have to drive down Highway 144, which is closed every winter for days at a time, to get to the closest family health teams in Chelmsford.

How do you make sure that those communities within the city of Greater Sudbury—thousands of people live there, but there will never be a request coming from that community. How do you make sure that they will have access to primary care, and how much money in that \$3.4 billion is dedicated to that?

**Hon. Sylvia Jones:** Thank you for the question. What we have done with the primary expansion, as you have referenced, is multiple reiterations and opportunities for applications. What that has meant is we can start to fine-tune where the greatest needs are. Some of the changes that we have been able to make as we open up the call for applications—and, yes, it is imminent—are that we can then start to look at where the communities in highest need are. As I mentioned earlier, where can we enhance clinical opportunity, so adding and ensuring that mental health clinicians can be part of primary care expansion?

Our Practice Ready Ontario Program has been hugely popular for internationally trained family physicians. In exchange for a much-shortened assessment period, they can be fully licensed and practising, in exchange for practising in a community that is in higher need. As I said, we started with 50, if my memory serves me correct; we are now up to 100 and we're going to 150. These are, as I said, internationally trained physicians who can get fully licensed in a much faster process. We've of course expanded the access for both residents and medical students in all Ontario medical schools, including, of course, expanding through TMU in Brampton and the York medical school in Vaughan. What you're seeing—

**M<sup>me</sup> France Gélinas:** Is there money specifically for small, northern communities?

**Hon. Sylvia Jones:** The other thing that we're doing, MPP Gélinas, is we are now able to see where those highest needs are, and we've ensured that applications moving forward can have a satellite—

**M<sup>me</sup> France Gélinas:** But the highest need is always for bigger communities. It's like we're not even on the map. When we look at the list of high-needs communities, they're all bigger—they all have 10,000, 20,000, 30,000 people. What happened to the 4,000-people communities that I serve?

**Hon. Sylvia Jones:** We're also doing an opportunity for expansions or net-new teams to have satellite campuses and clinics—

**M<sup>me</sup> France Gélinas:** Can you mandate them to have satellite?

**Hon. Sylvia Jones:** It's an application-based program. What we do is we work through the primary care action team under the leadership of Dr. Philpott, working directly with the local Ontario health teams and say, where are your greatest needs, where are the opportunities and how can we help you fine-tune your application to make sure that it is going to serve the most people? I'm proud of the fact that we've been tweaking those application-based reviews to make sure that the percentages and the communities that are in highest need have the opportunity for satellite or hub-and-spoke models because, as you said, for some of those very small communities, it would be challenging to have a primary care team of 20 clinicians serving smaller communities. The hub-and-spoke and the satellite has been an effective addition.

**M<sup>me</sup> France Gélinas:** I agree; I like the satellite models. It works in my riding. It's just that we never seem to be a priority, and we're all afraid that the money will run out before small, northern communities are included. I'm just leaving that with you. I did not get a specific amount. Yes, it is more expensive to provide linkage to people in small, northern communities. I want the money to be there before that \$3.4 billion runs out. I want the people of northern Ontario to become a priority because, right now, whenever the priorities come out, we are never part of it.

Talking about northern Ontario again, the Northern Health Travel Grant, more people now can go to the dentist—yay—with the federal dental program, but they

don't qualify for the Northern Health Travel Grant. They live more than 100 kilometres away from the closest dentist, they live more than 100 kilometres away from the closest optician, but you don't get the Northern Health Travel Grant to go there. Would you be looking at how much money would it cost to make sure that people in northern Ontario have the means to get to the dentist now that they're finally covered for dental care?

**Hon. Sylvia Jones:** We have, as you know, made a number of improvements and enhancements to the northern travel grant, including ensuring that people who have consistent treatment programs have access, removing 100-kilometre first round so that is included.

Deputy Richardson, is there other pieces of the enhancement program that you'd like to speak to?

**Ms. Deborah Richardson:** Just to share a couple of statistics: Every year the Northern Health Travel Grant supports 66,000 people—

**M<sup>me</sup> France Gélinas:** I don't want statistics, DM. What I want is I want to know, have you ever looked at making—now that we have an Ontario dental plan, now that we have a federal dental plan—have you ever thought of making dental accessible for the Northern Health Travel Grant for people in my riding that have to travel 100 kilometres to the closest dentist?

**Hon. Sylvia Jones:** We are always looking at how we can improve all of our programs, including making them more accessible. The dental program, of course, is a federal program that Ontario continues to support through our local public health units, all of which are not centralized in one location, so there is the opportunity for individuals to access dental care through their local public health unit. But we're constantly updating and assessing all of these programs to make sure that they provide the best care for everybody.

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And I will say the northern travel grant in the province of Ontario is the most generous of all Canadian jurisdictions.

**M<sup>me</sup> France Gélinas:** So am I seeing that the door could be open to help people pay for their travel costs to go to the dentist? Did I hear that out of you? I'll say that I did.

Next question, on northern Ontario again: Grassy Narrows was here last week to talk about the health effects of mercury poisoning on, now, generations of people who live in Grassy Narrows. For a long time, they have asked for a treatment centre to be located in their community that would specialize in the health effects of mercury poisoning on the residents. This would not cost that much. Why is it not there?

**Hon. Sylvia Jones:** My understanding is that that is in the works, but I'm going to turn that over to Deputy Richardson for further details.

**M<sup>me</sup> France Gélinas:** That's the answer I've been getting for the last 19 years, that it is in the works.

**Hon. Sylvia Jones:** I've only been here for a few, so my understanding is it is in the works.

Deputy Richardson, did you want to add?

**Ms. Deborah Richardson:** Yes. ADM Sean Twyford is going to speak to it, because it's his file directly, but we've been working very closely with the community of Grassy Narrows to establish it as a partnership with the federal government and ourselves, because we're the operating side.

But over to you, Sean.

**Mr. Sean Twyford:** Good morning. I'm Sean Twyford. I am the assistant deputy minister of the strategic policy planning and French language services division. We're responsible for the Indigenous teams as well.

We have a quite active partnership with the Grassy Narrows Mercury Care Home team. We meet with them on a monthly basis, and we're their one course of support for establishing that home—a really strong relationship with the federal government, where they've stepped up to provide the overall capital funding. But what we're actively working on now with the team from Grassy Narrows is the actual operating and operational plan, and they're in the process of finalizing their service model and what it would require on an ongoing optional basis, both in terms of being identified as a public hospital but also in terms of their operating funding—quite frequent contact at this point and working closely and collaboratively with the mercury care home team.

**M<sup>me</sup> France Gélinas:** How much money has been put aside to be able to fund such a service in their community?

**Mr. Sean Twyford:** We're waiting on their operational funding request. The federal government has made the overall capital investment, and I couldn't speak exactly to the details of that. It's between the federal government and the community.

**M<sup>me</sup> France Gélinas:** A hospital usually takes—I don't know—15 years for renovations, so am I looking at another 15 years before any of those people gain access to the health care services they deserve in their own community?

**Hon. Sylvia Jones:** As—

**Mr. Sean Twyford:** So the—

**Hon. Sylvia Jones:** I'm sorry, Sean. As the federal government is on the capital side, that question would more appropriately be asked to them.

The Ontario government and the Ministry of Health are on the operational piece, and we're working directly, as the ADM mentioned, with the community to make sure that when it is operationalized, we will be there to support them.

**M<sup>me</sup> France Gélinas:** And do you have an idea how much provincial money is involved in this project?

**Hon. Sylvia Jones:** It will depend on the submissions that come through Grassy Narrows leadership and what the federal government, ultimately, is going to build through their capital campaign.

**M<sup>me</sup> France Gélinas:** Okay.

Pendant que vous êtes là, monsieur, j'aimerais ça vous poser une question en français: le milieu d'hébergement thérapeutique francophone destiné aux enfants et aux jeunes ayant des besoins complexes en santé mentale, ça n'existe pas en Ontario.

Vous avez reçu une demande du Cap, en collaboration avec Valoris, Bien ici et CHEO, pour avoir, finalement, un milieu d'hébergement thérapeutique francophone destiné aux enfants et aux jeunes ayant des besoins complexes en santé mentale. La demande a été faite, mais il n'y a aucune réponse de votre gouvernement pendant ce temps-là.

The minister was saying that there would be expansions coming to children's mental health services, but as long as we don't have "un milieu d'hébergement thérapeutique francophone," the francophone community cannot even bid on that new money. Why is it taking so long to answer this request for proposal for a centre that would be the one and only francophone centre? Because we do not have one in Ontario, yet we have lots of francophone children and youth that have mental health and substance use issues.

**Hon. Sylvia Jones:** Three years ago, our government invested specifically in youth through a \$330-million investment, including at SickKids for eastern Ontario. And we are now seeing, because of those investments and enhancements, that we have had no surgeries that have had to be pediatric surgeries that have had to be delayed. We are seeing that investment—

**M<sup>me</sup> France Gélinas:** No. This is specifically for mental health and substance use for francophones. We do not have, in all of Ontario, any services where children can be looked at overnight, can be assessed and supported. They exist in English. They do not exist in French. A request for funding was submitted to your government last December, and it's still crickets. They haven't heard back yet. Because they don't have an overnight system, they're not allowed to apply for some of the new money coming for children's mental health and substance use.

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

**Hon. Sylvia Jones:** Unsolicited proposals are assessed and reviewed through the ministry, and that work is ongoing.

ADM Twyford, did you want to add?

**Mr. Sean Twyford:** Yes. Just maybe—is English okay? Just making sure.

**M<sup>me</sup> France Gélinas:** Oui.

**Mr. Sean Twyford:** We work closely with our mental health team and ADM Kyle MacIntyre on the ad hoc requests for opportunities. We've met with the group—I believe it's le Cap—when those opportunities arise, and we're quite actively supporting them in terms of when future funding could potentially become available. As the minister said, we've had a few rounds of expansion of children and youth mental health funding.

The other part of this is we've recently established the French language planning centre at Hôpital Montfort and with l'AFO, and that is going to be a key part of ensuring that as we plan and implement—

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

If anyone has trouble with the translation, the Clerk would be happy to help.

We will now go on to the third party. I recognize MPP Shamji.

**Mr. Adil Shamji:** I'd like to finish my last line of questioning, just around the operating deficits of hospitals.

Minister, you've repeatedly said that hospital funding will increase by 4%, a number that is in fact disputed by the Financial Accountability Office. They believe the number is more accurately 3.2%. Regardless, even if we give you the benefit of the doubt and say that it will be 4%, the amount of funding that needs to increase in order just to maintain service levels—which, quite frankly, are unacceptable at the current time—is 4.4%. So why are you choosing to fund hospitals at a lower rate than is required just to maintain service levels?

**Hon. Sylvia Jones:** Well, I guess it depends on who you ask. As I said, for the last four years running, we have increased hospital-based budgets by 4%: a billion dollars a year for four years. I continue and must compare and contrast that to a federal government that, for three years in a row, added no base funding to hospitals operating.

We are working directly with hospitals to ensure that they are appropriately and continuously looking for opportunities for best practices and sharing those through the use of our regional tables. We've been very clear that there are things, like front-line patient care, that must not be touched.

**Mr. Adil Shamji:** Understood. Thank you for that. So—

**Hon. Sylvia Jones:** We want to make sure that the money that is flowing to our hospital partners is being spent appropriately.

**Mr. Adil Shamji:** You're not answering my question anymore, Minister.

**The Chair (Mr. Brian Riddell):** One at a time, please. Go ahead, MPP Shamji.

**Mr. Adil Shamji:** Okay.

In any case, I've taken at face value your claim that it's a 4% increase. And we'll repeat again that what is required is a 4.4% increase in order to maintain levels. So you have made the decision to, in a forward-looking manner, underfund our hospitals.

I've heard you say multiple times that you're asking hospitals to find a path to balance. I did want to ask you about that, because in the last few weeks, Hamilton Health Sciences has cut 413 positions. The Ottawa Hospital is projecting 400 front-line health care positions; London Health Sciences Centre, 200 positions. Is this an acceptable path to balance for you?

**Hon. Sylvia Jones:** First of all, if I may, Chair, 4% over the last four years is actually more than the rate of inflation, so we are—

**Mr. Adil Shamji:** Are those cuts an acceptable path to balance for you?

**Hon. Sylvia Jones:** —ensuring that our hospital partners are protected. As the "path to balance" process continues, we are making sure that best practices are shared and implemented across Ontario. In some cases, what we are finding is some of the changes and announcements that are absolutely appropriate to deal with the labour organizations are ensuring—these are positions that, in some cases, have been vacant for months if not years. There is—

**Mr. Adil Shamji:** Okay, so just to clarify—

**Hon. Sylvia Jones:** —absolutely an approval process that ensures no changes to front-line patient care.

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**Mr. Adil Shamji:** So can you just clarify that you are indeed okay with the fact that 413 positions and staff were cut at Hamilton Health Sciences, 200 at London Health Sciences and 400 at Ottawa Hospital? Are you okay with that?

**Hon. Sylvia Jones:** What I am saying is we are working directly with our hospital partners to make sure that any decisions and announcements that are being made are, first and foremost, protecting front-line patient-focused care. We do understand—

**Mr. Adil Shamji:** Are you satisfied that that is being protected at those three hospitals?

**Hon. Sylvia Jones:** —and want to make sure that our hospitals are focusing their efforts on patient care, and that work will continue.

**Mr. Adil Shamji:** Do you have the reassurances at those three hospitals that front-line care will not be impacted, and what have they told you that satisfies you about that?

**Hon. Sylvia Jones:** As I said, all of this work is happening together through the input of the Ministry of Health, Ontario Health and, of course, hospital leadership and the input of our regional tables.

Deputy Richardson, am I missing anything?

**Mr. Adil Shamji:** No, that's okay. I'm mainly interested in the minister's answers, but I thank you for your service, honestly.

So, essentially, I'm hearing from you that you are okay with those cuts, so what is an acceptable level of cuts across our health care system for you?

**Hon. Sylvia Jones:** What is acceptable to me is increasing our hospital bed capacity by 3,500 already. What is acceptable to me is seeing that we have and continue to have world-class hospitals and hospital clinicians in Ontario. SickKids, for the second year in a row, is the number one pediatric hospital in the world.

**Mr. Adil Shamji:** That's impressive.

**Hon. Sylvia Jones:** We have UHN, who consistently performs and is acknowledged as one of the top two hospitals, again, in the world. We lead Canada, and in many procedures, cancer treatment and surgeries, the world. It is frankly disappointing that we have members of the Legislative Assembly who are talking down our hospital system when, literally, the world is coming to us. The province of Nova Scotia—

**Mr. Adil Shamji:** That's fine. Thank you, Minister.

**Hon. Sylvia Jones:** —consistently and regularly send—

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

**Mr. Adil Shamji:** So, Sylvia—sorry, forgive me, Minister—we really do agree on one thing: SickKids is truly spectacular. It is truly world-class and, to some degree, I really do have to give you credit because you have played a role in making it number one—number one for greatest deficit in all of Ontario. Who looks a children's hospital in the eyes and allows it to have a \$73.1-million deficit for 2026, tens of millions of dollars higher than it had last year?

**Hon. Sylvia Jones:** And who represents a party that, for three years in a row, gave zero additional operating dollars for the province of Ontario?

**Mr. Adil Shamji:** And never had deficits, hallway health care or ER closures on the scale that your party—

**Hon. Sylvia Jones:** I am proud of the fact—

**The Chair (Mr. Brian Riddell):** Whoa, whoa, whoa. Comments through the Chair. Let's not get worked up.

**Mr. Adil Shamji:** Sounds good.

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

**Mr. Adil Shamji:** Thanks, Chair.

I wanted to carry on in regard to your so-called commitment that service level cuts will not actually impact front-line health care. And I want to actually give you credit again because I learned last week in a Globe and Mail article that you issued a directive that the province will review established sepsis guidelines and look for opportunities for improvement.

Just very briefly for the committee members in the room, would you help us understand, what is sepsis?

**Mr. Anthony Leardi:** Point of order, Chair.

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

**Mr. Anthony Leardi:** I would encourage all members of the committee to ask estimate-related questions, not policy-related questions. Thank you, Chair.

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

**Mr. Adil Shamji:** So I'll answer that, because it sounds like the minister doesn't know. It's life-threatening organ dysfunction in relation to a confirmed infection—

**Mr. Anthony Leardi:** Chair, on a point of order, I'm going to encourage all members to ask estimate-related questions. That's what we're here for today. We're not here for editorializing. We're asking questions today, and I would encourage all members to actually ask questions that are related to the estimates.

**The Chair (Mr. Brian Riddell):** Thank you, MPP Leardi. This is about estimates, and that's where we'll keep the conversation.

**Mr. Adil Shamji:** My question is very specifically in relation to health care staffing. Because in order to diagnose and treat sepsis in a timely manner, you have to get a set of vital signs and implement antibiotics and treatments within one hour. You need nurses to do that. Yet under your watch, at least 1,000 nurses have been cut and close to 3,000 nurses are projected to be cut over the next three years. How do you plan on actually delivering on improved sepsis guidelines when the people who are necessary to deliver those sepsis guidelines are being cut under your watch?

**Hon. Sylvia Jones:** Chair, as I've mentioned many times in my presentation this morning, the opportunity for sharing best practices across our 140 hospital partners is really important, and the work that we do within the ministry directing Ontario Health to ensure that those best practices are being implemented across all Ontario hospitals is something that I am proud of. Because we know when we have those early interventions, when we ensure that all hospitals have seen and are operating under the best practices, we get that world-class care that people

appreciate and understand and expect in the province of Ontario.

**Mr. Adil Shamji:** Thanks, Minister.

I just want to pass it over to my colleague MPP Watt.

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

**MPP Tyler Watt:** Thank you to everyone who is here today and for all the amazing work that you do. Health care is an extremely important file, one of the biggest in Ontario.

Chair, it's pretty clear that the minister came into committee today with the goal of blaming the federal government for Ontario's health care system, but I'd like to remind the minister that health care is this government's responsibility. This government runs the system. This government sets the priorities. This government determines where that money goes. At some point, this government needs to take responsibility for that fact.

Minister, looking at the ministry's estimates overall, we're talking about nearly \$100 billion in planned health spending, but the FAO says that health spending needs to grow by 4.4% a year just to maintain existing services, while this government's plan of spending growth is only 3.2%. That leaves a projected \$2-billion gap next year. So, I'd like to ask the minister: Yes or no, will that gap result in service cuts?

**Hon. Sylvia Jones:** If the member opposite is suggesting that a \$500-million walk-away from the province of Ontario—a fiscal cliff that would leave a gap in the province's fiscal exercise of \$500 million—is not worth sharing and discussing and advocating, then I don't know what and where his focus is.

**MPP Tyler Watt:** Nowhere near did I suggest that—but thank you, Chair.

**Hon. Sylvia Jones:** Well, you did, actually.

**MPP Tyler Watt:** No, I didn't, Minister. The federal government is important, and I totally agree with the importance of this, but I was just pointing out that the minister came in right away blaming the federal government. I just want to reiterate the importance that that is a provincial responsibility. Of course we need to work with the feds.

Back to my question: Yes or no, will that gap result in service cuts?

**Hon. Sylvia Jones:** What we have seen—and I am actively working with my provincial counterparts and territorial health ministers—is making sure that the federal government understands they have a responsibility, through the Canada Health Transfer, to ensure that money collected from Canadian residents is reasonably and equitably distributed across territories and provinces.

The federal government made a decision to participate in trilateral agreements that impact and have been assisting our mental health and addictions sector, that have been assisting our home and community care and seniors' access to service. If they choose not to continue that work, moving forward from April 1 of 2027—next year—then I think it is important for all of us on this committee and the people of Ontario to understand the federal government is

walking away from a portion of the Canada Health Transfer and we need people to understand what those impacts would and could be to people, services and programs in Ontario. That is my responsibility, and that is what I'm doing highlighting it today in estimates.

**MPP Tyler Watt:** Thank you, Minister. I'd just like to point out: not a yes or no, not an actual answer to my question.

If you're not planning additional funding, I'm wondering what takes the hit. Is it hospitals? Is it home care? Is it primary care? Is it mental health or public health?

You referenced a \$500-million shortfall. When I hear that number, I think about the \$500-million taxpayer-funded parking lot that is going next to the private spa at Ontario Place. So when we talk about numbers—

**The Chair (Mr. Brian Riddell):** Let's keep to the topic, please.

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**MPP Tyler Watt:** Yes. I'm just pointing out that's the same number. We're talking about spending here, right, so I'm just trying to show that this government has certain priorities.

**The Chair (Mr. Brian Riddell):** We aren't talking about a parking lot.

**MPP Tyler Watt:** Minister, those service cuts are going to happen despite your alleged laser focus of no service cuts, so where are those service cuts going to happen?

**Hon. Sylvia Jones:** Well, I've already given some very specific examples. Three HART hubs would be shuttered if the bilateral federal agreement is not continued moving forward next year. We know that these are programs and services and ultimately clinicians who would be laid off—access to free services that, right now, young people across Ontario are using because we have a bilateral agreement with the federal government.

I am tomorrow again meeting with the health ministers and the federal health minister to relay and make sure that they understand what the implications are to people in Ontario. I would hope that the member opposite would use his leverage in Ottawa with his federal Liberal counterparts to do the same, because this is a real danger that we are facing. We have had no signal from the federal government that they intend to extend these bilateral agreements.

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

**MPP Tyler Watt:** Thank you, Minister.

Under the health capital, the Legislature voted \$5.004 billion, including \$4.46 billion for major hospital projects, but a public account showed the Treasury Board actually withdrew \$1.9 billion during the year, and major hospital projects ultimately spent just \$2.63 billion, 41% below what was voted. Minister, where did that \$1.83 billion go, and which specific hospital projects did not proceed on the schedule your government budgeted for?

**Hon. Sylvia Jones:** As the member and committee members understand, we flow the money when the project has been approved, when the tender has been let and

ultimately when the work begins. The Financial Accountability Office has a moment in time where they're looking at how much money has flowed—

**The Chair (Mr. Brian Riddell):** Thank you, Minister. We will now go to the independent member.

**Ms. Aislinn Clancy:** I just want to start off with a comment, more so, about ADP. We have an aging population and more folks who need technology and equipment to help them age in place. From my understanding, there has been very little review of the program or increases in funding to help folks with disabilities and seniors to be able to access supports from a bed or toileting care. We know there are too many calls to paramedics if people have a fall and more folks that end up in long-term care who might be able to age in place longer.

Is there somebody I could talk to at least afterward about the ADP program, to give it a bit of a review?

**Hon. Sylvia Jones:** The Assistive Devices Program—we have been actively working with them, as members no doubt know. We currently provide over \$670 million in funding for assistive devices and supplies. I'm particularly proud of the work that we've been able to do to expand access for ADP as it relates to ALS because we know that that is a quickly degenerating illness, so we need to be able to be faster in terms of offering and having individuals access ADP devices. Of course, there's an investment of an additional \$57.5 million in the Assistive Devices Program.

There's actually been a lot of work in that area because, as the member rightfully highlights, as people age, we want them to be able to age in home, in community, and often, that is with the assistance of devices provided by the ADP program.

**Ms. Aislinn Clancy:** Thank you, and I'd love the opportunity to explore that further with your team.

I live in an area that is part of the innovation corridor. I'm in Kitchener, and we have the health innovation hub. There have been great investments by the Minister of Economic Development, and I appreciate the innovation dollars you've had to help hospitals bring things on.

What I'm hearing from the start-ups in my community that have products that could actually save people days in hospital beds, companies that would prevent the loss of equipment—so saving hospitals hundreds of thousands of dollars in lost equipment—is that it takes years to get funded under OHIP. So, 95% of their sales are usually outside of Canada, and a lot of them in the US, and they're really facing a huge challenge with the tariff war that we are facing. The procurement process for hospitals basically means that any small-medium business doesn't stand a chance.

What can you do to change the procurement process to speed up eligibility for OHIP so that small-medium innovators in the health care space have a fighting chance to survive these tariffs and actually be able to sell in their own backyard? Because I'm hearing they can't sell down the street. They can sell to Germany, Saudi Arabia and the US, but they can't sell health care equipment in their own community.

**Hon. Sylvia Jones:** The member opposite raises some excellent points about the innovation that is occurring, most particularly in her community but across Ontario. And the work that we're doing on the Health Innovation Pathway is an example to make sure that those innovators in Ontario, in Canada, have access, whether it is through buying groups or directly to health care providers and hospitals.

I'll turn it over to Deputy Richardson for further details, but there has been a lot of work on the Health Innovation Pathway.

**Ms. Deborah Richardson:** I will turn it over to ADM Sean Twyford, who actually leads the Health Innovation Pathway, and it's amazing, some of the opportunities of those stories of those companies that you were sharing.

Maybe give a few examples, Sean.

**Mr. Sean Twyford:** Absolutely. We are coming up with the one-year anniversary of the launch of the Health Innovation Pathway, which we actually celebrated last week with a group at Life Sciences Ontario. It's a new, streamlined process that brings together all of the elements to health innovators. Sometimes, as you said, the issues can be with procurement, so Supply Ontario is a part of the program. Sometimes it can be with—

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

**Ms. Aislinn Clancy:** I'm going to stop. Let's continue this conversation, because I think there's work to be done. I would like to hear more about the OHIP in particular.

I would like to turn our attention—as a former school social worker, as a mother, I believe that we have lost the plot when it comes to public health to prevent young people from being impacted by the effects of social media and technology. We see a 136% increase in hospitalization of youth 14 to 17 years of age and a 66% increase in mental health in the last four years of young people.

I see the impacts happening much earlier than that. I appreciate the youth hubs, but we are not starting where it needs to happen, which is in the early years. Can you tell me what you can do to invest in a strategy to address—

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

We'll now go to the government for 15 minutes. I recognize MPP Jordan.

**Mr. John Jordan:** Thank you, Minister, for your presentation. There's no doubt that this government has prioritized building a stronger health care system, starting with ensuring that we have the tools in place—you spoke earlier about the MRIs—to deliver care to people where and when they need it.

As we know, many northern Ontario communities, however, have long-standing challenges in recruiting and retaining health professionals, and people in these northern towns can experience challenges in accessing health care. What investments is our government making to increase access to health care in northern and rural communities? And do you have any data or the outcomes of those investments to date?

**Hon. Sylvia Jones:** We do and I'm happy to share. As part of our government's \$3.4 billion in primary care

expansion to connect two million people to primary care by 2029, we've actually been able to hive off and protect \$27.9 million to support northern interprofessional primary care teams to attach up to 49,500 patients. And I want to reinforce that while we are absolutely focused on ensuring that every Ontario resident has access to a primary care provider by 2029, Ontario does lead Canada with a 90% attachment rate.

We are also including \$10.4 million to enhance primary care capacity for Indigenous communities in the north by attaching up to 10,450 patients. We've been able to invest in stronger northern health care workforce through a \$50-million northern and rural health human resource initiative, expanding nursing education seats, physician recruitment and retention incentives, support for internationally educated nurses and enhanced training opportunities designed specifically for northern and rural practices.

I must highlight the work that Minister Quinn, our colleague, is doing over in the Ministry of Colleges, Universities, Research Excellence and Security, where we have a Learn and Stay program that began with nursing students and has now been expanded to lab technicians and paramedics specifically agreeing to work for two years in remote and northern communities—again, highly sought after and programs that have proven to be very successful. We have now had a Learn and Stay program for nursing students in particular, where those students, after they have completed their two-year commitment, are often staying in the communities that they were originally hired in. So it really is a good-news story that wasn't in the province of Ontario prior to 2018.

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**Mr. John Jordan:** Thank you, Minister.

It's encouraging to see improvements in how patients are accessing health care. I know in my riding the primary care expansion, the HART hub—it's having a positive impact on our health care. And being connected to the right type of care is so important.

I understand that Ontario is seeing some positive data related to lower acuity in our emergency department visits. The community paramedic program has also contributed to this. Can you tell the committee more about this and how we continue to support patients in accessing care in the most appropriate setting?

**Hon. Sylvia Jones:** Thank you for this.

Again, this is an approach that we are using not only with our emergency department clinicians but also with our paramedics through, for example, as you highlight, a Dedicated Offload Nurses Program that allows a respiratory technician, a nurse or a paramedic to be exclusively working with paramedics, to ensure that their patients can be transferred over to the hospital system and ultimately lead to paramedics getting back into communities faster.

When these programs have been implemented—911 models of care being another one, where paramedics have choice, based on patient approval, to take an individual somewhere else to get the services that they need, that are more appropriate than an emergency department—again,

we have seen substantial decrease in what we call the CTAS 4s and 5s, so the least acute patient and—

**The Chair (Mr. Brian Riddell):** Minister, if you could move the mike a little closer to you, I'd appreciate that.

**Hon. Sylvia Jones:** My apologies.

So what we are seeing is, as we are able to remove and give access to patients outside of a hospital setting, whether it is through a primary care team, whether it is through access through their local pharmacy for minor ailments—those scope-of-practice changes that we have been making ensure that the hospital emergency departments are being protected and ensure that the patients who are going to our emergency departments are our most in need of services.

Deputy Richardson, I don't know if you wanted to add anything further.

**Ms. Deborah Richardson:** Sure, just to highlight some of the other things that we're working on to keep low-acuity people out of the emergency department.

The virtual urgent care clinics became available province-wide, offering Ontarians access to regional Ontario Health urgent care clinics that provide virtual visits with a nurse practitioner for urgent, non-life-threatening conditions that can be addressed virtually. Virtual urgent care clinic services are available through self-referral, a referral from Health811, and are intended for patients who do not have a primary care provider or who cannot access primary care in a timely and accessible manner. Ontario Health virtual urgent care clinics currently deliver about 45,700 virtual visits annually, aiming to improve access to care and minimize unnecessary emergency department visits.

The minister spoke about the primary care action plan. We always think about the bookends of keeping people out of the hospital: the primary care and public health and prevention on the one end and then the home care on the other end. So then, hopefully, it's only the most acute patients who will end up needing to go into the hospital. We spoke about the significant investments and the number of people who had been attached—437,000 people have been connected to primary care since the launch, which is pretty awesome.

Health811 was launched in April 2022 and acts, really, as a front door to the health system, offering Ontarians the ability to call or chat online with a registered nurse. I actually used it. It was amazing. My husband has diabetes and he had something on this foot, so we called. They ranked it based on priority. They said, "We're going to call you back at this time." They called back at this time, and they did a video call, and they looked at the wound on his foot. It was just amazing. She said, "Oh, no. It looks fine. Just go and see your primary care physician the next time." But he was worried about it—you know, when you're diabetic.

I used it first-hand, almost as a secret shopper, to see how it worked.

We support approximately 50,000 interactions each month across calls, chats, online symptoms, to really help

Ontarians access appropriate care for low-acuity health concerns.

Also, I would like to turn things over to director of capacity and health workforce planning branch, David Lamb, to speak a little bit more about some of the cool things we're doing around scopes of practice.

**Mr. David Lamb:** Thank you very much, indeed. Good morning. David Lamb, director of capacity and health workforce planning.

One of the things that also supports this type of extension of service delivery is ensuring that we have health care providers who can work to their full scope of practice.

Health care providers in Ontario are regulated under the Regulated Health Professions Act. One of the things that has happened twice in the last four years has been the increase in the scope of practice for pharmacy professionals.

In 2023, Ontario authorized pharmacists and supervised interns and students to assess and prescribe 19 minor ailments. So when you go into your banner pharmacist, you go into your Shoppers Drug Mart, you go into other places, they are now able to assess and prescribe for those.

Pharmacists were also authorized to administer RSV vaccines and prescribe antivirals, Paxlovid and Tamiflu.

Additionally, pharmacists and supervised students and interns are authorized to administer substances by injection and inhalation under the Regulated Health Professions Act, and authorized to perform certain controlled acts or authorized acts. That active administration by injection and inhalation is one such, and ultimately it is beyond just demonstrating it to a patient—that used to happen; they are able now to actually administer those substances by that method.

But that was 2023. In 2026, Ontario expanded pharmacists' minor ailments scope by adding nine additional conditions, bringing the total number of minor ailments for assessment and prescribing to 28, and there are plans to add five more.

Ontario expanded the scope of practice for pharmacists and pharmacy professionals to administer vaccines for three additional diseases, including the number of vaccine-preventable diseases which pharmacy professionals can administer vaccines to 21.

You can see here the different actions and skills that are being authorized to pharmacists. These amendments support the delivery of additional publicly funded vaccines for adults in pharmacies. These scope changes, which are part of Your Health, the plan for connected and convenient care, help enable pharmacy professionals to practise their full extent of training, providing more patient choice—who they can go to to see, as the deputy has illustrated with her own story—and improving access to treatments for minor ailments and preventative care without the need to visit a primary care provider or an emergency room and freeing up our capacity.

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

**Ms. Natalie Pierre:** Good morning. Thank you, Minister Jones, and the team from the Ministry of Health for being here today, and Minister Jones for your remarks.

My question is really around investments in physician workforce. And before I ask my question, I really wanted to thank you and your team for the work that you continue to do to expand the number of seats in existing medical schools, expanding the number of residency spots in the province of Ontario, and for your support in opening the new medical school at TMU in Brampton that happened just in September 2025. And I know there's some good news coming about future expansions at York University as well. And just a shameless pump for my riding of Burlington as well, in that there was a resident in my community who was actually part of the inaugural class at TMU. So thank you for that. That makes a real difference to students in my community and to physicians, really, across the province.

We know that building a strong health care system requires investing in a very highly skilled workforce so that Ontarians have access to high-quality care close to home.

Can you tell us about the work the provincial government is undertaking to make it easier for people across the province to have access to our world-class physician workforce?

**Hon. Sylvia Jones:** I'm happy to; thank you for the question.

**1100**

Since 2018, Ontario has registered, licensed, an additional 20,000 more physicians, and we've seen a substantial increase in the number of family positions in particular.

As you highlighted, the government has launched the largest expansion of undergraduate and postgraduate medical education in Ontario's history, in over a decade, with 340 undergraduate seats and 551 postgraduate residency positions. The expansion includes the creation of Ontario's seventh medical school, the TMU School of Medicine, which opened in July of 2025 in Brampton. And, of course, we've taken further action to address physician need by supporting York University in establishing a new medical school in Vaughan, which will focus on training family physicians. We've already seen the impact of medical education expansion with 308 physicians added since 2023.

I would be remiss if I didn't also highlight a directive that I gave to the College of Physicians and Surgeons of Ontario to quickly assess, review and, when appropriate, license internationally trained physicians who wish to live and practise in the province of Ontario.

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

**Hon. Sylvia Jones:** Deputy Richardson, I don't know if you wanted to add anything further.

**Ms. Deborah Richardson:** Just a couple of stats that I think are quite striking: Between 2018 and 2025, the number of family medicine physicians who practise emergency medicine in Ontario increased by 20.5%—it went from 14,569 to 17,553—while the Ontario population grew by 13.5% in the same time frame. So we're really working to develop and revise the distribution and mix of post-

graduate positions with medical schools to improve access in rural, remote and underserved areas.

Some of the initiatives that we've specifically been working on, for example, with the Northern Ontario School of Medicine University, or NOSM U, train medical students and residents throughout northern Ontario—

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

We'll now go on to the official opposition. I recognize MPP Gates.

**MPP Wayne Gates:** Thanks to everybody for being here today.

Minister, this question comes from the town of Fort Erie and local health care advocates who are concerned about the future of our urgent care centre, where we have 38,000 residents. The Auditor General recommended that the ministry review Ontario's UCC model, including where it could be expanded. The minister then conducted an assessment of urgent care centres with Ontario Health's help, and that review and the Auditor General said next steps were expected by March 2026. That was six months ago. We've now passed that date.

