



ISSN 2292-1087

**Legislative Assembly
of Ontario**
Second Session, 40th Parliament

**Assemblée législative
de l'Ontario**
Deuxième session, 40^e législature

**Official Report
of Debates
(Hansard)**

Wednesday 30 October 2013

**Journal
des débats
(Hansard)**

Mercredi 30 octobre 2013

**Select Committee on
Developmental Services**

Developmental services strategy

**Comité spécial sur les
services aux personnes ayant
une déficience intellectuelle**

Stratégie de services
aux personnes ayant
une déficience intellectuelle

Hansard on the Internet

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

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Le Journal des débats sur Internet

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

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE ON
DEVELOPMENTAL SERVICES**

**COMITÉ SPÉCIAL SUR LES
SERVICES AUX PERSONNES AYANT
UNE DÉFICIENCE INTELLECTUELLE**

Wednesday 30 October 2013

Mercredi 30 octobre 2013

The committee met at 1617 in committee room 1.

DEVELOPMENTAL SERVICES STRATEGY

The Chair (Mrs. Laura Albanese): Good afternoon. I call the Select Committee on Developmental Services to order.

SUBCOMMITTEE REPORT

The Chair (Mrs. Laura Albanese): We have, as the first order of business, the report of the subcommittee that needs to be read into the record. Ms. Elliott.

Mrs. Christine Elliott: Your subcommittee on committee business met on Monday, October 28, 2013, to consider the method of proceeding on its order of the House dated Thursday, October 3, 2013, and recommends the following:

(1) That the following ministries be invited to make a presentation of up to 30 minutes, followed by up to 30 minutes of questions by the committee:

- (a) Community and Social Services
- (b) Children and Youth Services
- (c) Education
- (d) Health and Long-Term Care
- (e) Community Safety and Correctional Services
- (f) Municipal Affairs and Housing
- (g) Attorney General
- (h) Training, Colleges and Universities
- (i) Aboriginal Affairs

(2) That the following organizations be invited to make a presentation of up to 10 minutes, followed by up to 30 minutes of questions by the committee:

- (a) Canadian Union of Public Employees
- (b) Ontario Public Service Employees Union
- (c) Community Living Toronto

(3) That the committee meet on Wednesday, November 13, 2013, during the constituency week for the purpose of hearing presentations from ministries and organizations.

(4) That the Chair request of the House leaders a motion authorizing the committee to sit for five days at the call of the Chair during the winter adjournment.

(5) That, subject to the authorization of the House, the committee intends to meet in Ottawa, London, Thunder Bay, Moosonee and Sandy Lake during the week of January 13, 2014.

(6) That the Clerk of the Committee, in consultation with the Chair, post information regarding public hearings on the committee's website, the Ontario parliamentary channel and CNW newswire.

(7) That the Clerk of the Committee, in consultation with the Chair, post information regarding public hearings in the Ontario edition of the Globe and Mail and in a local paper in each of the locations the committee intends to meet, including Toronto. Notices will be placed in French papers where possible.

(8) That the Clerk of the Committee, in consultation with the Chair, place radio notices regarding public hearings with Wawatay Radio and CHIN Radio in several languages, subject to cost.

(9) That the Clerk of the Committee, in consultation with the Chair, prepare a draft budget for the committee's consideration.

(10) That the Clerk of the Committee, in consultation with the Chair, be authorized, prior to the adoption of the report of the subcommittee, to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

The Chair (Mrs. Laura Albanese): Any discussion? Ms. Jones.

Ms. Sylvia Jones: I would like to make one suggestion for an amendment, and that is on point 4: "That the Chair request of the House leaders a motion authorizing the committee to sit for nine days at the call of the Chair during the winter adjournment, in place of the weekly Wednesday meetings." The "nine" number comes from the number of Wednesdays we would have, so it would just give us more flexibility to perhaps look at Tuesday, Wednesday or Thursday, instead of having every Wednesday blocked aside.

The Chair (Mrs. Laura Albanese): Any discussion? Mr. Balkissoon.

Mr. Bas Balkissoon: Mr. Chair, instead of nine, because Friday is normally a constituency day, I wonder if the committee would consider Monday to Thursday for two weeks, so it's really eight, and we'd get our Fridays to spend in our constituencies.

The Chair (Mrs. Laura Albanese): Ms. Jones.

Ms. Sylvia Jones: The way I'm suggesting the amendment, we would have that flexibility. Right now, we must meet on Wednesdays or not at all. This way, it would give us some flexibility to choose whether we want to do two days, three days—

Mr. Bas Balkissoon: Okay. I hope we consider no Fridays.

Ms. Sylvia Jones: Fair enough. I did have one question as well.

The Chair (Mrs. Laura Albanese): In regard to the amendment or to the subcommittee report?

Ms. Sylvia Jones: To the subcommittee report.

The Chair (Mrs. Laura Albanese): Yes, go ahead.

Ms. Sylvia Jones: Under point 2, when you're listing the three invited presentations, you've listed Community Living Toronto. I would like to suggest that we should be inviting instead Community Living Ontario, because that is the overarching organization. Community Living Toronto, of course, would be welcome to request, but I think it's more appropriate to have Community Living Ontario.

The Chair (Mrs. Laura Albanese): Ms. Hunter.

Ms. Mitzie Hunter: The recommendation—I added Community Living, and the reason I had suggested Community Living Toronto is that they have the largest direct work that they can bring forward to us initially, but I also agree that Community Living Ontario would also bring a different perspective. It was just as an initial suggestion of some of the stakeholders that we would start to see. I would imagine that we would, in fact, add Community Living Ontario, as well as others, to that stakeholder list to appear before the committee.

Ms. Sylvia Jones: The risk, if we invite one Community Living agency representing one part of the province, is that we will open ourselves up to criticism: "Why didn't you invite all?"

Developmental Services Ontario, which is actually just around the corner from Queen's Park, represents all of the Community Living agencies across Ontario. I think, for the purposes of extending the invitation, that would be more appropriate.

The Chair (Mrs. Laura Albanese): I would propose, before giving the floor to Ms. DiNovo, that we—why don't we vote on the amendment of the nine days so we get that out of the way, and then we can proceed with this discussion?

All those in favour of the amendment? Carried.

Ms. DiNovo.

Ms. Cheri DiNovo: To Ms. Hunter's—Mitzie's—suggestion and to Sylvia's suggestion, I just want to make it very clear that at the subcommittee, these were just the first three. These are not all the invitees; these are just the first three. We had some time left after we went through the government ministries, so that's why we came up with the first three, but by no means is this extensive.

In fact, if, again, we're looking at the template of the Select Committee on Mental Health and Addictions, in that committee there were ministries, invitees, i.e., organizations mainly, and then everyone else—families etc. So there will be lots of room. I'm fine with either way, but whatever we decide, this is by no means the whole list.

The Chair (Mrs. Laura Albanese): Ms. Elliott.

Mrs. Christine Elliott: I would just concur with Sylvia's view, that I think, politically, it would probably be best for us to invite the umbrella organization first and then to invite more specific geographic areas. I think it would probably smooth the waters a little bit for the work that we're doing.

The Chair (Mrs. Laura Albanese): Should I take that as a proposed amendment?

Any further discussion on this?

Mr. Bas Balkissoon: Maybe we should clarify too that this is just the initial, because somebody would get a hold of this and be upset.

The Chair (Mrs. Laura Albanese): Again, to be clear on the first constituency week, we had some time left over. Maybe we should indicate that—

Mr. Bas Balkissoon: —the following organizations.

The Chair (Mrs. Laura Albanese): That the following organizations—

Mr. Bas Balkissoon: That the committee begin with the following organization.

The Chair (Mrs. Laura Albanese): But not limiting—

Mr. Bas Balkissoon: Yes. Something to that effect.

The Chair (Mrs. Laura Albanese): Yes, Ms. Elliott.

Mrs. Christine Elliott: Can I make another suggestion? Maybe we don't even need to have this paragraph included here at all. This was really just for internal organization purposes, to get the ball rolling. Maybe we can just agree informally that this is what we're going to do, but not have it as part of the official subcommittee business? Can we—

Interjection.

The Chair (Mrs. Laura Albanese): He needs direction as to who to invite.

Mrs. Christine Elliott: That is what we discussed in subcommittee, but I'm wondering if we need to have that as a formal part of the subcommittee report. I would move that we delete paragraph 2 in its entirety.

The Chair (Mrs. Laura Albanese): That's fine, that's up to the committee, but then the Clerk will not be sending the invitation to the following organizations that are listed here. Ms. DiNovo—

Mr. Bas Balkissoon: Or we could always have a subcommittee meeting anytime.

The Chair (Mrs. Laura Albanese): Yes.

Ms. DiNovo.

Ms. Cheri DiNovo: Yes. To that point, I actually like Bas's suggestion of adding a line in there just to make a little clearer what that intent was. But this is really what we discussed at subcommittee, and the problem is that number 3 is specific too. It says we'll meet on Wednesday, November 13. Now obviously, that's not the only day we're going to meet, either. This is the result of one subcommittee meeting. Just to clarify, if people have concerns to begin with—because as Trevor has said, that gets the ball the rolling. We will have another subcommittee meeting, and then we will do more planning from there. I think that's the indication here, just so we can move on. I'd like to hear the ministries.

The Chair (Mrs. Laura Albanese): Okay. We do have a motion on the floor that we need to entertain from Ms. Elliott, but I just wanted to say that one suggestion would be to add to number 2 just a date—that the following organizations be invited on this date, like on November 13.

Ms. Jones.

Ms. Sylvia Jones: Chair, to be fair, I think my motion is on the floor first.

The Chair (Mrs. Laura Albanese): Yes, it is.

Ms. Sylvia Jones: So my amendment would be “Community Living Ontario” substituting “Community Living Toronto”.

The Chair (Mrs. Laura Albanese): Okay. So let’s proceed with that. We’re changing “Community Living Toronto” to “Community Living Ontario”. Agreed? Carried. We’ve changed that to Community Living Ontario.

Now we’re going to deal with Ms. Elliott’s motion to delete.

Mrs. Christine Elliott: Chair, if I might, I can withdraw that motion. I’m satisfied with the other method of proceeding.

The Chair (Mrs. Laura Albanese): Okay. Does the committee agree with adding—so the paragraph would read as follows: “That the following organizations be invited to make a presentation of up to 10 minutes, followed by up to 30 minutes of questions by the committee, on November 13, 2013.” Agreed? Carried.

Now the full report, as amended: Any discussion? Ms. Hunter.

Ms. Mitzie Hunter: In terms of the list of ministries, there is one ministry that I feel we might also want to hear from, and that’s the Ministry of Economic Development, Trade and Employment. I know that we have invited training, colleges and universities, but I think that that’s only one aspect of employment opportunities. MEDTE has responsibility for a broader scope, in terms of employment. I feel that we should consider hearing from them as well.

The Chair (Mrs. Laura Albanese): I think that’s fine, but this is the list up to November 13. Subject to scheduling, it may have to be after November 13. It can be added but—so the amendment is to add MEDTE. Any discussion? All in favour of—

Interjection.

The Chair (Mrs. Laura Albanese): Oh, Ms. DiNovo.
1630

Ms. Cheri DiNovo: Just a clarification though, because I think there were some time-strain concerns. We had looked at the number of ministries and people we could fit into that one time slot, and I think we were at our max. I could be wrong. I have no objection to including them. In fact, I think they should be included. They’re in charge of putting into place the disabilities act, so it makes sense they be here. But I’m concerned about the timing. So, just some guidance on that.

Mr. Bas Balkissoon: So, they’ll be in the week when we come back.

The Chair (Mrs. Laura Albanese): It would have to be after November 13. It won’t be within the constituency week.

Ms. Jones.

Ms. Sylvia Jones: Chair, there’s still room on November 13 because each ministry—how does that work?

No, we’re good.

The Chair (Mrs. Laura Albanese): So, are we okay to add it?

Ms. Mitzie Hunter: I’m fine to leave it up to the Clerk and the Chair to decide what the actual schedule is. I just feel that they’re one of the foundational ministries we need to hear from.

The Chair (Mrs. Laura Albanese): Any further discussion on that?

Interjection.

Mr. Bas Balkissoon: No, no; agreed.

The Chair (Mrs. Laura Albanese): Agreed? Holding as amended?

Oh, no. First, the amendment; I’m sorry. First, the amendment: Agreed? Agreed. And now, the whole sub-committee report, as amended: Agreed? Agreed. Thank you.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES

The Chair (Mrs. Laura Albanese): We’ll now move on. We have two ministries that will present to us. Good afternoon and welcome. As you have heard, you are here to make a presentation of up to 30 minutes, followed by up to 30 minutes of questions by the committee. The time will be divided equally amongst the three parties. I would invite you to begin by stating your name and your position for the purposes of Hansard. You may proceed.

Mr. David Carter-Whitney: Okay; thank you. Good afternoon, everyone. Thanks for giving us the opportunity to present before you today. I’m David Carter-Whitney. I’m the assistant deputy minister of social policy development for the Ministry of Community and Social Services. I’m joined here by my operations colleague Karen Chan, who is the assistant deputy minister of the community and developmental services division of the ministry.

Our presentation today is going to focus on three key areas: providing an overview of the developmental services system in Ontario, outlining the evolution of that system and the context for the transformation that is currently under way, and highlighting some of the challenges that the sector currently faces.

If you go to slide 1, titled “Ontarians with Developmental Disabilities,” we’ll start just with the term. We use the term “developmental disability” in Ontario because our definition looks at a person’s cognitive and adaptive functioning. I know that other terms get used in some jurisdictions. You’ll hear “intellectual disability,” and even some of the agencies we fund in Ontario use that term.

A developmental disability is a lifelong condition that affects a person's intellectual development as well as social, behavioural and/or physical development. Individuals often require some form of support to participate and function independently in society with tasks such as activities of daily living, personal care and so on. About 40% of individuals with developmental disabilities also have mental health issues, which we refer to as a dual diagnosis.

Ontario's population is about 13 million people, and we would estimate about 62,000 adults have a developmental disability. What you can see in that middle column is that the needs of individuals with developmental disabilities can vary greatly in terms of the type and intensity of the support required.

The right column recognizes that supports are provided in many places and that at the forefront is family, which provides the natural supports around the individual in most cases. Of course, we are a key player in providing supports. However, families, communities and other ministries also play a very significant role.

While ministry-funded developmental services is a discretionary program—I'll provide more detail on what I mean by that—most adults with a developmental disability do receive support through the Ontario Disability Support Program, which is an entitlement program funded by the ministry.

If you turn to slide 2, it describes the evolution of the developmental services system. It gives a bit of context on how it has evolved. You can see that for over a century the government has had a role in the care of individuals with developmental disabilities. Although the government announced its intention to transform the developmental services system in 2004, the journey of transformation is in fact a long one that all of Ontario's governments have promoted over the years, and it reflects changes in broader social attitudes.

Ontario's early history of developmental services focused exclusively on segregated care in large institutional settings. Around the 1950s or 1960s, the thinking about people with disabilities started to change, and the concept of normalization and the movement towards integration into the general community began to take hold worldwide. Many of the agencies that provide developmental services and supports today can trace their roots to the Community Living movement and the movement towards integration into the general population. They were started by parents who wanted to integrate their family members more fully in the community.

As the Community Living movement grew, the government began closing its provincially run institutions, starting in 1977. The process was completed in 2009, as I think you all know, with the closure of the last three facilities. It takes a long time to change societal norms, and the process of moving from government-run institutions to community-based supports took over three decades.

As the developmental services system evolved over time to meet demand, it did not grow with consistent

infrastructure or planning. So people applied for, were assessed for and given services in different ways across the province, and this led to inconsistent determination of people's needs, funding and priorities. It depended on where they lived and who they talked to.

When the government announced it would be transforming services and supports for people with developmental disabilities, the intent was to create a more accessible, fairer and more sustainable system of community-based supports. The transformation set out to address some of the challenges and confusion expressed by individuals and families in dealing with our developmental services system.

There were other factors that drove the need for change, including demographics. People with developmental disabilities—there was a baby boom, and they are aging and their caregivers are aging. People with developmental disabilities generally are living longer than they did in the past. There were different service expectations from individuals and families who wanted more tailored supports, and there was an expression of a need for enhanced accountability for funding and the value of social inclusion.

I won't do every slide as long as I'm doing on this one, but this context is important in terms of the journey we've been on.

The key elements of transformation, including the core vision and principles, were laid out in a consultation document—you can see it here—called Opportunities and Action. It was released in 2006. It received very favourable feedback from our stakeholders, who continue to this day to view the principles outlined as the foundation for moving forward.

Together with individuals, families and agencies, we want to make a system that responds to people's needs today and is efficient and flexible enough to respond to the needs in the future. That means moving from a one-size-fits-all approach to a more person-centred approach.

In addition to the key elements of a transformed system, listed on this slide, a central component of our transformation journey is to change societal norms and attitudes and promote social inclusion of individuals with developmental disabilities. It is important to note this legacy of institutional care. It's a legacy that people with developmental disabilities needed to be protected, and it related inaccurate assumptions about their lack of capacity and their ability to participate in the community.

When we're talking about supporting individuals, many people still think of traditional supports, such as group homes or day programs, as the key supports. But these shouldn't be the default options for everyone. The aim should be to promote and facilitate a meaningful life in the community for all individuals with developmental disabilities. This vision is centred around inclusion in all aspects of society, and while government is a critical player, it's not the only one.

Slide 3 goes a little further on developmental services. I've covered much of this information, but just to reiterate the core vision: to support adults with a develop-

mental disability to live as independently as possible in the community and to support their full inclusion in all aspects of society. These six principles through the middle have guided our approach to moving forward with transformation, and this was all developed through a large consultation with self-advocates, families, agencies and various people who had knowledge and interest in the system.

The legislation that we passed in 2008, the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, was a very important step for us, not just in terms of creating the framework for system-wide change, but also for bringing to life these key principles of social inclusion.

The last thing is to say that our consultation has continued. An example is, we have a partnership table which meets several times a year involving, again, these various voices that represent knowledge and interest in the developmental services system.