What did the assessment find? What next steps were decided? And did it include any findings related to Fort Erie?

**Hon. Sylvia Jones:** Thank you for the question. As you know, we are working very closely with the Niagara leadership and communities to make sure that as we expand and ultimately open the south Niagara facility, a substantial increase in not only the number of beds that will be provided in the Niagara region but, of course, a recent example through our budget of a planning grant specifically related to the Welland community and ensuring that the capacity continues as we see the population changes in that community—

**MPP Wayne Gates:** Minister, I've only got a couple of minutes here—

**Hon. Sylvia Jones:** With that, then, I will respectfully turn it over to Deputy Minister Richardson.

**MPP Wayne Gates:** You obviously don't have that information. Can I have my time, please?

If you don't have that information today, will the minister provide the assessment, its finding and the results—next steps—to the committee in writing?

**Hon. Sylvia Jones:** I think it's important to understand that while we ask many partners, whether it is hospital leadership, whether it is Ontario Health, whether it is experts working in the field, ultimately those decisions are made and decided upon with the input of our experts and, of course, with the approval of the Ministry of Health. We're not going to table every single report that—

**MPP Wayne Gates:** Can I reclaim my time, please? I've only got a few minutes.

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

**MPP Wayne Gates:** I appreciate that.

The Auditor General is very clear, and I'll say it in this question. Minister, the Auditor General found that Ontario-reporting urgent care centres treated about 230,000 patients

in 2022-23 and that patients are seen much faster than in an emergency department.

The Auditor General also recommended that the ministry look at where UCC models can be expanded. We know that the ministry and Ontario Health subsequently conducted an assessment in urgent care centres. As part of that work, did the ministry compare what it costs to treat a patient in urgent care centres with the cost of treating a comparable low-acuity patient in an ER room?

**Hon. Sylvia Jones:** Chair, the member opposite is very aware of the work that the Niagara region hospital system is doing to enhance and expand hospital capacity in the Niagara region. He was there when we were celebrating the expansion and the groundbreaking. He is watching, actively, a hospital facility that is going to serve the Niagara south region for decades to come because of investments by our provincial government.

I would suggest to the member opposite that he needs to work collaboratively with not only the local hospital infrastructure leadership board but also with the Ministry of Health to ensure that his community continues to get those investments, whether it is through the planning grant with Welland, which, respectfully, the member opposite—

**MPP Wayne Gates:** Can I reclaim my time, please?

**Hon. Sylvia Jones:** —voted against.

**The Chair (Mr. Brian Riddell):** Thank you, Minister. Go ahead, please.

**MPP Wayne Gates:** I'm fully aware of what goes on in Niagara when it comes to health care. We're talking about a community that has 38,000 people who are not going to have an urgent care centre; they've got to travel down a highway that's closed almost every single winter.

I'm going to ask this, and then I've got one more question: If the figures aren't available today, will the minister provide them to the committee in writing, yes or no?

**Hon. Sylvia Jones:** Sorry, can you repeat the question?

**MPP Wayne Gates:** If the figures aren't available today, will the minister provide them to the committee in writing?

**Hon. Sylvia Jones:** As I've said, we ask and review many different reports and input from community organizations, from hospital leadership—

**MPP Wayne Gates:** Can I reclaim my time? I've got one question left, and I've got one minute.

**Hon. Sylvia Jones:** —and from Ontario Health and other experts in the field.

**The Chair (Mr. Brian Riddell):** Go ahead. Thank you.

**MPP Wayne Gates:** Thank you.

Minister, is it normal when awarding new hospice facilities not to follow the application process?

**Hon. Sylvia Jones:** Our expansion of hospice beds in the province of Ontario had an application-based assessment where organizations and hospice organizations in particular had the opportunity to submit and ensure that they wanted to expand hospice bed capacity. We have had, through the work of hospice Ontario, expanding hospice, particularly in the Niagara region by—I believe it is three net-new facilities. I'm proud of the work that we're doing on our hospice facilities—

**MPP Wayne Gates:** Do you follow the process? That's all I'm asking. Are you committed to the process?

**Hon. Sylvia Jones:** It is an application-based program—

**The Chair (Mr. Brian Riddell):** One at a time, please.

**MPP Wayne Gates:** I'm done. Go to her.

**Hon. Sylvia Jones:** —that we've been able to see expand in the province of Ontario.

**The Chair (Mr. Brian Riddell):** Thank you, Minister. I recognize MPP Lennox.

**MPP Robin Lennox:** Minister, a constituent wrote in to me last week, and I think it's important that you hear her story about her experience in the emergency room. She wrote to me and quite literally said, "I'm a mother of four children, and yesterday, I wasn't sure if I was going to make it home." She said that the hospital staff were wonderful, but she noted immediately that there were too few of them and that they didn't have the resources. So she came in with an urgent issue and ended up becoming critically ill while in the waiting room.

Now, this patient was able to diagnose the problem as underfunding and understaffing. At the same time, that same hospital system is losing 413 positions, including 143 nurses. You said there's not going to be an impact on patient care, but Minister, patients are already feeling the impacts on care because of understaffing.

What would you say to that constituent about how you're going to fix the experience in ERs so that people don't become critically ill while waiting?

**Hon. Sylvia Jones:** I would say to that constituent, and I would hope that you would share, as someone who understands the system, that we not only have a health care and an emergency department system, but we also have a primary care pathway. We are expanding access to primary care. We are expanding scope of practice for clinicians, including, of course, in pharmacy to ensure—

**MPP Robin Lennox:** Excuse me, Minister—

**Hon. Sylvia Jones:** —that the emergency department is protected and—

**MPP Robin Lennox:** Chair, may I reclaim my time?

**Hon. Sylvia Jones:** —accessible to our most—

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

**MPP Robin Lennox:** Minister, it would be completely inappropriate for a patient with an urgent and critical condition to try to seek care in a primary care office. She went to the right place at the right time. It wasn't her issue of going to the wrong place; it was this government's issue of underfunding our hospitals' emergency rooms.

But I want to move on to another concern because you did bring up primary care. Primary care is being invested in, and that is appreciated. However, community health workers like those working in family health teams have significant wage gaps compared to their hospital counterparts. For example, 15 workers at the Owen Sound Family Health Team, members of OPESU Local 276, have been on strike since May because their wages are up to 45% lower than the workers with the same job title working in hospital. So, with the significant funding going towards primary care, how are you ensuring that those team mem-

bers who you're funding are going to have wages that are comparable to their hospital counterparts?

**1110**

**Hon. Sylvia Jones:** Chair, I'm shocked that a member of the NDP is suggesting that we should override and not respect local bargaining. That is the tenet of how we work in the province of Ontario, and for the NDP member to suggest that we should ignore it is frankly a little embarrassing for her.

I would say that our primary care expansion has included enhancements and additional funding to existing primary care teams to ensure that they can continue to provide service and enhance their service. Keep in mind that existing primary care teams can also—

**MPP Robin Lennox:** Chair, may I reclaim my time, please?

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

**MPP Robin Lennox:** Thank you, Minister. Again, this was about the funding that you are pouring into primary care and how you are ensuring that wages are going to be comparable for those hard workers in primary care who you like to laud but don't like to pay.

But on the name of a different issue: You've talked a lot about how your government is approaching a fiscal cliff. I would assume that, as you are looking at a fiscal cliff, you're going to be looking to tighten up your purse strings and make sure that you are spending wisely. Last year, there were a number of digital radio and prints ads under the banner of "Protect Ontario" that focus on our health system. Could you give me a dollar number as to how much you spent on advertising last year and how much you're going to spend on advertising this year given this fiscal climate?

**Hon. Sylvia Jones:** Chair, I need your advice as to whether this is appropriate for health estimates.

**MPP Robin Lennox:** It was actually on page 71, communications operating budget.

**The Chair (Mr. Brian Riddell):** I'd like to keep this to estimates. Please ask another question.

**MPP Robin Lennox:** That was related to the communications operating budget—

**The Chair (Mr. Brian Riddell):** That's my ruling.

**MPP Robin Lennox:** Okay.

Minister, could you explain what the \$4 million in the communications services line was on page 71 of the communications operating budget?

**Hon. Sylvia Jones:** Deputy Minister Richardson.

**Ms. Deborah Richardson:** Yes.

Lisa Legatto, if you could come up, that would be great. She's the director of communications.

**Hon. Sylvia Jones:** I could guess that it's related to promoting our flu vaccines, our COVID vaccines and our RSV expansions, but I will let ADM Legatto—

**MPP Robin Lennox:** I would like an answer, not a guess, please.

**M<sup>me</sup> France Gélinas:** If I may ask another question while she is figuring out an answer, we've talked a lot—

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

**M<sup>me</sup> France G  linas:** Thank you. We'll take her answer when she makes it there.

We've talked a lot about nurses, and we know that Ontario has the lowest number of nurses per capita; we have the lowest number of nurses working in our hospitals of all other provinces. One in five nurses who are registered with the College of Nurses of Ontario is registered as not practising. We have 40% of new grads who leave their positions within two years. We're short 28,900 nurses just to be at average with the other provinces for number of nurses per hospital bed.

Minister, what will it take for your government to take nursing positions seriously? And, have you ever looked at how much it would cost to have a nurse-to-patient ratio law in Ontario? How much would it cost?

**Hon. Sylvia Jones:** Are we going back to Lisa Legatto's, or do you want me to do this?

**M<sup>me</sup> France G  linas:** Sure, Lisa can answer. And whoever can answer the nursing question, please get ready.

**Hon. Sylvia Jones:** I will look after that.

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

**Ms. Lisa Legatto:** I'm Lisa Legatto; I'm the director of communications.

Regarding the comms funding answer, I'm going to have to get back about that one. I know that there's—

**The Chair (Mr. Brian Riddell):** Please stop for a second. Move the mike closer to yourself. Go ahead.

**Ms. Lisa Legatto:** I believe this was from an advertising campaign through the bulk fund, which is a central fund for advertising, but I will have to get back about the specific line item.

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

**M<sup>me</sup> France G  linas:** We'll ask for an answer in writing.

Okay. Back to my question: How much does it cost to have nurse-to-patient ratios legislated in Ontario, same as what they do in BC: 1 to 1 when you're on a respirator, 1 to 2 when you're in critical care, 1 to 3 etc.?

**Hon. Sylvia Jones:** You referenced the number of nurses that are training and operating, working in the province of Ontario. We've registered over 100,000 nurses through the College of Nurses of Ontario. We have 30,000 nurses who are currently training in the province of Ontario; we have a Learn and Stay program that did not exist in the province of Ontario before Premier Ford and our government came into effect; and we have nurses working in public health units, in hospitals, in home and community care, in long-term-care facilities and, of course, in our primary care facilities—

**M<sup>me</sup> France G  linas:** We know all of this. That's not the question.

**Hon. Sylvia Jones:** The point I am making, Chair, is that opportunities for nurses in the province of Ontario are not only expanding, but the opportunities are expanding through all of the work that we've been doing in our budget.

**M<sup>me</sup> France G  linas:** To come back to nurse-to-patient ratios, Minister, you have to realize that 31% of nurses report suicidal ideation. You have to realize that 40% of new graduates leave their position. The job that we're

sending them to in hospitals is so hard on them that they don't stay. One in five is registered with the College of Nurses but registered as non-practising. They would love to go and do their job. That's why they became nurses, because they wanted to help us, but the jobs are too tough.

My next question has to do with out-of-province coverage. You know about Alex Shved, 37 years old, a man who has been asking—he had to go to court and he won. The court decision is that his out-of-province coverage should be covered. He needs this treatment. His cancer is progressing every day. His length of life is very limited. How long will it take before he gets an answer? Same thing with Kaarina Gorham; same thing with Patrick Rainville. So many people are waiting for answers for out-of-province coverage, but I want to focus on Alex.

**Hon. Sylvia Jones:** As you know, that was a very recent—late last week—decision by the Divisional Court, and it's under active consideration, so I cannot speak to it. I would be happy to talk about general out-of-country coverage, but I cannot speak to specific patients.

**M<sup>me</sup> France G  linas:** So how long do people—

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

We'll now go to the third party, and I recognize MPP Shamji.

**Mr. Adil Shamji:** My first question is for Deputy Minister Richardson. Would you be able to provide any statistics on how many international medical graduates have gone through the practice ready assessment program since 2022?

**Hon. Sylvia Jones:** I've given them multiple answers. We started with 50 in our first year, we increased to a hundred in our second year and we're increasing it again to 150. The Practice Ready Ontario program, as I've said many times, is a hugely popular program not only for communities who have not had family physicians—

**Mr. Adil Shamji:** Oh, you don't have to convince me, Minister. But I just wanted to clarify on that because you gave the total number of funded seats, but we know, for example, in the first year, you did not graduate 50 IMGs from Practice Ready Ontario. How many people have actually completed the program?

**Hon. Sylvia Jones:** It was fully subscribed.

**Mr. Adil Shamji:** How many have completed?

**Mr. David Lamb:** Thank you for your question.

We currently have 122 people who are returning service through the Practice Ready Ontario program. By the time we get to October the 1, that number will have increased to 148. Remember, what we have are people going through a 12-week clinical assessment, and then we get into re-turning service.

**Mr. Adil Shamji:** I understand. So in four years, you've got 122 people who completed the program.

**Mr. David Lamb:** In three years.

**Mr. Adil Shamji:** Three years. Why is it so slow? It's supposed to be a three-month program.

**Mr. David Lamb:** In the first year of the program, the eligibility requirements were more stringent than they were in other provinces. However, those requirements were changed at the end of 2025 to be more on par with

the other jurisdictions in the country that have those requirements. The number of people moving through the program, of course, depends on the number of people who can be linked to a clinical field assessment and to an assessor and, of course, to ensure that there are the relevant requisite return-of-service communities who are able to take on those clients.

The changes made on April 15, 2026, ultimately changed the return-of-service requirements from not just maintaining communities with a RIO score of 40-plus but also increasing [*inaudible*] to communities of high attachment need. With the increase in communities, we will, of course, expect to see the number of people ramp up in the course of the next few years.

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**Mr. Adil Shamji:** Perfect. Thank you.

My next question is in regard to Bill 124 repayments. We've seen that there remain health care workers throughout the province who are still awaiting their retroactive compensation. What is the state of that, Minister?

**Hon. Sylvia Jones:** All of the compensation has been flowed to our community agencies and partners. That money should have flowed, but it has definitely flowed from the Ministry of Health.

Deputy Richardson, did you want to add to that?

**Ms. Deborah Richardson:** We resolved this with all of the hospital sector and the health care sector. This was all resolved two years ago.

**Mr. Adil Shamji:** So why is it that there are health care workers across Ontario that have still not received their retroactive compensation?

**Hon. Sylvia Jones:** That would be a question better placed to the organization that they work for. As I said, the funding has flowed—

**Mr. Adil Shamji:** Considering it's a universal issue, how come they don't have an answer for that?

**Hon. Sylvia Jones:** —from the Ministry of Health to our partners.

**Mr. Adil Shamji:** This is a government that has not hesitated to step into municipal affairs and rip out bike lanes—to do one thing after another. How is it acceptable that there are universally, across the province, organizations that have apparently, as you are claiming, not paid out retroactive compensation? How is it that you're okay with that? Why is it that you have not stepped in to make sure that that happens?

**Mr. Anthony Leardi:** Point of order, Chair. I would like to once again remind this member that this is an estimates committee, and he needs to ask estimates questions. Usually, estimates questions involve dollars, and you refer, as many of the other members have done, to a line item or to an amount. But this member persists in asking policy questions. There are, of course, avenues to ask policy questions, but today is not the day for that.

**Mr. Adil Shamji:** So, number one, those avenues no longer exist in this Legislature [*inaudible*]. But let's talk numbers. What—

**Mr. Anthony Leardi:** Point of order, Chair.

**The Chair (Mr. Brian Riddell):** You can make a point of order, but it has to be brief.

**Mr. Anthony Leardi:** The member continues to editorialize, and he must be brought to order.

**The Chair (Mr. Brian Riddell):** Let's stick to estimates, please.

**Mr. Adil Shamji:** Okay. Consider me brought to order.

What is the total amount of unpaid out Bill 124 retroactive payments across the province?

**Hon. Sylvia Jones:** I want to be very clear the member opposite is the one who is suggesting that the Bill 124 remuneration has not flowed to individuals. I know that the Ministry of Health and our government have funded our hospitals and other health stakeholders to ensure that individuals impacted have been paid appropriately.

**Mr. Adil Shamji:** Is it your understanding that they have been paid appropriately?

**Hon. Sylvia Jones:** Yes.

**Mr. Adil Shamji:** Interesting.

A report came out today citing Canadian Institute for Health Information data that shows wait times for eight out of 12 priority procedures in Ontario have gone up since Bill 60 was passed. What do you have to say about that? How does that justify increasing funding for private, for-profit, out-of-hospital facilities by 69% for a failed model in the next year?

**Hon. Sylvia Jones:** What we have seen—and I highlighted some of them in my opening remarks—things like access to cancer surgeries and diagnostic and treatment continues to lead Canada. We have seen steep declines in wait times for cataract surgeries as a result of investments that our government made in existing community-based programs in Windsor, in Kitchener-Waterloo and in Ottawa—again, steep declines in access to surgeries, specifically as it relates to cataracts.

We are very much focused on seeing where those anomalies are, those longer waits are, and providing through, for example, a \$1-billion fund particularly and exclusively for our hospitals to make sure that they focused in on the long waiters to get the surgery backlogs dealt with. We are now, in most situations, lower than we were pre-pandemic, and that work continues. You will hear in the coming months additional investments to ensure that long waiters for particular procedures continue to get additional funding so that we can deal with those and make sure that patients are getting that fast access and fast turnaround.

**Mr. Adil Shamji:** So in fact—

**Hon. Sylvia Jones:** But again, I want to say, the CIHI data very specifically—

**Mr. Adil Shamji:** That's fine. I appreciate that—

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

**Mr. Adil Shamji:** So the CIHI data that was reported today says that wait times for CT scans are unchanged; for MRIs, they have gone up from 35 to 47 days; and, in fact, that even cataract surgeries have gone up.

So again, I ask: How do you justify increasing funding to what has essentially proven to be a failed model?

**Hon. Sylvia Jones:** Well, I think we'd have to look at the data where CIHI is collecting.

As I've said, we've highlighted and seen the impact when we ensure that there are additional opportunities, whether it is in a billion-dollar fund through our hospitals or through additional access in community. Our wait times continue to lead the country.

And again, the work is not done. We want to continue to work directly with our hospitals and our community organizations to get our access available and our wait times down.

**Mr. Adil Shamji:** I'm going to pass this over to my colleague MPP Watt.

**Hon. Sylvia Jones:** And the data shows that Ontario leads Canada.

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

**MPP Tyler Watt:** We've been away from the Legislature for going on five months now. We have two physicians sitting here. I'm a registered nurse. I've had some extra time to pick up shifts at my hospital throughout the summer. And I have to say, I'm quite disappointed by the lack of answers and condescension today from this minister.

I have a few lines here that I've written down that she has said: Front-line care "must not be touched"—

**The Chair (Mr. Brian Riddell):** MPP Watt, let's keep to estimates, please.

**MPP Tyler Watt:** I'm getting there. I'm getting there.

"What is acceptable to me is" increased beds. But a hospital bed without the nurses and health care workers to staff that bed is just expensive furniture.

So, Minister, under vote item 14161, health services, you're providing \$28.375 billion for hospital operations. Will the minister say how many nurses and health care workers are currently being laid off and how many are predicted to be off with this amount of funding?

**Hon. Sylvia Jones:** The member should understand the system sufficiently to know that the announcements that are being made are respecting collective agreements and ensuring, as I've said in many cases, positions and vacancies that have been there historically for months and sometimes years.

We have worked directly with our hospital partners, 140 different hospital organizations across the province—some with multiple sites—making sure that their path to balance includes absolutely protecting front-line patient care, ensuring that they are adapting and adopting best in practice that is happening in hospitals across Ontario, and that happens with the regional tables.

I am proud of the work that our ministry has been able to do, working in conjunction, co-operatively, with Ontario Health and hospital leadership to make sure that the focus continues to be on front-line, patient-focused care. And yes, 3,500 net new beds means more access—

**MPP Tyler Watt:** Thank you, Minister. No. I'm satisfied with that.

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

**MPP Tyler Watt:** So I agree that we should be focused on patient-centred care. That is and should be the focus, but I don't understand how we have patient-centred care and the best quality of care we can provide when we have layoffs of health care workers throughout the entire province, of which we have already seen:

—Hamilton Health Sciences, 413 positions, 143 nurses;

—Ottawa Hospital, 400 positions, 200-plus nursing positions affected;

—London Health Sciences Centre, 212 full-time RN positions eliminated through attrition;

—Queensway Carleton, 160 positions cut;

—Sunnybrook, 100 RN positions impacted;

—Quinte Health, 59 PSW and HCA positions;

—Bruyère Health, 55 front-line positions; and

—St. Joseph's Hamilton, 24 positions.

With all of these positions being cut, Minister, do you think that we have the ability as front-line health care workers to provide the best quality of care that we can when we are losing all of these trained and senior staff across Ontario?

**Hon. Sylvia Jones:** I know that we have clinicians and health care workers in the province of Ontario who continue to provide world-class service in Ontario.

**MPP Tyler Watt:** Unless they're being laid off.

**Hon. Sylvia Jones:** We see it through recent announcements of SickKids: second year in a row, number one pediatric hospital in the world. We see it through UHN cancer care, leading Ontario and in many cases Canada and the world—

**MPP Tyler Watt:** Chair, I would like to bring it back. She's not answering my question.

**Hon. Sylvia Jones:** We need to make sure that as we invest—

**MPP Tyler Watt:** Chair, I'd like my time back.

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

**MPP Tyler Watt:** Minister, I'm talking about the nurses and health care workers that are being laid off right now, currently, and we have more coming. So how can you seriously look health care workers in the face and say, "This provincial government is supporting you"?

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**Hon. Sylvia Jones:** We're training more health care workers. We're investing a billion dollars—

**MPP Tyler Watt:** There's no one to train these new health care workers.

**Hon. Sylvia Jones:** —every year for the last—

**The Chair (Mr. Brian Riddell):** One at a time, please.

**Hon. Sylvia Jones:** —four years in our hospital base funding to their operating dollars. And I will compare and contrast that to a Liberal government, for three years, who gave zero additional funding to our health care hospital workers.

**The Chair (Mr. Brian Riddell):** I will remind MPP Watt that we have to keep this to estimates.

**MPP Tyler Watt:** I am talking about the operational funds. I'm confused as to why we are laying off nurses and health care workers across Ontario, and I want to know

where that—with the operational funds, why is that happening?

**The Chair (Mr. Brian Riddell):** What I'm telling you is, keep it to estimates, please.

**MPP Tyler Watt:** All right.

**Hon. Sylvia Jones:** So if we are talking about funding, which I believe we are, here, in estimates committee—for four years in a row, an additional \$1 billion onto hospital base. Are we, as a government, ensuring that that additional funding is going to front-line patient-focused care? Absolutely, we are. We have a responsibility, fiscally and morally, to do that.

We are training more nurses to ensure that as our population ages, as our population increases, we have the health care workers we need in the province of Ontario. This is an all-of-government approach that is working with MCURES, the Ministry of Colleges, Universities—

**MPP Tyler Watt:** I think we've strayed away from my initial question. I'd like to bring it back to me, please.

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

**MPP Tyler Watt:** Thank you.

The minister has talked about retention and training new nurses, and I fully support the free tuition program to train—

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

**MPP Tyler Watt:** —nurses. However, with all of these RNs now being laid off because of this government's operational funding, they are now competing for the now limited amount of jobs that will be in that surrounding area. So those new grad RNs who are coming through this program will not be able to find work and stay in that location for two years. I have student nurses reaching out to me expressing how afraid they are that they're going to have to leave their area and have to pay back all of that money.

The minister is talking as if there is this amazing investment into front-line health care workers, but they're being laid off, and the minister doesn't seem to acknowledge that.

**Hon. Sylvia Jones:** There are a number of programs specifically highlighting nursing and nurse retention.

Deputy Richardson, can we talk about the extern program and some of the other initiatives that have started under Premier Ford's leadership—

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

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

**Ms. Aislinn Clancy:** I want to start with the capital projects. A lot has been invested in expanding health care centres.

Our Waterloo region hospital is way over capacity, and we have a lot of people who are getting their health care in a hallway. And our hospital phase was not in this budget.

Can you speak to why many projects are on pause and what we can expect in the Waterloo region for the next phase of funding for our much-needed hospital?

**Hon. Sylvia Jones:** Well, I will turn this over to Deputy Richardson. But we have no hospital capital projects that are on pause. We are working directly with the hospitals to make sure that the projects are appropriate for the population and the changing dynamics that are happening within their communities—but \$64 billion over 50 hospital capital projects are proceeding.

Deputy Richardson?

**Ms. Deborah Richardson:** I did speak about, in my original remarks a little bit earlier, the planning grants that we've provided to Waterloo to support the planning of the new Waterloo region acute-care hospital. I actually visited with Associate Deputy Minister Wang a couple of weeks ago—just to visit them, as well.

We're working really closely with hospitals in their planning because we also want to work on standardization. We want to work on really looking at what the planning needs are within that respective community or area. So it has been really rewarding. Also, we want to make sure that the projects are a certain size, because it warrants more bids. We want to have a more competitive environment. We've been working really closely with all of the hospitals. So I'm not aware of any that are delayed.

But maybe, David, you can speak to that.

**Mr. Dave Reeder:** As it relates to Waterloo, the project's currently in functional program, which is the later stages of early capital planning. We're in regular contact with the hospitals to appropriately scope the physical size and the clinical services of the project itself. Once that's done, it would come forward for consideration to move into design. But we're actively in discussions, and it's moving forward.

**Ms. Aislinn Clancy:** Thank you.

I'd like to go back to my question about funding procedures in private clinics. When we have operating rooms that are empty and private clinics that charge more per procedure, why are we not directing more money to our hospitals to ensure that those operating rooms can be functioning around the clock?

**Hon. Sylvia Jones:** Well, we've actually done both, Chair. We have a \$1-billion fund specifically targeted to hospitals to, again, deal with the abnormally long waiters. And we've had that program in place for—Deputy Richardson, correct me if I'm wrong—three years, so that the individual hospitals, if they had health human resources and OR capacity, could actually expand their offerings to ensure patients get faster access and wait times decrease. It has been a very good program, and I thank the hospital sector for doing that.

But we've also ensured, through expansions of cataract surgery, orthopaedic surgery, endoscopy treatments, that we can offer those outside of a hospital setting—again, protecting that hospital capacity, OR, health human resources—for our most critically ill patients. When we move procedures to community and make that an offering for patients, it is an option for patients.

**The Chair (Mr. Brian Riddell):** Thank you, Minister. Go ahead, MPP Clancy—one minute.

**Ms. Aislinn Clancy:** We just hear, in my office, people getting upsold, getting bills. And we know from the UK example that, when money is diverted into private clinics, it reduces the outcomes and increases the cost.

I'd like to ask for you to respond to my question about children's mental health. The CMHAs are asking for a 2.5% increase in operating and a 4% base increase. When we have this explosion of youth mental health, we don't really have a strategy to address that at the early years. Can you tell me what you're doing to address the impacts of technology and social media addiction on young people?

**Hon. Sylvia Jones:** In a budget three years ago, when I first became the Minister of Health, we actually did offer and provide a 5% across-the-board increase to children's youth and mental health agencies across Ontario—again, across the board, to their base.

We have seen, of course, the addition of youth wellness hubs that, again, we have seen very good success at—

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

We'll now go to the government. I recognize MPP Pinsonneault.

**Mr. Steve Pinsonneault:** Thank you, Minister, for being here, along with your team.

Improving access to primary care is a critical part of building a more connected and responsible health team. I've seen the improvements in primary care right across my riding. What measurable progress has been made in connecting people to primary care, and how is this improving access to care overall?

**Hon. Sylvia Jones:** Thank you. I'm happy to speak about our primary care expansion.

When the ministry launched our primary care action plan in January of 2025 with the goal of connecting everyone in Ontario to a primary care provider by 2029, we have also driven a focus on ensuring that individuals who had already signed up seeking a primary care provider through Health Care Connect had that opportunity, first and foremost, to clear that list.

I am pleased to say that our Health Care Connect waitlist, as it sat in January of 2025, is now—and today it's probably higher—99.7% cleared and climbing. We have seen incredible uptake for organizations. When they receive some additional funding—perhaps it's an addition of a social worker or a mental health worker, an additional nurse practitioner or physician—their willingness to take on additional patients is there, and we're seeing it in our attachment rates.

The other piece that we've been able to do is working very directly with the Ontario Medical Association, piloting some initiatives that have made it, frankly, easier for our primary care providers to provide that front-facing individual service. That is an AI scribe program that, again, while it is being piloted with the Ministry of Health and the Ontario Medical Association, to date has been very well received by patients and clinicians.

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Look, we know patients appreciate the opportunity to work directly with their team so that it is not just that you meet your family doc and they give you three phone

numbers to follow up. When that social worker is there, when that nurse practitioner is in that team, when the mental health worker is in that team, the dietitian is part of that team, then the care that is provided to the patient expands and is very much appreciated.

I have to tell you a story: Earlier this year, in March, I received a phone call from a woman in southwestern Ontario who was looking for a primary care provider who could better serve her family. She had a young son, and she was having to pull that child out of school every time she was going to see her primary care provider. I asked her to put her name on Health Care Connect, because we have made some changes to the Health Care Connect program so that you can apply that you are seeking a new primary care provider, partly because people move around in the province of Ontario and they want to know that, wherever they're moving to, there is going to be a primary care provider available.

She called me back a week later, and she said, "I have a primary care provider. It's part of a team, and I don't have to take my son out of school because their hours are such that it can happen after school." That's the impact on individuals and for patients when they find that primary care provider, that primary care team.

Our new grads—and Deputy Richardson can expand on this—the young people who are graduating out of our medical schools want to work with those interprofessional primary care teams. They want to have the opportunity to work with a nurse practitioner, with a physician assistant, with an RN etc. It really makes a difference when you are funding and providing services that not only the clinicians want to work within, but patients really appreciate the change.

Deputy Richardson, did I miss anything?

**Ms. Deborah Richardson:** Just maybe a few pieces of information to share around the teams where people have actually been attached: So, 46 of the community health centres received the funding for the interdisciplinary primary care teams, five nurse practitioner clinics. I actually visited the one in Ottawa, and it was just phenomenal to see. It's right in Vanier, and they're working very closely with the community that is in that particular area. It was just so impressive, the partnership they have with Montfort Hospital and all of the hospitals and service providers, really, in that area. Some of them went to Group Health Centre as well, in Sault Ste. Marie. There are a whole bunch of different players—124 successful applicants that received them. And as the minister said, we will be launching the new one.

The beauty of this is, sometimes, if people's proposals weren't that strong, we actually reach out to them and we work very closely with them on, why wasn't your proposal successful the last round? That's where we're able to be a lot more targeted in areas where we really do need to attach people. I actually feel pretty proud of that, because some of the communities that didn't get it the first round all of a sudden were able to get it the second round, or those who didn't get it the second round were hopeful that we're working with them to strengthen their proposal.

We are leading the country in nearly 90% of Ontarians having access to a primary care provider. The goal really is to connect two million people in the province by 2029. It's no easy feat, but it's really exciting when you see, if there's a will, there's a way, you see the Ontario health teams and the Health Care Connect people through Ontario Health atHome actually making the phone calls. We participated in this call, and there were tears shed—I even saw Minister Jones had a little tear shed—because it was amazing just to hear the stories that Minister Jones has shared throughout around just somebody actually—“I finally have a family doctor. I finally have a nurse practitioner to talk to.” It is life-changing; it really, really is. So, it was just really powerful.

But I will ask assistant deputy minister Nicole Williams to come up to give some really good examples around the success of the primary care action plan and some of the other initiatives that we have under way.

Nicole, over to you.

**Ms. Nicole Williams:** Thank you very much. I'm Nicole Williams, ADM for physician and provider services at the Ministry of Health.

In addition to the investments made into professional primary health care teams that both the deputy and the minister have spoken to today, I'd like to also speak to the investments made and the improvements made to the family health organization model that came through negotiations with the Ontario Medical Association.

While the ministry continues to support the expansion of interprofessional primary care teams and primary care teaching clinics through the primary care action plan, it has also worked really collaboratively with the Ontario Medical Association to create significant improvements to the delivery of primary care medicine across the province with physicians, including the family health organization model, referred to as FHO+. This was developed in response to feedback. We heard directly from family doctors that existing remuneration had not fully captured the scope and intensity of their work. So the ministry and the OMA made key changes, representing an important step forward in aligning compensation with the evolving needs of patients and the reality of front-line family medicine doctors. These changes include the introduction of an hourly payment rate, new incentives and bonuses, improved revenue streams and improved emergency department compensation models for family physicians providing ED coverage.

These improvements will also benefit patients. With these changes, Ontarians can expect:

- improved access to primary care, as we retain current doctors and attract new doctors to the province, and as doctors attract more patients;

- more convenient care, including evening and weekend services and hours;

- more time with their doctor, as they spend more time on both direct and indirect care, behind-the-scenes work like reviewing test results and coordinating the care the patients need;

- better help for complex needs, as doctors enrol patients with serious, complex health conditions;

- less time in emergency rooms, as doctors are incentivized to perform more procedures in their offices; and

- more doctors in rural and northern communities, as increased incentives will help recruit and retain doctors in areas that need them the most.

Taken together, these primary care investments, along with changes to the physician services agreement at large, including the improvements to the FHO+ model, represent a transitional step forward for primary care in Ontario.

Through the expansion of interprofessional primary care teams, the establishment of these new teaching clinics and modernization of the FHO model, the government is trying to build a stronger and more connected primary care system that will continue to improve access, support providers, and ensure more Ontarians can receive the comprehensive care they need closer to home.

**Mr. Steve Pinsonneault:** Thank you, Minister and team, for the update. I love hearing the good-news stories.

I myself was almost a year without a family doc—I have one now, about 20 minutes from my home. I just love this guy. He's amazing.

Keep up the good work.

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

**Ms. Natalie Pierre:** Thank you to the minister and the team at Ministry of Health for the work that you're doing to expand interprofessional care teams across the province of Ontario. I just wanted to take a brief moment and talk a little bit of about the impact and what those investments have made in my community in Burlington.

We've received two investments into team-based care in my community that have resulted in the elimination of the Health Care Connect wait-list in my community. So thank you very much.

One other thing that I'd like to mention: the two expansions into the team-based care in Burlington also allow for solo practitioners to refer in, so that investment actually exponentially connects more patients in my community to team-based care—significant improvements in the quality of care and the attachment to team-based care in my community. So I thank you for that. The constituents who visit my office thank you for that as well.

My question is around RSV vaccines. Vaccinations play a very, very important role in managing disease prevention and also in managing seasonal respiratory illnesses and protecting vulnerable populations. As we're heading into cold and flu season, I'm hoping that you can tell us a little bit about some of the positive results that we're seeing as a province, including any trends related to RSV this year.

1150

**Hon. Sylvia Jones:** It is often suggested that various Ministries of Health over the years have not invested enough in prevention. So the work that the Ministry of Health team has been able to do, particularly as new protections become available—RSV being the most notable; it didn't exist in the province of Ontario three years ago

and now we have not only offered it to our most vulnerable—seniors and young people under the age of five—but also expanding that access. Ontario’s publicly funded immunization program really has seen some very encouraging results as a result of our RSV commitment and preventative programs.