Page 4 describes the progress we've made. There's a long way to go in our transformation journey, but we have made significant progress. You can see that we've introduced a new, single point of access—I'll come back to that, but the Developmental Services Ontario offices. We have introduced consistent eligibility criteria, a provincial application package, a new data system to collect information to support planning and forecasting, and a new quality assurance framework for funded agencies.

1640

We're currently working on bringing greater fairness and equity to the system by developing a standard provincial funding allocation model so that individuals who have similar needs will receive similar levels of support across the province.

We're also working on expanding options for the direct funding program, which is a core aspect of transformation and provides greater choice and control for individuals and families.

Slide 5 describes the work that MCSS does with other ministries. We're committed to improving supports for individuals with developmental disabilities and their families, but even so, we cannot fully meet the demand or respond to the range of needs that individuals have. So we work with other government ministries to try to ensure that people are able to access the full range of government services and to better address the needs that people present.

There are a number of areas here. I won't go through all of them, but I would highlight a few examples. Transition planning for youth is work that we've done with the Ministries of Children and Youth Services and Education to build on and improve the continuum of transition supports for young people with developmental disabilities. It's a shared understanding that planning for changes around school age should start early and should involve families, individuals, service providers, school boards, provincial and/or demonstration school supports—whatever it is that can ensure that there's a smooth transition through school into work, informing

their time in the education system and helping support participation in life activities and community living.

We also have a significant set of activities around mental health needs and dual diagnosis with the Ministry of Health and Long-Term Care. We've created four community networks of specialized care which work with our community agencies in each geographic area to provide linkages and coordinate access to specialized services, which really help to ensure that people have access to the right supports around their mental health or behavioral issues. Those are provided within the community.

Page 6 is a snapshot of the system and gives you a sense of the money. You can see that it's a budget that's about \$1.7 billion in MCSS's developmental services system. It's important to note that unlike our social assistance programs, such as ODSP, which people are entitled to receive if they qualify, developmental services is a discretionary program, so we are subject to specific budget allocations.

In 2012-13, we spent approximately \$1.7 billion on developmental services, which primarily funds services and supports for adults, but there are some programs for children within our envelope as well, still. We are largely delivered through a network of community-based agencies across the province, but we also provide direct funding to individuals and families.

Slide 7, then, gives the picture of what does it look like for an individual who is seeking to access developmental services in Ontario. Earlier I referenced Developmental Services Ontario as the single point of access for all ministry-funded developmental services. One organization has been designated as a DSO in each of the ministry's nine geographic regions. All new applicants apply through their local DSO, and they have their eligibility confirmed and their service and supports needs assessed by completing a developmental services application package.

A key role of the DSOs is also to provide information to individuals about other available services and supports in their community, such as health care, housing, community programs, employment and so on.

DSOs have added significant value to the system and are achieving a very important purpose. We recognize there's work to be done to enhance how they are functioning, but they play a pivotal role in bringing fairness to the developmental services system and they're an important element of our modernization.

As the diagram on this slide indicates, once an individual's support needs have been assessed and they have been prioritized for available resources, they could receive supports either through service agencies or through direct funding programs. The current direct funding programs for adults are Passport, which is administered by a designated Passport agency in each region. The bottom half of the diagram really speaks to our long-term vision: that all individuals with developmental disabilities are able to access and benefit from the full range of services and supports in their broader communities, such as education, employment, housing and health care.

Slides 8 and 9 show the range of services and supports that the ministry funds and the number of people served by our programs. I'm not going to go through them in detail. You can ask questions if you want to know, but I will highlight a few specific points.

Our direct funding programs are immensely popular and they serve a large number of individuals and families. Passport is the single direct funding program for adults with developmental disabilities, while the Special Services at Home program provides funding for families with children who have a developmental or physical disability.

I would also highlight person-directed planning, which is recognized within our legislation. We really see it as a key element of transformation. The ministry has been building capacity in looking at how to make person-directed planning more broadly available.

The other programs, you can see, after direct funding—these are all agency-based supported services or residential services. Really, while direct funding is a key plank of transformation, we also recognize that a sustainable agency sector is vital for the developmental services system.

Slide 10 tells the story about individuals served and wait-lists. As you can see from this slide, although the ministry serves a large number of individuals through various support arrangements, the demand for services clearly exceeds our available resources and we have a fairly large number of individuals waiting for services.

Please note that people may appear under more than one category; there's a note on the right side about that. You can't simply add across to say, "This is the number of people either being supported or the number of people on a wait-list" because they can appear in more than one place.

We are also continuing to move ahead in trying to get a better centralized information management system. For some of our information, we're reliant on data that we receive from a variety of agencies that may collect it differently. We are still working to refine these numbers and have a validated count on all of these areas, but I think the story is fairly clear: A significant number of people are being assisted and a significant number of people are looking for assistance.

The back page is responding to the request that we identify what we see as the challenges in this system. The developmental services system faces a number of different challenges, and a central one, really, is changing societal norms to encourage inclusion in the broader community. This is important to recognize. It's not just about more investment or a greater role for government. We need to work on changing ideas that people with a developmental disability are unemployable or that group homes are the only place for them to reside.

Similarly, facilitating access to services supports in the community that are available to all other members of society, such as housing, health and education, is another key area we need to focus on to promote true inclusion for individuals with developmental disabilities.

I've referenced earlier and I would say that transitions between life stages are also critical and we need to focus on providing access to better and earlier planning for individuals. There's also a greater need for creating better coordination in service delivery across various ministries that provide services for individuals with developmental disabilities.

The third bullet acknowledges that we've heard concerns expressed by stakeholders regarding the length of time it takes to be assessed at our Developmental Services Ontario organizations. While the processes and functions we envisioned for the DSOs have not yet fully matured, they have added significant value to the system and are achieving an important purpose. But we acknowledge there's still a lot of work to be done to enhance how they are functioning.

Finally, I'd reference—well, not finally, but I'd acknowledge the significant service pressures across the system. Limited funding can't fully meet the growing demand that we see, whether it's operating pressures faced by DS agencies, the growing number of individuals with urgent and complex needs, individuals who are transitioning between various life stages or individuals waiting for direct funding. Again, as I've referenced before, we acknowledge that there are wait-lists and people who have expressed a need for things. One of the challenges in that is that some of these wait-lists are based on historical requests for service; they aren't necessarily reflective of a determined assessed support need. The wait-list was a request, not an assessed need. We are continuing to work on having accurate information and building the capacity to better assess and respond to people's needs.

I'll wrap up there. We thank you very much for the opportunity to present before the committee. I hope you have seen that while we're still on our transformation journey, we've made a lot of progress, working with many people who share an interest in the government's vision for developmental services. There are significant challenges still facing us, and we look forward to your advice and recommendations.

Karen and I would be happy to answer any questions now.

1650

The Chair (Mrs. Laura Albanese): Thank you very much for your presentation. The committee members do know that we are a little behind, but we will allocate as much time as possible to each of the parties. Official opposition, you have the floor.

Ms. Sylvia Jones: Chair, do you know how much time we have?

Interjection.

Ms. Sylvia Jones: Okay. Thank you. I seem to recall you were assisting the committee on Bill 77, so nice to see you again, David.

Mr. David Carter-Whitney: Thank you.

Ms. Sylvia Jones: A couple of questions: On your first slide, you mention there are approximately 61,900 adults in Ontario with developmental disabilities. I

understand that's approximate, but where does that number come from?

Mr. David Carter-Whitney: We rely on survey data. The federal government's PALS surveys give an estimate of about 7%, I believe—

Interjection.

Mr. David Carter-Whitney: —0.7% is the prevalence rate, so it's extrapolated. Although that number is actually quite consistent with the number of people receiving ODSP who identify developmental disability as a primary diagnosis.

Ms. Sylvia Jones: Okay. My second question is actually on the middle column. You give three profile examples. Would you be able to provide the committee with a percentage or an approximate percentage within each of those profiles? So how many are we looking at for around-the-clock care; how many on profile 2, how many on profile 3? If you don't have it there, I'm sure we can receive it—

Mr. David Carter-Whitney: Just one second. I think we do have some information around that. We know how many people are in group homes, host families and supported independent living, so we'll just pull that up. It is—

Ms. Sylvia Jones: Okay. While Karen's pulling it up, on page 11, your slide, you make reference to some of the challenges, which I appreciate you providing to us. Under supporting transitions, you mention aging parents and caregivers, which is a huge concern for me because I see it a lot in my own community. Any estimates on the numbers of what we're looking at there? That's the crisis stage, right, when a parent has a problem, an illness and suddenly they cannot be the primary caregiver anymore?

Mr. David Carter-Whitney: It's a great question. I wouldn't say it's "the" crisis because we have a number of places—mental health problems tend to emerge in late adolescence. It's the same for someone with a developmental disability. So some families face significant challenges in adolescence as the individual ages. For some families, the crisis is when the individual leaves school, so it can present at any number of times. We identified this as those moments of change.

We don't actually have specific data on that and it's partly because—we know how many people are in our funded system. There was a baby boom of individuals with developmental disabilities, and there are many people on ODSP who aren't in our system who have been functioning out there, and we don't necessarily have a particularly high touch contact with them. So we have our wait-lists. Our DSOs increasingly are at least giving us a coherent way for people to come forward.

You see a lot of public profile of challenging cases. In fact, many of them are resolved that aren't particularly seen or flare up like that. I don't think we have a specific metric that would reflect what that need is, but we know there are a number of people in the community who are supported by family, for whom we need to be more responsive.

Ms. Sylvia Jones: I am aware of some situations where, when there is that change of primary caregiver—

in most cases, a parent who cannot continue to look after them—there are placements happening in long-term-care homes. Anybody tracking those numbers?

Mr. David Carter-Whitney: I'm not sure. I'd have to get back to you about that. I don't have that at my fingertips. I would say there are interactions with long-term care. In some cases, people are in long-term-care homes because their need is consistent with other aging people in our population where the principal issue is they're aging; right? I mean the long-term-care interaction is one that attracts attention because there is a concern about people being reinstitutionalized and the view of long-term care being used in that way, which we don't support.

Ms. Sylvia Jones: Yes, and in some cases, they're being placed in long-term-care homes because there was a crisis in the family and there was no other residential placement. So it's not always about, "That is the most appropriate placement."

Mr. David Carter-Whitney: Right. Agreed. We'd have to come back and give you information if we have—I'm not sure we have information about who is in the long-term-care system.

Ms. Sylvia Jones: Okay. Were you able to find the percentages for the three profiles?

Mr. David Carter-Whitney: Yes.

Ms. Karen Chan: What I can tell you is the number of individuals who are served in the various areas. In group home facilities, it's about 9,800; in supported independent living, about 5,500; host families, 1,600; community participation supports, we get about 19,300—keeping in mind, though, those are not discrete. But I think you're most interested in those three top ones: the group homes, supported independent living and host families.

Ms. Sylvia Jones: Thank you. Did you have any questions, Rod?

Mr. Rod Jackson: Yes, I have a quick one that you may not have enough time to answer in entirety. I noticed on the challenges portion of it, supporting transitions, you talk about transition from school to life. I know that in many of our communities, although that is an issue, there is also an issue of transition to school within the schools themselves. I know that certain school boards and certain schools individually are having an issue transitioning some people with developmental disabilities into their schools. What kind of work is being done on that to advance—

The Chair (Mrs. Laura Albanese): You have one minute left.

Mr. Rod Jackson: —the training of EAs and teachers to be able to integrate those students into schools?

Ms. Karen Chan: With the transition of individuals with special needs into schools, there is planning—and there is actually some more information on the types of planning that you might want to hear from the Ministry of Children and Youth Services—that they're looking to enhance related to that transition. But communities do

have in place transition programs for children who are identified prior to coming into the school system.

But you are correct in saying that transition times are difficult times and ones that we need to pay attention to in the system, whether that is into school or whether that is at the other end, out of school.

The Chair (Mrs. Laura Albanese): Thank you for that answer. The time has expired.

We have about seven minutes for each caucus. I didn't want to interrupt earlier so that you could get a full answer. Please, the third party can proceed.

Ms. Cheri DiNovo: Thank you very much for your presentation and your work. I guess the first thing that jumps out at me is the phenomenal wait-lists. It's quite shocking, actually. What are your plans to address them?

Mr. David Carter-Whitney: I guess the first thing is, the ministry operates within a fixed budget envelope. So the plan to address in part is having a fair assessment up front, at least so that we know who is applying, and some kind of fair assessment that identifies the support needs and prioritization—so at least, in a world where there are wait-lists, can we have a greater confidence that who is getting to the front of the line is the person whose need is greatest.

We are also looking at how we evolve our supports to be more cost-effective, to be—one of the things we like about things like direct funding is it tends to be earlier and helps a family, an individual, create support arrangements before they get to the crisis. So the ministry has also tended to both fund urgent response in the last number of years, but there has been a significant priority on direct funding programs, that over several years, we've prioritized to those programs to try to help provide an early intervention and give families and individuals the ability to put in place the right supports.

Ms. Cheri DiNovo: In 2013, we've already had three families who have basically abandoned their children, saying they can't look after them. I guess the sense of crisis comes through perhaps not so much in the slides.

But a very specific question: In the last budget, Minister McMeekin announced another \$42.5 million to address some of the wait-list issues. I was wondering if you could provide for the committee where that money has gone—just a breakdown. If you could provide that at some point.

Ms. Karen Chan: I can tell you, if you'd like.

Ms. Cheri DiNovo: Okay.

Ms. Karen Chan: Some \$10.5 million of that is for promoting flexibility and responsiveness. What does that mean? That is some of the emergency support for an estimated 600 to 800 adults. So those are the kinds of situations that you were talking about a little bit earlier around the kinds of situations that might come up.

Another \$24.5 million really went to what we call increasing residential capacity, and that's residential accommodation to support or help adults facing—

1700

Ms. Cheri DiNovo: Could you tell me where? You know what? Because I only have a few minutes left,

could you provide this breakdown to us, and where that \$24.5 million actually went, like to whom? So if it is residential, what organizations received it, what institutions—

Mr. David Carter-Whitney: We'll give a breakdown.

Ms. Karen Chan: We'll give you as much as we can.

Ms. Cheri DiNovo: If you could get that for us, that would be wonderful. Thank you.

The other issue that I've heard repeatedly is about the concern about the workers—personal support workers, for example: 70% of them, I gather, are part-time. They're mainly women. There are pay equity issues. I'm just wondering if there has been some move in the ministry to address those.

Mr. David Carter-Whitney: Over time—it is a large sector. We know that there are about 21,000 workers in this sector, through the agencies, employed throughout the province. Karen has some data around the investments that have been made.

Ms. Karen Chan: Yes. Since 2003, there has been about \$246 million invested in agency-based increases. Really, that supports the workers because those are the major costs, as they are for the agencies.

There has been that, I think, that we acknowledge. We recognize that it is a group of individuals that has been maintained at a salary rate and that they are important individuals to service the people with developmental disabilities in the province of Ontario.

Ms. Cheri DiNovo: Again, it would be nice, because we don't have much time here, to see the breakdown just after.

You mentioned 21,000 and where the money has gone. If there is \$245 million—I think that was the figure—in what way has it addressed that pay equity issue for those 21,000? If we could have those, the \$42.5 million and where that has gone, and also the \$245 million and where that has gone, too.

Another very quick question: What is happening to the Special Services at Home funding?

Mr. David Carter-Whitney: In the most recent budget—sorry, I was about to go into Passport language. Special Services at Home is now a program fully for children. Up until April 1, 2012, we operated two direct-funding programs that adults could have, and adults could have SSAH and Passport. What we did was we transitioned SSAH for adults into Passport so that families didn't have to have two contracts and try to figure out which one they put certain costs into. It made it coherent, and we transitioned adults who were already in SSAH into a single Passport funding mechanism. SSAH was made a program for children so that we would—it enabled SSAH funding to stay in the children's system to serve new children as individuals transferred to the adult system.

Ms. Cheri DiNovo: Was the funding cut?

Mr. David Carter-Whitney: No funding was cut.

Miss Monique Taylor: Do I have time?

The Chair (Mrs. Laura Albanese): One minute.

Miss Monique Taylor: Thanks. So back to the transformation between the Special Services at Home and the Passport funding: If you could provide us the information of actual numbers, including dollar figures—the special services may have to come from the youth portion, which I can ask the ministry for—to deal with the Passport funding so that I can kind of get a grip of, “Okay, we have this many people who are getting Special Services at Home, but when they hit adult, where is that flexibility happening?” Because families aren’t getting that money, and it’s not a smooth transition. Do you know what I mean? They’re waiting. So if we—

Mr. David Carter-Whitney: Sure. We’ll give you information. MCSS actually still administers SSAH. It’s an MCSS program still. It’s one of a number of respite programs that are operated in the government, but that one is with us.

SSAH is a program. The budget is allocated for children under 18, for families. When someone turns 18, they receive ODSP, and they’re assessed and prioritized into the adult system. We can provide you with numbers around the number of people in receipt of the programs and the amounts we spend and such.

Miss Monique Taylor: Because we know we have families falling—

The Chair (Mrs. Laura Albanese): Thank you for that. The time has expired, but if you could kindly provide those numbers—

Mr. David Carter-Whitney: Sure.

The Chair (Mrs. Laura Albanese): —we would be very grateful.

Now I’ll turn it over to the government side. Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you, Madam Chair. I’m going to be quick. You mentioned these DSOs. I’m wondering if you could provide the committee with a map of the province and where these DSOs are located. If that could be sent to us.

Mr. David Carter-Whitney: Absolutely. No problem.

Mr. Bas Balkissoon: My second question is on this slide also. It says “adult development services system.” Does that mean when it comes to children, it’s a different model?

Mr. David Carter-Whitney: Yes.

Mr. Bas Balkissoon: It is?

Mr. David Carter-Whitney: Well, as a child—we have an array of different programs that are targeted for children; also people are in the education system. The Developmental Services Act delineates that it’s a disability that begins before the age of 18, before someone has become an adult, essentially. So, within the legislative framework we have, the developmental services system is for someone whose disability originates before 18. As they approach 18 and become eligible for supports under MCSS adult programs, this is the entry path.