Overall, RSV-related hospitalizations have decreased by 17% compared to the previous season, while ICU admissions decreased by 27%. Chair, I understand they’re just numbers, but those are our most vulnerable. Those are seniors, those are infants who are not having to appear and get treatment through our emergency departments, through our ICU departments because we have prevention in place and are offering it in the province of Ontario. Among infants and children, RSV-related hospitalization has decreased by 38% compared to the 2024-25 season and 55% compared to the 2023-24 season.

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

**Hon. Sylvia Jones:** While other jurisdictions around the world—and, yes, in some cases, in Canada—have seen a walk away from our preventative immunization programs, Ontario is proudly ensuring that our individuals are protected.

Chair, I know that I am coming short on time, and I know there’s a whole whack of people who have made these programs happen. It is the leadership of the department heads and the individuals behind me who are implementing these programs. I just want to acknowledge them because while they haven’t often been afforded an opportunity to speak and highlight the work that they’ve been doing, it is absolutely not happening without their commitment to making sure the people of Ontario continue to be protected with our world-class health care system. Thank you.

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

We will now go to the official opposition for eight minutes and four seconds. I recognize MPP Lennox.

**MPP Robin Lennox:** Thank you for the discussion on primary care. It has been a significant investment, and I do want to express my appreciation to Dr. Philpott and her team for their efforts.

The one thing I’ve noted, and the way the ministry speaks about this, is you often use “attachment” and “access” interchangeably, but those are two very different outcomes.

With a significant investment of \$3.4 billion, there are two real threats, I would see, to your success. One is, you’re not actively really measuring or using any intervention to try to influence access. And when I say “access,” I mean being able to see your family doctor same day or next day for urgent issues. That’s the patient-important outcome. Instead, we’re focused on “attachment,” which could be having a family doctor on paper, but one that you’re not able to see for three months or maybe one that lives three hours away. That’s one risk that I want clarification of: Are you actively measuring access, and if so, how many patients, who you’ve enrolled, are able to

see their family doctor same day for urgent issues? Because last I checked, it was less than 50%.

The second threat is about family doctor retainment. You’ve talked a lot about using financial incentives, but the truth is the reason that half of family doctors are planning to retire in the next five years is because family doctors burn out when the health system is dysfunctional, and the health system is becoming evermore dysfunctional. When your patient doesn’t want to go to emerg when you tell them to because they don’t want to wait for 12 hours so instead you’re now monitoring a very seriously ill patient, when your patient can’t get their medications because they’re not covered, when your patient can’t get into long-term care, when your patient can’t get mental health services and so you’re monitoring a suicidal child for 18 months while they’re awaiting psychiatry, that is what is burning out family doctors.

So my two questions are, what are you doing to look at same-day access and how many patients currently have same-day access to primary care? The second thing is, what are you doing to actually prevent half of family doctors from retiring in the next five years due to burnout because of the health system’s dysfunction?

**Hon. Sylvia Jones:** Chair, I’m actually shocked that the member opposite would suggest that our family practitioners in the province of Ontario are not providing exceptional care to their patients. We heard directly about some changes that we have made with the Ontario Medical Association and FHO+, ensuring that family physicians who are working in the family care system and primary care system are getting compensated properly.

**MPP Robin Lennox:** Chair, may I reclaim my time, please?

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

**Hon. Sylvia Jones:** Well, she asked a question, Chair. I’m trying to answer it.

**The Chair (Mr. Brian Riddell):** I understand, but it’s her time.

**MPP Robin Lennox:** May I just say, Minister, that it is incredibly disrespectful and, I think, really disrespectful to the health workers—deflection—to suggest we are disrespecting their work. I think they’re working above and beyond in really awful circumstances, and I know that because I’m one of them. I was one of them, I continue to work alongside them and I also speak to them on a daily basis.

**Hon. Sylvia Jones:** You were the one that said patients aren’t seeing their family physicians.

**MPP Robin Lennox:** Less than half are seeing them with same-day access. That’s not the family doctors’ problem; that’s a health system management problem, and that’s your job.

I will yield my time to my colleague, but I would appreciate that in the future, you do health workers the respect of answering the question and not playing politics on their time. Thank you.

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

**M<sup>me</sup> France Gélinas:** We talked a lot about the expansion of the scope of practice of pharmacists, but there are many other health care providers that have been waiting for scope-of-practice expansion: physiotherapists, since 2009, still can't order X-rays, and respiratory therapists and a whole slew of them. Who is working on scope-of-practice enlargement, so that health care professionals can work to their full scope, and how much longer—2009? We're in 2026. Is this coming?

**Hon. Sylvia Jones:** We actively work with the 26 regulated health colleges in the province of Ontario. They submit their suggestions for scope-of-practice changes, and then we of course do a public consultation. We post to get feedback from other health care providers, as well as the general public, on how they see the scope-of-practice changes improving.

We also have to keep in mind that in some cases, the request for additional scope of practice does involve additional training necessary. We have, to date, made a number of expansions of scope of practice, whether it's with midwives, with RNs, with pharmacies, and we'll continue that work. But what we want to do is make sure that as we make those changes, we have not only a health professional college that agrees, supports and, when necessary, is prepared to do the additional training necessary, so that when the scope of practice changes come into place, they can be utilized through the largest number of health clinicians—all of that work happens throughout the year, and then we are—

**M<sup>me</sup> France Gélinas:** At the speed of a sleepy turtle. But I'll ask my next question.

My next question has to do with the most vulnerable who you were just talking about. Most of them rely on a caregiver. How much does the ministry spend on respite programs, and does the ministry assess the value and performance of the respite programs that they fund? How much funding has the ministry earmarked for mental health supports for caregivers, and how is it tracking demand and wait-lists for these programs? And does the ministry keep track of when and how often caregivers are offered support after a serious diagnosis? Really focus on caregivers.

**Hon. Sylvia Jones:** You absolutely raised a really important area of our health care system, and that is making sure that our providers, our family members, our loved ones are supported when they're looking after elderly patients.

**M<sup>me</sup> France Gélinas:** Money—how much money?

**Hon. Sylvia Jones:** In the last two budgets, in the last fall economic statement, we've increased home and community care by a billion dollars three times. So two budgets, a billion dollars each, and a fall economic statement and an additional billion dollars.

**M<sup>me</sup> France Gélinas:** I'm happy you talked about home and community care, because the money that you have given them is specifically to increase the number of patients, not necessarily to increase the base funding. The people who work in home and community care, many of them, work barely above minimum wage. They have been

in need of a base funding increase so that they can pay a respectful wage to the people who work for them. The \$1.1 billion allocated in the last budget to expand access—

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

**1200**

**M<sup>me</sup> France Gélinas:** They're asking for 50% of that to go to base funding increases so they can increase wages to their important workers. Would you agree?

**Hon. Sylvia Jones:** We've also enhanced and flowed funding for, in particular, the providers—so the family members, the direct care providers—to make sure that they are properly trained and supported to look after their loved ones.

I'm sorry. I'm going to have to turn to Deputy Richardson for that actual dollar amount because I can't remember it off the top of my head.

**Ms. Deborah Richardson:** Starting in 2026, Ontario is investing an additional \$16 million annually to expand adult day and caregiver respite programs.

**M<sup>me</sup> France Gélinas:** An openness to take 50% of the money going to community services to increase wages—is this something you're open to?

**Hon. Sylvia Jones:** We obviously rely on our health care providers to see what their needs are—

**The Chair (Mr. Brian Riddell):** Thank you, Minister. That concludes this part of it.

This 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 members ready to vote?

Go ahead.

**M<sup>me</sup> France Gélinas:** Recorded vote.

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

### Ayes

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

### Nays

Clancy, Gélinas, Lennox, Shamji.

**The Chair (Mr. Brian Riddell):** The motion is carried. Shall vote 1402, health policy and research program, carry? All those in favour?

**The Clerk of the Committee (Ms. Vanessa Kattar):** Sorry—a recorded vote for all of them?

**M<sup>me</sup> France Gélinas:** Yes, please.

### Ayes

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

### Nays

Clancy, Gélinas, Lennox, Shamji.

**The Chair (Mr. Brian Riddell):** The motion is carried. Shall vote 1403, digital, data and analytics program, carry?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Gélinas, Lennox, Shamji.

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

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Gélinas, Lennox, Shamji.

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

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Gélinas, Lennox, Shamji.

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

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gélinas, Lennox, Shamji.

**The Chair (Mr. Brian Riddell):** The motion is carried. Shall vote 1416, health services and programs, carry?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gélinas, Lennox, Shamji.

**The Chair (Mr. Brian Riddell):** The motion is carried. Shall vote 1407, health capital program, carry?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gélinas, Lennox, Shamji.

**The Chair (Mr. Brian Riddell):** The motion is carried. Shall the 2026-27 estimates of the Ministry of Health carry?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gélinas, Lennox, Shamji.

**The Chair (Mr. Brian Riddell):** The motion is carried. Shall the Chair report the 2026-27 estimates of the Ministry of Health to the House?

**Ayes**

Clancy, Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault, Shamji.

**Nays**

Gélinas, Lennox.

**The Chair (Mr. Brian Riddell):** Carried.

This concludes the committee's consideration of the 2026-27 estimates of the Ministry of Health. This committee now stands in recess until 1 o'clock.

*The committee recessed from 1205 to 1300.*

MINISTRY OF CHILDREN, COMMUNITY  
AND SOCIAL SERVICES

**The Chair (Mr. Brian Riddell):** Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. We're meeting to consider the 2026-27 estimates of the Ministry of Children, Community and Social Services for a total of three hours. As a reminder, the ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. Are there any questions from the members before we start?

I am now required to call vote 701, which sets the review process in motion. We will begin with a statement of not more than 20 minutes from the Minister of Children, Community and Social Services.

Minister, the floor is yours.

**Hon. Michael Parsa:** Thank you very much, Chair. Good afternoon, colleagues and members. It's a pleasure to be here with all of you today to discuss the 2026-27 estimates for the Ministry of Children, Community and Social Services. I'm looking forward to highlighting how our government is protecting Ontario through actions that support people, strengthen communities and build opportunities for the future.

Before I begin, I want to recognize my colleague the Honourable Charmaine Williams, Ontario's Associate Minister of Women's Social and Economic Opportunity. Over the past year, Associate Minister Williams has continued to be a champion for women and girls across our province. She has worked tirelessly to ensure more women have the supports they need to succeed, thrive and achieve economic security, regardless of their circumstances.

I want to thank three amazing parliamentary assistants at MCCSS: PA Natalie Pierre, PA Lorne Coe and PA George Darouze. Their commitment to supporting our file has been a great help in advancing the work of this ministry and our government.

I would also like to recognize and thank Deputy Minister Daniele Zanotti for his leadership and support as well as the many assistant deputy ministers who are either with us or on call.

To the many dedicated public servants and staff across the ministry, thank you for your professionalism and commitment to the important work that we do every single day at MCCSS.

On behalf of everyone at the ministry, I want to extend our sincere appreciation to all the service providers, advocacy organizations, municipalities, Indigenous partners and community agencies that work alongside us.

I also want to take this opportunity to thank my chief of staff, Jane Kovarikova, and our entire team at the ministry's office for the work they do as well.

Chair, across the province, each and every day, partners and agencies are working diligently to support Ontarians, whether delivering programs to children with autism, offering employment opportunities to individuals with disabilities, or supporting women. Programs and services offered by these amazing partners are essential to families and communities. As demand continues to grow, we have an obligation to continue meeting the needs of the people who rely on us. Our government believes that protecting Ontario starts with empowering people to reach their full potential, so that they can make a difference in their communities and fuel our economy in the process.

As outlined in the 2026-27 printed estimates, the ministry is forecasted to invest \$21.4 billion over the course of this upcoming fiscal year. That represents a \$1-billion, or 5.2%, increase over last year as we continue to make targeted investments that strengthen supports and deliver better outcomes for the people of this province. Chair, more than 96% of our planned investment for this year goes directly to support the people of the province: to children, youth, adults, families, people who rely on our ministry services and are counting on us to be there for them.

I would like to briefly outline where those investments are going, and I'll begin with the Ontario Autism Program. Our government is increasing funding for the OAP by \$186 million this year, bringing our total investment to nearly \$1 billion. Chair, that's approximately a \$674-million, or 232%, increase since we took office in 2018, because we knew Ontario's autism program needed significant reform to deliver better outcomes for children and families across Ontario. It was us who took the initiative and developed the program with the autism community, which has expanded supports to reach more children than ever before.

In developing the new OAP, we brought together a group of experts, including parents, service providers, educators, clinicians and self-advocates, to form an advisory panel to design a program made by the community for the community. Our government adopted the panel's key recommendations which helped form the foundation of a comprehensive, needs-based, family-centred OAP. But most importantly, these investments are making a real difference for children and families.

Chair, with our government's investments, enrolment in core clinical services has grown exponentially. In 2022, there were 8,000 children and youth enrolled in CCS. Today, more than 26,000 are receiving services, and that number continues to grow each week. Services now include applied behaviour analysis, occupational therapy, mental health supports and speech-language pathology.

Support through the Ontario Autism Program extends well beyond core clinical services. All registered families can access foundational family services, urgent-response services, the caregiver-mediated early years program and the entry to school program. Across the different streams available through the OAP, nearly 45,000 children and youth are receiving supports.

Supporting children also means investing in modern facilities that provide families with easier access to the services that are tailored to their individual needs. With more than 180,000 children and youth with special needs receiving care from children's treatment centres each year, it's important for us to ensure that these centres meet the highest possible standards. That's why our government continues to make significant capital investments in children's treatment centres right across Ontario. We're investing nearly \$600 million to modernize these facilities and improve access to rehabilitation services and specialized care that families depend on.

These investments include planning for a new facility at Lansdowne Children's Centre in Brantford, and the construction of a new state-of-the-art children's centre in Chatham-Kent, which is expected to become operational next winter. We're supporting construction of CHEO's integrated treatment centre in Ottawa, which is also expected to be operational in 2028. And to ensure families can stay closer to children while they receive treatment, our government has supported the expansion of the Ronald McDonald House in Ottawa with an investment of \$3.85 million. These projects represent more than new buildings; they're improving countless lives.

Whether it's helping a child access treatment or making sure a student has nutritious food while at school, our focus is on giving children the support they need to thrive. We know that when students have access to healthy foods, they're better prepared to learn and succeed at school. That's why our government continues to support the Student Nutrition Program and the First Nations Student Nutrition Program. Ontario invests nearly \$32.5 million annually. This year, these two programs will serve more than 800,000 students, providing approximately 140 million healthy meals and snacks right across the province.

Outside of school, in the evenings and over the summer, our government is proud to offer the Youth in Policing Initiative in partnership with 52 police services. Chair, YIPI is one of my favourite programs, because it provides value opportunities for young people to build their confidence and to learn from positive role models. For many participants, this is their first introduction to the workforce. For others, it's a pathway to post-secondary education, community advocacy or careers in law enforcement. Over the past two decades, thousands of young people have benefited from the program, and earlier this year the number of graduates surpassed 10,000.

Whether we're empowering children, helping families or creating opportunities for young people, our government's focus remains the same: helping people build brighter futures for themselves and for their families. This brings me to the ministry's work in the developmental services sector. Every individual in this province deserves the opportunity to participate fully in their community, pursue their goals and live the life they choose. That's why our government is investing nearly \$4 billion to support individuals with developmental disabilities. This is an increase of almost \$218 million over last year and a total increase of \$1.6 billion since we took office in 2018.

In 2024, we provided the developmental services sector with over \$90 million in additional funding, and in budget 2026, we further increased funding to address costs with \$407 million, which supports individual with special needs and developmental disabilities as well as survivors of gender-based violence. To further support agencies in delivering these critical services, we're investing almost \$76 million to ensure organizations can continue providing the highest quality of supports.

**1310**

In addition to investing in the service providers within the developmental services sector, our government is also investing in the people that they support. We're committed to ensuring that every Ontarian can live with dignity, independence and greater financial stability. And that's why one of our most significant investments is the addition of \$274 million in social assistance and financial supports. Members will know that we increased the Ontario Disability Support Program payments by 1.9% this past July. These increases mean that disability support payments in Ontario have now risen by nearly 23% since annual inflationary increases were introduced.

Our government is also removing barriers to employment by increasing earning exemptions. With an increase

of 400% since 2023, recipients can earn up to \$1,000 monthly without impacting their ODSP payments. We took action to exempt the Canada Disability Benefit from income calculations for Ontario Works, the Ontario Disability Support Program and assistance for children with severe disabilities. As a result, eligible recipients can receive up to \$200 per month through the Canada Disability Benefit without it impacting their provincial assistance payments or entitlements.

Our partnership with Employment Ontario remains an important part of this work. By connecting social assistance recipients with employment and training opportunities, we're helping individuals gain skills, find meaningful employment and build long-term independence.

Alongside these investments, we're continuing to modernize how services are being delivered by reducing administrative burden. For instance, for the Ontario Works and the Ontario Disability Support Program, our ministry has centralized intake and eligibility determinations. Doing so means staff can focus more on providing person-centred supports on the ground.

To further support case workers, we're implementing new technologies where needed, incorporating artificial intelligence into the social assistance application process, which will mean efficient decision-making and faster responses for applicants. And I want to be clear: Our priority is to create a system that allows staff to do their job more efficiently and where they spend more time on supporting the people, who remain their top priority.

Beyond modernization, we're protecting taxpayer dollars through stronger program integrity measures, reducing overpayments and preventing fraud. With advanced analytics and improved information verification, we're ensuring that supports reach the people who need them while maintaining public confidence in our programs.

We know that access to services involves more than technology and process improvements. It's about ensuring that people of this province have access to the services that meet their needs, when they need them and where they need them. It's why the ministry has expanded on-reserve delivery of the Ontario Disability Support Program. This initiative makes services more accessible while supporting stronger relationships and trust between clients and service providers.

Our priorities are very clear as a government: We're focused on building a province where individuals and families have the skills and resources to thrive so that everyone can fully participate in their communities.

At the same time, we recognize that many Ontarians face significant barriers and challenges, and that's why we remain committed to making life more affordable for them. The Ontario Child Benefit and the Ontario Child Benefit Equivalent provide important support to low-and-moderate-income families across Ontario. We have continued indexing the Ontario Child Benefit to inflation to help families keep pace with rising costs and maintain financial stability. These programs assist working fam-

ilies, families receiving financial assistance and children receiving supports through the child welfare system.

Beyond helping with the cost of living, these programs create important opportunities for children to participate in recreational activities and community programs that support healthy development and long-term success.

Our government continues to target investments that help keep more money in people's pockets. That includes programs such as the low-income individuals and family tax credit, also known as LIFT, and the Ontario Childcare Access and Relief from Expenses Tax Credit, also known as the CARE tax credit. These initiatives support affordability, encourage workplace participation and make sure families have more of their hard-earned dollars in their pockets. It's worth noting that these programs also support many social assistance recipients who are working to improve their financial circumstances and build greater stability for themselves and their families.

Chair, affordability and financial security are important to the well-being of individuals and families, but that sense of security must also include being safe at home and in our communities. That's why another critical part of our work is preventing and addressing violence against women and ensuring survivors and their children can access the supports they need.

Chair, our government has zero tolerance for violence against women and children in any form. That's why, in December 2023, Associate Minister Williams and I launched Ontario-STANDS, our four-year action plan to prevent and address gender-based violence. This plan is supported by more than \$1.4 billion in provincial investments as well as an additional \$162 million through the Canada National Action Plan to End Gender-Based Violence.

Personal safety and economic opportunity are closely connected, Chair. For many women, financial independence can be an important factor in leaving situations involving violence and abuse. That's why our government is investing \$11 million over two years in the new Women's Economic Leadership and Legacy Fund, known as the WELL Fund. I do want to give a big shout-out to Associate Minister Williams and all her work and, of course, my chief of staff, Jane Kovarikova, for all her support as well.

The WELL Fund, Chair, builds on existing women's empowerment programs that are delivered through our ministry. Through this program, we're helping create more inclusive workplaces and strengthening leadership opportunities for women with diverse backgrounds. Importantly, it's also helping survivors of human trafficking access peer support, education and employment opportunities as they rebuild their lives. The WELL Fund complements existing investments through the Investing in Women's Futures Program and Women's Economic Security Program, which are supported by a \$41-million investment over three years.

Chair, our government also continues to lead the country in the fight against human trafficking. Last year, we renewed Ontario's Anti-Human Trafficking Strategy

with a \$345-million investment through 2030. This remains the largest investment of its kind anywhere in Canada. Our strategy takes a comprehensive approach. It focuses on prevention, it supports early intervention and it helps survivors heal.

Human trafficking is a devastating crime that often targets vulnerable women, girls and young people. That's why our government remains committed to taking strong and meaningful action, because every survivor deserves support, every child deserves protection and every community deserves to be safe.

Chair, when you look across all the investments that I've outlined here today, a common theme emerges. Whether we're supporting children with autism or complex special needs, providing income assistance to Ontarians or creating opportunities for women, youth and families, our focus remains the same: helping people succeed and reach their full potential. That's the work of this ministry, and we're so proud to do this work every single day.

Chair, that concludes my opening remarks regarding the Ministry of Children, Community and Social Services 2026-27 estimates. I want to once again thank the many amazing public servants that have joined me on this call, including Deputy Minister Daniele Zanotti, Associate Minister Charmaine Williams, the incredible team at my MO and my chief of staff, who come to work every single day to make a positive impact on the lives of the people that we serve. This is very important work to our government, and I as a minister appreciate the involvement and the contribution of the members of this team immensely. Thank you very much, Chair.

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**The Chair (Mr. Brian Riddell):** Thank you, Minister, for your presentation.

We will now begin the questions and answers in rotations of 15 minutes for the official opposition members of the committee, 15 minutes for the third-party members of the committee, five minutes for the independent member of the committee and 15 minutes for the government members of the committee for the remainder of the allotted time.

As always, please remember to make your comments through the Chair.

For any staff appearing today, when you are called on to speak, please give your name and your title so we may accurately record in the Hansard who we have with us today.

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

**MPP Lisa Gretzky:** I'm going first? Okay.

I'm going to start with the recent FAO report that was just released into the spending for the Ministry of Children, Community and Social Services. The FAO projected, based on the government's 2026 budget, that MCCS overall spending will not grow to meet the needs of people in this province. In fact, within three years, there will be a \$3.7-billion shortfall when it comes to the Ministry of Children, Community and Social Services.

That is actually an increase in the shortfall since we've done the estimates prior and the ministry had said that they were going to have increased funding, that everybody is fine and that they're doing a great job.

I'm wondering, does the minister agree that the FAO, the Financial Accountability Office, an independent, non-partisan office of this Legislature—is the FAO correct in their projection based on using government data?

**Hon. Michael Parsa:** Thanks for the question. I appreciate the observation of a snap-in-time shot that's being discussed right now. I will just say we're here to talk about the facts, and as I mentioned in my opening remarks, MPP Gretzky, the investments in the Ministry of Children, Community and Social Services increased by \$1 billion this year.

**MPP Lisa Gretzky:** I'd like to reclaim my time. It was a yes-or-no answer. Then the minister basically said he does not agree with the Financial Accountability Office.

To your point of it is a snapshot in time, back in 2024, the FAO concluded that your ministry would be \$3.7 billion short of what was needed to sufficiently fund all of the program areas under your responsibility when factoring inflation into 2027. The most recent report from the FAO shows that there will be an increased overall program funding shortfall of \$3.9 billion over the next three years. You are not meeting the needs of all the programs within your ministry.

Based on you saying that the FAO is not correct, what is the actual projected estimated overall rate of growth for ministry programs spending over that period of time? What's the projected spending?

**Hon. Michael Parsa:** Yes, so, once again, I'll just say this—

**MPP Lisa Gretzky:** Just a number, please.

**Hon. Michael Parsa:** When a snapshot in time is reviewed—

**MPP Lisa Gretzky:** I would like a number.

**Hon. Michael Parsa:** When a snapshot in time is reviewed and brought forward, I know the opposition members would like to highlight a small piece of what's been forward but when public accounts are tabled every year, we never hear any comments from members of the opposition—

**MPP Lisa Gretzky:** Speaker, I would like to reclaim my time—

**Hon. Michael Parsa:** —and this is where facts—

**MPP Lisa Gretzky:** He's not answering my question. I'm asking about the estimates and what the requirement will be. He's not answering my question.

I'll move on. In real-world dollars, the rate of growth required to fund programs for children and adults that are the responsibility of you and your ministry, just to maintain current service levels—and if you talk to anyone accessing these programs or anyone that works in the sector, people with real lived experience, they will tell you that the service levels have actually declined. Just to maintain current service levels, which are not sufficient, there would need to be at least a 3.3% growth across pro-

grams. Do you agree with that statement from the FAO? Just a yes or no, please. I don't have a lot of time.

**Hon. Michael Parsa:** If you'd like to have facts, I'd be more than happy. If you just want to put out questions and answer yourself, you do that—

**MPP Lisa Gretzky:** I'm asking you, do you agree with the FAO?

**Hon. Michael Parsa:** If you want the facts, we have a great team—

**The Chair (Mr. Brian Riddell):** Let's keep this civil, please. One person at a time.

**MPP Lisa Gretzky:** Then I would like to reclaim my time. I asked a yes-or-no question: if he agrees.

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

**MPP Lisa Gretzky:** The FAO also suggests that in order to maintain just these current service levels with less funding—less funding because what's projected is a \$3.9-billion shortfall—the Ministry of Children, Community and Social Services will have to find efficiencies. Is that accurate, that they'll have to find efficiencies, and if so, what do those efficiencies look like?

**Hon. Michael Parsa:** Supporting the people of this province, the children and youth, the people that depend, MPP Gretzky—we will never waver from that commitment. Let me make that clear to you and to every member and to everyone in this province. It's why our government continues to increase investments in the people we serve. That will never change. I appreciate, again, the snapshot in time, little bits of information that you bring forward. But let me be very clear with you: That's why we increase investments in developmental services. It's why we increase investments in child welfare.

**MPP Lisa Gretzky:** I'd like to reclaim my time.

When the minister talks about supporting people in this province, I'd like to know—when we're talking specifically about OW, does the minister know the maximum benefit allowed for someone on Ontario Works?

**Hon. Michael Parsa:** Does the member know the difference between the two social assistance programs that we have? One is a short-term—

**MPP Lisa Gretzky:** I don't need the minister to be condescending to me. I'm well aware of the difference in the programs.

**Hon. Michael Parsa:** So if that's the case—

**MPP Lisa Gretzky:** I have lived experience, actually.

I'm asking you, sir, do you know the difference, and do you know what the maximum allowable rate is for a single individual on Ontario Works? I'm not asking about ODSP—

**Hon. Michael Parsa:** Mr. Chair, we have two social assistance—

**The Chair (Mr. Brian Riddell):** I'm going to stop for a second. We have to do this in a civil way. I don't need people arguing across at each other.

You ask a question; you let him answer.

**MPP Lisa Gretzky:** I would appreciate an answer.

Do you know the maximum benefit for an individual on Ontario Works?

**Ms. Natalie Pierre:** Point of order, Chair: I would just like to encourage the member across to form all of her questions regarding today's estimates. It's not a quiz show. It's not a policy question. The questions need to be relevant to the estimates, which is the reason the committee is here today.

**The Chair (Mr. Brian Riddell):** When you ask a question, you have to give the minister the opportunity to respond.

**MPP Lisa Gretzky:** I'm attempting to give him an opportunity. He is not responding.

**The Chair (Mr. Brian Riddell):** So please continue.

**MPP Lisa Gretzky:** I will rephrase the question. I'm going to guess that the minister doesn't know what the amount is.

Anyway, does the minister know of anywhere in this province where someone could even rent a room using the entire maximum entitlement for a single person in Ontario Works, which is \$733? Is the minister aware of anywhere you can get even a room for that amount? And if someone was to be able to get a room for \$733 and use their full Ontario Works, how does the minister expect someone to be able to access food, access a phone, to be able to look for work, to be able to buy clothing? Can the minister answer that?

**Hon. Michael Parsa:** MPP Gretzky, do you know that we have a record number of people exiting social assistance, through employment, to bigger paycheques? Do you want to know more about that? I'd be more than happy to tell you about the work that we've done with amazing people on the ground, to help people, to connect them. You're talking about basic needs and shelter—

**MPP Lisa Gretzky:** I'd like to reclaim my time. That's not an answer to my specific question.

**Hon. Michael Parsa:** Those are facts.

**MPP Lisa Gretzky:** Since the minister—

**The Chair (Mr. Brian Riddell):** MPP Gretzky, will you please let him answer the question?

**MPP Lisa Gretzky:** Chair, I have the right to reclaim my time when the minister is not actually answering the question.

**The Chair (Mr. Brian Riddell):** Yes, but I'm not doing that. So please continue.

**MPP Lisa Gretzky:** Since he raised it, does the minister track how many people on Ontario Works actually end up back on Ontario Works after getting employment through your programs?

**Hon. Michael Parsa:** Before I send it to the ADM to be able to give you some of the more precise numbers, yes, there are people who have—if there are challenges, they do re-access the program and they do access the supports.

Ontario Works, MPP Gretzky, as you know, is always meant to provide short-term support, provide the individual with the support that he or she needs to connect them with employment, with bigger paycheques and bigger opportunities, so—

**MPP Lisa Gretzky:** Respectfully—I understand—I'm asking if you track the number of people who have gone through employment services and who then end up un-

successful in that employment and end up back on Ontario Works.

**Hon. Michael Parsa:** Yes, one of the things that we do is we track just so that we can provide better supports. I know that number is less than 30%.

I want to just go to ADM Butler, if you're okay with that, to be able to provide you with some information.

**MPP Lisa Gretzky:** Sure. I'd like the information.

**Mr. Jeff Butler:** Thank you, Minister.

My name is Jeff Butler. I'm the assistant deputy minister for the social assistance programs division of the Ministry of Children, Community and Social Services.

Our most recent figure with respect to clients who have exited Ontario Works but have returned within one year is right about 30%. That is tracking about a percentage point lower than it was last year, about three and a half percentage points lower than in 2023. So it has declined year over year, but in the most recent month, there's about 30%.

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**MPP Lisa Gretzky:** Okay. Sorry, I just want to be clear: About 30% of the people that move off of OW into employment end up back on Ontario Works?

**Mr. Jeff Butler:** They reapply within one year, yes.

**MPP Lisa Gretzky:** Okay. Thank you.

I'd like to ask about—because the minister raised it in his time—fraud prevention. The estimates for MCCSS list \$150 million in “cost savings or avoidance,” which is page 27 of estimates, in 2025-26, by utilizing automated chat bots. How much of that \$150 million recovered, or saved, was due to fraud?

**Hon. Michael Parsa:** ADM Butler, if you don't mind, I'm going to turn it over to you, to talk about once we centralized and brought in some of the measures, if you don't mind talking about that.

**MPP Lisa Gretzky:** Sorry, and if I can just add onto that, because I think it's relevant: Can you explain what “avoidance” means? What does “avoidance” mean, and how does an AI chat bot avoid paying an Ontarian seeking an Ontario Works assistance? What does that look like?

**Hon. Michael Parsa:** Sorry, MPP Gretzky. I'll just say this: The initiative behind making all of these investments in social assistance is to make sure that it improves client experience, so that the individual accessing them didn't have to go through paper-based. We wanted to make sure that everything is streamlined so that access and the supports are provided to the individual as fast as possible. That's why MyBenefits was created; that's why a chat bot was created: to create support to the individual.

But to your exact question, I'm just going to go to ADM Butler, maybe.

**Mr. Jeff Butler:** Yes, thank you, Minister.

We have a variety of tools that are available to our social assistance intake workers. It's not actually just chat bots; we have a variety of data interfaces where people submit information to us, and we're able to use our data interfaces and technology to verify that the information that they've provided us is correct. That number that you quoted is primarily cost avoidance, so that is savings from determining, at intake, that people are ineligible because

they provided inaccurate information as part of their application process. So that represents costs avoided from people not coming onto the caseload who would not have been eligible.

**MPP Lisa Gretzky:** Okay, so people being denied.

I'm curious: How much did this AI virtual assistant program cost? Is there a contract that was signed for it? Who was it with, and where is that particular company from?

**Hon. Michael Parsa:** Sorry, ADM Butler. Just before you answer that—MPP Gretzky, on your remarks: It's detecting and preventing fraud, and that's to improve the integrity of the program and make sure the funds that are allocated for social assistance are actually given to people who need them. That was the intent behind the program, and what ADM Butler was referencing was some of the work that we have done, which is implementing—it's on the back end. We have, for example, multiple windows on the back end communicating to make sure that the information is correct, again, to improve the integrity of the program.

**MPP Lisa Gretzky:** Okay. I'd like to—

**Hon. Michael Parsa:** ADM Butler, would you be—

**MPP Lisa Gretzky:** Sorry, I'd like to move on. I have other questions that aren't being answered and I have limited time, so I'm wondering if I could get the answer to that. How much did the social assistance AI virtual assistant program cost? The program that's being used to accept or deny people from receiving OW: Did the ministry sign a contract for that virtual assistant program, who was it with and how much does it cost?

**Hon. Michael Parsa:** ADM Butler, could you please talk about the work that we're doing with centralizing the integrity of the programs, the work that's being done behind the scenes? And she wants to know the particulars of the program itself.

**MPP Lisa Gretzky:** I'm asking, how much did the virtual assistant program cost? Is there a contract and, if so, with who and where are they from? Those are my questions. I'm not asking for a complete rundown of the entire program and how it works; I'm asking very specifically how much it cost, if there's a contract, who that contract is with, where they're from and how much it's costing the people of the province. And if I can't get that answer here, then I would ask that somebody look that information up, please, and table it in writing for this committee.

**Hon. Michael Parsa:** ADM Butler, with those very precise questions, would you be able to answer some of them here, please.

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

**Mr. Jeff Butler:** Yes, Minister.

Those tools were developed entirely internally within the Ontario public service, between ourselves and our internal cluster partners. I don't have the exact cost to develop them, but they were developed internally within the Ontario public service.

**MPP Lisa Gretzky:** Okay. Is it possible to get that information and have it tabled in writing to the committee, please, for a follow-up?

Then, my last follow-up, because I don't have much time left: What is the appeal process for an individual who may have applied and been denied by this bot, this virtual assistant? How do they appeal then? What does that look like?

**Hon. Michael Parsa:** Are you referring to the social assistance tribunals? Is that what you're referring to?

**MPP Lisa Gretzky:** No. I'm talking about—so, they've applied. This virtual assistant has decided they're not eligible. How does a human being then appeal that?

**Hon. Michael Parsa:** Remember, individuals, case-workers are still on the ground to be able to assist the individual. Now, we've expanded that—

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

We will move on to the third party. I recognize MPP Tsao.

**Mr. Jonathan Tsao:** I want to start by thanking the ministers, deputy and all the members of the OPS for preparing everything today. I know that a lot of work goes into estimates and when you come to committees, so I want to express my sincere thanks for everything that you do for the people of Ontario.

Minister, I know my colleague in the NDP already referenced the FAO report that was recently released. I'm looking here today to have a constructive discussion. I know there are a lot of people who are relying on these services that your ministry provides. I would just like more details about where the money goes, how it's going to flow and what they can expect.

According to the FAO report, it says by 2028-29 there will be a gap by \$1.9 billion. What is the ministry doing in order to prepare for that?

**Hon. Michael Parsa:** Thanks for the question.

Look, the work of this ministry—and I said at the outset when I started—is to make sure that we leave no one behind. It's to ensure every child, every youth, every individual in this province has the opportunity to succeed and thrive.

This is why, when I said a snapshot in time—it reflects only a short period. When you look at the work that this ministry is doing—I could talk about, for example, in developmental services. Well, we increased funding in developmental services by \$1.6 billion since we formed government. Every year, we have increased funding to make sure they have support. In budget 2026, through \$407 million, we increased investments across social services through that \$407 million. In budget 2024, through a \$310-million investment, we increased funding to the social services sector. We made the temporary wage enhancement permanent in 2022, which resulted in a \$320-million investment annually.

MPP Tsao, the reason I mentioned this earlier is because these are all ongoing investments that are being made in social services. They're not one-time. They may not be reflected in a snapshot. When somebody is looking at something through a very short lens, it may not appear.

But those are facts that we need to look at. It's investing in people—in developmental services, like I said, \$1.6 billion more. We're investing \$2 billion annually now into child welfare to make sure every child and youth has the support they need. Those are facts.

**Mr. Jonathan Tsao:** I appreciate that, but when we look at the FAO report, that's an independent body of the Legislature. I think when I read FAO reports, I tend to believe what they have to say. I'm not saying you don't believe it, but I'm purely looking at the facts that the FAO has put before us.

The facts say that by 2028-29 alone, there will be a \$1.9-billion gap. Considering that, has the ministry prepared any analysis of how this projected shortfall would affect wait-lists for autism services, developmental services and children's treatment? And will you table it before this committee?

**Hon. Michael Parsa:** Yes. It's a very good question.

I'll just say this, MPP Tsao: I'm glad you brought in the autism program. If you look at this year alone, \$186 million of increase in one year. MPP Tsao, when we formed government, the funding of this entire program was \$300 million. There were a total of 8,000 families who were receiving supports across the province.

Today, as I mentioned in my opening remarks, more than 26,000 people are receiving an expanded core service alone. Some 45,000 families are accessing programs. Why? Because we increased the funding of the OAP to nearly a billion dollars. Those are all investments that we're making in people and in families across the province. They have to be talked about because they're facts. When we talk about the \$2 billion in child welfare, when we talk about the \$4 billion that we're investing in people with developmental disabilities, these are all increases and they're all supports that never existed before.

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And making sure social assistance—for example, people that are on social assistance, more long-term, through the Ontario Disability Support Program, have had now theirs increased by nearly 23%, because we indexed the rates increases to inflation. For those who can and those who are able to, we changed the earnings exemption so that they can keep \$1,000 more in their pockets without it impacting their benefits. We worked with the community and worked with the federal government when they brought out the Canada Disability Benefit and made sure that supports received from the federal government doesn't impact their benefits or entitlements here provincially.

When you look at 2028-29, I can say this: As long as we have this Premier at the helm, as long as we have this caucus, we will not let down the people of this province. We'll continue to increase investments. That's why I said earlier, MPP Tsao, when I was being questioned earlier and I didn't get a chance to finish—that's why we increased investments in this ministry by \$1 billion this year. It's why we increased investments in this ministry by \$600 million the year before. It's why we increased investments in the ministry by \$1 billion before that: because we

believe in empowering and making sure it's supporting the people of this province, and we'll never waver from that commitment.

**Mr. Jonathan Tsao:** Thank you for that, Minister. There's a very common and famous phrase, "Show me your budget and I'll tell you what your priorities are," and I think that's what we're here today to do: to understand what the priorities of this government truly are.

I'm glad you raised the issue of autism services in Ontario. And yes, you know, I always say to you, Minister, in every single event that we go, every time you do something worthy of kudos, I will give you those kudos. And I do recognize an increase here for autism services, but at the same time again, we need to understand what that increase is actually going to do when it comes to on-the-ground services.

One of the toughest parts of my job as an MPP is hearing from parents who are in dire need of support because they have kids with autism and they're really at the end of their ropes. They can't go any further. They're desperate for help. So, Minister, yes, I'm so happy to hear when you talk about the increase to funding, and every single parent out there who has a child suffering from autism is also glad to hear it. But that means nothing if that child is not actually getting services, the parents aren't getting the support and the families are not getting the relief from burnout that is real and is happening right now.

Considering the increase, in pure dollars, that we're seeing in the budget for autism services, let's look at some numbers: We have over 90,000 children who are currently registered in OAP. But we have almost 70,000 children who are waiting for core clinical, right? Waiting for core clinical—no? That's not correct?

**Hon. Michael Parsa:** Well, MPP Tsao, I'll just say this, because you're on the service registry, each child and every youth in the province, those on the spectrum, they're unique. They have different needs. That's why we have a program that was developed. We listen to the community. They're the ones who —

**Mr. Jonathan Tsao:** Let me reverse my question for you: Of the 92,000 children who are currently registered on the OAP, how many are receiving core clinical services?

**Hon. Michael Parsa:** As I mentioned in my opening remarks, it's now more than 26,000 families who are receiving core services. The reason I mention that and, sorry—

**Mr. Jonathan Tsao:** No, continue.

**Hon. Michael Parsa:** The reason I mention that, MPP Tsao, is because this goes back into just when we formed government and in fact, right up until 2022, a total of 8,000 families in total across the province were receiving support. Because we listened to the community—it's the community that put these recommendations together. We took the key recommendations. We always say no one knows better than experts and families, and the program that we have in place today was developed by the community for the community. We increased the investments from \$300 million to now nearly \$1 billion.

And to your reference about the number of people, they're more people registering with the program, MPP Tsao, because they now know that there is a chance for service. Whereas before, they knew that 8,000, that was it. No more were going to be able to access any support. That's why through those billion dollars, the question that you asked about how many, it's more than 26,000 families who are now accessing core clinical services across the province, but 45,000 families are addressing other programs that I referenced earlier in my opening remarks, like the foundational family services, the caregiver-mediated early years, urgent response. I've got to tell you, when I talk to families and they talk about the entry to school program—I mean, when the member was asking me if I talk to families, I can tell you I talk to families every single day. I called them—and many of you know, because I call your constituents when they reach out to our ministry—and I let them know that collectively, we're here to serve them, every single one of us.

**Mr. Jonathan Tsao:** Great. Thank you, Minister.

Well, I will say—look, better is good, but it's not good enough, right? We can cut these numbers however we want, but these are not my numbers. These are numbers that are actually coming from families. You say you talk to families all the time; these are actual autism advocates, families, who are doing this every single day.

So to say that simply there are more people applying just because there are more than 8,000 spots being given out now is, I think, a bit ludicrous. The reality is, there are over 60,000 children out there who are on the wait-list, stuck on a wait-list, waiting for core clinical. And it's great—the other programs you're offering are fantastic.

**Hon. Michael Parsa:** But we don't know if they're waiting for core. That's what I'm saying—

**Mr. Jonathan Tsao:** But that's not enough; we need more than that, right? So of the additional \$186 million that you're talking about that is allocated to autism this year, how much of that—that specific increase—will be dedicated to enrolling net new children and court clinical services?

**Hon. Michael Parsa:** Well, the program is a whole program. Core clinical service is part of the OAP program. Again, MPP Tsao, this is a program that is developed by the autism community. This is a program that they developed, so we're investing in the program that they developed.

And as you said, yes, I also speak to advocates all the time. I'm in touch with them on a regular basis. It isn't just increasing the investments of the program; it's also looking at ways to provide the services better to the families, which is why we've made changes as a result of feedback that we get from advocates and family members.

But the reason I talk about the number is because it matters. We went from 8,000 families in total to now more than 45,000 families accessing supports and services. And sometimes, when I talk to some members and they discount some of the programs at the OAP, then they're not talking to families. Because, MPP Tsao, if they do talk to families, they'll know the feedback that they're getting

when their child is enrolled in entry to school, when they got the support through the caregiver early years program, the urgent response. These are all programs that are making a positive impact to all the families that are receiving them.

**Mr. Jonathan Tsao:** Great. Well, thank you, Minister.

So instead of putting the question to you asking about new enrolments, then I'll cut at it a different way. Of the \$186 million that is newly allocated to the autism programming, how many children will move off the wait-list for core clinical that are currently on it?

**Hon. Michael Parsa:** Well, again, every week—as I mentioned, again, as I referenced in my opening remarks—families are being invited, and depending on their needs, when they have those interviews with a care coordinator who specializes to support a family, that is when it's determined what kind of support families require, and that's where the support is. So if it's a core clinical service is what the child or youth needs, that's where they access the supports. Otherwise, it is some of the other programs that I referenced earlier.

**Mr. Jonathan Tsao:** So, then, how many will be receiving that out of that \$160 million?

**Hon. Michael Parsa:** You mean \$186 million?

**Mr. Jonathan Tsao:** Yes, \$186 million. How many new children will be receiving—

**Hon. Michael Parsa:** Well, again, it depends. Because it's from the time that you registered with the program, as you get a call, that's when the needs are assessed and the services are offered by the care coordinator with the families. Because when you're in the service registry, no one knows what—the families are receiving supports right now through the four foundational programs that I mentioned to you. When they get the call, that's when they have those conversations with the care coordinator.

I'm actually just going to ask ADM Cureton if you could talk about, please—if you have any more information for MPP Tsao on the number of families that access core clinical services.

**Mr. Jonathan Tsao:** Sorry; I'm specifically looking at how many children will be moved off of the wait-list in 2026-27. That's the number I want, and if you don't have it, you can say you don't have it; that's okay.

**Ms. Jacqueline Cureton:** Good afternoon. My name is Jacqueline Cureton. I'm the assistant deputy minister for the children and community supports division.

There are a number of factors that come into play when you estimate how many people will be called in off the wait-list. What I can say is that we've seen AccessOAP issue approximately 6,000 invites between April to September of this year.

In terms of the going forward, there are a number of different factors that we need to think about. Not every family accepts an invitation; it depends on the amount of support that a particular child may need, so I can't give you a specific figure. But I can say that thus far in this fiscal year, over 6,000 invites have been issued—

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

1350

**Mr. Jonathan Tsao:** Thank you very much.

Just for the record, that's 6,000 out of 67,000 children that we're talking about here.

With my one minute left, I wanted to highlight another wait-list. Community Living agencies report more than 52,000 people with developmental disabilities are waiting for provincially funded services right now. That's a huge number. It's completely unacceptable, and that is one of the big things that when people come to my constituency office with questions desperate for help—it's for those services. This backlog right now in Ontario is huge with 52,000 people and continuing to grow.

Right now, we see there is an increase in the funding. How many net-new funded home care hours will be provided through that increase in funding?

**Hon. Michael Parsa:** I'll tell you, in the developmental services sector, we are investing nearly \$4 billion this year. That is \$1.6 billion more than when we formed government—

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

We will now go on to the independent member. I'll recognize MPP Clancy.

**Ms. Aislinn Clancy:** I want to thank the Honourable Minister Williams and Minister Parsa for your time today, and to the staff that have come here in person or online to share your expertise, I appreciate that very much.

I want to start off by highlighting that the FAO says that your budget is not keeping up with inflation between 2025 and 2029. That in the past three years, the budget increase was 5.7% and the estimated increase is 0.5%. I always say to anyone who will listen that I think you have a big heart, but you need a bigger budget. Why is your ministry so shortchanged?

**Hon. Michael Parsa:** Again, with all due respect, when you're looking at a snapshot in time, it's not a true reflection of the entire investment and annual investment. I will just say the ministry's investments this year, MPP Clancy, increased by a billion dollars.

**Ms. Aislinn Clancy:** So, to put that into perspective, your government says they're going to spend \$4 billion on new jail beds, and your ministry gets \$4 billion. To me, I would like us to prioritize folks not needing to be in jail because they're homeless, they have disabilities, addictions or mental health issues. I would like to see that money put into your ministry so that we can make sure that people have housing and health care.

**Hon. Michael Parsa:** All I can say is I'm very thankful to the support that our ministry gets every year because I can tell you, for a very long time, when I was looking at investments across the province, this ministry—if you go back and look at the investments—did not get the support under the previous government, it was our government. And if you look at every single year that we've been in power since 2018, we've increased investments in this ministry—a billion dollars this year, a \$600-million increase last year, \$900 million before that, another billion dollars the year before—every year.

**Ms. Aislinn Clancy:** I just think, though, that we're also looking forward. The FAO estimates what you've said is your plan. I guess while we're looking at a moment in time, that's the numbers that you've estimated for the next three years. For example, with Ontario Works, if we look back—and we have to make it measure things according to inflation—in 2016-17, so before your government came into office, Ontario Works was at \$11,589 a year. If we consider inflation, it will drop again this year, and will be at \$8,763 a year, which—I'm sorry; it's really awful to see legislated poverty worsen in these current times where we see homelessness on the rise, we see more folks losing their jobs, that's not a good number.

**Hon. Michael Parsa:** I will just say this—you asked our priority and MPP Tsao asked about the priority, too—the priority of the government is and always will be the people of this province, the 16 million that live in this province. When you talk about support for people and social assistance, it's a huge priority for our government. I'm going to tell you, when you look at successes, like having more than 44,000 people move away, that's a record number of people who are now exiting social assistance to employment. That is because of the—again, Ontario Works has and has always intended to provide short-term support to the individual and connect them with the support they need on the ground so that we can get them employment ready. That's why we invest more money in caseworkers on the ground to municipalities. We increased investments by \$57 million across the province so that caseworkers support the individual on the ground with whatever support he or she needs—housing and other supports—to connect them to employment with bigger paycheques. The numbers speak for themselves: more than 44,000 people, a record number of people exiting to employment.

**Ms. Aislinn Clancy:** I would like to actually measure how many folks, when they lose their job and they go onto Ontario Works become homeless.

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

**Ms. Aislinn Clancy:** I recently spoke with a mom. She left a violent relationship. She's couch surfing. Her kids have to stay somewhere else. She can't find anything for the amount—because she's not living with her kids, she gets \$390 a month. She can't be with her kids. She can't find a place to live, so it's hard to look for a job.

We measure some things. I'm glad you're measuring how many people find employment who are on Ontario Works. But we aren't even measuring how many people end up homeless when they lose their job—because Ontario Works is so inadequate. You have to admit, \$733 a year is not possible—it's just not possible to find housing for that amount of money.

**Hon. Michael Parsa:** There is support available. Again, this is why we want caseworkers on the ground to look at specific needs of the individual and provide them with the support. We have what's called a discretionary fund available, and it's at the discretion of the caseworkers

to municipalities for circumstances that you've just listed, so that they look at that individual—

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

We'll now go to the government side. I recognize MPP Jordan.

**Mr. John Jordan:** Thank you, Chair. It's good to see both of you. It's hard to believe summer is over.

As we approach Remembrance Day, we all have the opportunity to honour the brave men and women who served this country and defended the freedoms that we all enjoy today. Like all members of this Legislature, I have had the opportunity of attending local ceremonies, speaking with veterans and their families and reflecting on the sacrifices they have made on behalf of all Canadians. We have the responsibility to ensure they receive the support and recognition they deserve.

Minister Parsa, can you tell this committee what we are doing to support our veterans, from your ministry?

**Hon. Michael Parsa:** That's a very good question.

I'll just say, it's not just remembrance—I was at the Legion this past weekend honouring some of our—I'm a member of the Legion; I have been for almost 20 years. We were there to support some of the veterans. It's so important.

I'm so proud to be the minister of a ministry that provides support to veterans and their families through a program called the Soldiers' Aid Commission. We're the only province, actually, in Canada that provides that support in addition to what the federal government provides.

When I was there this week, I can tell you—it's just incredibly grateful to see them and to see the generosity and the kindness, the compassion that they show to every single one of us. It was my branch's 85th anniversary, and we were able to celebrate with some of the veterans. We were reminiscing about some of the members—of the past and the contributions that they have made.

I say this not just in November; I say this all the time: We have to make sure that we respect the veterans of this province and their families, who have sacrificed so much. Truly, we'll never be able to thank them for everything they've done for us, but we can try, every single one of us. We can try every single day to make sure that we appreciate them, that we respect them.

One of the ways that we're doing this work in this ministry is through the Soldiers' Aid Commission. It provides financial support to veterans and their families. In 2021—I want to give a shout-out to the then minister of MCCSS—Minister Todd Smith was in my riding, in Aurora. We expanded the Soldiers' Aid Commission—increased the funding from \$2,000 to \$3,000 annually for each veteran who had served. Before, it was only open to veterans of World War I and World War II, who had the Soldiers' Aid Commission—we removed those, and now it's available to anyone who has served in the Canadian military. When you show them the respect that they deserve, through this commission—we have a group of commissioners who review some of these inputs that are coming in, some of the feedback that we receive from

veterans. They want the support as fast as possible. They want the process to be less onerous for them. So we listened. We changed the process so that from the time of intake—before, they had to exhaust several processes before they accessed Soldiers' Aid Commission; we removed all those. We wanted to make sure that a veteran who is in need of support can access that support as quickly as possible.

I want to give a shout-out to some of the commissioners on the Soldiers' Aid Commission. They're all volunteers. They work really hard. They review these submissions. They do a great job.

**1400**

I'm incredibly grateful to be a minister who gets to work with some of these veterans. The stories they have—just incredibly intelligent, and I love listening to them. I want to actually give a shout-out to PA Lorne Coe, because PA Lorne Coe—and prior to that, PA Laura Smith—used to travel the province with me. We have visited, I think, nearly 100 Legions across the province. I have to tell you, when you sit down and have conversations with these veterans—if people haven't done it, I strongly recommend you do so. I usually have to get pulled away because I don't want to leave. I want to stay, because they just know so much. They're so knowledgeable—and the stories that they have.

So, look: Yes, 100%, the Soldiers' Aid Commission is a program that I'm incredibly proud of. We want to make sure the veterans of this province who have served and have done so much for us have the respect and have the support when they need it.

**Mr. John Jordan:** Thank you, Minister.

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

**Mr. Billy Pang:** Mr. Chair, through you to the minister: Good afternoon. It's nice to see you again in the Legislature.

In my work with young people, families and community organizations across my riding, I have seen first-hand the importance of providing children and youth with the support, opportunities and resources they need to reach their full potential. Whether it is access to nutritious food at schools, programs that help youth develop skills and prepare for their future careers or supports for young people transitioning to independence, these investments can make a lasting impact on their success and well-being. Our government has made supporting children and youth a priority by investing in programs that help them learn, grow and thrive in communities across Ontario.

Can the minister share with this committee some of the initiatives the government is delivering to help young people build brighter futures and succeed, both in and out of the classroom?

**Hon. Michael Parsa:** Thank you, MPP Pang, for a very important question.

Look, when you're in the Ministry of Children, Community and Social Services—and I've said this as a minister—children and youth may be a portion of our population today, but they're 100% of our future. So every

single one of us—myself as minister, and every single one of us here—have the duty to make sure that they have the opportunities to succeed and thrive and to be positive contributing members in their communities.

One of the ways—and you heard me referencing the YIPI program, which I will get to in a second; that's youth in policing. But prior to that, we want to make sure that part of that success also includes making sure that children and youth don't go to school hungry—that they go to school and they have the support they need to be able to thrive.

When I looked at the program when I became the minister of this ministry exactly three and a half years ago—one of the programs that we have is called a Student Nutrition Program and the First Nations Student Nutrition Program. It's a program that involves partnerships with municipalities, with charities, with philanthropy—with many partners, and the government of Ontario is one of the partners. The very first year, we increased our investments immediately in that final school year into the Student Nutrition Program and the First Nations Student Nutrition Program. We increased the funding in the program by \$1.1 million in 2023.

We went a step further. Because it's all about partnership and it's about all of us working together, we actually created a campaign and invited the—when I mentioned charities and philanthropy and others to get involved, we created a campaign called the Healthy Students Brighter Ontario campaign. When we increased the funding by \$5 million, I asked these partners—because that's the spirit of this program, as I mentioned—if they would match these funds. Well, they did. They not only matched it, but they actually surpassed the amount that they had committed to.

So, in total, we increased the funding of the program by \$5 million to provide more supports to the lead agencies—there are 13 lead agencies in Ontario—who provide these supports across the province. And the goal is very simple, MPP Pang. It's to make sure that every child and youth that goes to school does not go to school on an empty stomach. So we provide healthy snacks, breakfast and lunches to these students to provide them with the support that they need. This year, we are investing \$32.5 million. That was an increase of \$5 million. As I mentioned, that supports both the First Nations Student Nutrition Program and the Student Nutrition Program.

There was one partner missing in this, and that was the federal government. We worked together collaboratively with other partners who were involved in the Student Nutrition Program, and the federal government came also and is now a partner in this space through the National School Food Program. They are now, in Ontario, investing annually just under \$45 million as well to support this important work. So, incredibly grateful to all the partners, the philanthropy—and there are many partners who are involved, so I won't run the list because it will take a lot and I don't want to take your time. But there are many partners that support us in this important work, and I thank each and every one of them. I also thank the federal government. Together, we're talking about supporting stu-

dents that go to school. We need to make sure that none of them go to school on an empty stomach. That's the Student Nutrition Program.

The other program that I referenced in my opening remarks was the Youth in Policing Initiative. The Youth in Policing Initiative is one where we have a partnership with more than 30 police services across the province. Through that partnership—it's an eight-week program—we work with police services. They hire students to be a part of this program for eight weeks.

I have to tell you, MPP Pang, I attend the opening—so, the launch—and then there's the graduation. I always want to talk to them after the eight weeks; I want to know the impact. And it's unbelievable, the impact that they have on the lives of these young youth who are the future leaders of our province. It provides them with support. Very often, when you hear them, they say, “We never even thought of being involved in policing.” That all changes. After the eight-week program, the confidence in them is incredible. You can see it first-hand.

When you're there at first when the program is launched, of course, they're shy; they're quiet. When you go to their graduation, my goodness, it's incredible the confidence you see in them and the support that has been provided, because they're learning from some of the best. And not all of them are going to be into policing, but that camaraderie, the support that's provided to them—you can't measure it. It's incredible.

I remember my very first time when I attended, it was actually in Peel region. I want to give a shout-out to Chief Nish in Peel region. He invited me to the launch of the program. And they said to me in Peel region, “This program is a game-changer for kids. They love it. The confidence and what they learn out of this program you cannot measure.” And of course, the very first thing I did when I came back after hearing this feedback is I asked, “How do we scale this up? How do we provide more support across the province?” So we asked for more partnership with police services.

I don't know if I'm going to turn it to the ADM or deputy—if I'm not mistaken, there's 33 or 32 police service that are now partners with us in the Youth in Policing Initiative. I don't know if somebody would be able to—

**Mr. Daniele Zanotti:** I can jump in, if you wish—Daniele Zanotti, deputy minister.

I think, Minister, we are now up to 53 partners, and this year alone, under your leadership we've expanded YIPI to small, Indigenous and rural areas in 15 OPP detachments for the first time in 2026.

**Hon. Michael Parsa:** It's an incredible program. The program has been running for 20 years now, and we just surpassed 10,000 graduates from this program when I attended the last in Toronto. And again, a big shout-out to Chief Demkiw in Toronto—they have a very big program, a very large program—Chief Nish of course in Peel region, Chief Moreira in Durham region and many others. There's 30-plus, so I'm not going to name every single

person, but it's a great program. It's all about making sure that they have the supports they need.

And if you haven't gone to one of these YIPs in your ridings, please do. When you talk to the youth and you listen to them and you talk about the impact that it's had on them, it's incredible. It's very important work for the ministry.

1410

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

**Mr. Billy Pang:** I'd like to thank you for your leadership. As a volunteer of more than 40 years, I always believed that partnership with the community is "one plus one, more than two." So I appreciate what you have done for the youth and supporting their families. Thank you.

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

**Mr. Anthony Leardi:** Let's see if I can get a question in with the less time we have left over about the adoption process. With regard to accountability and oversight on the adoption process, what resources is the ministry putting towards that?

**Hon. Michael Parsa:** Very good question.

Chair, how much time do we have?

**The Chair (Mr. Brian Riddell):** Twenty-six seconds.

**Hon. Michael Parsa:** Okay. All right, well, maybe if you don't mind, we'll get back to it the next round and talk about it there, because this is a lot of work that we've done. We've just made this announcement. We are now party to more than 47 countries where we have reciprocity to better provide support to families. So if you don't mind, we'll come back and I'll talk about this a bit more.

**Mr. Anthony Leardi:** Okay.

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

We will now go to the official opposition. I recognize MPP Gilmour.

**MPP Alexa Gilmour:** Thank you, Minister, Associate Minister and all of you who are here—deputies and ADMs online—for all your support, for all your preparation today. Thank you to those of you who are at home, waiting with bated breath after you so carefully, thoughtfully, gave us all around this circle your input. It's an important day to be looking at the budget, so I'm grateful to be in this space with all of you.

I want to recognize the budget for the Ontario Autism Program, and that it has increased over the past two years from \$778.87 million last year to \$965 million. It's an increase of 24%. The question that a lot of families have on their minds, though, is where that money goes. We saw, through some freedom-of-information records in 2023-24 that less than half of the OAP spending reached children through core clinical services. I really want to stay in that space, because so many of those—you've talked about the wait-list of 71,000. They may have received pillars or not, but they are really waiting for more. I have talked to so many of them; I haven't talked to one of them that has said they're not waiting for core clinical services.

Staying in that space, Minister—this is the easy question; it's a 15-second answer. It's basically this: Of the \$965 million, how much will go to families through the

core clinical services funding agreement? I'm just looking for a dollar figure, Minister.

**Hon. Michael Parsa:** So we can talk about historically—

**MPP Alexa Gilmour:** No, now.

**Hon. Michael Parsa:** But again, you were talking about families. We can estimate as to how, but the reality is—and you know this, because we've talked about this; you've talked to families. Not everyone does require it. It depends on the needs of the individual.

**MPP Alexa Gilmour:** How much is the estimate, Minister?

**Hon. Michael Parsa:** If you don't mind, I'll just go to, maybe, ADM—is it ADM Cureton, if you don't mind? Yes. If we can talk about estimates, roughly—what we're talking about is how many will access core services.

**MPP Alexa Gilmour:** Thank you very much—just that number, please.

**Ms. Jacqueline Cureton:** Sure. Approximately 94% of the OAP budget is for direct service to children and their families. That covers both core clinical services and the other streams of support that the minister has spoken about previously, and approximately 60% of that funding is for core clinical services.

**MPP Alexa Gilmour:** Okay. Thank you so much.

Now, we've been going back and forth a little bit; my colleagues were speaking about it earlier. We know, all of us, that an allocation of spending in a budget is not the same thing as actually spending it, that an invitation to a service is not actually receiving therapy and that renewal of existing agreements is not the same thing as bringing in new children—those children who are waiting, some of them who will age out by the time they're 18.

I'm wondering if you can tell me: What did the ministry actually spend on core clinical services in 2025-26? And of this year's core clinical services budget, how much is going to be needed just to renew the existing agreements? How much is going to be left to bring children in for the first time?

So there's three numbers that I'm looking for from you or from the ADM: How much of the core clinical services is going to renew existing, how much is left to bring in children for the first time—estimates, obviously—and how much did we actually spend on core clinical services in 2025-26?

**Hon. Michael Parsa:** Okay, so there are three very specific questions.

**MPP Alexa Gilmour:** Yes, please.

**Hon. Michael Parsa:** Yes. Before I get to ADM Cureton: So the number, again—it's those who are currently receiving core service and are going through the process of renewing and staying on core service, and those who are being invited to core service, this is their first year, and who—what was the third part?

**MPP Alexa Gilmour:** I can repeat that for you: I'm looking at what did the ministry spend on core clinical services in 2025-26—

**Hon. Michael Parsa:** When you say "spend," sorry, can you clarify that? Are you talking about—

**MPP Alexa Gilmour:** What did you actually spend, not what you estimated, but what actually went—

**Hon. Michael Parsa:** She mentioned about 60% is allocated towards core service.

**MPP Alexa Gilmour:** Yes, so if we have a number attached to that for the 2025-26 year. Then I'm really also curious about what is going into next year's budget that we estimate will just renew the existing agreements—people who are already on that wait-list, that 20,000 or so folks—and how much is going to be left to bring children in for the very first time.

**Hon. Michael Parsa:** ADM Cureton, if you don't mind, I'll turn that over to you.

**Ms. Jacqueline Cureton:** Sure. Thank you for the question. What I can tell you is that the actual spending on the full Ontario Autism Program was \$814.6 million. I will need to come back to you with the portion that was for core clinical services.

With regard to your other questions about the split between those individuals who are having their contract renewed versus new invitations in—I believe you asked for 2025-26? Or is it for this fiscal year?

**MPP Alexa Gilmour:** For the one coming up in these estimates.

**Ms. Jacqueline Cureton:** For the one coming up?

**MPP Alexa Gilmour:** Yes. What's the estimate?

**Ms. Jacqueline Cureton:** We would need to come back to you on is that as well if—and I'm not sure that we could actually provide that figure for you. But we could provide it retrospectively.

**Hon. Michael Parsa:** You said 2025-26 when you meant 2026-27.

**Ms. Jacqueline Cureton:** Yes, we can do it for 2025-26 but not for previews.

**MPP Alexa Gilmour:** If it would be possible, when we're doing this written undertaking, would you also be able to—Minister, with your permission—get a full breakdown of the \$965 million? What's AccessOAP operations and administration, what's determination of needs, family navigation, service providers, workforce capacity and any other streams. Could I ask for that to be written and given to this committee?

**Hon. Michael Parsa:** You're looking at the breakdown of the \$965 million and the allocation. And again, as was mentioned, about 60% of it will typically—and again that number can fluctuate but, historically, about 60% will be for core service, then you've got the four foundational programs, as I mentioned to you. You asked for the administration costs of the program, as well.

**MPP Alexa Gilmour:** Yes, and with your permission, I'm wondering if it could just go in—so we don't have to do it here because the numbers aren't there—if those could be written and provided to us.

**Hon. Michael Parsa:** Yes, the breakdown, we can share that with you.

**MPP Alexa Gilmour:** Thank you. Perfect. Okay. I appreciate that.

I'm also looking at—every budget needs some targets. The OAP budget needs measurable targets, so how many

children do you expect will sign their first core clinical service funding agreement this year? I want to also know how many children will have an active funding agreement on March 31, 2027. What are your targets for that?

**Hon. Michael Parsa:** As many families as we can to enrol in the program, and that's part—look, it's a fact, and this is true. We want to make sure: as many families as we can. This is why if—you know we've changed some provisions, brought in the 45 days so that we can have more families accessing supports. That's the goal. More families every week being invited, and those who require core service will receive core service.

**MPP Alexa Gilmour:** Now, Minister, you and I both know that an invitation isn't therapy. I'm actually looking for the number of how many children will have funding in hand.

I can move on from that, because I don't think we've got that here—

**Hon. Michael Parsa:** It's an important question. I can answer you, if you want.

**MPP Alexa Gilmour:** Okay. How many children do you expect in the next year? What's the estimate?

**Hon. Michael Parsa:** When families are called and there is that invitation, that welcome call, from there, there's a 45-day window for them to book a determination of needs.

**MPP Alexa Gilmour:** I know the process.

**Hon. Michael Parsa:** It's a new process, actually, we implemented as of September—

**MPP Alexa Gilmour:** And you've got some changes to it.

**Hon. Michael Parsa:** Right, and so that is all, again, just to answer your question about making sure more families access the supports. That's why we implemented the 45-day window at the beginning. Now, there is room for families who have unforeseen circumstances—

**MPP Alexa Gilmour:** Chair, I'm going to respectfully just reclaim my time, because I was just looking for a number. I do know the process, and I know that there's some changes with the determination of need.

I'm wondering here, in terms of if we can skip to instead, does the ministry track how many young people turn 18 and leave the Ontario Autism Program without ever receiving core clinical services funding?

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I'm wondering specifically how many will age out this year. How many of them never got funding? Because, as we know, many of these young people waiting for services go straight onto another wait-list for developmental services, which is also this ministry's responsibility.

Does the ministry track that transition? Do we know how many children have aged out, never receiving core clinical services?

**Hon. Michael Parsa:** Again, you're assuming that they require core clinical services, right? So if they did—

**MPP Alexa Gilmour:** I'm assuming if they stayed on the wait-list, they wanted core clinical services.

**Hon. Michael Parsa:** But again, not all families do. That's a fact.

**MPP Alexa Gilmour:** I'm assuming that if they're on the wait-list and then they aged out, they missed something they vitally, critically wanted and needed, and didn't get. How many of those do we have in the system?

**Hon. Michael Parsa:** So I'll turn to ADM Cureton.

ADM Cureton, this is those who are now turning 18 and going to the DSO prior to that. Could you please answer?

**Ms. Jacqueline Cureton:** We do know that approximately 2,000 youth age out of the program each year. We can come back to you on those who may not have received core clinical services. However, I will say that they will have had access to all of the streams of the AccessOAP program—including urgent response, family and foundational supports etc.—while they have been in the program.

**MPP Alexa Gilmour:** Thank you. So, a child who registers, who waits until they're 18, never gets those core clinical services. They move on from that wait-list onto another wait-list—the developmental services.

These are children who are falling through the cracks, languishing on wait-lists that are this ministry's responsibility, and there were approximately 2,000 of them.

**Hon. Michael Parsa:** If you don't mind, can I just—I know it's your time; I know I'll be very quick. When people transition—

**MPP Alexa Gilmour:** No. I have another question, and then we can get back to it if I run out of questions, for sure.

**Hon. Michael Parsa:** Yes.

**MPP Alexa Gilmour:** I am looking at the services section—

**Hon. Michael Parsa:** Because they don't transition until—

**MPP Alexa Gilmour:** Sorry, Minister. You have just lost my train of thought here.

I'm wondering when the current core clinical services funding amounts were set? And has any minimum or maximum allocation increased since the programming began? I'll tell you why. We know that therapy costs have risen every single year since. And if those amounts haven't moved, then families are buying fewer hours of therapy every year for the same child, with the exact same needs. Will the ministry index these amounts?

**Hon. Michael Parsa:** This is why the intent is to make sure we have more families and more children or more youth accessing these supports. This is a program—and I'll repeat again—that was developed by the autism community, for the community. We implemented the key recommendations of their feedback that they provided to us, and part of that was to have those pillar programs in place, and the core service for those that require them. That's why there is that needs determination, or needs process, and interview with a care coordinator to assess the needs of that individual—

**MPP Alexa Gilmour:** Let me reclaim and re-ask it in a slightly different way: What increases in provider fees, service costs, has this ministry measured since 2022?

**Hon. Michael Parsa:** As you know, those are independent providers who are providing services. When a family's needs, when that child's needs are assessed by a care coordinator—ADM Cureton, the question is about the

support that the families are receiving upon the determination of needs. Do you understand it correctly?

**MPP Alexa Gilmour:** I'm looking to find out whether there is a maximum or minimum increase if this ministry is willing to index the amount that families are getting to inflation to account for the fact that therapy costs go up every year, but the amount that a family receives every year remains the same. Therefore, the actual hours, the actual support that a family receives decreases every year.

**Hon. Michael Parsa:** Well, the program—and I'll just start this. Maybe ADM Cureton can talk about this. This is why we make sure the profession is now sanctioned under a college to make sure that there's oversight.

ADM Cureton, would you be able to just talk about that, please?

**Ms. Jacqueline Cureton:** Yes. The individuals who provide ABA are behavioural analysts who are members of the college of psychologists and therefore regulated. Oversight is provided by that regulatory college. In addition to that, the ministry also provides a list of providers who have experience within autism and have appropriate qualifications to provide those things so families are able to find therapists who actually are going to provide quality services to them.