Some of the things I haven’t been able to speak to, though, are: There are a number of programs for children,

and we are working with the Ministry of Children and Youth, Ministry of Health, Ministry of Education around what are the pathways between and across—what transition planning can happen? Our protocols seek to have planning start at age 14, in fact. The different systems create an expectation of those funded agencies and our own systems to work in support of family, to have an integrated plan brought into play, so that 18 isn’t a sudden surprise on people.

Mr. Bas Balkissoon: So for a family with young children, to access the system, they have to deal with some of the other ministries before they get to you? Is that how it works?

Mr. David Carter-Whitney: Right. These programs are for adults.

Mr. Bas Balkissoon: Okay. In this model, who do you see as monitoring the other ministries, that service is delivered with equity and good access after you’ve reached your fully transformed model? Because it includes all the other ministries here. Who do you see as that ministry that is totally in charge of this particular service?

Mr. David Carter-Whitney: I would say that we are working across ministries, but the question sort of has an assumption that we might be performing some kind of monitoring function on other ministries. In a fully accessible, integrated world, all Ontarians are treated with equity. The work we’re doing is trying to ensure that the health system is responsible and accessible, that housing supports are accessible. So when you talk about a fully transformed system—

Mr. Bas Balkissoon: But—I have limited time.

Mr. David Carter-Whitney: Sure.

Mr. Bas Balkissoon: But if somebody falls through the cracks and they’re an adult and it’s in a different ministry, is there a coordinating body? Is there one place, one stop that they get somebody to assist them, or do they have to navigate the various ministries on their own? I need to understand.

Mr. David Carter-Whitney: If the nature of the crisis that’s caused is that the family or the individual are into some form of a crisis and it is partly a function of the supports that the individual needs with their developmental disability, our system will pick it up, identify it and they would be prioritized for support.

Mr. Bas Balkissoon: No, when you say the system—

Mr. David Carter-Whitney: But if you’re asking if someone—

Mr. Bas Balkissoon: But where’s the entry point or who’s the coordinating body? That’s what I’m trying to find out.

Mr. David Carter-Whitney: The DSO.

Mr. Bas Balkissoon: The DSO. Okay. So if I get the map of the DSOs, that’ll help me out.

In this model, you say that you’re not there yet and there’s still more work to be done, which, I thank you for telling us that. How far out do you see before we get to resolving all the challenges?

Mr. David Carter-Whitney: Well, I think the message I’ve given you is a few things: One is, some of these

challenges are societal. I don't have a specific answer except that this is not unrelated to things like the Accessibility for Ontarians with Disabilities Act, which envisions a fully accessible Ontario by 2025. We know that the steps we're taking are bringing us closer, but we haven't got all the ways in which we're going to get there quite in place yet. Equally—

Mr. Bas Balkissoon: So you haven't projected how long—

Mr. David Carter-Whitney: —this is a journey. In terms of the parts of transformation around what the funding models are, there are certain very specific technical elements that we expect to have in place in the next couple of years. I would say we are developing the funding model, prioritization, those kinds of things that are on page 4 that say what has been our progress. Those we expect to bring into place within a couple of years.

Mr. Bas Balkissoon: The others you don't know?

Mr. David Carter-Whitney: The whole system is actually still reliant on: Are we making progress about helping people achieve employment? If we're trying to have people take greater control of their lives, do we have a supportive decision-making framework that gives them a voice? There's a whole set of things that we need to continue to work at—

Mr. Bas Balkissoon: I hear you, but I want to know if you have documented goals and targets to finish whatever you're trying to get to.

1710

Mr. David Carter-Whitney: We have documented the plan on this. I don't have a specific timeline at which these will be implemented, yet, no.

Mr. Bas Balkissoon: Okay, thank you.

Ms. Mitzie Hunter: May I just—

The Chair (Mrs. Laura Albanese): Ms. Wong had put up her hand before you, but you can decide—

Ms. Soo Wong: How much time do we have on this?

The Chair (Mrs. Laura Albanese): One minute and a half.

Ms. Mitzie Hunter: Can I just quickly ask about the societal attitudes? Is there a place that you see where those societal attitudes have met this challenge and are demonstrating good practices anywhere in the world?

Mr. David Carter-Whitney: In Ontario, we see a number of really great examples. This is a journey that we have—there are people who are working, who are starting their own businesses. We have people where their support in school has been terrific, and a transition into a workplace. Many people who traditionally would have been considered unemployable, with the right supports, have jobs and are really well integrated.

We can help point you toward some of the organizations that we've seen do that as well. It isn't to say that this is something that is not happening at all, but we still, as a broader society—many people in our society just assume that the group home is the place, that we still need to protect people in a way that still segregates them. It is an attitude—and many parents need encouragement

to dream big and to be supportive in ways that help advance that too. It's a journey.

Ms. Karen Chan: If you look back on slide 2, you would see it's a long journey, and it's a journey that we've been on for a very long time. You can go back in time and say, "Gee, in the 1970s, not that long ago, there were almost completely segregated programs for children."

The Chair (Mrs. Laura Albanese): Thank you. Sorry. The time has expired again.

We want to thank you for your presentation today. We look forward to the information that was requested from the ministry to be forwarded. Thank you very much for your time and for being so patient.

MINISTRY OF CHILDREN AND YOUTH SERVICES

The Chair (Mrs. Laura Albanese): We'll now hear from the Ministry of Children and Youth Services. I would ask them to come forward.

Good afternoon. As you've heard, you will be able to make a presentation up to 30 minutes long, followed by questions by the committee members. As the committee is running a little behind with the clock, we'll divide the time according to how long the presentation will be, so—

Ms. Sylvia Jones: If they could shorten their presentation slightly.

The Chair (Mrs. Laura Albanese): Yes. If they could shorten it slightly, that would be much appreciated. I would kindly ask you to start by stating your name and position in the ministry. You are free to start at any time.

Mr. Alexander Bezzina: My name is Alex Bezzina and I am Deputy Minister of the Ministry of Children and Youth Services. Hello, and thank you for this opportunity. I am joined by two of the directors who work in my organization: Jane Cleve and Esther Levy.

At your will, we can start the presentation. I will attempt to move through it in a 20-minute time frame, allowing time for questions.

The Chair (Mrs. Laura Albanese): Thank you.

Mr. Alexander Bezzina: I will move you right away to page 3, and I'll start off by noting that in the Ministry of Children and Youth Services we actually—other than autism—don't speak about specific diagnoses. We speak about a generic group of kids with special needs. That way, we are much more flexible in terms of addressing needs. They don't have to have a particular diagnosis in order to access issues.

Kids with special needs that receive services from our ministry might have physical, intellectual, behavioural or cognitive issues, so it's a much more generic term than is used in our sister ministry at MCSS.

Within that large group of young people with special needs, we also speak about kids with complex special needs. These are kids who have multiple needs, typically across a number of service sectors or a number of professional interventions. So that's just a definitional thing to start off with.

On page 4, we make reference to an estimated 3.3% of the population significantly affected by these types of conditions. Again, this is a broader base than what my sister ministry was talking about, and so we have kids with complex medical conditions who are technologically dependent, but living at home: kids, as I mentioned, with autism, kids with fetal alcohol syndrome disorder, spinal bifida—and the list goes on.

Prevalence for autism—the rates are changing rapidly. Just a few years ago, the prevalence rate was one in 150, and now it's one in 88. It is a rapidly growing diagnostic category, and care requirements are becoming more and more complex. Part of the reason for that is children who in previous generations would not have survived infancy are now living well into adulthood, and even the life expectancy of a young person with Down syndrome 20 or 30 years ago was 20 or 25 years of age, and now they're living well into their 50s and 60s.

On page 5, we just note that the ministry currently spends about \$915 million funding a number of transfer payment organizations that deliver on a number of different types of programs and services. When the ministry was created some 10 years ago, these programs came to us from a variety of ministries. We now have a basket of services that we fund and/or deliver directly.

I will note that we continue to directly run a particular residential facility called CPRI in London, Ontario. It is directly operated by ministry staff. It offers both residential and non-residential services. It looks at the more complex kids, and they get referrals from all over the province. They have very strong ties with the research community, and they're actually doing some internationally recognized work, for example, in the area of Tourette's syndrome. They continue to do some excellent work in CPRI.

As I noted earlier, other than the autism program and another program called the Infant Development Program, all of our programs are generic in terms of the special-needs language that we use.

We do have an issue—at the bottom of page 5—of what happens to the young people who are in our residential programs when they turn 18. There is little movement into the adult sector, so we end up having an unfortunate backlog, for lack of a better term, which means that beds are being utilized by older and older people, and we aren't able as readily to admit young people into residential programming.

On page 6, I just note a few programs that are funded by other ministries. We work very closely, as I will point out in a moment, with these other ministries with respect to coordination. I will say that there's a long road to go as yet with respect to coordination and integration. I'm not going to blow the horn of the ministry so loudly as to say we've turned a corner. We have work to do, but the good news is that we have full co-operation with other ministries, including MCSS, and as was already mentioned by the individuals who were here on behalf of MCSS, there are still some programs there that serve children.