**MPP Alexa Gilmour:** Let me reclaim for a second and ask that question one more time—

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

**MPP Alexa Gilmour:** I have one minute? I'm going move on to a different question.

In 2024, the ministry said it supported clinicians and occupational therapies. I'm wondering who is responsible for monitoring whether there actually are enough clinicians, especially in the rural and the north. Is it the ministry or is it AccessOAP?

**Hon. Michael Parsa:** That's a great question. That's why we have the workforce capacity fund. I know we don't have a lot of time, so I'll tell you—

**MPP Alexa Gilmour:** Is it ministry or—

**Hon. Michael Parsa:** The ministry itself works with providers, and we look at feedback across the province. The workforce capacity fund does exactly that: provides support to northern Ontario, rural communities, francophone providers to make sure that they have the capacity—

**The Chair (Mr. Brian Riddell):** Thank you, Minister. We now go to MPP Tsao.

**Mr. Jonathan Tsao:** Chair, I want to jump over now to look at social assistance. In Don Valley North, we're very blessed because we are home to the Willowdale Community Legal Services team, which has been serving our residents for decades now. Actually, this month, we will see the retirement of our executive director, Joe Myers, who's been with the organization since 1993. I just wanted to acknowledge Joe here at this committee because the questions I'm about to ask regarding social assistance stem mainly from the conversations I've had with Willowdale legal services, because the work that they do is to advocate for those in our community who need the help the most. Oftentimes, they are people who are fighting to

get OW, to get ODSP, simply to have a secure means of survival.

Minister, I've noticed here, when we're looking at the estimates, OW has been kept at the same rate since 2018. Can you please provide to the committee what the government's policy rationale is for keeping the basic OW rate for a single adult at \$733 per month since 2018?

**Hon. Michael Parsa:** ADM Tsao, we have—sorry, MPP Tsao.

**Mr. Jonathan Tsao:** I don't know if that's a promotion.

**Hon. Michael Parsa:** A lot of great ADMs on screen. So, 100%, you'd be in good company.

We have two social assistance programs, and I just have to mention the two because one is intended to provide short-term support, MPP Tsao; it's not meant to keep people there. It's meant to provide them with short-term support and connect them with employment, with bigger paycheques. That's why, as I mentioned earlier, we invested more on the ground so that those on the ground can provide them with individual support so that the individual that's looking for employment can look at—for example, if there are barriers, whether it's housing and other supports that that individual needs, that caseworker on the ground now has the time to be able to support that individual and to connect them with more employment. This is why we had a record number of people exiting Ontario Works to employment with bigger paycheques.

We do have a more long-term social assistance program called the ODSP, and that program is where we increased supports for recipients by more than 23% over the last four years. We increased the earnings exemption so those who can and who are able can now work and earn up to \$1,000 monthly without it impacting their benefits.

The Canada Disability Benefit—again, we worked with the community so they can earn an extra \$200 a month from the federal government. This is in addition to the discretionary funds that are available to municipal partners who are providing these supports—essentially, the caseworker on the ground—so that they can provide them with—circumstances out of that person's hands.

All of these supports—there's long-term support and social assistance and short-term support, and we want to make sure that people who can and who are able to get connected to social assistance get the support they need and get connected to employment.

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**Mr. Jonathan Tsao:** Minister, in your mind, who is the average Ontarian who's receiving OW?

**Hon. Michael Parsa:** Those are people who are, for example, out of work short-term. They make a decision sometimes—sometimes, the decision is out of their hands—and they're looking; they're very quick to get onto other employment, but they need some short-term support in the meantime, and that's where caseworkers come in on the ground.

I think you remember when I talked about uploading some of the responsibilities. Last year when I was here, I mentioned to you that we're looking at uploading some of

the responsibilities on the ground so that caseworkers have more time. In fact, that's now their entire focus: Look at what that person needs, connect them with the supports, set them up for success and employment.

**Mr. Jonathan Tsao:** That person you're describing right now, would you say that the cost of their living to survive is the same as it was in 2018, and that's why you haven't provided any type of increase?

**Hon. Michael Parsa:** Again, the intent of the program isn't to keep people on—we do have a long-term social assistance program called the ODSP. This is to be able to connect them with short-term support, and it isn't just that. As I mentioned to you, there are the discretionary funds that are available to caseworkers on the ground to municipal partners so that they can look at individual cases and say, "This individual needs some help in this space. We need to provide them with that support." That's in addition to the funds that you're talking about.

**Mr. Jonathan Tsao:** I'm still struggling to understand what your policy rationale is for keeping OW the same rate—the exact same rate, Minister—since 2018. I hear your answer, but these aren't answers to what the government's policy or rationale is for keeping it.

We look at inflation; we see the cost of living is going through the roof. Are people on OW exempt from those types of pressures that we're all facing? Why do they not deserve an increase?

**Hon. Michael Parsa:** When you look at the support that we're providing across government, you're only referencing one program, which, as I said, was short-term. You look at minimum wage. We're the only government that not only increased but indexed the rates to inflation. As of October, the minimum wage will continue to increase.

**Mr. Jonathan Tsao:** The logic, then, is, people on OW either don't deserve or don't need an increase since 2018?

**Hon. Michael Parsa:** Oh, no. Let me just be very clear: They need and they deserve bigger paycheques, better life. That's why we want to make sure they have those opportunities—

**Mr. Jonathan Tsao:** So when do you plan to increase OW?

**Hon. Michael Parsa:** —I don't think they deserve to settle for minimum. As a minister, I want them to be set up for success. I want them to be given the tools, and when I say "I," I mean, really, on behalf of every single one of us. We should work to make sure that they have access to bigger paycheques, to better opportunities, not just the minimum.

I look to see how we as government improve success for the individuals who are accessing social assistance, and in some cases, it's very, very short-term. As I said, something happens to their employment, their scenario changes—they need some support quickly, whether it's help with résumé writing or other supports. Sometimes they've been at the same job for so long.

They do need those supports on the ground, and that's where I think the role of the caseworkers are imperative. They're so important on the ground to provide them with

the support they need and connect them with employment opportunities. That's why we have a record number of them exiting to employment.

**Mr. Jonathan Tsao:** Sure. Thank you very much, and I absolutely agree with you. I think anyone who is on OW, anyone that's supporting people with OW, anyone at Willowdale Community Legal Services will agree with you that we all want OW to be short-term. No one wants to be on OW long-term, but there's still basic minimums that people need to survive. That's the point that I'm trying to drive home right now, that people need to buy groceries. People need to be able to pay rent, and right now, OW is not meeting that demand. But I want to move on because I think we're not going to see eye to eye on this.

**Hon. Michael Parsa:** Sure.

**Mr. Jonathan Tsao:** Minister, I'm looking at the numbers here. There is a \$164-million increase in OW financial assistance, but I'm wondering here specifically how much of that number, the \$164 million in OW financial assistance, is driven by recipient volume changes versus actual administrative costs.

**Hon. Michael Parsa:** I can tell you the number of people on Ontario Works has actually reduced. We actually have less people on Ontario Works now, as I mentioned, as a result of more people connecting to employment.

I did reference the \$52-million increase to municipal partners and to those service providers. For example, we have 102 Indigenous providers who are providing services in the community to better support people; we now have not only the \$52 million and \$5 million for Indigenous social assistance providers. We did increase funding for them because we wanted to make sure that if clients are accessing supports they have them on the ground so that caseworker has time to be able to spend with them, to get them the support they need. The investment that you're referring to may be part of that. That's investing in people on the ground to help individuals who are accessing supports.

**Mr. Jonathan Tsao:** Right. The question though was of that number, what's the division here between—we're talking about actual volume changes versus admin costs. What's the breakdown?

**Hon. Michael Parsa:** The administration of OW specifically? ADM Butler, to the municipalities, I know that we did increase the support for them. Would you be able to talk about the cost of OW, please?

**Mr. Jeff Butler:** Yes. Thanks, Minister.

We spend approximately \$380 million annually on Ontario Works program delivery costs. Overall, the vast majority of our expenditures are benefits to clients of the increases that we're projecting for both Ontario Works and ODSP in 2026-27. It's a combination of factors: changes in the caseload, not just necessarily the volume of the caseload but the composition of the caseload matters too; changes in Ontario drug benefit costs are a component of our overall expenditures as well; and then on the ODSP side, obviously funding for the indexation of those benefits.

**Mr. Jonathan Tsao:** Great. Looking at the actual estimates numbers here, we can see that demand for OW and ODSP actually exceeds the funding capacity caseload—we're talking about caseload here, that capacity. I hear you saying that record numbers are leaving here, but I'm also looking at the numbers and we're seeing that these funded caseloads, capacities—the numbers here, to me, don't seem to quite jive.

I'm wondering if this is the case, the actual demand for OW and ODSP exceeds the funded caseload capacities in these estimates, how does the ministry manage that fiscal pressure.

**Hon. Michael Parsa:** So for us, those are entitlement programs. When you need support, whether it's Ontario Works or Ontario Disability Support Program, the programs are there to support the individuals. There is—and I just want to make sure—the number of people on ODSP has increased. I was only talking about the number of people on OW that decreased, yes. You're talking about social assistance as a whole, but there is a distinction between the two, as I said, but it's the number of people on OW that has decreased, not ODSP.

**Mr. Jonathan Tsao:** Okay. So, back to my question, that we're actually talking about the caseload capacity here. If I look at my numbers here that I was given, for ODSP alone we're seeing projected shortfall of about 4,000 to 5,000 ODSP cases, projected shortfall of about 50,000 OW cases. What is the ministry doing here to bridge this shortfall?

**Hon. Michael Parsa:** Well, again, for us, when individuals access those supports, they will always be here to support them.

ADM Butler, would you be able to talk about the particular supports that we're providing on ODSP and Ontario Works and the fluctuation of the numbers over the past year, please?

**Mr. Jeff Butler:** Yes, sure thing. I'll just note, as the minister said, they are entitlement-based programs and when the expenditures are different than what's been allocated, we do ask for in-year adjustments. Because they're legislated entitlement programs, we don't have the option to not pay those funds so funds are paid to eligible persons.

With respect to changes in the caseload on the Ontario Works side, in the most recent months, we've seen a year-over-year decline of about 4.3% on the Ontario Works side. On the ODSP side, in the most recent months, we've seen an increase of about 1.5% versus the same period last year. As the minister noted, the dynamics of the caseload across the two programs are different.

**Mr. Jonathan Tsao:** Great; thank you so much.

Minister, sorry, I just want to jump back to developmental services. I have an extra couple of minutes here to work with. It's because I've been dealing with a very specific case here. There's a family in Don Valley North who is experiencing a very complex case. Their son Matthew has had a developmental issue since about 12 years old. He's now 26 years old. So you can imagine the

process that his family—the roller coaster, the nightmare that they’ve been through this entire time.

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

**Mr. Jonathan Tsao:** They’re at the point now where they’re heading towards their senior years. They’re starting to experience burnout. They’re wondering what is going to happen to their son. He doesn’t fit any of the specific programs or cases that the ministry has available to him, and they’re desperate for help.

So when we’re looking at the estimates, what I’m wondering here is, with these complex developmental issues and cases, how many hours of funded daily support worker care would the ministry consider necessary to prevent complete caregiver burnout?

**Hon. Michael Parsa:** Well, you look at the needs of individuals and support the—there are experts on the ground. And I want to thank our partners—I mentioned this in my opening remarks. We need to invest in the work that they’re doing, which is why, in developmental services, we increased that investment, in the 2026 budget by \$115 million; we increased it in the 2024 budget by a hundred million dollars. These are all base increases, and they’re ongoing.

You talk about burnout. We’ve made the temporary wage enhancement permanent—

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

We’ll now go to the independent member. I recognize MPP Clancy.

**Ms. Aislinn Clancy:** Can I ask you to follow up with me on two things? Could you explore OW being indexed to inflation?

**Hon. Michael Parsa:** I will just say this to you: The intent—I will say this to you and every member here—

**Ms. Aislinn Clancy:** People lose their housing while they’re on OW.

**Hon. Michael Parsa:** I want people to have better outcomes. I want people to have bigger paycheques. I want more jobs that are coming in this province to be connected to them. And I want them to have the support they need on the ground to be connected to these supports.

**Ms. Aislinn Clancy:** I know it’s temporary, but the impact is real.

I’m going to keep it on homelessness for now. Right now, 85,000 people in Ontario are homeless; that number is set to rise to 300,000. It’s said that about 20% to 35% of the folks in shelters have disabilities. So we are seeing a gap in the supportive housing meeting the people who need it.

In the estimates, it says there’s no growth in the funding for supportive housing. In my area, there are 450 beds, but there are 900 people on the wait-list, and I have an aging population of elderly parents. It basically means you have to wait for someone to die, for your adult child to get a spot in supportive housing.

Can you explain why the budget for supportive housing for folks with disabilities is not increasing?

**Hon. Michael Parsa:** I’ll tell you right now that support has absolutely increased under our government. If you

look at housing right now, whether it’s the Reena Frankfort, for example—these are adults with developmental disabilities; this is housing specifically for them. It hadn’t been done for a long time, which is why we said, when we formed government, it was unacceptable. We have to invest in the people in this province, especially the most vulnerable. It’s why, when you look at housing, Reena’s housing project, whether it’s in Thornhill or the Frankfort centre here in Toronto—I want to thank my colleague PA Coe, who’s going to be at the ribbon cutting this week—whether it’s the Safe Hope expansion, whether it’s the Luso expansion in Hamilton, these are more units; these are homes that are coming in because we’re making investments in supportive living. We’ve increased that supportive living by more than \$900 million since we formed government. That’s a fact.

**Ms. Aislinn Clancy:** I appreciate that. I’m saying 85,000 people are homeless, and 20% to 35% of those are folks with disabilities.

Studies show that folks with disabilities are 6.5 times more likely to spend a longer amount of time in hospital.

I met a guy who was in a hospital for 10 years. Luckily, they created some special arrangement that got him out of hospital and trained him on a way to communicate so he could get support in the community. It went from, like, a million dollars a year—whatever it costs for a year in hospital—to \$40,000. I think we need more of that, because it is a bad way of spending money, when we have folks spending too much time in a hospital because there isn’t the proper supportive housing in the community.

**Hon. Michael Parsa:** I’ll say this: I know that homelessness is under the Ministry of Municipal Affairs and Housing, and—in fact, shout-out to the minister, because he increased the investment in the program by more than 40%, to \$750 million annually, to better support people.

When you look at those with disabilities, as I said to you, we’re building housing; we’re building these facilities, and we look to our partners to do more. We’re not going to stop.

I said this at the outset of my remarks: We will do everything we can, work with our partners, to make sure no one is left behind in the province. That includes every single person, including the ones you just listed.

**Ms. Aislinn Clancy:** What do I say, though? I have 90 families on my emergency wait-list. What do I say to those elderly parents who are seriously worried? They’re in their eighties—one of them has mobility issues; the other one just had a stroke—and they’re trying to parent an adult child. What do I say to that person? Because in my area, at least—maybe in other areas it’s different, but we aren’t—

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

**Ms. Aislinn Clancy:** The FAO says there’s no growth, so maybe that’s past spending. I’m looking ahead, trying to be hopeful, but I’m not seeing that.

**Hon. Michael Parsa:** But it is this year. The fact is, in developmental services—as I mentioned, these are facts—we’re now going to be investing \$4 billion in developmental services annually, more than \$1.6 billion more than

when we formed government. In developmental services alone, we increased investment through budget 2026 by \$115 million. This is ongoing funding that will continue.

In budget 2024, we raised and increased funding to developmental services by over \$100 million. In 2022, we made the temporary wage enhancement permanent to support PSWs and DSWs who are doing great work in this space. That was a \$320-million annual investment.

**Ms. Aislinn Clancy:** What I see is that your government is spending \$4 billion on jail beds and \$53 billion on new supportive housing beds. That's 1%, so to me, I look at the government putting their priority in criminalization—

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

We'll now go to the government side, and I recognize MPP Pierre.

**Ms. Natalie Pierre:** Thank you, Chair, and thank you, Minister Parsa, Deputy, and the ADMs and ministry officials who are joining us here today.

My question is for Minister Williams, actually. I just wanted to thank you, Minister, for the important work that you do, continuing to prevent and address gender-based violence and support women and families across Ontario. I also wanted just to share with you feedback from my community, specifically from the Centre for Skills Development, where funding from your ministry and your couple of visits, I think, out to Burlington to visit the women in the enhanced general carpentry program—I just wanted to thank you for that and those life-changing investments that really helped to change the trajectory of women's lives and their families' lives. It really makes an impact in my community, and so I wanted to thank you for that.

My question is really around preventing gender-based violence. Every woman in our province deserves to live in safety, free from the threat of gender-based violence. I did talk about the investment in my local Centre for Skills Development in Burlington, but can you tell us more broadly what actions you're taking and the ministry is taking to prevent and address gender-based violence and just help support survivors here in Ontario?

**Hon. Charmaine A. Williams:** Thank you, MPP Pierre, and thank you for acknowledging the investments in economic empowerment for women. That is definitely a major component to the programs that we are investing in to ensure that women can stay out of abusive relationships; that they're earning the bigger paycheque that my colleague has been saying over and over again. We want to prevent violence, and when a woman or a gender-diverse person leaves a violent situation, we never want them to go back.

Our government has been making investments in the programs and the supports and the organizations across our province that are helping women rebuild their lives. It all comes from our zero tolerance for abusive relationships—abuse and violence in all forms. We want to end these offences. We want to ensure that offenders are held accountable.

I just want to give a shout-out and thanks to Minister Parsa for encouraging the women's ministry to be creative and to input our voice in the solutions that are coming out of our government. And especially a shout-out to all who are on the justice committee who worked so hard on the report—MPP Dixon is in the room—just to say thank you. We are working to make sure the 140 recommendations—how are we going to implement them?

But I do want to take us back to 2022, when we signed the National Action Plan to End Gender-Based Violence. That was a major step that we took, where all provinces across the country reaffirmed our commitment to ensuring we are creating a strategy in our own province that is going to really target the root causes of violence. And we signed that national action plan and worked very quickly to ensure that our strategy is released and implemented.

**1450**

It was December of 2023 that we came and announced Ontario-STANDS. Ontario-STANDS is Ontario's strategy. It has a nice long acronym, but I'm sure you could look it up; I don't want to spend my time—

**Hon. Michael Parsa:** Standing Together Against gender-based violence Now through Decisive actions, prevention, empowerment and Supports.

**Hon. Charmaine A. Williams:** Wow. Thank you, Minister Parsa.

Well, one thing I do want to say is throughout the duration of Ontario-STANDS, we committed \$1.4 billion to that strategy. Some of the key investments under Ontario-STANDS are the \$98 million over three years through the call for proposals. We are supporting over 85 community-based projects that are focusing on building safer communities, stopping gender-based violence before it happens, helping survivors to recover and rebuild their lives, putting investments in prevention programs, and we are seeing the results of these investments.

I'm hearing such phenomenal stories; one coming out of Peel, because that's the region I'm in: an expansion to the safe centre network. There's now a location in Mississauga. It's a great program that is combining the support with the Peel Regional Police and multiple partners in the region that are helping women get support when they need it, when things are raw. And we are seeing a decrease in the amount of second calls into the police because families are getting the support through safe centres. We're also seeing those results in the family violence project out in Waterloo-Kitchener area.

These are investments that we've made because we asked organizations to work collaboratively, to come together, make partnerships and come with unique new solutions that we can invest in.

We also put investments in an additional \$27 million to expand shelter spaces to protect survivors of gender-based violence and also strengthened the Family Court Support Worker Program. The funding will help increase accessibility to the emergency shelter system so that, again, when women need support, they are able to access it.

One of the other pieces that I'm particularly proud of our government for doing is the provincial, regional and

local 24-hour crisis lines. I will say the number: 1-866-863-0511. That number, the Assaulted Women's Helpline—we've expanded it. We have now a dedicated line for men; a dedicated line for francophone residents, citizens; and a dedicated line for Indigenous peoples so that all people who need support are able to call that line and access it right away.

The trained people on the other line—you could also text as well. That's a part of our expansion as well, which is really great. You know, sometimes you cannot have a phone call, but you can text, you can call, and you are going to get somebody to help you.

Also, because gender-based violence is complex, there are a number of strategies that need to overlap and interact in order for us to make sure we're covering all bases. That is why we have the Pathways to Safety report. It is through the Pathways to Safety strategy we're taking action to address the specific root causes of violence against Indigenous women and girls and gender-diverse people. It was designed in close partnership with all of the members on the Indigenous Women's Advisory Council—a phenomenal group of Indigenous women who meet with us four times a year and give us very straight and honest feedback about the direction we're taking to ensure Indigenous women and communities get the support that they need when they need it.

We also have the anti-human trafficking strategy. Over \$650 million has been attached to that strategy since its inception. We went through the renewal recently for 2025 to 2030, and I've been impressed with the projects and programs that are coming out through that, especially understanding that women who've been trafficked, they need unique supports, especially if they're going into a shelter system. Women who've been trafficked don't always work well with the general population; they need more targeted, individualized supports. So there are dedicated shelter beds for women who have been trafficked across the region.

Then, also, with the additional 5% increase in transfer-payment recipients that are supporting women—that increase happened through Ontario-STANDS, and we're going to continue to make these investments because we understand how crucial it is to support a network of programs where, regardless of where a woman is in Ontario, they should be connected to resources that they need.

So I also want to give a shout-out to my ADM, Taunya Paquette, who's been an amazing ADM for the women's ministry, and I often look to her to kind of fill the gaps in my brain in case I'm missing some important information.

So, ADM Paquette, if I'm missing anything that we should be highlighting, please share.

**Ms. Taunya Paquette:** Thank you so much, Minister. Assistant Deputy Minister Taunya Paquette, ADM of the gender equity division as well as the office of women's social and economic opportunities. I'm happy, given time, to add some other content that I think is very important.

Building on what the minister had said, I think it's very important that we recognize that we are additionally, through the 2026 budget, investing \$407 million over three

years to address the increasing operational costs. I know when I'm out with community organizations, they continue to tell us that we need to support the people who are helping our women, who are helping our women and their families. And through each of these investments, we're funding local services so survivors and their families can continue to be safe and supported in their own communities, where they want to live, heal and rebuild their lives.

I want to be able to highlight for you that the government's action plan and key investments are helping women and families to be safe. We are helping to protect communities across our province. It continues to be a very big challenge, but we're continuing to make a difference.

In our shelters, they serve more than 12,000 women and their dependents each year, and the women's emergency shelters provide more than a safe space. That's the important thing. Our partners provide shelters with wraparound services like a hug, like crises counselling, safety planning, referrals to further resources and supports, and I can tell you, when I go out to visit, the clients know the support workers by name. They have become an extension of their family and it's a place where they feel safe. Those partners are doing a great job of leveraging those relationships, their skills and their services.

Through the \$407-million investment under the budget 2026, as well as the targeted \$27-million investment in shelter spaces, we're protecting the capacity in a shelter system and we're ensuring that victims of gender-based violence can access these critical services when they need them most, and, oftentimes, survivors come back and engage with service providers multiple times on their journey, and we respect and honour that each point of contact is a point of building trust. And, as Minister Williams said, under Ontario-STANDS, our \$1.4-billion action plan to end gender-based violence, we have our targeted investments that are addressing those unique needs she spoke about, of communities across the province.

I'm so proud, as Minister Williams said, of programs like Crossroads Children's Mental Health Centre, who deliver specialized mental health services as part of their gender-based violence treatment project to help youth in the Ottawa area understand and regulate their emotions, which helps them reduce violent behaviour and manage conflict; Girlz Unplugged, which is a unique 12-week school-based program that the YWCA of Muskoka helps deliver for young girls across the county's elementary schools. These girls are learning about digital safety, consent, boundaries and healthy relationships. So they've taken it into 2026. The transition interlude program at Hawkesbury offers a safe place to live, intensive supports and clinical care, tailored to women with complex needs who experience violence.

I could go on and on, but I just want to shout-out one more: the Hope and Recovery Toolkit. It was designed by the Jean Tweed Centre in Etobicoke and is empowering service providers to better recognize and respond to gender-based violence. These are just a few of the many programs that have helped out.

1500

The province has also upgraded, as Minister Williams said, its provincial crises lines. This is really important because this is the first point of contact for people facing violence. I know that when people are saying, “How do I help someone I know?”—my own mother phoned a couple of weeks ago and said, “Who do they phone?”

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

**Ms. Taunya Pacquette:** It’s a crisis line: It’s free, confidential and 24/7 in multiple languages.

I’ll turn it back to you, Minister Williams, if you have anything else to add.

**Hon. Charmaine A. Williams:** Just to add, we’ve taken all the time talking about the important work we’re doing in Ontario to end gender-based violence. We’re going to continue to do this work.

I guess, next time, next estimates, we’ll talk about how we are supporting women’s economic independence. Financial independence is the number one driving factor to why women end up going back into abusive relationships. If we can make sure that every single woman has financial independence, we are going to work our butt off to do it. Thank you.

Do I still have more time to talk?

**The Chair (Mr. Brian Riddell):** There is 11 seconds left.

**Ms. Natalie Pierre:** I’ll just add a quick thank you both to Minister Parsa and to yourself, Minister Williams. I’ve heard directly from community organizations in my riding of Burlington that they appreciate your proactive outreach, the visits—

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

We’ll now move on to the official opposition. I recognize MPP Gilmour.

**MPP Alexa Gilmour:** Thank you, Minister Williams. I, too, have seen the Red Door shelter—I was just visiting with them—and other programs that support women in transition like Sistering. I had some good conversations with the OAITH folks. There’s some really good work being done across the province. It is hard to see how many of our workers are being forced to leave that sector because they feel underpaid and undervalued.

I’m also struggling with some of the other numbers that weren’t mentioned, right? The OAITH turn-away rate: On average, shelters turn away 190 women; 68 children between April 2023 and March 2024. The average stay has gone from 80 days to 104 days.

I’m really left wondering about this ministry that keeps women and children safe while cutting \$11 million from its budget. This is at the same time that the four-year, \$162-million federal agreement for gender-based violence service ends—March 31, 2027, at the end of the fiscal year. This is also coming up to the province’s own three-year funding for rising operation costs running out. So what happens to the shelters and the gender-based violence services as of April 1, 2027? Has the Treasury Board approved provincial money to replace the federal dollars?

**Hon. Charmaine A. Williams:** I appreciate the question, MPP Gilmour. I also appreciate how committed you are to ensuring women in your communities are safe. I really do appreciate that you see this as an issue that is not political and that we all need to be working together in lockstep. We worked on a case together, and the outcomes—

**MPP Alexa Gilmour:** We did.

**Hon. Charmaine A. Williams:** —you’ve seen firsthand how challenging it is for women to navigate the system, which is why we—

**MPP Alexa Gilmour:** I’m going to reclaim, just only because I only have three minutes.

Will the provincial money replace federal dollars? What will happen to all those shelters as of April 1?

**Hon. Charmaine A. Williams:** So one thing I am very proud of: This year, when we met for the federal-provincial-territories meeting on the status of women, all provinces echoed very loudly that we need to ensure the federal government continues their commitment to the gender-based violence national action plan. It was at that FPT that the federal government announced a commitment of \$607.4 million to renew the strategy. That process is currently being negotiated with the federal government to ensure that Ontario receives a substantial amount so that we can continue doing that good work.

**MPP Alexa Gilmour:** Thank you.

So I am wondering about—shelters are 24/7 emergency services: There’s wages, there’s utilities, there’s food, insurance—all of that goes up every year. What inflation increase did violence-against-women shelters receive in their base funding? Was it zero? The shelter association asked for 3% annual indexing—not one of those sort of catch-up fees, but 3% annual indexing. I’m wondering what that would cost the ministry and whether the ministry is prepared to do that, finally, for our shelters that have been asking for it.

**Hon. Charmaine A. Williams:** I do want to remind that we did not see increases until our government took it seriously and increased funding towards shelters.

**MPP Alexa Gilmour:** What about now? What’s the plan now?

**Hon. Charmaine A. Williams:** I will turn it to Minister Parsa because he’s—

**MPP Alexa Gilmour:** Thank you.

**Hon. Michael Parsa:** It really is a privilege to work with a compassionate individual who’s so passionate about this space. Thank you for the question.

We did increase investments through budget 2026. These are base funding increases, and they’re ongoing. We increased investments through budget 2024. That was a \$5.5-million investment. And this is all in addition to our action plan, the funding that Minister Williams alluded to so eloquently—

**MPP Alexa Gilmour:** Can we index it to inflation so that shelters know how much to budget for and they’re never feeling like they’re about to fall off a cliff? These women are in desperate need, and the managers don’t know how to manage.

**Hon. Michael Parsa:** Frankly, we're investing more than—we're investing more. We are looking at where the needs are and making sure—the partnership that you alluded to—

**MPP Alexa Gilmour:** But your budget says an \$11-million cut—so how are you investing more? Your budget says an \$11-million cut to women's social and economic opportunity—an \$11-million cut.

**Hon. Michael Parsa:** The funding of Ontario-STANDS is \$1.4 billion. The funding in this space that we're talking about did increase in budget 2026. So I want to be very clear: There was absolutely no cut.

**MPP Alexa Gilmour:** What's happening on April 1, 2027? What's happening to those shelters?

**Hon. Michael Parsa:** I'm glad you asked this again. We actually increased funding of shelter beds. We announced more than 300 new shelter beds that are now coming on to be able to provide more support.

In addition to that, we supported the increase for the Family Court Support Worker Program.

**MPP Alexa Gilmour:** Can we get ongoing, sustainable funding for these shelters?

**Hon. Michael Parsa:** I can tell you right now that we will never give up on making sure that every woman, every girl, every youth in this province has the support that they need.

**MPP Alexa Gilmour:** Can we get ongoing, sustainable funding indexed to inflation that these shelters know they can count on; not one-time catch-up funding?

**Hon. Michael Parsa:** We will do whatever it takes to make sure that all our agencies on the ground—

**MPP Alexa Gilmour:** Is that a yes, Minister?

**Hon. Michael Parsa:** I tell you that the investments that you're talking about are higher than what you're asking for—

**MPP Alexa Gilmour:** Is that a yes? I would love to get that yes from you.

**Hon. Michael Parsa:** It's more than that. When we're so lucky to have Associate Minister Williams—

**The Chair (Mr. Brian Riddell):** One at a time.

**Hon. Michael Parsa:** No, it's a great question.

**The Chair (Mr. Brian Riddell):** It's a great question. I'm not disputing that, but let's have a little civility. One at a time.

**MPP Alexa Gilmour:** Thank you, Chair. I'm going to pass it over to my colleague at this point.

Thank you for your answers.

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

**MPP Lisa Gretzky:** I'm going to be asking some questions specifically around food banks and homelessness numbers.

I heard the minister's answer to my colleague down the way earlier, when he said he wants to make sure everybody is housed, he wants to make sure every child is fed and every person is fed. And yet, based on the data before us, there is a huge disconnect between what the minister is saying he wants to do and what he is actually choosing to do.

According to the FAO analysis of the available data, in 2023-24 there were 62,252 known individuals experiencing homelessness in Ontario. The FAO projects that the known—they call it the by-name list—population will increase to 88,859 people by 2028-29.

**The Chair (Mr. Brian Riddell):** Point of order.

**Ms. Natalie Pierre:** Point of order, Chair: Food banks and homelessness are out of scope for today's estimates for the Ministry of Children, Community and Social Services.

**The Chair (Mr. Brian Riddell):** I agree.

**MPP Lisa Gretzky:** If I'm able to put my question, you'll see the relevance to estimates.

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

**MPP Lisa Gretzky:** I'm getting to it, and it is related specifically to people on ODSP and OW and women fleeing violence.

From 2022-23 to 2025-26, the known population—again, by-name list—of people experiencing homelessness in a given year was 62,252 individuals to an estimated 76,741 individuals, an increase of 14,489 individuals, which is 23.3%. Chair, the relevance is that this does not account for the entire population of people experiencing homelessness. It does not capture people on OW. It does not capture people on ODSP. It does not capture women and children and individuals—

**The Chair (Mr. Brian Riddell):** Let's get into the point where it [*inaudible*] into estimates, please.

1510

**MPP Lisa Gretzky:** I'm explaining that now, Chair. I appreciate that. It does not capture women, children or anyone fleeing violence.

I would like to know if the minister or one of the deputy ministers can tell the committee how many people are experiencing homelessness that are OW recipients. Is that tracked?

**Hon. Michael Parsa:** Before I go to ADM Butler, maybe to get to some specifics—the reason that we mention that is because you're talking about specific homelessness. As my colleague mentioned, it falls under a different ministry. But I'm happy to announce—

**MPP Lisa Gretzky:** I can appreciate that, Minister. I'm asking if you track the number of those people experiencing homelessness that are not captured in these other numbers, if the ministry tracks how many people receiving Ontario Works and ODSP or those experiencing homelessness who were fleeing intimate partner violence—do you track that, those people specifically, because they're not captured through the other ministry? Under your ministry, do you track those people? If so, what are the numbers?

**Hon. Michael Parsa:** I'm going to turn it to ADM Butler, but that's the work that's being done on the ground. That's why I mentioned to you those specifics supports now with caseworkers that have the timetable. Do you remember earlier when I mentioned to you we want caseworkers to have the time to connect people to supports they need for their unique needs? That's the work that's being done on the ground.

ADM Butler, could you please elaborate?

**MPP Lisa Gretzky:** Respectfully, in response to that before it moves on to the ADM, it is not the responsibility of the workers for Ontario Works or ODSP or those working in shelters to try and track the number of people experiencing homelessness in this province.

**Hon. Michael Parsa:** That's not what I said. I said it's their responsibility to support them.

**MPP Lisa Gretzky:** It is. You said that's why you give the time—that's why you have the workers do it.

**Hon. Michael Parsa:** The caseworkers are there to help the people.

**MPP Lisa Gretzky:** I would also point out that for nine consecutive years there has been an increase in food bank use. That's your government. So I'm also wondering—that is one in three children who are accessing food banks. One in three people with disabilities are accessing food banks. One in four food bank users identified as having a job. Some of those have been moved off of Ontario Works and into employment. And there's been an 83% increase in five years of people accessing food banks. So what you are saying you want to do and what you are actually choosing to do is not reflected in the reality for the people of the province.

I'm going to expand on my question in case one of the ADMs can answer it. Do you track the number of people on OW that are experiencing homelessness? Do you track the number of people on ODSP specifically experiencing homelessness? Do you track specifically the number of people fleeing intimate partner or gender-based violence, and what are those numbers? And do you track the number of people captured in those three areas as far as accessing food banks?

**Hon. Michael Parsa:** ADM Butler, would you be able to please talk about that intake when the caseworker is sitting with a client and their needs and their requests, please—

**MPP Lisa Gretzky:** I'm asking if you track it and what those numbers are, please.

**Hon. Michael Parsa:** ADM Butler, can we go to you, please?

**MPP Lisa Gretzky:** Very specifically: if you track it and what those numbers are.

**Mr. Jeff Butler:** We do track living arrangements for clients for Ontario Works. In the most recent month, we had about 15,000 clients, or about 5.4% of the Ontario Works caseload, that report no fixed address. For ODSP, it's about 5,000 clients, or about 1.3% of the ODSP caseload.

**MPP Lisa Gretzky:** Thank you. I appreciate that. I'm going to ask now about developmental services. Do you know how many adults are currently waiting for supportive living placements?

**Hon. Michael Parsa:** ADM Cureton, if you don't mind, I'll come to you, but if—through the investments that we've increased, would you be able to talk about the Frankfort centre, the Safe Hope as well as the Luso where the supportive housing will increase, please?

**MPP Lisa Gretzky:** I would appreciate a number, if you know the number of people on a wait-list currently.

**Hon. Michael Parsa:** Those are all numbers.

**Ms. Jacqueline Cureton:** Thank you so much for the question. We do maintain a service registry number, and we do have 53,000 people who are registered for that service. However, I would just caution that individuals do register who may not be ready to actually move to supportive living at a particular point in time. It is more an indication that they're interested in that service at some point in the future.

**MPP Lisa Gretzky:** Okay. So those are people that have registered, and I appreciate that you're saying—

**Ms. Jacqueline Cureton:** For that service, yes.

**MPP Lisa Gretzky:** It may not be ready for that, but they've registered.

**Ms. Jacqueline Cureton:** Correct.

**MPP Lisa Gretzky:** Do you know how many adults with developmental disabilities are currently designated alternate-level-of-care in Ontario hospitals? So how many people with developmental disabilities are currently in hospital in an alternate level of care while waiting for a placement in supportive living? Do you know that number?

**Ms. Jacqueline Cureton:** That would be more appropriately directed to the Ministry of Health for that number, because they are in care of the health system.

**MPP Lisa Gretzky:** So they're not tracked through this ministry if they're in hospital because they can't get supportive housing? That's tracked by the Ministry of Health, not by MCCSS?

**Ms. Jacqueline Cureton:** Specifically if they're in hospital, you could get that number from the Ministry of Health. They may be part of the 53,000 who have registered for supported independent living, if that's what you mean.

**MPP Lisa Gretzky:** Thank you. I appreciate that and I will follow up with the appropriate ministry. According to the Ombudsman, there were actually 124 identified people in December 2024 who had been waiting and potentially have not received housing yet.

The other piece I'd like to start on, and maybe when we come around, I'll be able to build on it: When can we expect the results or the report of the third-party contracted KPMG audit that this government initiated into the children's aid societies? Because the minister previously had said it would be end of October 2025; we are now approaching October 2026. I would like to know if that report has been received by the ministry and when that will be available—

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

We'll now move on to the third party. I recognize MPP Tsao.

**Mr. Jonathan Tsao:** I'm also going to look at the child welfare system. If I may, I would actually like to give the minister an opportunity to respond to the question from my colleague.

**Hon. Michael Parsa:** Thank you for the question. It's very important work, and I said to you from the beginning

that we're not going to be rushing. We have received the report. Right now, we are in the process of providing feedback to some of the partners that are doing some of the work in child welfare. Once that's completed, the report will be made publicly available very soon. But I have seen the report.

But the intent of the report—I just want to clarify to everybody here—was never to rush a report for the sake of preparing a report. These are children and youth in care we're talking about. This was about leaving no stone unturned and making sure that their needs are reviewed to see if there are any gaps. We worked with providers—we worked with partners in this space, MPP Tsao—to see what else we can do to improve the system.

The intent wasn't to rush to put out a report. I know some people are anxious about it, and there are some people who have been wonderful at writing report after report after report. That wasn't the intent. The intent was to find out how we can do things better. It's why we have increased investments in child welfare, at a time when the number of children and youth in care has decreased by 20% and more than 45% of open protection cases have reduced. But we're investing more funding. Once that report comes out, once we have had an opportunity to share the findings with some of our partners, it will absolutely be made public.

**Mr. Jonathan Tsao:** With all due respect, Minister, it's been since 2024, so about two years, I would say. The rush isn't to receive the report; the rush is to support the children. That's where the rush is, and that's why everyone is so anxious to receive this report.

But I wanted to move on, and I'm just looking at the numbers, Minister, at the estimates. It's a pretty grim picture we're looking at, right? We're looking at children's aid societies continuing to place children in hotels, motels, hospitals due to a lack of licensed placements. We're seeing major agencies facing huge deficits, and on top of that, by 2028-29, we see real per child spending dropping to below \$2,000, looking at \$1,819.

Minister, what I'm wondering from you is how many children in the care of children's aid societies were placed in unlicensed settings such as hotels, motels, or hospitals in 2025-26 and how many are in such settings presently.

**Hon. Michael Parsa:** Thanks for the question. First of all, I will just say what you're referring to as "unlicensed" could be a youth with a VYSA that could be having an independent arrangement of their own, so I'll just say that. Let's clarify when we're talking about these settings.

But you mentioned the report once again, and, MPP Tsao, I want to be very clear with everybody here: The report was to look at ways to augment some of the work that we've done. We haven't stopped—and I've said this from day one to everybody: When it comes to child welfare in this province, we're going to do everything we can to improve the system today and we're going to go away and find out how we can do it even better the next day, which is why if you look at some of the actions that we've taken to better protect children and youth at a time—like I said, if you look at over the last 10 years, the

number of children and youth in care has decreased by 20%, but our funding has increased to \$2 billion.

**1520**

We brought in measures that have never existed before, MPP Tsao, to better protect children and youth. We have more inspectors on the ground; we're doing more inspections to better protect children and youth. We're doing unannounced inspections. We're making sure that out-of-home care providers are held accountable for their actions. We're reviewing licences and making sure that all those findings are available to the public. All of this is to make sure that children and youth are cared for.

We introduced the Ready, Set, Go Program, a program that never existed before and it covers some of the exact youth that we were talking about when you talked about unlicensed. It's children and youth that have financial support right up until their 23rd birthday, something that never existed before. They learn life skills as young as 13, up those skills at 15. At 18, they get financial support right up until their 23rd birthday for post-secondary or perhaps to join the skilled trades. That work is ongoing and we will do everything we can today and we'll never leave any stone unturned.

This report, it's just one piece of this work. There is accountability and oversight and everybody—myself and all the providers that are in the space—are always accountable, making sure that every child and every youth, regardless of their circumstances have the same opportunity to succeed in this province.

**Mr. Jonathan Tsao:** Minister, getting back to my question, again, when it comes to vulnerable youth, better is good but it's simply not good enough. The reason why I'm asking this very specific question, which has yet to be answered, is because when we have vulnerable youth in these types of unlicensed situations, we've seen how bad the result can be. I'm not talking about hypothetical situations. You know what I'm talking about. We've seen the headlines where lives have been lost due to these situations.

Minister, I'm asking a very specific question here. How many children in the care of the children aid societies were placed in unlicensed settings in 2025-26 and how many are still in such settings today?

**Hon. Michael Parsa:** I will turn to ADM Chihab to provide you with a bit more context but I will just say, again, when you referenced unlicensed, this is the youth's decision to live in a setting, perhaps with a friend. That's what you're referring to.

ADM Chihab, would you be able to expand?

**Mr. Jonathan Tsao:** Hotels, motels, hospitals—how many?

**Hon. Michael Parsa:** Children's aid societies and—

**Mr. Jonathan Tsao:** Offices, as well.

**Hon. Michael Parsa:** —and workers on the ground are the experts who are best equipped to make those decisions. They make placement decisions, not government—

**Mr. Jonathan Tsao:** All right, let's hear from one of the officials here. How many children are currently in

hotels, motels, hospitals or offices presently and throughout 2025-26?

**Ms. Linda Chihab:** Thank you very much for your question, member. Linda Chihab, assistant deputy minister of child welfare protection division.

The ministry designates the societies to deliver child protection services. They are in the best position, they have the expertise and the knowledge to be able to make informed placement decisions relating to children, and as the minister spoke to, there are circumstances where a mature youth will be residing on their own. That is an unlicensed setting. There are circumstances where you have a child with complex special needs that requires specialized equipment that will be living in an arrangement. That is considered an unlicensed setting. There are kids under the Ready, Set, Go Program where they are receiving funds to live independently. That is an unlicensed setting. It is the society's responsibility to work with youth and to make those choices. The ministry does not tell societies how and where to place children.

**Mr. Jonathan Tsao:** I'm going to reclaim my time, Chair. I'm asking a very, very, very specific question here: How many youth are in hotels, motels, hospitals or offices as of 2025-26 and/or presently? You can say you do not know.

**Hon. Michael Parsa:** MPP Tsao, before ADM Chihab comes to you, can I just say, if you don't mind, I just want to reiterate the point that the government—

**Mr. Jonathan Tsao:** Does not know.

**Hon. Michael Parsa:** —does not direct placement—

**Mr. Jonathan Tsao:** You don't know.

**Hon. Michael Parsa:** They're the experts on the ground. That's what they're there for, not elected officials, not members. We don't have the expertise. They are the ones who are best positioned to be able to provide the support on the ground.

Go ahead, ADM Chihab.

**Ms. Linda Chihab:** Thank you, Minister. I think you've covered that well, Minister, in that it is not our responsibility. It is the CAS's responsibility to make those choices on where children should be placed, and they are responsible for the oversight of these children in those homes.

**Mr. Jonathan Tsao:** Minister, I'm sorry, but with all due respect: We as elected officials, we as leaders in this province cannot simply say this is not our responsibility.

I understand the role of a CAS, but when we have vulnerable young people who are dying, who have died in care because they are in these unlicensed settings, there has to be some sort of oversight. There has to be an adult in the room who says, "This is unacceptable. I will understand what's happening. I will monitor. I will keep track, and I will do better."

**The Chair (Mr. Brian Riddell):** MPP Tsao, I appreciate your passion, but let's keep it to a civil level.

**Mr. Jonathan Tsao:** When we're talking about the death of vulnerable youth?

**The Chair (Mr. Brian Riddell):** I realize that.

**Mr. Jonathan Tsao:** I'm sorry, Chair. I apologize, but—

**The Chair (Mr. Brian Riddell):** No. You don't have to.

**Mr. Jonathan Tsao:** Okay. So, clearly, I'm not going to get an answer. I'm going to walk away from this committee meeting understanding that the government does not track this number for various reasons. We can imply our own understanding as to why the government does not track this number. And I will move on, as the government probably would like me to do. I will stop talking about this right now.

Let's move on to statutory debt. The statutory bad debt expense has increased by \$247 million—sorry; I'm still a little frazzled here from our earlier conversation—to \$354 million this year, Minister. What specific accounts or receivables make up this line item?

**Hon. Michael Parsa:** ADM Chihab, if you don't mind, could you talk about the oversight that we have and also some of the measures that we've put in place?

*Failure of sound system.*

**The Chair (Mr. Brian Riddell):** Can you repeat that?

**Hon. Michael Parsa:** Yes. ADM, would you be able to please mention and reference some of the oversights that we have in place and talk about the numbers that MPP Tsao requested, please?

*Failure of sound system.*

**Ms. Linda Chihab:** My apologies. Can you repeat the question? Because you had cut out. Is this a question for me as the ADM of child welfare?

**Hon. Michael Parsa:** MPP Tsao?

**Mr. Jonathan Tsao:** Do you want me to repeat the question?

**Hon. Michael Parsa:** Please.

**Mr. Jonathan Tsao:** Sure.

The statutory bad debt expense increased by \$247 million to \$354 million this year. What specific accounts or receivables make up this line item?

**Hon. Michael Parsa:** Yes. So you're talking about those—sorry. I thought you were still talking about child welfare.

**Mr. Jonathan Tsao:** No, no.

**Hon. Michael Parsa:** ADM Salazar, would you be able to talk about it? This is some of the work that relates to social assistance, MPP Tsao?

**Mr. Jonathan Tsao:** Exactly.

**Ms. Shella Salazar:** Thank you so much for the question. Shella Salazar. I'm the chief administrative officer and the assistant deputy minister of business planning and corporate services division.

I can say that the bad debt specifically—the statutory appropriation budget is just one component of it and the biggest driver of the bad debt would be the recoveries and the overpayments that are stemming from social assistance, particularly ODSP and OW.

**Hon. Michael Parsa:** Can we talk, if you don't mind, about some of the causes for MPP Tsao, because sometimes a person could have passed away. Would you be able to just elaborate, maybe?

MPP Tsao, would you want me to go to ADM Butler? Because he would know more.

**Mr. Jonathan Tsao:** Yes. I'd be curious to know what actual proportions we can look at, right? What's attributed to social assistance overpayment? What about recovery? What are we looking at here?

**Hon. Michael Parsa:** I know what you're looking for.

ADM Butler, would you be able to just talk about the causes and the factors when we talk about these overpayments? For example, the deaths of some of those people who are receiving, some that have—would you be able to elaborate?

**Mr. Jeff Butler:** Sure.

Social assistance overpayments occur when someone receives funding that they were not entitled to receive, and so we create an overpayment in that sense when that happens and then attempt to collect on it. There are policies in place for when we deem that the collection efforts are unlikely to be successful, and we will write down or write off a portion of that as bad debt. So that could be we're unable to locate the individual; the individual is deceased; there have not been collection efforts over a three-year period—in those cases, we will write that debt off or write it down.

In terms of the numbers, we made a change in 2025 to the accounting treatment specifically for Ontario Works overpayments, where Ontario Works overpayments would become collectible by the province. Historically, from an accounting perspective—

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

**Mr. Jeff Butler:** —they've been treated as debts deemed to municipalities, but starting in 2025, we've made a change to the accounting treatment such that those new overpayment debts are treated as debts to the province, to support our collection efforts. So part of the increase that you see is not a change in the actual dynamics of the overpayment debt, but rather an accounting treatment that reflects that it's on the provincial books rather than on the individual books of municipalities.

**Mr. Jonathan Tsao:** Thank you very much.

Chair, you can see why people would be frustrated when the government's writing off over \$350 million in bad debt, yet they're having vulnerable youth sleep in hotels, motels and offices in this province tonight. Thank you, Chair.

**The Chair (Mr. Brian Riddell):** I'm going to call a five-minute break. So, right now, it's 3:31. I want everyone back by 3:36.

*The committee recessed from 1531 to 1536.*

**The Chair (Mr. Brian Riddell):** We're back in session. Now, we'll go to the independent for five minutes. I recognize MPP Clancy.

**Ms. Aislinn Clancy:** I want to start by talking about our peanuts that are entering school. I appreciate that the wait-list for Ontario Autism Program is what it is, and I do recognize the government's expansion of it and increased investments, but one of the consequences of us not being able to catch kids early is that they end up in our school

system without any early intervention. Can you tell me what your ministry is doing to direct funding to catch kids early on?

For example, parents come to my office. Many, luckily, have the resources to get the testing—most don't—but then they're on wait-lists and their child enters the school system without getting the OAP funding, and so, their kid didn't get access to speech and language and other behaviour, ABA-type supports before starting school.

**Hon. Michael Parsa:** I would just say, the program that you're referring—thank you for the question, first of all. The OAP, the Ontario Autism Program that you're referencing, is just one of the programs. We have many programs that are rendered through the children's treatment centres across the province, and families have access to those through the CTCs, but we also have EarlyON, like the Healthy Babies Healthy Children Program, for example.

I'm going to ask—sorry, I'll go to ADM Cureton. But we have a number of programs: the healthy babies, for example, is one of the programs; the CTCs providing supports is another stream; the OAP is another. We've got children with complex, special needs funding support for families.

ADM Cureton, would you be able to talk about some of the streams and some of the supports that families have access to?

**Ms. Aislinn Clancy:** I would rather it be—

**Ms. Jacqueline Cureton:** Absolutely.

**Ms. Aislinn Clancy:** Sorry. I would rather it be targeted towards kids who have been diagnosed that are waiting—

**Hon. Michael Parsa:** That's exactly it.

**Ms. Aislinn Clancy:** —for services before school, not a broad, general—

**Ms. Jacqueline Cureton:** Thank you so much for the question. I would also like to mention, because you mentioned diagnosis, that the ministry also funds diagnostic hubs for diagnoses of autism. We provided \$10.6 million in 2025-26, which is an increase from \$5.5 million in 2020-21, and the hubs provide about 4,500 assessments each year.

In terms of the entry to school program, that is a wonderful program that I've actually seen in person and live. That's a program that's available to six months, and it's available to kids. It's a group-based, skills-building program, and it helps kids between three and six years old prepare to enter school.

**Ms. Aislinn Clancy:** Yes, I'm aware. I guess my concern is that it's not going far enough. KidsAbility in my area have laid off 60 staff members, 45 front-line workers, and it put their entry to school program in jeopardy. So I just feel like the entry to school program isn't expanding to meet the needs. We had a 900-person increase in six months of new OAP registrants, and only 11 that got services. So I just feel like it's not meeting the mark, that this area should be expanding in their funding to meet demand.

**Ms. Jacqueline Cureton:** Minister, would you like me to respond?

**Hon. Michael Parsa:** Yes, if you don't mind. But specifically, she's asking about the entry to school and the numbers to entry to school.

**Ms. Jacqueline Cureton:** Sure. In 2025-26, 3,056 children were enrolled in the entry to school program and over 12,000 have participated over time.

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

**Ms. Jacqueline Cureton:** There is not a wait-list for the entry to school program. Children may wait until the next cohort of intake, but there is not a wait-list to the entry to school program.

**Ms. Aislinn Clancy:** Yes. So perhaps could I get a commitment from you all to understand that we're missing the early intervention? When parents get an autism diagnosis, we know that early intervention means you'll have the best bang for your buck in terms of investment of services, and I'm just letting you know that it's not happening. Is there a strategy to ensure that we get early intervention for those kids who are diagnosed early with autism to get those skills right away?

**Ms. Jacqueline Cureton:** Minister, would you like me to—

**Hon. Michael Parsa:** Again, if you're looking at the OAP program only—as I mentioned, there are multiple other programs. The \$1 billion that I mentioned—

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

We'll now move on to the government side, and I'll recognize MPP Leardi.

**Mr. Anthony Leardi:** I have a question for Minister Williams, and this question arises with regard to investments that the ministry is making in getting women into the skilled trades and also into STEM. The question arises out of a discussion that I had with Carmelo Calcara, who is the training director of LiUNA. Mr. Calcara and I were having this discussion while I was at the training facility for LiUNA in the Essex region. That's why I'm asking this question.

The question is as follows: What investments is the ministry making to get women into the skilled trades? What investments is the ministry making to get women into science, technology, engineering and mathematics?

**Hon. Charmaine A. Williams:** Thank you, MPP Leardi. That's a great question.

We know that women are 51% of the population. We know, with what we're facing economically—we are at economic war right now with the US—we need all hands on deck, and all women need the opportunity and the ability to enter into sectors like STEM, like the trades, technology, clean energy. We need women to see themselves in leadership in these sectors.

Our government is committed to ensuring there are pathways for women to enter into these careers that are completely transformative. I've had the privilege of meeting with women who've gone through some of these training programs through the organizations that our ministry is funding, and we're seeing women who have left shelter and are going through the program.

I met this one woman who went into a welding program around the Scarborough area, and she said that the welding program has allowed her entry into an apprenticeship where she is getting paid to weld and get the hours she needs, because she wants to be a Red Seal. She has secured housing, is paying her rent every month and has her child finally living in a stable environment. This woman is able to purchase her own vehicle to get her to and from her job sites. So the program has been completely transformative, and that program was funded through the Women's Economic Security Program.

I'm just going to go into the three pathways that the women's ministry currently has. I like to think of the first one as the Investing in Women's Futures Program. That, to me, is the program for women who, I guess you would say, are raw.

Some women who are enrolled in this program are currently living with their abuser, but they are able to go every single week, sometimes twice a week, to the Investing in Women's Futures Program and connect with other women who may be in the same situation, but other women who are seeing themselves on the other side. They are being empowered and encouraged by their groups. They are working with their counsellors, developing safety plans so that they have an exit strategy. Some women in these programs are earning an income because they've started a business, because it focuses on entrepreneurial skills and all while having wraparound services covered for them: child care, transportation, food, you name it. All of the things that are clearing the way and making it possible for them to get through this program, so that program gets women ready to enter the workforce.

The second stream we have is the Women's Economic Security Program. Now, that program is very much like what I've just explained to you. Women in that program are in pre-apprenticeship programs, entrepreneurship, clean energy—some of the important sectors where women are under-represented, but they're going through and receiving specific training. We have a program that's offered out of George Brown that has a 98.9% employment rate in the textiles program. These women are working on machines that are creating fabrics and materials. While they're in the program, they are connected to an employer, where they're doing their job training there. Once they leave that program, they are employed—so women are employed by the time they leave the Women's Economic Security Program.

The third program is really important to me; it's a new program that we just created, called the Women's Economic Leadership and Legacy Fund. We committed \$11 million to that program. That is for women who, I would say, are on the other end. We want women who are in high-growth sectors to stay in high-growth sectors. We need women who are on their way to Red Seal, because you know when you have a Red Seal, you are then able to hire other women on the job site, right? Red Seal-trained trades are the ones who manage the job site, and so they hire the different trades that would be responsible for, say, construction for example. We want to see more women who

have Red Seal in all of the trades—Red Seal-trained. And then, there is also clean energy. And you know, with the investments that we're making in the nuclear strategy in Ontario, we need to see more women in these sectors. And then we also have technology, and technological entrepreneurship as well. And so, this program is creating networks, so that women who are in these sectors can learn from other women. Women who want or need support with navigating some of those tricky situations on the job site, they have a network they can connect to, to help encourage women to stay in these sectors.

WELL Fund also has a stream for women who have been trafficked. Women who have been trafficked, they often—in the trafficking world—have been forced to do employment not of their choice. Or, sometimes they choose, but because of how lucrative the industry could be, it's hard to get out of it. And so, while young women are being trafficked, they lose out on the opportunity to get education and training for other careers. Women, through the WELL Fund, who are going to the programs through there, who have been trafficked, are now receiving training and supports so that they can get into careers that they choose.

We're seeing great numbers from these programs. So we have the Investing in Women's Futures Program, which is job readiness; we have the Women's Economic Security Program, which is certifications and training; and then we have the Women's Economic Leadership and Legacy Fund, which I feel closes out our wonderful trifecta of women's programs, which is long-term employment in high-growth sectors, securing employment and economic development in the careers they choose.

Just to kind of go back, because I have it in my notes and I do not want to lose fact of some of the numbers: The Women's Economic Security Program and the Investing in Women's Futures Program—more than \$41 million has gone into these programs. For the Women's Economic Leadership and Legacy Fund, \$11 million has been invested in that program. We have 25 training programs in the Women's Economic Security Program. And we have, in the Investing in Women's Futures Program—I want to make sure—34 locations for that program and 12 new Women's Economic Leadership and Legacy Fund programs across the province. We are seeing significant numbers of women who are leaving these programs confident, employed, earning incomes and able to take care of their kids, making sure that when they do experience challenges, the challenges that they meet do not completely throw them off so that it makes it difficult for them to get back on their feet.

1550

I'm really excited for the direction that we're going, because again, when you focus on women's economic independence, you are building their confidence and you are building their ability to stay safe. But it also is so important to our economy. We need to see more women working, because our economy is growing, and I think it's important that we are continuing to make investments in the different streams that we have here.

But I am going to throw it over to ADM Paquette, as well, again, because I know she'll probably go into some really great programs like Minwaashin Lodge in Ottawa. We heard from MPP Pierre talking about the program in Burlington. It's phenomenal the changes that are happening in community and amongst many of the women who are engaging in these programs.

I'll turn it over to ADM Paquette to expand.

**Ms. Taunya Paquette:** Thank you, Minister, and thank you, MPP, for the opportunity.

As the minister stated, I'd like to expand a little bit on some examples. One of the examples that speaks to the work we are doing to support women in the trades is the project we are funding by the Provincial Building and Construction Trades Council of Ontario to advance women's careers in construction. This project includes delivering a tradeswomen's leadership conference and supporting anti-discrimination/anti-harassment—ADAH, as they call it—training on construction sites. We all know that behaviours form a culture, so to disrupt the culture and reframe and provide safe spaces for women to go onto those job sites is a critical piece.

Another project that focuses on women's advancement in the tech sector is Innovation Factory's project which supports women entrepreneurs in the women's health technology sector, known as Femtech. Their project includes strengthening investment readiness for 10 seed-stage Femtech companies and developing a tool box to foster inclusive workplaces that improve retention, productivity and leadership advancement for emerging enterprises.

The other stream of the WELL Fund focuses on projects that support survivors of human trafficking and help them rebuild their lives, which is very important, because when you offer a survivor an opportunity to have economic independence, then you disrupt the cycle of vulnerability for them to be victimized again.

An example is one that Minister Williams mentioned, Huronia Transition Homes in Midland. I've visited this project often, and it's a wonderful example of a wrap-around support that provides wellness, education and employment for survivors of human trafficking. It includes so many components, including group sessions, financial literacy workshops and coworking spaces. I often visit their store from their grove and purchase items that have been grown by the residents, and that's part of both the healing program, as well as an employment program.

One that Minister Williams specifically mentioned is Minwaashin Lodge, which is in Ottawa. They support survivors' employability, as well as connection to culture and community for Indigenous survivors. It's all culturally grounded, and they provide skills, training and paid work placements, with an approach grounded in cultural empowerment and healing to support well-being.

Chair, these are only a few of the innovative and effective programs our ministry supports, and they're making a real difference in the lives of women every day. Of course, none of this would be possible without our dedicated front-line staff leading this work, and we're grateful for all of

the incredible partner organizations and their staff for their dedication, compassion and expertise.

As Associate Minister Williams mentioned earlier, we are also grateful for the work of partner ministries to help promote more career pathways and increase employment and entrepreneurship opportunities for our women and girls. Together with stakeholder and community partners, the ministry will continue to work to increase women's participation in the economy and support their well-being and empower them to succeed.

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

**Ms. Taunya Paquette:** Thank you.

**Hon. Charmaine A. Williams:** Thank you, ADM Paquette.

I just want to close off. I was in Thunder Bay recently and was able to meet with some of the women at Paro. Paro is a great organization that has helped transform lives of women who are entrepreneurial.

Denise Atkinson, of Red Rock Indian Band, created two businesses: Tea Horse and Tipi Horse Connects. And that program, through Paro, has helped her connect with the market in Ontario and across Canada. She's able to ship and able to take the knowledge that she's received as well and empower other women. That's the beautiful thing about these networks that we're creating: When you plant a seed in one woman to grow an idea, to feel strong enough to make that idea grow, they share it with others. And it is so important for women in business to be able to connect—

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

We'll now go to the official opposition. I recognize MPP Gretzky, for eight minutes and 30 seconds.

**MPP Lisa Gretzky:** I'm going to be splitting that with my colleague.

I'm wondering if you can tell me how many children's aid societies are currently in deficit.

**Hon. Michael Parsa:** ADM Chihab, would you be able to talk about them?

Just in total, we've got 50 children's aid societies and 13 Indigenous societies. So you want to know out of all the 50 societies?

**MPP Lisa Gretzky:** Yes. Out of any of the children's aid societies funded by the province, how many are currently in deficit?

**Hon. Michael Parsa:** ADM Chihab, if you can talk about, please, the—

**Ms. Linda Chihab:** Thank you. Apologies—just waiting to get off mute.

Just a couple of thoughts on that: Right now, there are 50 children's aid societies. As you know, 13 of them are Indigenous and 37 of them are non-Indigenous. Any time a society has a deficit, they are supported by the ministry. Nearly half of the societies balance their budget, and half have a deficit where the ministry has come in and provided them support year over year. So just—

**MPP Lisa Gretzky:** Okay, thank you. I can appreciate that, but can I have a number? How many are currently in deficit?

**Ms. Linda Chihab:** My understanding is that there are 25 societies, if you're talking about this fiscal year. We're in September, so we have to wait until Q4 to actually know how many societies will be in deficit by the end of the year. Last year, 33 societies reported a combined deficit of \$114 million, and the ministry provided them with support to address that deficit to get them through the year.

**MPP Lisa Gretzky:** Thank you. I appreciate that. And according to OACAS, these deficits are being driven by structural underfunding, year over year, at the same time that the needs of the children and the families are actually becoming much more complex, and funding is not keeping up with that. So I would ask the minister to consider that, that you should be funding based on need.

In some cases, some of these children wouldn't enter the system at all, if the parents and the families were able to access supports and services in community.

**Hon. Michael Parsa:** Could I just answer that? Or do you have more—

**MPP Lisa Gretzky:** I want to then ask—I know that my colleague asked earlier how many children in CAS were housed in non-licensed settings, and the answer was, "The ministry does not track that," which is alarming. That's disturbing, that as the funder, you do not track how many children in your care are being housed in unconventional spaces such as hotels, offices etc.

But I'm wondering if you track the cost of that. How much of the funding that you give to CASs are then spent on these unconventional and non-licensed spaces? Do you track that number?

**Hon. Michael Parsa:** ADM Chihab, sorry, before I come to you, I just want to clarify: The youth have choices in this province. And if they choose to live in that setting, that you referred to as an unlicensed setting—which is, that's what it is—we respect them for that. In fact, we are supporting them to make sure that the youth that are living independently are supported through the financial support through the Ready, Set, Go Program.

**MPP Lisa Gretzky:** Thank you, Chair. I'd like to reclaim my time. I think it is absolutely abhorrent that the minister himself has just suggested that infants and young children—

**Hon. Michael Parsa:** I said "youth."

**MPP Lisa Gretzky:** —as young as two, three, four years old, and those underage are choosing to live in unconventional spaces.

1600

I have another question, and then I'm going to pass it on to my colleague here. It's about developmental services. I realize the government side is going to try to say that I'm out of order on this, but I will point out that this was raised this morning at 11:24 a.m. in this committee, for health estimates, and the Minister of Health chose to answer the question. So if it was relevant to the estimates in health, then it is also relevant to the estimates of MCCSS.

For months now, there have been developmental services workers on strike throughout the province. Ultimately, the buck stops with the minister, because you're the funder; you fund the employer. Many of those workers continue to have the right to a wage remedy due to the unconstitutional Bill 124 that was imposed by your government and that you supported.

So can you point to where in the estimates we find the line that factors the estimated cost of Bill 124 remedy for these workers? Where in these estimates is it factored in—the cost for the remedy to those workers?

**Hon. Michael Parsa:** Are you talking about the developmental services sector, because if you are, as I mentioned to you, the investments—

**MPP Lisa Gretzky:** I'm asking when are these workers going to get their—

**Hon. Michael Parsa:** These are independent organizations with locally elected boards—

**MPP Lisa Gretzky:** —that are funded by the ministry. And I'm asking about Bill 124 remedy.

**Hon. Michael Parsa:** You may not respect that; we do. We do fund the services, and that's why we increased their funding this year, MPP Gretzky, to record investments. I know you would know that, because it was in the budget, and you voted against it. It was in this budget of 2026. You voted against that budget.

**MPP Lisa Gretzky:** I'm going to reclaim my time because he's not answering the question.

You are the funder, and when you purposely underfund these supports and services in these organizations, they are in a position where they cannot provide the remedy that you took from these workers—not the agencies; you and your government.

So I'm asking you, where in the estimates does it show the funding for these organizations in order for them to be able to provide that Bill 124 remedy that is owed to these workers? Where in the estimates are you showing the funding that will then go to those agencies so that they can provide the remedy that is owed to those workers?

**Hon. Michael Parsa:** I referenced the investments before, but I'll do it again, by all means: \$100-million increase in budget 2024; \$115-million base funding increase in budget 2026—again, something that you voted against. These are all increases to the developmental services sector.

MPP Gretzky, we made the temporary wage enhancement permanent, which added \$320 million of annual investment to the same workers that you're referring to, that you voted against.

**MPP Lisa Gretzky:** I'd like to reclaim the time, please. I'm not getting the answer to the question, specifically to the Bill 124 remedies. So I want to give the time to my colleague for questions.

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

**MPP Alexa Gilmour:** How much time do I have, Chair?

**The Chair (Mr. Brian Riddell):** You have two minutes and one second.

**MPP Alexa Gilmour:** Okay.

This is a tough question, Minister. Minister, in May, two women in Burlington were convicted of murdering L.L., a 12-year-old Indigenous child placed with them in a system that was supposed to protect him. And in recent memory, we've heard about the tragic deaths of Jade and Neveah. The audits that the Premier ordered in 2024 are still not released. The public is learning about this system that is in crisis one tragedy at a time. In 2023, the ministry reported that 134 children connected to child welfare died; that's one every three days.

For 2024, for 2025, the minister stopped producing a summary. And yet, your ministry says that it still tracks every single death. So, Minister, how many children died in 2024? How many children died in 2025?

**Hon. Michael Parsa:** I've said this before, and I'll say it again: The death of any child in this province is tragic and deeply—

**MPP Alexa Gilmour:** I'm not looking for excuses. I'm looking for numbers.

What in this budget will keep children alive this year?

**Hon. Michael Parsa:** It's the ones that we are investing—

**MPP Alexa Gilmour:** What in this budget will prevent those deaths—

**Hon. Michael Parsa:** We will never stop investing.

**The Chair (Mr. Brian Riddell):** Comments need to go through the Chair.

**Hon. Michael Parsa:** The \$2 billion annually in child protection, the safety measures that we have brought in—

**MPP Alexa Gilmour:** Minister, how many children died?

**Hon. Michael Parsa:** —the frequency of visits, to make sure that not a single—

**MPP Alexa Gilmour:** We can't sweep this under the carpet. This is a non-partisan issue. We need to know. We need to work on it.

**The Chair (Mr. Brian Riddell):** MPP Gilmour, please make your comments through the Chair.

**MPP Alexa Gilmour:** I understand, Chair. I'm not getting any answers. We don't seem to know how many children died in 2024 or 2025, Chair.

**Hon. Michael Parsa:** It's why we brought in oversight, accountability measures that never existed. We don't want a single child, youth—it's why we've increased the investments.

**MPP Alexa Gilmour:** Chair, I'd like to reclaim the time.

I'd like to ask the minister one last time: How many children died in 2024 and 2025, and what in this budget will prevent those children from dying in the year to come?

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

This concludes the committee's consideration of estimates of the Ministry of Children, Community and Social Services. Standing order 69 requires that the Chair put, without further amendment or debate, every question necessary to dispose of the estimates.

Are the members ready to vote? Shall vote 701, ministry administration program, carry? All those in favour?

**MPP Alexa Gilmour:** Recorded vote, please.

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gilmour, Gretzky.

**The Chair (Mr. Brian Riddell):** Carried.

Shall vote 702, children and adult services program, carry?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gilmour, Gretzky.

**The Chair (Mr. Brian Riddell):** Carried.

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

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gilmour, Gretzky.

**The Chair (Mr. Brian Riddell):** Carried.

Shall the 2026-27 estimates of the Ministry of Children, Community and Social Services carry?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gilmour, Gretzky.

**The Chair (Mr. Brian Riddell):** Carried.

Shall the Chair report the 2026-27 estimates of the Ministry of Children, Community and Social Services to the House?

**Ayes**

Dixon, Jordan, Leardi, Pang, Pierre, Pinsonneault.

**Nays**

Clancy, Gilmour, Gretzky.

**The Chair (Mr. Brian Riddell):** This concludes our consideration of estimates of the Ministry of Children, Community and Social Services. I would like to thank the minister, ministry officials and staff for their time.

The committee now stands in recess until 4:30.

*The committee recessed from 1607 to 1630.*

## MINISTRY FOR SENIORS AND ACCESSIBILITY

**The Chair (Mr. Brian Riddell):** Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. We're meeting to consider the 2026-27 estimates of the Ministry for Seniors and Accessibility for a total of two hours.

As a reminder, the ministry is required to monitor the proceeding for any questions or issues that the ministry undertakes to address.

Are there any questions from members before we start?

I am now required to call vote 3501, which sets the review process in motion. We will begin with a statement of not more than 20 minutes from the Minister for Seniors and Accessibility.

Minister, the floor is yours.