The Ministry of Health and Long-Term Care's school health professional and personal support service program,

which is a program that provides various health services to children who are attending public schools and need health services in order to attend, is administered through the CCACs.

Then, of course, the Ministry of Education funds a number of programs, special education programs and services, and in 2010-11, school boards were reporting that over 15% of their students were receiving special education programs and services.

1720

Again from a definitional perspective, special needs in a school setting might be different than special needs in a parent's home setting, because in a school setting, you're beginning to see learning disabilities or ADHD that you may not have detected at an earlier age etc. So the numbers don't jive partially because of definitional issues and partially because as children develop, various conditions might manifest themselves during that period of time.

In the next few pages I'm going to talk about some of the current work we're doing in light of the challenges that we face. I want to start off by talking about the families' experiences with services. They have expressed to the ministry on a number of occasions and most recently to the then-parliamentary assistant, now Minister MacCharles—she was our parliamentary assistant last year and she went out and did some consultations with families and service providers, provincial stakeholder associations, with respect to the family experience when it comes to accessing service. She delivered a report to our minister, Minister Piruzza, and if you care for one, I have copies of that report with me today.

Based on the feedback, there was a small increase in funding that the minister announced in the summer—and again, I have copies of that announcement with me if you care to have them. We increased funding to our children's treatment centres by \$5 million and we reallocated money within the autism program to provide additional IBI programs. IBI is intensive behavioural intervention.

We are currently working with the report of Minister MacCharles as well as speaking to stakeholders on a go-forward basis to see how we can address these access issues. In addition, families identified that they have to shop around. They don't quite know where they're going, but on top of that, they're subject to multiple assessments. No matter where they go, they have assessments, and it seems like there are more and more assessments than there are services, from some families' perspectives. They also talked to us about the transition into school and the difficulties associated with that, and the transition into adulthood. There were a number of issues identified in that report that we're currently working on.

On page 8: The minister has also committed to undertaking a review of our autism basket of services from the perspective of family experience. Again, we have begun that process of engaging families at the local level. We've had seven engagement sessions thus far primarily with families, but we've also been talking to service providers. The idea here is again to look at improved

early identification and access to early diagnosis and intervention, improving the efficiency of and the family experience of the IBI program—the Autism Intervention Program is aka IBI—and improving the accessibility and family experience of our newly designed ABA program. This is a newer program that was released a couple of years ago.

We have also established an arm's-length committee to look at the clinical and research issues associated with this. Research in this field changes all the time. It's at the same time exciting because of all the research and the attention that's paid—and we in Ontario have some leading researchers—but it's also confusing to parents and to us as bureaucrats because not all the research aligns with each other. There is contradictory information in the research, but we have established this particular clinical expert committee to assist us in that regard.

We've also established, for the purposes of concerns around transparency about decision-making in the autism programs, an independent review mechanism, which was established last December. As I mentioned earlier, we have reinvested or realigned \$5 million to create additional IBI spaces.

I mentioned earlier that transition into school is difficult, and one area in particular is speech and languages services. There are three different parts of the government that offer speech and language services. We have put a number of demonstration sites together, so that communities can bring those services together and design a program that will assist families to access services, and not have to start all over again the minute they enter the school, which is currently the case in most parts of the province. We are evaluating those demonstration sites, and early indications suggest that parents are very satisfied, wait-lists are going down and outcomes are improving.

I mentioned earlier that we have a number of adults in children's residential services, and some numbers are provided to you at the top of page 10. In collaboration with the Ministries of Community and Social Services and Education, we have developed a transition planning framework. We have asked our regional offices to work with school boards to develop protocols for local transition planning, so that there is one transition planning process that families need to participate in, not one for services and one in the school system etc., as had been the case. I have copies with me, as well, of that framework; it's called Transition Planning for Young People with Developmental Disabilities and, as I mentioned, I do have copies for the committee.

Flipping to page 11, complex special needs: This is an area that I mentioned before. This is our program that has grown significantly over the last 10 to 12 years to address families in crisis. There are families where the local service provision is insufficient to meet their needs, and we have worked to respond to those needs so that the families can remain intact, or other services can be brought to bear so that the needs can be met.

The fund has grown over the last 12 years from a \$22-million fund to a \$102-million fund. We need to make

sense of the program guidelines associated with that and better communicate with it. I don't think anybody anticipated that it would grow so rapidly over time. We are now at a position where we need to make some sense of how that service is delivered, so that it is consistent across the province, and the guidelines, so that they are transparent.

I mentioned earlier that we have a number of initiatives that are inter-ministerial in nature, and in which MCSS, education and, in some cases, health and TCU are involved. One of those areas is our assistant deputy minister's committee looking at care in the long term, looking at the needs of kids and adults over the lifespan. That steering committee has just begun its work, and it will begin to report to the deputy ministers' social policy committee in the near future.

Now, I'll quickly run through what's in the appendices, without getting into any detail. In appendix A, you have program descriptions of the various types of programs that the ministry funds; these are at a fairly high level. In appendix B, you have budgets associated with those program areas, and some approximate number of individuals served. Finally, in appendix C, you have a historical sense of the numbers of individuals receiving the IBI and, more recently, the ABA program through ministry funding.

I'll stop there. I hope I haven't gone over my time.

The Chair (Mrs. Laura Albanese): Thank you very much for your presentation. Each party will now have 10 minutes. Please proceed, Miss Taylor.

Miss Monique Taylor: Thank you very much. Thank you for appearing before us today. Thank you for putting this together so quickly for us; we definitely appreciate it. I'm sure we'll have lots that we'll want for you coming back.

My understanding is that the Ministry of Children and Youth Services was created to approach children's services directly, which brings services together under many jurisdictions. We know that it goes across many ministries. Do you feel that it's working? What are the challenges?

1730

Mr. Alexander Bezzina: I would say to you that we have had significant co-operation at the ministerial level over the last number of years. The challenges associated with every ministry experiencing pressure—the recognition that legislative frameworks differ from one ministry to another: the Education Act versus the act that MCSS has for its developmental services versus the Child and Family Services Act. There are differences in mandates and in how definitions are put forward. There are some issues there, but the thing that we have been able to do over the last couple of years, I would suggest, is come together from the perspective of: What is the family experience? If we start there, which I'm consistently encouraging my team to do in collaboration with their counterparts, then we have something in common and we can work from there. I think that that's where we have seen some good collaboration over the last couple of years.

Miss Monique Taylor: In the presentation, I don't think I've seen much about wait times. We know that the wait times are very high, especially for autism programs and other services that families count on. I would really like to have some of that information back for that.

Mr. Alexander Bezzina: Absolutely.

Miss Monique Taylor: Also, wait times for EAs—educational assistants—within the schools: Would that be under you or education?

Mr. Alexander Bezzina: That is the Ministry of Education. We can ask—

Miss Monique Taylor: Is there collaboration between you and the—for the EAs?

Mr. Alexander Bezzina: Not on the EA side.

Miss Monique Taylor: There are no services that click together between you on that?

Mr. Alexander Bezzina: It comes together in the following way, and that is when—particularly on the autism side—children coming out of some of our programs are entering the school system, we work closely with the teacher and the EA around the particular programming there, but we don't have authority over how EAs are assigned, for lack of a better term. In fact—

Miss Monique Taylor: No, no, I'm not worried about how they're assigned; I'm worried to make sure that they're providing the services that are necessary, right? They would be the same kind of tools. Is there coordination for children's services? We have the DSO, that does coordination for adults. In those kinds of services, is there a specific body or is it also the DSO through children and youth services?

Mr. Alexander Bezzina: At this point in time we do not have a single body that is an access point for families with special needs. In reference to your earlier question, we'll get you some information about our school support program, which is how we come together with education. We have a program that we fund that works together with education, so we'll get you some information on that and what it's supposed to do.

With respect to a single point of access, we don't have one at this point in time. What we do have at the local level is, when families are experiencing difficulties—and it's an issue that cuts across service organizations—and families are experiencing crises, we do have service resolution processes where agencies come together to discuss the needs of the individual family and determine how they're going to meet those needs. The ministry is contacted if the service resolution is unable to come up with an answer.

Miss Monique Taylor: That's probably at a point where a family is already pulling their hair out, not knowing which way to turn.

Mr. Alexander Bezzina: Precisely.

Miss Monique Taylor: So that's really unfortunate: that they just don't have somewhere to go to help them through, right?

The other thing I was curious about—I know we're flying through because we don't have much time. But when they age out into adults, do you have any com-

ments in those regards of how we can make a smoother transition?

Mr. Alexander Bezzina: What I can say is that we work very closely with the Ministry of Community and Social Services and they, in turn, with us so that they are aware of the pressures that we're experiencing. Whenever they have additional money, they work with us to see how they can alleviate some of our pressures, as well as pressures that are arising from other parts of the community. We have an anonymized database, and we work with them to help them understand what our issues are.

The integrated transition planning framework that I referenced earlier will assist, but at the end of the day, I think it's about capacity.

Miss Monique Taylor: How much time do we have?

Interjection.

Ms. Cheri DiNovo: One minute? Just very quickly, I had a family come in, and they were at their wits' end. Their child was in Thistleton, and they were concerned about the future of that child. Could you say something about that?