**Hon. Raymond Sung Joon Cho:** Thank you, Chair. Good afternoon. Hello, everyone. First, I would like to thank the committee members for your valuable work. I would also like to thank our deputy minister, Peter Kaftarian, for his leadership, along with our ministry's executive leadership team. They provide guidance to ministry staff to accomplish our shared goals and fulfill our mandate.

It is an honour to serve the people of Ontario in my role as Minister for Seniors and Accessibility. I take this role very seriously and very personally. In 2018, Premier Ford gave me the highest honour to become Ontario's very first Minister for Seniors and Accessibility. I'm the very first Korean-born minister of any government in Ontario.

It has been my mission as minister to create a province where our seniors are looked at differently. We are not considered to be "old." It has also been my mission as minister to have people realize that everyone has a disability and that if you don't believe me, that you have a disability, well, maybe you're the one with the disability.

As a super senior who will be celebrating his 90th birthday in less than two months, I live my role and responsibility as minister for seniors, and as someone who has a disability, I live my role and responsibility as a minister for accessibility as well. Every day is a day I bring that purpose to the role as a minister.

This, along with my life experience as an elected representative to the great people of Scarborough for the past 35 years, allows me to bring that life experience to the job each and every day. Under this current climate and uncertain times, all of this and more has allowed me to do what Premier Ford asked me to do in 2018, and that is to

provide the kind of leadership that Ontario needed from my ministry and the portfolio.

Let's look at the journey that we have been on so far. Let's take a look at our ministry's program. Did you know that seniors active living centres are the most important program for seniors that the province offers? Why? Well, what I have heard and seen over the years comes down to this one conversation I had a few years ago at a seniors active living centre. A lady came up to me and said, "Mr. Cho, may I have a few minutes of your time?"

"Of course. How may I help?"

We sat down and we had coffee. She said that her seniors living centre saved her life. She told me that she had lost her husband two years earlier and that she self-isolated. She was getting depressed. Then, a friend of hers said, "You need to come to the seniors active living centre where you will see all of your friends and meet new ones." She did this and her life hasn't been the same. She began participating in all the programs, services, activities, making life so much better, and she's very happy.

That is why I was so proud to celebrate the 60th anniversary of Ontario investing in seniors' programming this year at Life After Fifty in Windsor. Sixty years ago, the PC government of John Robarts began investing in seniors' programming in what were originally called "elderly persons centres." That is why I'm honoured, under the leadership of Premier Ford, that we have increased the number of seniors active living centres from 299 to 416 across Ontario. We have increased by a hundred this past year. As well, three years ago we increased base funding from \$42,000 for operation and maintenance to \$50,000. This was the first increase in 15 years. Two years ago, we increased the base funding from \$50,000 to \$55,000, and this past year we have increased base funding from \$55,000 to \$57,000 for each seniors active living centre.

There's something for every senior with just one SALC. To me, this shows the value for the taxpayers' dollars and is a testament to the importance of seniors active living centres.

This year we are investing close to \$23 million. We are keeping seniors fit, active, healthy and socially connected close to home in their own communities. This is reducing social isolation. As we all know, social isolation is public enemy number one for seniors. When seniors come together, we are happy. We feed off of each other's energy. When we are together and happy, we are an unstoppable force.

You see, I know, as a super senior, that seniors are the most important people. I say that in all due respect to everyone else in Ontario. Why are seniors the most important people? When we were young, we were the ones who raised the families. When we were young, we were the ones who built the best province, Ontario, in the best country, Canada.

**1640**

For that, we deserve all the dignity and respect. That's the purpose I bring to my mission every day as a minister. But that's not all we are doing for our seniors. We have

doubled the funding for the Seniors Community Grant Program since the Premier appointed me. These grants of up to \$25,000 are specifically designed for local seniors in mind. And since I became minister in 2018, we have invested over \$48 million in almost 2,500 grassroots projects designed by seniors and for seniors. This past year we invested \$7 million in 325 senior-based local projects.

I know that everyone here knows about our seniors active living fairs. These fairs bring seniors together under one roof in more than a hundred communities across Ontario. They are so much fun and bring so many seniors together under one roof. As we all know, they vary in size—whatever you may be looking for in your community, that is all about all things to do with being a senior. You can see it being promoted as a seniors fair.

I want to give a huge thanks to the OACAO, Older Adults Centres' Association of Ontario. It's doing a great job and it's a tremendous partner.

These three programs are the mainstays at the Ministry for Seniors and Accessibility. The 416 seniors active living centres, the 325 seniors community grants and the over 100 seniors fairs provide something for every senior in every corner of Ontario. Is this enough? No. Will we do more? Yes. My mission as a minister is only just beginning and I look forward to bringing more exciting news for seniors in the years to come.

When it comes to creating a more accessible Ontario, my work commitment, under the leadership of Premier Ford and myself as minister to people of all abilities, is unwavering. When I was first appointed as minister, my very dear friend Ontario's former Lieutenant Governor David Onley said to me, "Raymond, the best thing that you can do is to make sure we provide good training and meaningful jobs to people with a disability." We continue to do this, and we're also doing more beyond the ministry.

As minister, I made sure Ontario was the very first province to make accessibility part of our infrastructure projects. Every new building, new retrofit must be fully accessible, and every investment in infrastructure must be fully accessible. What does this mean? It means that every one of the 15 new hospital projects being built in Ontario must be fully accessible, and there are 35 new, expanded schools opening across the province, with all of them meeting, exceeding, adhering to accessibility standards.

When it comes to investing in accessibility, Ontario has made a historic investment like never before. Over the last eight years, Ontario has invested over \$190 billion in accessibility infrastructure all over the province. None of this could happen unless our government was committed to accessibility.

This is why we launched the Enhancing Access to Spaces for Everyone Grant, or EASE Grant, this past year. This grant brought together the former Inclusive Community Grants Program and the EnAbling Change program. Each of these projects can receive funding of up to \$60,000 for small capital projects, including retrofits. These investments and so many more show our government invests close to \$2.25 million through the EASE Grant to support 47 projects.

Another way in which we are ensuring that older adults and people with disabilities have the supports they need is through the Home and Vehicle Modifications Program, or HVMP. This program provides investments in stairway lifts, wheelchair ramps, replacing bathtubs with roll-in showers, to name just a few, with an annual investment of over \$15 million—over 2,400 projects this past year—to make people's home lives more accessible this past year. Since 2018, Ontario has invested more than \$120 million to the Home and Vehicle Modifications Program.

This past July, the Premier announced \$400,000 in investment support to Rick Hansen and his foundation. This investment brings a two-day youth leadership summit for youth leaders that will advance accessibility across Ontario.

My mission to the people of all abilities across the province continues, and in many ways, we are only beginning. Aligning the Ontario building code with accessibility standards is another key initiative that we are doing to open the province up for people of all—

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

**Hon. Raymond Sung Joon Cho:** I'm almost finished, Mr. Chairman.

The journey continues. The work will never stop, and you have my commitment as minister to make sure that seniors and people of all abilities are represented.

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I would like to once again thank the committee members and my ministry's leadership team who are here to support today's discussion. I appreciate the opportunity to address you. Thank you.

**The Chair (Mr. Brian Riddell):** Thank you for your presentation, Minister.

We will now begin questions and answers in a rotation of 15 minutes for the official opposition members, 15 minutes for the third party, five minutes for the independent members and 15 minutes for the government members.

As always, remember to make your comments through the Chair. For any ministry staff appearing, please state your name and title when you are called upon to speak so that we can accurately record it.

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

**MPP Alexa Gilmour:** Thank you, Minister, for that tour of the ministry. I appreciated hearing about it all. Thank you to the deputy, to the rest of the staff that's all come out and that's sharing, and to those of you who are online who are waiting with bated breath to see if the things that you've offered to us about this ministry will get talked about today. Deep appreciation—it's a lot of work, and it's good to be here together.

I wanted to actually start around the Home and Vehicle Modifications Program. Your ministry's annual report says the Home and Vehicle Modifications Program helps more than 2,000 people each year. The program's own outcome table in that same report shows 924. I was just wondering, for clarity's sake, how many people actually received a grant last year and how many people are waiting.

**Hon. Raymond Sung Joon Cho:** Thank you for the question. The Home and Vehicle Modifications Program, HVMP, helps people with disabilities continue to live safely in their homes, avoid job losses and participate in their communities. The HVMP currently receives total annual funding of \$15.6 million to support its core operations and service delivery. This allocation comprises \$10.6 million in base funding—

**MPP Alexa Gilmour:** Chair, may I reclaim? I just want to drill down just a little bit deeper. I'm going to reclaim my time.

I'm just actually looking for two numbers in that report: How many people actually received a grant last year? How many people are waiting? I've read all of the other pieces, and that's the part I'm confused about.

So, how many people actually received a grant last year, and how many people are waiting?

The reason I'm saying that is the budget for this program is actually the same as last year while construction costs, as we all know, have gone up. The other way of saying that is, I'm wondering how many fewer families are we looking at that are going to get ramps? How many fewer families are going to get stairlifts as a result of this? We already know that last year there were people waiting. How many were waiting last year, and what does it mean that the budget is frozen and people with disabilities are going to be struggling as a result?

**Hon. Raymond Sung Joon Cho:** Thank you for the further question.

Deputy, would you like to respond to the question?

**Mr. Peter Kaftarian:** Thank you, Minister.

I'm Peter Kaftarian, deputy minister, Ministry for Seniors and Accessibility.

There definitely is more demand on the line than there is for availability. You've asked a very specific question on a number. If someone is not successful through an application process, they do have the ability to continue to seek the funding. We've actually been working with our transfer payment recipient overseer of the program to look for opportunities to provide guidance for families or individuals who have applied for the funding and not been successful. So there's clarity and communication with them on what the next steps are, how they can reapply. I'm trying to just check with my team, if I can specifically give you a number.

But if you're not successful, it's not technically a wait-list; it is more so you can continue to apply and seek the funding.

**MPP Alexa Gilmour:** So while we're waiting for that number, I'm wondering if there's a prediction on how many fewer compared to the percentage, for example, of grants. Do you have a percentage of grants that were unsuccessful or waiting last year and what that might mean given that people are going to be waiting this year and the inflation costs are going to make it that fewer people receive that grant?

**Mr. Peter Kaftarian:** Thanks for the question. I'm just continuing to see if I have the specific number. I don't know if we positioned this as a focus on who's not

successful—our focus is on who is. And then, continuing to work with applicants if they were unable to provide—

**MPP Alexa Gilmour:** Chair, I'd like to reclaim and make another suggestion. Could we have that come to us in writing, then, to the committee? Could I ask for your commitment to get us the numbers that I've just asked for? How many people actually received a grant, how many people are waiting and what the estimates for the upcoming year of people that might not receive a grant or might receive a grant would be. Could I ask for that in writing to come to committee, so we're not holding up the questions?

**Mr. Peter Kaftarian:** We can take that back to the ministry, yes.

**MPP Alexa Gilmour:** So that's a commitment to do that, go back—

**Mr. Peter Kaftarian:** I'm also happy to go back and give you the number of recipients over the past couple of years if that would be helpful.

**MPP Alexa Gilmour:** No, I want to know specifically how many were denied, because those are people who are actually waiting and struggling, and we need to figure out how a ministry that's lost \$3 million from last year to this year in its budget is going to support those individuals who are waiting. We had a wonderful conversation. Earlier, the minister was talking about—everybody would—

**Mr. Ric Bresee:** Mr. Chair, point of order. The question has been asked and answered. And at this point, the member is not asking a question but giving a speech.

**The Chair (Mr. Brian Riddell):** So the deputy minister is going to give her the numbers that she's requesting.

**Mr. Peter Kaftarian:** If I could make just one more comment, Chair. I wouldn't say we keep track of a list of who was denied. We focus on who is accepted into the program and work with other applicants so they have another opportunity. So we don't necessarily have a list of, "Here's who's not." We would know who has applied, who is successful, and then our expectation is, we work with our transfer payment administrator to work with applicants to see if they can adjust their application.

**MPP Alexa Gilmour:** Thank you. I imagine you have a number of how many people applied in a year and what percentage of those were successful. If you do, that would be great to get.

I'm going to move on to another question: How long does the average family wait between applying for home modification grants and getting approved? That's the first question. And the second part: When was the income threshold for paying part of the costs last updated?

**Hon. Raymond Sung Joon Cho:** Okay. Deputy, could you respond to the question?

**Mr. Peter Kaftarian:** I'm going to have to ask one of my ADM leads to try to answer some more. If you're going to ask more questions on this, I'm going to ask for one of my colleagues to come to the table.

**MPP Alexa Gilmour:** That's great. Yes, please.

So as you're coming up, what I'm looking for is: How long does the average family wait between applying for home modification grants and getting approved? Is it

weeks, is it months, is it days? And then, the second part is: When was the income threshold for paying part of those costs last updated?

Thank you so much for coming to answer those two questions.

**Ms. Maureen Ennis:** Good afternoon. My name is Maureen Ennis. I am the assistant deputy minister for the policy programs and strategic partnerships division, Ministry for Seniors and Accessibility.

With respect to the latter part of your question, the income threshold was last reviewed in 2024-25.

**MPP Alexa Gilmour:** Okay. And do we know what the average wait time is between applying for a home modification grant and getting approved? You see, I'm wondering about a senior coming home after a fall; they can't wait months for a ramp. Has the ministry considered fast-tracking some urgent safety modifications?

**Ms. Maureen Ennis:** The information, with respect to the average wait time, is not something that I have—

**The Chair (Mr. Brian Riddell):** Would you mind speaking closer?

**Ms. Maureen Ennis:** Of course.

**MPP Alexa Gilmour:** Thank you.

**Ms. Maureen Ennis:** The information, with respect to the average wait time, is something that I have sought information from my team, and I'm hoping that I will be able to provide a response shortly.

**MPP Alexa Gilmour:** Thank you. We'll move on while we're waiting, but I would love to have that come back if that number comes. So far, we're not getting any answers. I'm going to move on, then.

In 2024-25, this ministry was approved to spend \$185.9 million. It only spent \$162.6 million—that was about \$23 million less. Which programs went unspent, and was any of that money meant for home modifications or seniors' grants?

**Hon. Raymond Sung Joon Cho:** Okay. Thank you for the question, member. Over the last eight years, we have truly revolutionized seniors' programs in Ontario. Under Premier Ford, we have the first-ever ministerial budget for seniors and the people with accessibility needs.

**1700**

As I have said previously, our ministry and the government have made record expansions to our programs. We also created a new program to assist seniors.

**MPP Alexa Gilmour:** The \$23 million that was not spent in 2024-25—which programs went unspent? Was any of that money meant for home modification or seniors' grants? It's sort of a yes-or-no question. And then, what other programs went unspent?

**Hon. Raymond Sung Joon Cho:** I'd like to emphasize that the shortfall you mentioned is absolutely not a cut and decrease in spending. This shortfall is simply due to an undersubscription toward the seniors' stay-at-home tax credit. However, we continue to make a historic expansion to help seniors stay active and to break barriers for people with all abilities.

**MPP Alexa Gilmour:** That \$23 million that went unspent—sadly, we didn't have seniors who knew about

it, or weren't able to access it. I'm just wondering if we're talking about the—I'm actually going to rephrase and switch gears, I think.

I'm going to talk about AODA at this point. The ministry completed more than 1,800 accessibility audits in 2024, and I'm wondering if those were proactive audits, reactive audits—the word that was used was “attestation” audits. Are these referenced in the estimates? That's my first question.

**Hon. Raymond Sung Joon Cho:** It's more of a technical question, so could you respond to the question, please?

**Mr. Peter Kaftarian:** Sure, and if you like, I can answer one of your previous questions.

**MPP Alexa Gilmour:** Please do. Thank you.

**Mr. Peter Kaftarian:** The answer on processing time on applications: The application processing takes approximately five days, with decisions taking approximately 15 days from receipt of the application.

**MPP Alexa Gilmour:** So if someone has had a fall and needs a ramp, they go 20 days, on average, without being able to either leave their house, go in their house, move around without the support they need. Is there a way to urgently prioritize—has this ministry come up with a way to urgently prioritize needs of those who have a much shorter timeline?

**Mr. Peter Kaftarian:** I've been the deputy minister for about a year and a half, and I have not heard this specific question asked before.

I can tell you and commit to you that we're always looking for program improvements, how we can make the program better. We've recently been working on customer service. If there's an opportunity that we can make it better, we will definitely work with our TP partner to do that.

**MPP Alexa Gilmour:** I appreciate it.

I was trying to figure out what an attestation audit is. Are they proactive, are they reactive—the ones that are referenced in the estimates?

**Mr. Peter Kaftarian:** I'm going to call on Peter Spadoni, if he wouldn't mind coming up to the front.

The level of detail you're looking for is probably not specifically identified in the estimates book itself, but Peter would be happy to talk to you in more detail about the process.

**Mr. Peter Spadoni:** My name is Peter Spadoni. I'm the acting assistant deputy minister for the accessibility for Ontarians with disabilities division at the Ministry for Seniors and Accessibility.

To answer your question, attestation audits are reactive. We look to see if an organization submitted when they should have and how they can comply when they report non-compliance.

**MPP Alexa Gilmour:** At the start of those audits, only 67% of organizations were meeting the four basic requirements. That's down from 84% in 2019.

How many orders to comply and how many financial penalties did this ministry issue in 2024 and 2025?

**Mr. Peter Spadoni:** I can get you the information on the number of financial penalties.

One thing that I would clarify is that organizations typically do not—that they don't comply may face monetary penalties, director's orders and prosecutions. Typically, our enforcement model is trying to work with the organizations to educate them on why being AODA-compliant is important.

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

**MPP Alexa Gilmour:** I understand that. However, with 20 years of support, one in three organizations is still not meeting the basics. When does the support become enforcement and when does support for the individuals living with disability become our priority?

**Mr. Peter Spadoni:** To answer your question about the number of director's orders: There were 61 director's orders, and there were 10 orders with a penalty that were imposed. Your question about when it becomes important to take enforcement action—really, the ministry operates a progressive enforcement model. We really work with organizations in trying to educate them. We have a very big outreach and compliance function, which is our primary goal when we work with organizations; it's really to educate them about the importance of being accessible. If there is repeated non-compliance, that's when we take enforcement action.

**MPP Alexa Gilmour:** How much time do I have?

**The Chair (Mr. Brian Riddell):** Eight seconds.

**MPP Alexa Gilmour:** We're just going to let that go over to my colleague. Thank you.

**The Chair (Mr. Brian Riddell):** We'll go to the third party. I recognize MPP Smyth.

**MPP Stephanie Smyth:** It's nice to see everybody here today, and my pleasure to speak with you, Minister and Deputy Minister and all of those who work hard on this file.

I want to acknowledge some of the words from you, the minister yourself, about seniors and how you take very seriously and very personally your job being the very first Minister for Seniors and Accessibility. It is so vitally important, and I want to look at that as the context of how I'm looking at what's happening with this ministry today.

We understand that Ontario has about 3.1 million seniors 65-plus today, projected to reach 4.6 million by 2051. The 75-plus population is expected to almost double from 1.4 million to over 2.7 million. We also know that with the population exploding, essentially, and how many over 90 we're going to see, the estimates for 2026-27 fall to \$178.12 million from \$181.11 million in 2025-26, a 1.7% cut. And again, this comes as the population the ministry serves is growing very quickly. Ontario, as I said, had 3.1 million seniors in 2025, with the 90-plus population more than tripling.

So what I want to ask and I also observe is that almost every program line is frozen at exactly last year's amount:

- seniors active living centres, \$22.88 million;
- seniors community grants, \$7 million;
- seniors safety line, \$0.97 million;

—enhancing access to spaces for everyone, \$2.25 million;

—seniors strategic initiatives, \$2.19 million; and

—the Home and Vehicle Modifications Program, \$15.63 million.

That amounts to essentially a real dollar cut once you factor in inflation. In that context, Minister, I'm wondering: We have the senior population growing, but the ministry's budget is down \$3 million. How do you justify, when you talk about the importance of this ministry to you and to the people of Ontario, cutting the one ministry dedicated to seniors, while the 75-plus population is set to increase in coming years?

**Hon. Raymond Sung Joon Cho:** That's an excellent question. I agree with you: The senior population is exploding. Every day in Canada, a thousand people become seniors; that means roughly 400 people become seniors in Ontario. That's why we've been expanding our programs and services. For example, as I mentioned in my opening remarks, we had 299 seniors active living centres and today we have 416 seniors active living centres. Not only the number of senior centres; we increased base funding from \$47,000. Now it's \$57,000. So we are working really hard to meet the needs of the growing number of seniors.

As I have said previously, the ministry and the government have made a record expansion to our program. We had the seniors community grant. When we began, it was \$3 million. Today, the number is \$7 million. Not only that, we are increasing another program, combining together the Inclusive Community Grant and EnAbling Change Partnership Program, and when you qualify, you get up to \$60,000. So, we are paying more attention to how we can make communities more accessible.

1710

Deputy, do you have more to add?

**Mr. Peter Kaftarian:** Sure. Thanks, Minister. I would say, since 2019-20, the MSAA budget has increased by just over 230%. This is over multiple years. The specific change that you're referencing of the \$3 million is tied to the Ontario Seniors Care at Home Tax Credit. So this number, from the purpose of our estimates, would be an estimate from the Ministry of Finance on what the demand will be on that line. So, it's not a program reduction. We have not cut any programming. We haven't cut any transfer payment programming. It is strictly what the estimated seniors-at-home tax credit would be.

**MPP Stephanie Smyth:** Thank you. Can I ask you, then: The Seniors Active Living Centres Program budget, at \$22.88 million in 2026-27, is about \$585,000 less than 2025-26 interim spending of \$23.47 million. Is that correct?

**Mr. Peter Kaftarian:** Let me just open up the—are you referring to numbers directly out of the estimates briefing book?

**MPP Stephanie Smyth:** The Seniors Active Living Centres Program budgeted \$22.88 million in 2026—again, about \$585,000 less than 2025-26 interim spending of \$23.47 million, page 56.

**Mr. Peter Kaftarian:** While I pull up that page, I'm going to get you a quick answer. Jeffrey Graham can come up, and he'll answer that question while I'm searching for the page reference. Jeffrey?

**MPP Stephanie Smyth:** And I just want to add to that: If that's the case, the minister himself said that loneliness is public enemy number one, and I would have to wonder why there would be a cut in any kind of funding for the seniors active living centres in the province when you're so proud of its expansion.

**Mr. Jeffrey Graham:** Good afternoon. Jeffrey Graham, the chief administrative officer for the Ministry for Seniors and Accessibility.

Can I just ask you the page number that you were referring to in the estimates?

**MPP Stephanie Smyth:** I had one, page 56, and then one, page 11.

**Mr. Jeffrey Graham:** So, we shouldn't have had an allocation in our seniors active living program. We've actually increased the number of SALCs—seniors active living centres—over the last two years when we did the expansion up to—

**MPP Stephanie Smyth:** Sorry. I couldn't hear you. Could you say that again? I'm sorry.

**Mr. Jeffrey Graham:** There shouldn't be a decrease in that allocation. We actually increased the number of senior active living centres over the last two years—

**The Chair (Mr. Brian Riddell):** Can you speak closer to the mike, please?

**Mr. Jeffrey Graham:** Sorry. Do you want me to repeat my—

**MPP Stephanie Smyth:** Yes. Sorry. One more time for everyone.

*Interjection.*

**Mr. Jeffrey Graham:** Oh, sorry. I thought you were going to repeat your question. Sorry.

**MPP Stephanie Smyth:** So you're saying that this is not the case then? It's not \$585,000 less than 2026-25 interim spending of \$23.47 million?

**Mr. Jeffrey Graham:** For 2024-25, we had an allocation of \$16.5 million in the seniors active living program that allowed for the increase of the number of SALCs across the province to 413. And 2025-26 was also a \$22.9-million allocation. That was to maintain the number of the 413 SALCs across the province.

**MPP Stephanie Smyth:** I've heard from, just recently, SPRINT in my riding of Toronto—St. Paul's, where they say there is a zero base increase in funding and they desperately need more funding to do more. Their programs are incredible. One example is they don't have the capacity to help seniors with resources like access to food. They also said that there have been cuts to Meals on Wheels programs; they've had to partner with Sunnybrook for that.

And there is also transportation. Toronto Ride is funded to address seniors' transportation needs. But the funding does not cover vehicles, Minister, so SPRINT has to fundraise. And thank goodness for the Rotary Club. Thank

goodness also for some Trillium dollars, but the Rotary Club is a key factor there.

So, Minister, how would you address this situation for seniors when programs like SPRINT, which do incredibly important work, as you know, aren't there to help seniors access certain programs?

**Hon. Raymond Sung Joon Cho:** Thank you for the question.

This also enables the government to include base funding for the existing SALC programs by 10%, up to \$55,000 per program. Since the investment, 100 new SALC programs have been approved, increasing the total number of SALC programs across the province to 416. This expansion enhances access to services to seniors in underserved communities. In 2026-27, SALC programs have a target to serve more than 300,000 seniors annually across the province. Since 2018, Ontario has invested \$150 million in SALC programs.

Would you like to add some more, Deputy?

**Mr. Peter Kaftarian:** Sure. Thanks, Minister.

I know there is lots of demand, and we do meet, and we are constantly updating our guidelines and looking for ways to improve. Most recently, we did increase from \$50,000 to \$55,000, so we were able to add additional money.

If there's a way we can look at our guidelines and look at flexibility, of course, we would look at it for these SALCs. They're very important. I think I've actually visited the SALC in your riding.

But it has gone up. Jeffrey has referenced the growth over the years, so we are trying to invest more in the program.

**MPP Stephanie Smyth:** Thank you.

The 2025-26 interim expenditures for policy program and strategic partnerships was about \$17.5 million less than the 2025-26 estimate. Can you tell this committee which programs underspent, Minister, and why?

**Hon. Raymond Sung Joon Cho:** Well, I thank you for the question.

Since the question is more technical, Deputy, would you like to respond?

**Mr. Peter Kaftarian:** Well, thank you, Minister. We'll go right to our CAO, who is at the table, still.

**Mr. Jeffrey Graham:** Give me one minute to find that section.

**Mr. Peter Kaftarian:** I would say, just as Jeffrey is pulling up the details, one of the main reasons is the seniors at home tax credit. Again, these are not program reductions or grant changes. The main driver, when you see some of these swings, is forecasted demand on the seniors at home tax credit.

**MPP Stephanie Smyth:** Okay.

**Mr. Jeffrey Graham:** I agree with the deputy. The decreases in or the fewer funds allocated from year over year was due to the tax credit. We have not reduced any transfer payment programs.

**MPP Stephanie Smyth:** Thank you.

I wanted to ask another question that the minister spoke about, and that was loneliness. We know that, as you said,

isolation is public enemy number one. We know that there's a study in Georgia—and there have been many studies in the American Journal of Public Health—that found chronic loneliness among older adults was associated with increased physician visits, suggesting that addressing social isolation could also help reduce pressure on our health care system.

We know how important they are. I appreciate all the programs that are in place and the wonderful work they are doing and wish we could have millions more for these programs. My question is whether, Minister, you are open to a province-wide strategy that would bring all these efforts together, establishing measurable targets and specifically looking at the prevention of loneliness. Is that something your ministry would pursue, working with the health ministry and seniors and accessibility? Because we know that loneliness is a health issue—not just emotional, but it's a physical health issue.

**Hon. Raymond Sung Joon Cho:** Thank you very much for the excellent question. Seniors are so important for the success and health of our province. Seniors are the ones who built Ontario's great foundation.

Our strategy for seniors is simple: We are empowering seniors to stay active, fit, healthy and to live in their own communities.

1720

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

**Hon. Raymond Sung Joon Cho:** If I may, before COVID-19, approximately 80% of seniors wanted to stay home. After COVID-19, more than 95% are anxious to stay at their home in their community as long as possible. That is why we've been increasing so many programs and activities so that seniors—

**MPP Stephanie Smyth:** So you would support working together with other ministries to deal specifically with loneliness?

**Hon. Raymond Sung Joon Cho:** Could you respond to that?

**Mr. Peter Kaftarian:** Thanks, Minister. Part of what's exciting about working in this ministry is, every day, we work with other ministries. So if there is something to tackle—I personally work with and speak to the Deputy Minister of Health almost every day. So if there are ways that we can work with the Ministry of Health or Ontario Health to look at ways we can look at our existing programming and expand the programming—

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

We'll now move on to the independent member. MPP Clancy, please go ahead.

**Ms. Aislinn Clancy:** I want to thank Minister Cho for coming today and all the staff in the ministry for making time.

You said something in your speech, and I just want to draw attention to it because it struck me as odd. You said, if you don't think you have a disability, you're the one with a disability. Can you tell me what you mean by that? Because there's 2.9 million Ontarians who have disabilities, and I wouldn't want to minimize their experience.

**Hon. Raymond Sung Joon Cho:** Could you respond to the question?

**Ms. Aislinn Clancy:** Why would he say that?

**Mr. Peter Kaftarian:** It may have been within language around—you may not be able to always see an individual who has a disability. Sometimes disabilities could be hidden from the ability to see someone with a disability. That's what I believe the minister was saying.

**Ms. Aislinn Clancy:** Okay. I think maybe next time, be careful with words. I don't want to minimize folks with disabilities' experiences.

**Mr. Peter Kaftarian:** Yes. Thank you.

**Ms. Aislinn Clancy:** Now, we have missed the deadline for the AODA, and there hasn't really been a lot of fanfare or revisiting of a multi-year plan to achieve the AODA standards. Where are you at with creating a new target and an actual plan to meet the AODA recommendations?

**Hon. Raymond Sung Joon Cho:** Thank you for your question, member. As minister, I'm very proud that this government is fully committed to breaking down accessibility barriers. This is because a more accessible Ontario means a more prosperous Ontario. This government's decision to build, shown by our record investments in accessible transit and accessible infrastructure, has made Ontario more accessible than ever before.

**Ms. Aislinn Clancy:** Can I ask you, sir: Do you have a plan and when will you meet that target, though?

**Hon. Raymond Sung Joon Cho:** Deputy, could you respond to that?

**Mr. Peter Kaftarian:** Sure. The AODA is about identifying and removing and preventing barriers for people with disabilities, and we are making progress. Since the AODA was passed, the government received input from standard development committees comprised of representatives from the disability community, businesses and other internal and external stakeholders. These standards have helped move Ontario forward. There's a series of recommendations and advice to government and a series of projects that have been identified, and our work with other ministries are helping advance some of the principles of what was put in the AODA. But I would say it's ongoing work, and this is the work of this ministry that we are continuing to work on every day.

**Ms. Aislinn Clancy:** I'll give you an example of where I think the gap might lie. I have a family in my riding whose child has a disability, and because her apartment is not accessible, she's going to lose the ability to care for him. What are you doing to help families right now retrofit their homes so that they can parent their children?

**Hon. Raymond Sung Joon Cho:** Well, the Accessibility for Ontarians with Disabilities Act, 2005—AODA—is about identifying, removing and preventing barriers for people with disabilities. We are making progress.

**Mr. Peter Kaftarian:** We do have the Home and Vehicle Modifications Program.

**Ms. Aislinn Clancy:** Is that only for seniors?

**Mr. Peter Kaftarian:** No, it's not just for seniors. It's a program that has just over \$15 million in funding, and

we were able to increase the budget. It was originally \$10 million, and it's grown up by another \$5 million to \$15.6 million. Eligible individuals can receive grants up to \$15,000 to modify the home and/or vehicle. And in the last fiscal year, there were 2,400 grants that were provided.

**Ms. Aislinn Clancy:** I do want to say thanks. My Rockway Centre is a seniors active living centre, and they were grateful to get the money.

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

**Ms. Aislinn Clancy:** In Waterloo region, we had a doubling of homeless seniors in one year. I had a woman who was renovicted at the age of 91, and she died three months later. What are you doing to combat homelessness in our senior's population?

**Hon. Raymond Sung Joon Cho:** Thank you for the great question, member. As I always say, seniors are the most important people. Seniors are the ones that build the strong foundation that makes Ontario so great. As a government, we have stood up for senior taxpayers every step of the way. Let me start by saying that our government is the only one in recent history—

**The Chair (Mr. Brian Riddell):** We will now move on to the government side and I recognize MPP Jordan.

**Mr. John Jordan:** Thank you, Minister, for your presentation and telling us about the many ways your ministry has revolutionized and expanded programs for seniors and people of all abilities. In my role as parliamentary assistant to health and to long-term care, I know the importance of keeping seniors active, both physically and mentally. We know that social interaction is a very important determinant of health. When we think about health care, we often think about medical treatment, hospitals and long-term-care facilities, which are extremely important. However, I think your ministry's programs are so important in that they are actually a form of proactive help for seniors, helping us move upstream in the health care services.

I want to thank you for the seniors activity centres that you have funded in my riding. I've seen first-hand how senior community grants, for instance, keep seniors socialized and connected to a community. This helped seniors stay healthy for longer. Speaking of senior community grants, I'm thankful that seven groups in my riding of Lanark–Frontenac–Kingston received this grant. Thank you for visiting the riding and travelling to places like Lanark Highlands and Robinson Lake—a little bit out of the way, but I appreciate you coming. Looking at these groups, they're all so unique—

*Interjection.*

**The Chair (Mr. Brian Riddell):** Point of order.

**MPP Alexa Gilmour:** Thank you, Chair. I was wondering if the member across the way has a question or if this is just a speech.

**Mr. John Jordan:** Well, hang on, you'll find out.

**The Chair (Mr. Brian Riddell):** You're moving towards a question?

**Mr. John Jordan:** Absolutely.

This includes our important veterans' groups as well. Could you tell us how your ministry and our government's

historic expansion of the Seniors Community Grant Program has not only increased the number of groups that received funding but how it has broadened the scope of groups that are able to help seniors?

**Hon. Raymond Sung Joon Cho:** Thank you, MPP Jordan, for the excellent question. I would also like to thank you for the great work that you do for seniors in your riding and in your role as a PA to health and long-term care. You are 100% correct in saying that our ministry plays an important role in keeping seniors healthy, taking the burden off the health care system. One of the many ways we do this is by keeping seniors healthy through seniors' community grants, or SCGs. You also made a very important point when you said that our government's expansion of the SCG Program has brought the program to every corner of the province.

Firstly, since our government has come into power, we have more than doubled the annual funding for SCGs. When we started, annual funding was just \$3 million. Now, SCG receives \$7 million every year. This is a record expansion of the program. This year, over 320 local groups all across Ontario received a seniors community grant. Our government's record expansion of the program has enabled a much more diverse set of communities, municipalities and groups to receive the grant. This is why seniors in rural communities like yours are able to get so much more access to senior communities through this grant.

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Let me talk about some unique ways SCGs are helping seniors in your riding.

First, let's look at the Kennebec area seniors' group. One of the things that seniors often struggle with is not having access to resources within their own community. Thanks to their seniors community grant, the group will now be able to inform seniors of local resources they can utilize. This is one example of how SCGs are not just about being active but how they can reach better health and better community living.

As you mentioned, SCGs that go to veterans' groups are a very important aspect of this program. I'd also like to highlight that Royal Canadian Legion Branch 425 will now be holding a monthly seniors and veterans day. This is thanks to their SCG funding. This day will provide veterans with the opportunity to socialize and connect with fellow community members. The day will also be educational because the Legion will bring in seniors' health and fitness experts to help veterans improve their health.

These are just two of the many seniors community grants in your riding. I think this demonstrates that because our government has more than doubled funding for SCGs, we are able to expand these services. We've been able to expand from social activity for seniors to informing seniors and health resources. We have been able to expand from urban to rural communities like yours. We've been able to expand the grassroots organizations that have special connections with seniors.

Thank you, MPP Jordan, for the great work you do for seniors. I'm looking forward to visiting soon.

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

**Mr. Anthony Leardi:** Minister, I'm going to ask you a question about investments that your ministry has made.

I'm going to start by reminding you that you came to my riding this year to mark the 60th anniversary of seniors active living centres. That was an important milestone—60 years of seniors active living centres. There were a lot of seniors there that day who helped us celebrate. These seniors communicated directly with you and they told you how important these centres were in their personal lives, and they brought their friends and their relatives to celebrate with us. We went specifically to Life After Fifty, which was the very first seniors active living centre to get funding from the provincial government. That's quite a remarkable milestone.

I'm here today with MPP Jordan. He and I are the parliamentary assistants to the Minister of Health, and we have repeated what you say often: that social isolation is public enemy number one. That is why it is important for us to keep seniors active and connected, and that's why it is so important for us to continue investing in the seniors active living centres.

That brings me to my question. Your ministry has introduced a remarkable expansion of the number of seniors active living centres—a record number of seniors active living centres. In particular, in my riding of Essex, we have had an expansion of seniors active living centres in our small towns, including Amherstburg, LaSalle, Lakeshore and Kingsville.

I want to ask you if you will tell us about the investments that your ministry is making in seniors active living centres.

**Hon. Raymond Sung Joon Cho:** Oh, thank you, MPP Leardi.

I remember when I came to your beautiful riding last May to celebrate 60 years of seniors active living centres, also known as SALCs. When I came to your riding, I recall that the seniors there were so happy, so friendly and, as I said, full of life. I think I had a better time than all the seniors when I visited your riding.

Let me say that this is not only a reflection of our record expansion of our SALC and SCG Program, but it is also a reflection on how well you advocate for seniors in your riding. I saw that all the seniors—everybody loves you because you're working so hard for them. The seniors said to me they love you in your riding, so thank you for your great work.

Now let me reflect on our expansion of SALCs and how this has transformed the program. Sixty years ago, Premier John Robarts's PC government launched what was known as the elderly persons centres. By 2018, there were 299 centres throughout the province. Today, I'm proud to say that we are expanding to 416, and this was the largest single expansion in the program's 60-year history.

Not only did we expand the amount of SALCs, we also expanded base funding for each SALC from \$42,000 to \$55,000. This record expansion has two major benefits. The first is that it allows SALCs to reach areas of the

province where seniors have a more difficult time connecting with others, specifically referring to rural communities and the northern communities where it is not as easy to get around.

Thanks to our expansion from 299 centres to 416, seniors in these communities can now stay connected to their community. In many of these communities, SALCs are the only social activity hub in the entire area.

The other benefits come from our increased annual base funding for every SALC; increasing funding to \$55,000 helps SALCs increase their sports, activities, social programming. It also helps a SALC move toward connecting seniors to health resources and community resources that will improve their everyday life.

I'm so proud that it was a PC government that started this program and I'm also proud that it was our government that expanded it. Thank you.

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

**Mr. Billy Pang:** Minister, it's good to see you again. I think you still remember the other day in July you visited my riding. You may already be aware that my riding is a very diverse riding. When I first got elected eight years ago, about 55% of the population in my riding was a visible minority. Now, it's over 70%. It's not only diverse, but many of them are getting older.

As Ontario's senior population is growing every single day and our province becomes increasingly diverse, the need for culturally appropriate and inclusive communities is growing as well. We know that seniors are healthier and happier when they are able to stay connected to their families, neighbours, cultures, languages and communities. We also know what dignity, respect and community mean. It can look different across Ontario's many cultures.

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So, Minister, how is Ontario preparing for the increasing diversity and cultural complexity of our senior population to keep them connected and supported in the communities they call home?

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

**Hon. Raymond Sung Joon Cho:** Thank you, MPP Pang, for this very relevant question.

As a Korean Canadian and as a super senior myself, I know how important culturally appropriate communities are to our seniors. As you mentioned, creating communities where seniors can age with dignity requires an understanding of different cultures, languages, traditions and needs.

Our government understands the importance of cultural diversity for seniors across Ontario. This is exactly why we made a record expansion—

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

I will now go to the official opposition. I recognize MPP Gilmour.

**MPP Alexa Gilmour:** Thank you, Minister. I want to talk about the Eglinton Crosstown and Finch West subway station. This is a yes-or-no answer; real short, and then I'll go on to a different question. Before the Eglinton Cross-

town and Finch West stations were built, did this ministry review their designs for accessibility, yes or no?

**Hon. Raymond Sung Joon Cho:** Well, the senior population—

**MPP Alexa Gilmour:** Just looking for a yes or no, and perhaps if you don't know, we could move to the deputy or the ADM.

**Mr. Peter Kaftarian:** Hi. Thanks for the question. The short answer would be this ministry has been in existence since 2018, so those would have been planned for prior to that time.

I would offer that we have set up a new Accessibility Infrastructure Secretariat in our ministry, led by an ADM. That has been set up this year and is going to start to work on public projects and looking at accessibility features when there are builds on the go.

**MPP Alexa Gilmour:** Okay. Then you're saying that your own expert committee, which recommended that no ramp rise more than 2.5 metres, didn't approve the Finch West ramp, which rises more than three metres and has no elevator.

**Mr. Peter Kaftarian:** That's something I can't comment on, that specific example.

**MPP Alexa Gilmour:** I mean, if your experts didn't approve it, who did approve that?

**Mr. Peter Kaftarian:** These would have been approved by whatever the applicable rules of building code would have been at that point in time.

**MPP Alexa Gilmour:** And the ministry in the last eight years didn't catch that?

**Mr. Peter Kaftarian:** I can't comment on that specific example. I can comment on what we're doing on a path forward where we have set up this new secretariat within our ministry.

**MPP Alexa Gilmour:** In the case of Metrolinx—Metrolinx says that it consulted with people with disabilities. I'm just wondering what happens in your ministry when their advice is overruled—

**Mr. Ric Bresee:** Mr. Chair, point of order. This is an estimates committee meeting with regard to the Ministry of Seniors and Accessibility, not an estimates committee meeting with regard to the Minister of Transportation, which is where Metrolinx lies and the project that the member is referring to.

**The Chair (Mr. Brian Riddell):** I agree. Please continue.

**MPP Alexa Gilmour:** Of course, but as we know—and we're going to be getting to that vote in a minute—the Ministry for Seniors and Accessibility offers policy advice to other ministries, and so I was looking for an answer from the ministry that would have advised it. For example, at one of the stations that's been opened along that line, riders have now been taking to social media and writing to Metrolinx to report on elevators and automatic doors—

**The Chair (Mr. Brian Riddell):** MPP Gilmour, please keep it to estimates.

**MPP Alexa Gilmour:** I will; I'm looking to the policy—don't worry, I'll be getting there—for wheelchair users, and that means that the station is closed to them. So

I'd like to know if this ministry would support an independent accessibility audit of Line 5 and 6 in their capacity, in their estimates.

**The Chair (Mr. Brian Riddell):** Okay.

**MPP Alexa Gilmour:** Thank you.

Would this ministry support an independent accessibility audit of Line 5 and 6?

**Hon. Raymond Sung Joon Cho:** Would you like to respond to that question, Deputy?

**Mr. Peter Kaftarian:** Sure, Minister, thank you.

That's something we're going to have to take back. We'll take that back.

I could get our ADM who is responsible for our newly set-up secretariat to come and talk about some of the things we're working on if you'd like to hear it, but that request you have, we will have to take that back.

**MPP Alexa Gilmour:** Great. So I would love to have it on the record that we'll get an answer from the ministry about whether they support an independent accessibility audit of Lines 5 and 6, and I would love to take you up on that offer to learn more with your new ADM in the future.

I would love to tell you a little bit about—and this leads into a question that's strictly related to the ministry. Access to Success is a Toronto accelerator for companies creating innovations with people with disabilities, and innovations like these often end up helping everyone, not just seniors, not just individuals with accessibility. Curb cuts are a great example of that, right? A lot of us take advantage of those.

Now, I understand that the minister has met with them and supports their work, but they've received no provincial funding. Is there anything in estimates that supports accessibility innovations and innovators like this organization? And if not, is the ministry making that case to other ministers and ministries in part of that advising role?

**Hon. Raymond Sung Joon Cho:** Deputy, would you like to respond to that question from the member?

**Mr. Peter Kaftarian:** Yes, thanks very much for that. I'm actually going to ask our ADM to come up who is—actually, I'm not going to ask the ADM to come up.

There are application opportunities for organizations to apply for grants when it comes to ability to access funding. If an organization has put an application in to the ministry and not been successful, it doesn't mean they won't be successful in the future. We do have the EASE Grant program. Organizations can submit proposals to government and we can look at those, if there are opportunities to fund. I wasn't participating in this meeting with the minister, but there are opportunities where organizations can seek funding—

**MPP Alexa Gilmour:** Specifically for that accessibility innovation piece?

**Mr. Peter Kaftarian:** Yes, we've looked at some things. We're doing some internal policy work right now on, I'm going to say, the idea of innovation, and we're working on some potentially new programs. These haven't rolled out yet, so we're not able to get into the particulars

at the committee, but I anticipate that by this time next year, we will be able to.

**MPP Alexa Gilmour:** Thank you.

I want to stay with grants for a minute. This year, the ministry replaced two community accessibility grant programs with one new grant. It's budgeted at \$2.25 million. I want to know, what was the combined value of the two programs that it replaced? Because Ontario has more than 400 municipalities, all with accessibility obligations, as we've all been talking about in this committee meeting. At about 40 grants a year, what I'm trying to get to is, how long before each one gets help?

**Hon. Raymond Sung Joon Cho:** Deputy, respond?

**Mr. Peter Kaftarian:** The short answer to your question is that the two programs that were combined was for the exact same amount.

**MPP Alexa Gilmour:** Okay, thank you.

And then, at 40 grants a year, I mean, we've got accessibility needs all over. What is the estimated goal of getting to full accessibility? What's the target?

**Mr. Peter Kaftarian:** Our goal each year with the grant programs is to allocate 100% of the funding for each program. We have a very talented team that makes that happen every year. There is more demand and more applications that come in for the program than we do have available funding for, but we do make sure to get the funding out, maximize distribution across the province and get the most number of communities with the ability to make investments in their communities.

**MPP Alexa Gilmour:** Thanks.

I wanted to also point out something that I've noticed—I saw in Toronto. This was a restaurant that used to be at street level and it was renovated. It added a step at the entrance, so now it becomes suddenly less accessible. Does anything in Ontario law today prevent that?

And your expert committee proposed to close that gap. I'm wondering—the committee that you struck that just put a report out this summer, it proposed closing that gap in these smaller constructions. I wondered if the government will go ahead and act on that.

**Mr. Peter Kaftarian:** I'm going to ask Peter Spadoni, our ADM of accessibility, to come back up. Peter?

**The Chair (Mr. Brian Riddell):** State your name and position.

**Mr. Peter Spadoni:** Thank you. Peter Spadoni, acting assistant deputy minister, accessibility for Ontarians with disabilities division with the Ministry for Seniors and Accessibility.

**1750**

To answer your question, municipalities have a role to play in advancing accessibility. Municipalities, just like the other entities, are required to have multi-year accessibility plans. These are designed to help prevent and remove accessibility barriers. This is also a requirement under the Accessibility for Ontarians with Disabilities Act.

**MPP Alexa Gilmour:** But that is provincially mandated, and the municipalities comply with it, right?

**Mr. Peter Spadoni:** That's correct.

**MPP Alexa Gilmour:** So the question is, does the provincial government have the will to make this change—and I want to add to that since I've got you here. In April, the ministry published its own expert committee's recommendations on accessibility in buildings and public spaces. In that, I note that 2,500 Ontarians responded to that consultation, which is a significant number, and roughly 90% of them agreed with the recommendations.

So along with that one that I've just mentioned, which recommendations has the government accepted, and when will those regulations change?

**Mr. Peter Spadoni:** I would have to defer to the Ministry of Municipal Affairs and Housing as this is an Ontario building code issue.

**MPP Alexa Gilmour:** Okay. Is this something that, in terms of your role as advising and offering in terms of policy, this government will be making those recommendations—which recommendations will you be advising the Ministry of Housing to implement? Can you tell us which ones?

**Mr. Peter Kaftarian:** Yes. Maybe I'll start, and then I'll ask our ADM of the accessibility infrastructure secretariat, Meenu, to join us, if you don't mind subbing Peter.

We've received those recommendations; they're posted. We have regular discussions. I met with the chair many times. When it comes to the ministry, we work with our partner ministries to make sure they have the recommendations. And there's been a series of investments that other ministries have made.

When it comes to the DOPS recommendations, Meenu is going to come up and comment a bit further on what we can do with that.

**Ms. Meenu Sikand:** It's Meenu Sikand, the ADM for the Accessibility Infrastructure Secretariat.

A number of DOPS recommendations through the establishment of AIS—we are already looking at working with partner ministries and adding to their guidelines and the work that they are moving forward. We're already working on it. So there are a number of recommendations such as looking at the pathways access; the increased access to emergency evacuation and how we can enhance those; navigation system. On some of those recommendations, we are already moving forward with, even though those recommendations have not been adopted yet, so we're not waiting for them.

**MPP Alexa Gilmour:** Thank you. I wanted to move us along to retirement homes, if we can, also within this ministry's scope that I'm specifically referencing. In 2021, the Legislature voted unanimously for Voulas's Law. It asked the government to make clear that retirement homes, long-term-care homes cannot use trespass notices to ban family members who raise concerns about their loved one's care. Now, this case behind the motion happened in a retirement home, and the retirement homes, and seniors specifically, are a ministry responsibility.

Now, five years later, has this ministry issued any direction on this? And I'm wondering specifically if we know—and this is either the long-term care or, here, keeping complaints about visitor bans that the regulator has received?

**Hon. Raymond Sung Joon Cho:** Deputy, would you respond to the question?

**Mr. Peter Kaftarian:** Sure. When it comes to the Ministry of Long-Term Care, if possible, I'd suggest we defer that item until Thursday when the Ministry of Long-Term Care returns to the committee.

But when it comes to the trespass—I'm just pulling up my notes here, just give me one second—we do look for our Retirement Homes Regulatory Authority as our independent overseer of retirement homes and compliance. And if there are concerns around access and trespass, we would look to them to do an appropriate inspection or take appropriate action if there are concerns raised by family members.

**MPP Alexa Gilmour:** Sure. It's been five years and, of course, vote 3502 includes overseeing those retirement homes—

**The Chair (Mr. Brian Riddell):** MPP Gilmour, I caution you on the relevance. We're talking about estimates, so I would keep it to that subject, please.

**MPP Alexa Gilmour:** Sure. I'm putting it in the category 3502, overseeing Retirement Homes Regulatory Authority to keep residents safe, but I can move on. I'm just saddened to see that there isn't any movement in those five years.

**The Chair (Mr. Brian Riddell):** Please continue.

**MPP Alexa Gilmour:** I'm going to move on then. My last question, I think, probably, is on page 35 of the briefing book.

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

**MPP Alexa Gilmour:** This ministry's own plan says it advises the rest of government on policies. Did it advise on removing the 72-month lock-in in Bill 105? Consider, for example, paramedics diagnosed with work-related PTSD. Under Bill 105, the benefits could be reviewed, reduced at any point until she turns 65, with no stability. Will the minister raise this with his colleagues before third reading of Bill 105?

**Mr. Peter Kaftarian:** I'm going to have to ask the ADM responsible for the work we do on our policy to come up. Maureen?

**MPP Alexa Gilmour:** Again, I'm looking for the advice the ministry gave around the removing of the 72-month lock-in in Bill 105 as part of its—

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

We'll now move on to the third party and I recognize MPP Smyth.

**MPP Stephanie Smyth:** I wanted to move on to the Accessibility for Ontarians with Disabilities Act, which required Ontario to become accessible by January 1, 2025. That deadline has passed and it appears the 2026-27 pub-

lished plan contains no revised target date or plan to get there.

Minister, Ontario was legally required to be accessible by January 1, 2025. Do you acknowledge that the government has missed that deadline?

**Hon. Raymond Sung Joon Cho:** Thank you for the question, member. As minister, I'm very proud that this government is fully committed to breaking down accessibility barriers. This is because a more accessible Ontario means a more prosperous Ontario. This government's decision to build, shown by our record investment in accessible transit and accessible infrastructure, has made Ontario more accessible than ever before. For more context, we are investing over \$70 billion in accessible transit across the province. This is not just a record investment in transit but a record investment in accessibility. This includes new accessible GO stations, new subways, accessible streetcars. To be more specific, this includes 2,200 accessible vehicles that our government has delivered to municipalities across Ontario. These investments reach urban municipalities and ones that are rural and remote. Additionally, we put \$560 million towards new accessible streetcars made in Ontario, and over \$750 million for new accessible streetcars coming to Toronto and Scarborough.

Let me expand on Scarborough. Our government, unlike previous governments, is building two new subway lines in Scarborough. For many decades, there was no new public transit built in Scarborough. When I was at this committee last year, we broke ground on the first station of the subway. Now, we have completed the second groundbreaking on Lawrence Avenue. We have now also completed over 75% of tunnelling construction for this new project. Our government is also building the Sheppard subway extension.

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All of these transit investments match or are exceeding AODA standards. This means that the AODA is making Ontario accessible with every new build.

I also think it's important to look at the record infrastructure investment that our government has made. This is because every dollar invested in infrastructure is a dollar invested in accessibility. Our government has broken another record with our infrastructure investment.

**MPP Stephanie Smyth:** Minister, if I may, what is your new target date for full accessibility in this province? You've missed your own deadline.

**Hon. Raymond Sung Joon Cho:** Deputy, would you like to respond?

**Mr. Peter Kaftarian:** Maybe what I would add is, there's a requirement to do a legislative review of the AODA every 10 years, so the fifth legislative reviewer is required to be appointed by this December. There have been four previous reviews. There's a fifth review, and that is on track to have a reviewer appointed.

**MPP Stephanie Smyth:** Is it correct, though, the last review Rich Donovan completed June 2023—not released

until December 2023—called the government's efforts an unequivocal failure and urged the Premier to produce an action plan within 30 days and create a new accessibility agency? Donovan says he never received a government response. His interim report called the absence of an implementation plan “utterly shocking.”

So what would it matter to have another report that just might be ignored?

**Hon. Raymond Sung Joon Cho:** Thank you for the question. I was a great friend of David Onley. He was a great inspiration to me. I recall having a great discussion with him on how to advance accessibility.

One of the Ministry for Seniors and Accessibility's goals is to make Ontario more accessible and inclusive. Another goal is to make a positive difference in the daily lives of people with disabilities through the administration, review and enforcement of the Accessibility for Ontarians with Disabilities Act, or AODA.

**MPP Stephanie Smyth:** Minister, what of Mr. Donovan's recommendations have been fully implemented?

**Hon. Raymond Sung Joon Cho:** DM, would you respond to that?

**Mr. Peter Kaftarian:** Yes. Thanks for the question.

There were a series of recommendations, and many of them have been implemented or actioned, one of them being, for example, improving accessibility and procurement, looking at developing public feedback mechanisms. I'm just giving you a few examples of ones that have made progress. There was a reference to making provincial buildings accessible by 2030, providing financial support for built-environment projects, audit of accessibility of public-sector-built environment. These are some examples of things that have been able to move forward.

**MPP Stephanie Smyth:** Sorry, when did you say the fifth AODA legislative reviewer is going to be appointed?

**Mr. Peter Kaftarian:** By December of this year.

**MPP Stephanie Smyth:** How much is budgeted for that review in 2026-27?

**Mr. Peter Kaftarian:** We are still in the process of getting this approved, so I don't have a number to give you at this time.

**MPP Stephanie Smyth:** Do you expect the province to get a positive review next time, or will you fail to meet the obligations?

**Mr. Peter Kaftarian:** We're optimistic that the reviewer will be able to come in and look at some of the previous recommendations, come up with new ones, look at investments and progress the ministry has made.

As we've gathered all of these SDC recommendations, we've significantly increased the funding in the ministry and the grant program. So we're optimistic there will be some positive, but I'm sure there will be recommendations for government and for the ministry team on opportunities for improvement that we'd be happy to look into further.

**MPP Stephanie Smyth:** I'm mystified by the response about—asked by my colleague about the LRT and the Finch line when it comes to accessibility issues, which are

pretty serious when you talk about a modern-day transit line being constructed in this city and now all kinds of projects under way across the province.

How can it be that the Ministry for Seniors and Accessibility would not be able to step in and double-check, “Yes, the line was started 15 years ago”—or maybe it was 20; it took so long to get it done. But the question is, how does the ministry not get consulted even once a project has begun, or step in to ensure that there is proper accessibility in a brand new line?

**Mr. Ric Bresee:** Mr. Chair, point of order. The minister is here to speak about estimates.

**The Chair (Mr. Brian Riddell):** Let’s stick to the estimates, please.

**MPP Stephanie Smyth:** Okay.

So I was talking to you about the review. When you talk about perhaps failing to meet expectations, where would that be? It’s with the next review, right? Because we were talking about the review that’s coming up. You mentioned that you haven’t met goals or expectations, so where exactly do you expect to fail to meet expectations for the people in this province who need accessibility? This is your ministry and your goal.

**Hon. Raymond Sung Joon Cho:** Thank you for the question.

Will you respond to the question, please?

**Mr. Peter Kaftarian:** So the reviewer will be external, and we anticipate the reviewer will be doing a series of public consultation meetings, gathering information from all across the province in order to hear directly from people who express concerns and bring those recommendations back to government. That’s going to be what we expect the reviewer to be doing: to be gathering that for us, as opposed to us going to the reviewer with a list of what we expect.

**MPP Stephanie Smyth:** Okay. I wanted to ask you about compliance rates—the 99.9% accessibility compliance rate, even with failing to meet your own targets. This seems to include audits resolved as compliant after ministry intervention. Do you think that it’s an accurate reflection of the state of Ontario’s compliance? Would it be more transparent to maybe state your compliance rate as the rate at the time of the inspection?

**Hon. Raymond Sung Joon Cho:** Thank you for the question. It being so technical, maybe staff could answer that.

**Mr. Peter Spadoni:** I think the best way to articulate this is that we really work with organizations to help them understand their accessibility obligations. Our enforcement and compliance model is really predicated on education and awareness so that when organizations approach accessibility and when they fill out their compliance reports, they’re doing it from less of a sort of penalizing point of view and more like an educational one.

Now, of course, as I mentioned in my previous answer, there are successive levels to enforcement, and if organizations do not comply, then there is successive enforcement that is applied.

**MPP Stephanie Smyth:** Thank you.

What do you say to the people of Ontario who live with accessibility issues—for instance, one which I hear routinely being complained about, restaurants that don’t have main floor powder rooms—who are not able to go to certain areas because of accessibility issues? What is an acceptable answer, Minister, to give them about how dedicated you are to reaching compliance when, somehow, you missed your own deadline, and here we are almost two years later? How can people have confidence in this ministry when it comes to achieving goals that were set specifically, and you have a ministry specifically dedicated to this?

**Hon. Raymond Sung Joon Cho:** Well, since the ministry received the DOPS, or Design of Public Spaces Standards Development Committee—DOPSSDC was chaired by Julie Sawchuk, principal of Sawchuk Accessible Solutions. The committee was comprised of people with disabilities and sector experts. We reviewed the requirements under the design public space standard and Ontario building code 2015 barrier-free accessibility requirement.

Since the ministry received the DOPSSDC recommendations, it has taken a number of actions to make public spaces more accessible. For example, the ministry in 2025 established a \$2.25-million grant program called Enhancing Access to Spaces for Everyone—EASE—Grant. In 2025-26, the grant provided up to \$60,000 per project for 47 projects to reduce accessibility barriers.

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

**MPP Stephanie Smyth:** I guess I want to ask: Why is the 2026 compliance rate set at 99.5%, which is lower than the result the ministry says it had already achieved?

**Hon. Raymond Sung Joon Cho:** ADM, could you respond there?

**Mr. Peter Spadoni:** I just want to talk about how we approach compliance. That is working with organizations to help them understand their accessibility obligations. We inspect and audit a sample of organizations every year. We’ve quadrupled our inspector complement over the last eight months, with people going across the entire province to audit businesses and help them come into compliance with the AODA.

I’ll also mention that accessibility is really a multi-pronged approach. We really rely on municipalities to play a key role in helping—

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

We’ll now go to the government side, and I recognize MPP Bresee.

**Mr. Ric Bresee:** Let me start by saying I’m actually very proud to be the parliamentary assistant to this ministry. And I’m proud of that not only because this ministry is helping our government keep seniors active, happy and healthy, but it’s also making Ontario more accessible every day.

In my previous life, I spent 15 years working in accessibility services, and I understand—and I hope the oppos-

ition members understand—that accessibility is a journey, it is a continuum, and I know forever we will continue to try to make improvements.

The minister's commitment, you heard him just say a few moments ago, is to make Ontario more accessible. That doesn't have a finish line. We will always strive to make Ontario more accessible. Advancing that accessibility means more than words, it means more than changing regulations. It's why we've put in very real, very tangible things to change people's lives when they have accessibility needs.

One of the ways that we do this for the individuals, for the homeowners, for the seniors and for the local groups is through the many grants and programs that we offer. I would ask the minister, through the Chair: Could you give us an overview of how we have expanded or improved or increased the value of these grants that break down barriers for people every day moving into the future?

**Hon. Raymond Sung Joon Cho:** Thank you, PA Bresee. Let me also say that I'm proud to have you as a parliamentary assistant for accessibility. Your commitment to advancing accessibility during your time as a councillor and mayor is truly commendable.

You are 100% correct when you say that accessibility is an ongoing journey. Accessibility is much more than words. Accessibility is truly advanced when it makes a real, physical difference in people's lives. This is why we have created new accessibility grants and expanded existing ones.

Let me go over some of them. Just last year we launched our Enhancing Access to Spaces for Everyone Grant, known as EASE. This is \$2.25 million for local organizations to make real accessibility improvements in local communities. This means real ramps, real washrooms, real railings and real improvements for people of all abilities. Last year, over 40 organizations received this important funding. We hope to announce funding for this year's recipients shortly.

Let me also mention the Home and Vehicle Modifications Program, or HVMP. This is a very important program because it enables people with accessibility needs to enjoy the comfort of their home and their own vehicles.

Since 2018 we have invested over \$90 million in HVMP. Last year over 2,400 homes throughout the province received the grant. This includes nearly half a million dollars for your region of southeastern Ontario. This also includes nearly \$35,000 for Brockville and over \$65,000 for Belleville.

It is thanks to MPPs like you and your leadership in the local communities that important programs like this are promoted. I would also like to thank you, PA Bresee, for your leadership on the accessibility file. I also thank you for always being an advocate for our accessibility program and making a real difference in people's lives.

**The Chair (Mr. Brian Riddell):** MPP Pierre, go ahead.

**Ms. Natalie Pierre:** Minister, we know that social isolation can have a serious impact on the health and well-being of senior and that staying active and connected to

their neighbours, their communities, is incredibly important.

We heard you mention the record expansion of the seniors active living centres throughout the province. In my riding of Burlington, I've seen just how local organizations and the SALCs, the seniors active living centres, create opportunities for seniors to exercise, to learn new skills, to meet their neighbours and to build new friendships.

Minister, can you please elaborate on what SALC programming is doing to help seniors in my community of Burlington?

**Hon. Raymond Sung Joon Cho:** Sure. Thank you, MPP Pierre. That's a great question because the two SALCs in Burlington are so different.

These programs have a different focus and target different types of seniors. This really shows how well our record expansion of the program has been able to expand the program to seniors from all walks of life.

Let's start with the Burlington Seniors' Centre. This centre serves over 14,500 seniors, including veterans and seniors living in remote areas of Burlington. What makes this SALC really unique is it offers over 728 programs in different locations. This includes programs in in-person community centres, satellite locations and naturally occurring retirement communities, or NORCs. Many people don't know that their SALC doesn't necessarily operate in one location. Many SALCs like this one go to where seniors are to serve them. Thanks to our government's increased funding, more SALCs can now do this.

Next, let's look at the Chinese Senior Active Living Center in Burlington. Their SALC serves nearly 200 seniors of Chinese background and many who are newcomers and many who face language barriers. Programming is offered both online and on-site in Mandarin. This is so important because the hybrid format and the Mandarin programming make the SALCs so much more accessible to seniors who cannot travel and seniors who do not speak English. Programs include fitness, yoga, tai chi, field trips and social gatherings.

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This is also an example of a SALC with much more specific, targeted programming than the previous SALC. As a result, they are able to pay more attention to a small number of seniors. One SALC is not less important than the other; they simply help seniors in a different way.

As you can see, your community in Burlington alone demonstrates how diverse SALC programming is. Can you imagine how different all 416 SALCs are throughout Ontario?

I'm so thankful that the centres can now truly reflect the communities they are in. This can only be done because of great caucus members like yourself who advocate for these programs.

I thank you for the great work you do for seniors in Burlington.

**The Chair (Mr. Brian Riddell):** MPP Dixon.

**Ms. Jess Dixon:** Time check, Chair?

**The Chair (Mr. Brian Riddell):** Four minutes and 54 seconds.

**Ms. Jess Dixon:** Thank you.

Thank you so much, Minister. My community recently benefited from one of the EASE Grants, at the Ken Seiling Waterloo Region Museum, that allowed for the Doon Heritage Village to become more accessible.

I wonder if you can talk about how these EASE Grants have been used in not only my community, but in communities across Ontario to increase accessibility.

**Hon. Raymond Sung Joon Cho:** Thank you, MPP Dixon, for two things today: One is the excellent question; the second thing is taking the time out of your busy schedule to announce the project in your local riding. Thanks to you, many more residents and organizations are aware of the EASE program and now have the opportunity to apply. Thank you for your local leadership with this.

I was also so glad to learn about the museum receiving \$40,000 this year through the EASE Grant. Of course, this will help the Doon Heritage Village to be more accessible. This project will specifically address mobility, auditory, sensory barriers that affect people of all ages and abilities. The accessibility to historic buildings in the Doon Heritage Village project will install permanent ramps and pathways. They will also purchase assistive listening devices and sensory supports to enable increased access to cultural programming and historic spaces. This is all very important. However, I'd like to build on something you said. This is an example of where EASE can help promote a local community like yours. In the age of Trump, our government is promoting Ontarians supporting Ontario. With the EASE Grant being announced at the museum, which is a local staple, this can attract many more visitors to the museum and to the community. This is because EASE will make the museum more inclusive to so many more people. It could also be a great tool to promote Kitchener as a community that is committed to accessibility. This could possibly attract more visitors to the city. Just think about how many more places around our great province this can apply to. These are ways that promoting accessibility and making accessibility upgrades can truly improve your local economy.

Thank you, MPP Dixon, for giving me the opportunity to highlight this aspect of the EASE Grant.

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

I recognize MPP Bresee.

**Mr. Ric Bresee:** Thank you, Minister. I've really enjoyed hearing about the seniors active living centres, the use of the EASE Grants throughout the province. I know that even our opposition members have some of these services and events going on.

What I wanted to ask you about and what I would like you to highlight for us is the reason that we have the seniors active living fairs. We have these events where seniors can learn more about the activities, more about the service groups in their area. I know that your ministry is supporting those fairs—so if you could tell us about those and how they're benefiting people across the province.

**Hon. Raymond Sung Joon Cho:** Thank you for the question, member. That's an excellent question.

Seniors active living fairs is an important public education program delivered in partnership with—

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

We will now go to the official opposition. I recognize MPP Gilmour for three minutes and 44 seconds.

**MPP Alexa Gilmour:** I'm going to turn to page 42.

For a government that claims that it loves its seniors and those with accessibility needs—it's cutting \$3 million from its seniors' accessibility budget.

In 2022, three expert committees appointed by this government delivered their final recommendations for accessible health care, accessible K-to-12 schools, accessible colleges and universities. And now, in this report that this ministry commissioned, people with disabilities, parents, educators, professionals worked for years—for years. More than four years later, not one of those standards has been enacted.

So my question to the minister, through you, Chair: Will the minister commit today, in this estimates hearing, to a date for bringing forward the accessibility standards for health care and education?

**Hon. Raymond Sung Joon Cho:** Thank you for the question, member.

I take what the standards development committees say very seriously. This is because anyone who is committed to helping people of all abilities is doing important work—

**MPP Alexa Gilmour:** Chair, we're going to run out of time.

I'm wondering, is there a date that you'd be willing to commit to? Of course, people poured hours of their life into these standards. The K-to-12, for school-aged children who have disabilities, who cannot participate—it's heartbreaking.

**Mr. Ric Bresee:** Point of order, Mr. Chair: That's another ministry.

**MPP Alexa Gilmour:** But the recommendations, my friend, came from this ministry's very own report—those standards.

Again, when will this ministry honour the commitment made by all of those community members in Ontario—four years now in waiting—and put these standards into practice?

**Hon. Raymond Sung Joon Cho:** Thank you for the question.

Deputy, could you respond, please?

**Mr. Peter Kaftarian:** There have been a series of things that have taken place, based on the recommendations from the committees.

**MPP Alexa Gilmour:** Any standards? The standards—

**Mr. Peter Kaftarian:** I can talk about specific investments that have been made.

When it comes to the K-to-12, there have been significant investments and funding attributable from the recommendations of the committee. Some of the works that came out of the DOPS committee is the reason why we set

up another secretariat in the ministry—when it comes to the new role that Meenu Sikand is leading.

So there are a series of things that the ministry and government have done, that have implemented the SDC recommendations since they came in.

**MPP Alexa Gilmour:** But no accessibility standards for health care or education as per those recommendations—

**Mr. Peter Kaftarian:** There has been work with the Ontario Hospital Association—

**MPP Alexa Gilmour:** May I—

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

**MPP Alexa Gilmour:** May I ask, then: The Accessibility for Ontarians with Disabilities Act promised people with disabilities a fully accessible Ontario by January 1, 2025. That was 21 months ago. The government's own independent reviewer called this a crisis. People with disabilities were given a date in law and that date has passed, so I want to ask really simply: What is the government's new target date for an accessible Ontario and what is the plan to get there?

**Mr. Anthony Leardi:** Point of order, Chair. That's a policy question, not an estimates question.

**The Chair (Mr. Brian Riddell):** I agree. Please change your question.

**MPP Alexa Gilmour:** Okay. My reason for asking that was 3502 specifically says that part of the ministry's job is to implement, to suggest policies, to work on policies. That is part of our budget and, if you look on page 42, that

would be part of the administration costs. That's why I've chosen that question.

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

This concludes the committee's consideration of estimates for the Ministry of Seniors and Accessibility.

Standing order 69 requires that the Chair put, without further amendment or debate, every question necessary to dispose of these estimates. Are members ready to vote?

Shall vote 3501, ministry administration program, carry? All those in favour? All those opposed? The motion is carried.

Shall vote 3502, policy, program and strategic partnerships, carry? All those in favour? All those opposed? The motion is carried.

Shall vote 3503, accessibility for Ontarians with disabilities, carry? All those in favour? All those opposed? The motion is carried.

Shall the 2026-27 estimates of the Ministry for Seniors and Accessibility carry? All those in favour? All those opposed? The motion is carried.

Shall the Chair report the 2026-27 estimates of the Ministry for Seniors and Accessibility to the House? All of those in favour? All those opposed? Carried.

This concludes our consideration of estimates at the Ministry for Seniors and Accessibility. I would like to thank you all for your guidance and discussions throughout the estimates process.

This committee now stands adjourned until October 1, 2026.

*The committee adjourned at 1832.*







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