Mr. Alexander Bezzina: We are most of the way through the closure of Thistleton, and we're still targeting March 31 of next year for final closure. At this point in time, I think 12 of the 13 families have agreed to the placements. We're still working very closely, on an individualized basis, with families to ensure that the transition is smooth.

Ms. Cheri DiNovo: Where are they being placed?

Mr. Alexander Bezzina: Again, we have worked with the Ministry of Community and Social Services, through their funded agencies, to find appropriate placements to ensure that the expertise that is required for the individuals, who have some fairly intense needs, exists within the agencies, and then we are providing the agencies with the additional dollars that are required for them to add capacity. So the dollars we have used to run Thistleton are being transitioned into the community to support those residents, as well as to run the non-residential programs that used to be part of TRC.

Miss Monique Taylor: Thank you.

The Chair (Mrs. Laura Albanese): Thank you very much. We'll go to the government side.

Ms. Soo Wong: Thank you for your presentation. I heard earlier from my colleague opposite who asked a question about wait times. Can you share with the committee all the wait time lists you have to date on different programs? I also want to drill down the wait times based on geography: urban versus rural and north versus east and south. Could you provide that to the Clerk so that we could have it?

The other piece here is that I am very interested to hear about your conversation with respect to the inter-ministry—I think on page 12 you talked about the steering committee and how it consists of the ADMs. Has that committee ever reviewed the wait times between the different ministries? I hear that you have wait times, and your previous speaker talked about wait times. Does anybody review these wait times?

Mr. Alexander Bezzina: The wait times are regularly looked at. On an annual basis, we look at the issues associated with wait times and determine—I should actually pause for a moment. I slipped into using the words “wait times.” I should have used the word “wait-list.” Unlike, for example, the Ministry of Health and Long-Term Care, which largely focuses on wait times, we have wait-list numbers.

Ms. Soo Wong: Okay. Because I’m hearing, unless I’m wrong—I want to clarify. Does the steering committee that you created this year look at these wait-lists to make sure there’s no duplication—for efficiency? Because obviously, the children who are under your care may need the same care from another ministry. Does this committee look at this wait-list?

Mr. Alexander Bezzina: It’s not their mandate to look at the wait-list. Their mandate is to look at how we align efforts at each of these ministries from a policy and program perspective to allow for smoother experiences of service, recognizing that the kids we’re dealing with will become adults and are living much longer. They do need to look at some data, but it’s not necessarily only about wait-lists. Wait-lists are what we know now, but we’re not able to project into the future.

1740

Ms. Soo Wong: My last question, because I don’t want to hog this side of the questions—on page 14, the bulk of your expenditures for MCYS focus on mental health. I know you put on page 13 where the services have been delivered, that it’s not just your ministry providing mental health services to children; you have the Ministry of Health and Long-Term Care providing mental health services. I’d like to know, are there coordinations, communications and best practices there being shared through this steering committee?

Mr. Alexander Bezzina: Again, I can’t say that it’s being done through the steering committee. We have a different project with the Ministry of Health and Long-Term Care when it comes to the interface between our ministry and their ministry. Their ministry largely focuses, again, on adult mental health; we, on the children and youth mental health. It is specific up to the age of 18; theirs is over the age of 18. They also have in-patient responsibilities on the mental health side.

What we’re working on with them now is a number of collaboratives, in which communities, agencies, hospitals etc., are coming together to look at the service integration between the agencies and across the lifespan. Those are happening at the local level, and they’re being evaluated. But this committee really is, at this point in time, very new, and it is an intentional thing that we’ve identified here. We will be moving forward with scoping out what they’re going to do in the not-to-distant future. We just recognized that, without talking to each other, we’re never going to get anywhere. So it’s intentional in nature. It hasn’t really fully formed its scope and mandate.

Ms. Soo Wong: If you could share with the committee the terms of references of the steering committee, it would be very helpful.

Mr. Alexander Bezzina: Absolutely.

Ms. Soo Wong: My last question: You just mentioned that the children and youth piece is focused only on under 18—do you provide services in school then, or just out in the agency dealing with therapy, day programs, residential? Where do you provide this mental health support for children and youth?

Mr. Alexander Bezzina: As a ministry, we provide it in the non-for-profit organizations that are in every community in Ontario, and, increasingly, hopefully in every neighbourhood in Ontario. We have expanded recently. At the same time that we expanded our service delivery, through an increase in funding that we had a few years back, the Ministry of Education also increased their funding for internal mental health support.

Sometimes a kid needs mental health support in the school, and that’s all that is required, just a bit of support. But sometimes the clinical needs are significant. Schools identifying it—perhaps with the parents; there may be behavioral issues—then they refer to the clinical organizations that we fund. So that they’re not doing clinical work in the school; they are providing more general support, but then identification and referral, as required.

The Chair (Mrs. Laura Albanese): Questions?

Ms. Soo Wong: We’re fine.

The Chair (Mrs. Laura Albanese): You’re fine. Then we’ll move to the official opposition.

Mrs. Christine Elliott: Thank you very much for joining us today and for your presentation.

One of the areas that has been pointed out to me by people in my community that’s particularly problematic is the issue of housing for young people who are dually diagnosed. I see that the Ministry of Community and Social Services has responsibility for housing for young people with developmental disabilities; you have responsibility for autism and mental health. Can you tell me if you’ve also identified this as a concern, and if so, what you’re doing to address it?

Mr. Alexander Bezzina: Again, for the most part, our services are focused on kids up to the age of 18. Typically—not always, but typically they are at home with their families. There are situations in which the family is unable for whatever reason to—often for treatment and clinical reasons, they can’t support them at home anymore. In those cases, we do have a series of residential programs. Again, our ministry doesn’t specifically say, “This is for mental health, this is for developmental and this is for autism.” We use the generic term “special needs” because every kid presents somewhat differently, and you really need to tailor the programming to their needs. The residential programming that we do fund needs to have a care plan for each individual, focused on that individual’s need.

Sometimes those kids are able to go back home because treatment needs have been met; they have progressed in terms of some of the issues that they may be presenting with. Other times, it’s a longer-term issue, and that’s when we run into situations where they remain in our residential services but they’re aged 18, 19, 20, 21 etc.

Mrs. Christine Elliott: It does seem, just from what I've heard, that the two populations don't necessarily mix very well in terms of residential facilities, that if there are children who are dually diagnosed with children who clearly have developmental disabilities, that can lead to some problems. But it's something that we will certainly continue to address.

Mr. Alexander Bezzina: Absolutely, and you will know that adolescence is a very difficult time for any child, and any parent of any child. Yes, we're all nodding.

Mrs. Christine Elliott: Yes.

Mr. Alexander Bezzina: When you have children who are non-verbal, who have behavioural issues—you have to be careful of the mix of young people in any residential setting, because the wrong mix can create all kinds of problems. So you're absolutely right, and each of these placements has to be carefully thought through.

Mrs. Christine Elliott: Thank you. I have one other question. That's with respect to the speech and language demonstration sites and the comment that parents made that they wanted these services to be delivered in schools. I see that you have had the children's treatment centres involved. There has been a request from them, as I'm sure you know, that they be allowed to provide those services in schools, rather than the contracted providers. Is that something that you're looking at now?

Mr. Alexander Bezzina: It is something that we're looking at. We're in active conversation right now with the Ministry of Health and Long-Term Care with respect to it.

There are some situations in Ontario where the CTC, the children's treatment centre, is the contracted organization for the CCAC. There's a much smoother experience for families because the CTC is providing, as you know, speech-language, OT, PT, and then, because they are the provider in the school, it's a smooth transition.

Those are the models that we're looking at currently. By studying those models with education and the Ministry of Health and Long-Term Care, we're developing proposals about how we move forward in a more systematic way with respect to this issue.

Mrs. Christine Elliott: That's great. I'm really glad to hear that, because that continuity of care and association with the children's treatment centre seems to be really important to parents and families. Thank you.

Mr. Alexander Bezzina: Thank you.

Mrs. Christine Elliott: I believe my colleague has a some question.

Ms. Sylvia Jones: Thank you for coming.

Mr. Alexander Bezzina: My pleasure.

Ms. Sylvia Jones: I appreciate you shortening your presentation to allow us to ask you a few questions.

On page 10, you speak of adults in children's residential services. While I think it is very kind of you, as a ministry, to take on that responsibility, I think we all have to acknowledge that it isn't your ministry's responsibility. Can you tell me whether your steering committee is dealing with that issue?

Mr. Alexander Bezzina: It is. It is one of the issues that we're dealing with, and we're not leaving it to the steering committee, either. As I mentioned earlier, we share data regularly. When the Ministry of Community and Social Services receives additional funding, as they did this year with the \$42.5 million, they work with us to allocate a certain amount of that so that they can address some of our issues. We're very happy that they do that with us. It has been a long-standing practice now, for several years, that they do that work with us whenever they have an increase. We've got a good working relationship in that regard.

Ms. Sylvia Jones: If we get back to the appropriate care for the appropriate age and the appropriate individual, we are talking, based on your report, 563 adults who are in facilities that have been designed and organized for children.

Mr. Alexander Bezzina: Yes.

Ms. Sylvia Jones: So it really isn't the appropriate level of care.

Mr. Alexander Bezzina: A couple of things in that regard. First of all, we are not going to be in a position where we're just going to kind of say goodbye to these individuals. They have ongoing care.

1750

Ms. Sylvia Jones: Absolutely.

Mr. Alexander Bezzina: As a government, irrespective of ministry, we're focusing on the needs of people. Having said that, it is difficult, at times, when you have an older individual—a 21- or 22-year-old—in the same home as a 15-year-old. It causes issues; absolutely. We work with our service providers to ensure that appropriate oversight and supervision is in place to ensure safety for all, but it is not always the most appropriate place for the type of care that is required.

Ms. Sylvia Jones: So that 563 number: Is it growing? Is it shrinking?

Mr. Alexander Bezzina: It grows annually because the ability of the Ministry of Community and Social Services, given their limited budgets, is not sufficient to actually address the situation or bring down the numbers, and so it, in fact, grows annually.

Ms. Sylvia Jones: But so do your numbers in your ministry.

Mr. Alexander Bezzina: Absolutely.

Ms. Sylvia Jones: So you're putting pressure on the kids that you have a mandate to serve.

Mr. Alexander Bezzina: Right, and it's a reality; I'm not going to debate that with you. It is an absolute reality. The best we can do, as I said, is to work alongside our sister ministry in a collaborative fashion—and it is indeed very collaborative—to determine how we can best address it, given their capacity issues, given that they have pressures from other parts, where you have the aging parent or other issues. They're trying to manage all components of it. We'll continue to work with them, but it is a capacity question at the end of the day.

Ms. Sylvia Jones: For sure. Thank you.

Mr. Rod Jackson: How much time do I have?

The Chair (Mrs. Laura Albanese): Two minutes.

Mr. Rod Jackson: Great, thanks. If I could just refer you to—thank you very much for coming.

Mr. Alexander Bezzina: My pleasure.

Mr. Rod Jackson: I really appreciate it. I refer you to page 11 of your presentation. I just have a question surrounding the funding growing from \$22.6 million to \$102.9 million. I'm just curious. How many children with special needs would have been serviced with that \$22.6 million versus the \$102.9 million? What was the cause, really, of that increase?

Mr. Alexander Bezzina: Off the top of my head, I don't have the number of kids served 12 years ago. I know right now that we have over 800 individual sets of circumstances in which we work with the families and service providers to actually develop specific programs to meet the needs of these families. They present themselves to us, typically, as mentioned earlier, at a late stage through a case resolution table, and then the ministry determines how best we can respond to them. We have had to increase the amount of this funding year over year.

Mr. Rod Jackson: If you could provide that information at a later date, I'd appreciate it.

Mr. Alexander Bezzina: The year-over-year and the number of individuals?

Mr. Rod Jackson: Yes, please. From \$22.6 million to—can you explain to me how that increase happened over time? Do you know generally? Was it an increase in services? Are we getting better care for fewer children?

Mr. Alexander Bezzina: No, it is indeed an increase in services. There are some cost escalations involved in that, but the largest cost driver is the number of kids.

People may remember that, back in 2001—somewhere around that time—the Ombudsman of Ontario released a paper called *Between a Rock and a Hard Place*. What was going on at that point in time was that families were feeling the need to give up care of their young children and/or teenagers to care of the children's aid society because they were between a rock and a hard place. The ministry's response to that was to create this fund to respond to those types of situations so that parents don't have to give up guardianship care of their kid to the children's aid society in order to get services. But that was what was going on back in—well, for quite some time. I won't say it happened only 10 or 12 years ago; it happened in the 1990s and it happened in the 1980s.

The Chair (Mrs. Laura Albanese): Thank you very much for that. We will now go back to the third party. They were shortchanged of two and a half minutes of questions, so we'll go back to them.

Miss Monique Taylor: Thank you, Chair, and thank you for recognizing that.

I'm going to take you to the transformation agenda and how we now have lead agencies putting out services for different communities. That's something that has been newly put in place. I would like to know your thoughts on that. How are we doing, and is it working so far? What are your thoughts?

Mr. Alexander Bezzina: I'm not entirely sure that you and I are talking about the same thing, so let me just try something out. Last year, we announced that we'll be moving to lead agencies for the purposes of children and youth mental health services.

Miss Monique Taylor: Yes.

Mr. Alexander Bezzina: There's a lot of preparatory work that has been under way. We have not moved as yet to the lead agency model. The first thing we did was, we needed to define communities: How many lead agencies are we going to need in order to address different communities' needs? For example, do we need one in Toronto? Should we have one for Hamilton and Niagara or one in Niagara and one in Hamilton? Those are the kinds of definitional work that we've been doing through our regional offices and in collaboration with agencies.

We have also looked at what core services should look like: What should we be funding under the child and youth mental health program? What are the core services? What does research tell us? We haven't really revisited that for a number of years.

Finally, this is a significant change in management as we move from where we're going now to where we want to be. I think, for the most part, family members, agencies and advocates support the move, but the devil is always in the details, and we are working with them to ensure that they understand. In fact, just last week, I sat down with some board chairs of children's mental health organizations to talk about the governance issues associated with all of this and try to address their concerns.

It's a big change, and we're not going to do it overnight. In the meantime, we have put all the new money with respect to children and youth mental health. We're expanding the tele-mental health system and we have expanded our aboriginal programming as well, and we're doing training of the new aboriginal mental health and addiction workers.

Miss Monique Taylor: Do we have any of those figures before us?

Mr. Alexander Bezzina: No. We can provide that to you—

Miss Monique Taylor: I think that would be helpful.

Mr. Alexander Bezzina: Yes.

Miss Monique Taylor: That could possibly be part of a solution that—or it may not be; right? So if we could have some figures around those lead agencies and the supports that are attached to them, that would, I'm sure, be helpful—

Mr. Alexander Bezzina: We'll get a status report.

The Chair (Mrs. Laura Albanese): Thank you. And the members want a copy of the report that Minister MacCharles—

Interjection.

The Chair (Mrs. Laura Albanese): Yes, if we could have that, and whatever—I believe you spoke also of an announcement.

Are members okay with me just asking a question? I just wanted to make sure I understood this correctly. You spoke about collaboration between the two ministries but

also about wait-lists. Does a child need to reapply for services when they turn 18 and they leave one ministry?

Mr. Alexander Bezzina: Yes.

The Chair (Mrs. Laura Albanese): They do?

Mr. Alexander Bezzina: Yes. The legislation that governs the adult system that's funded by MCSS requires that an application and an assessment take place.

The Chair (Mrs. Laura Albanese): So you could have a situation where a child would be on a wait-list, let's say, from age 14 to 18, and then need to reapply and start over?

Mr. Alexander Bezzina: Yes. Typically, we don't have children waiting that long. We try, as best we can, if there's a residential service required—and again, we try to limit it because that's not a natural place for kids to be. If at all possible, we don't want them to be there forever. But if they need it and it's a critical matter, then they're not going to sit on a wait-list. That's our complex special needs approach to funding, and we try to respond.

The Chair (Mrs. Laura Albanese): So you try to respond to the greatest need, but at the same time these situations can exist?

Mr. Alexander Bezzina: Yes.

The Chair (Mrs. Laura Albanese): And do you track them?

Mr. Alexander Bezzina: I'm sorry?

The Chair (Mrs. Laura Albanese): Do you track them, the number of children—

Mr. Alexander Bezzina: We do track the number of young people in our residential programs who may end up applying for adult services, so that we can share that information with MCSS.

The Chair (Mrs. Laura Albanese): Thank you. My time is up.

I need to adjourn the meeting till November 6—next Wednesday. Thank you very much.

The committee adjourned at 1800.

CONTENTS

Wednesday 30 October 2013

Developmental Services Strategy	DS-7
Subcommittee report	DS-7
Ministry of Community and Social Services	DS-9
Mr. David Carter-Whitney	
Ms. Karen Chan	
Ministry of Children and Youth Services.....	DS-16
Mr. Alexander Bezzina	

SELECT COMMITTEE ON DEVELOPMENTAL SERVICES

Chair / Présidente

Mrs. Laura Albanese (York South–Weston / York-Sud–Weston L)

Vice-Chair / Vice-Présidente

Mrs. Christine Elliott (Whitby–Oshawa PC)

Mrs. Laura Albanese (York South–Weston / York-Sud–Weston L)

Mr. Bas Balkissoon (Scarborough–Rouge River L)

Ms. Cheri DiNovo (Parkdale–High Park ND)

Mrs. Christine Elliott (Whitby–Oshawa PC)

Ms. Mitzie Hunter (Scarborough–Guildwood L)

Mr. Rod Jackson (Barrie PC)

Ms. Sylvia Jones (Dufferin–Caledon PC)

Miss Monique Taylor (Hamilton Mountain ND)

Ms. Soo Wong (Scarborough–Agincourt L)

Clerk / Greffière

Mr. Trevor Day

Staff / Personnel

Ms. Karen Hindle, research officer,
Research Services

Ms. Erica Simmons, research officer,
Research Services