

PROVINCIAL FUNDING SHORTFALL OF HUMAN AND HEALTH PROGRAMS AND SERVICES

Presented to

Committee of the Whole

Presented by

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PURPOSE

 Outline provincial funding formulas for programs delivered by the Region on behalf of the province

Demonstrate the growing provincial funding gap and associated impacts

Provide information for continued advocacy efforts

CHS SERVICES



SCOPE OF ANALYSIS

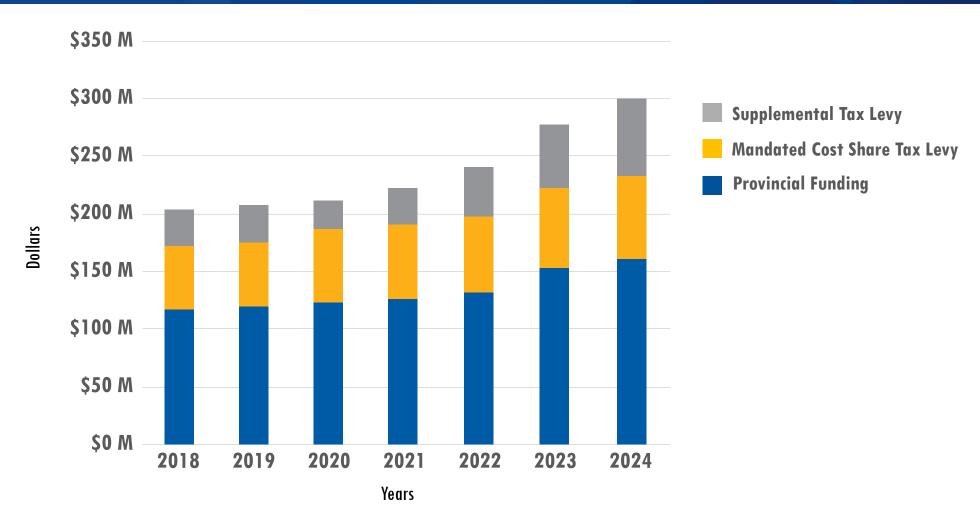


SCOPE OF ANALYSIS AND PROVINCIAL FUNDING MODELS

Ministry	Programs	Funding Models
Ministry of Municipal Affairs and Housing	Emergency and Transitional Housing Operations, Outreach and Supports	Provincially funded with a limit on total provincial funding, no tax levy cost-share requirement
Ministry of Long- Term Care	Newmarket Health Centre and Maple Health Centre	Provincially funded with a limit on total provincial funding, no tax levy cost-share requirement
Ministry of Health	Emergency Services	Cost-share 50% provincial / 50% regional with a limit on total provincial funding
Ministry of Health	Child and Family Health* Healthy Living	Cost-share 75% provincial / 25% regional with a limit on total provincial funding
	Infectious Disease Control Health Protection	
	Ministry of Municipal Affairs and Housing Ministry of Long- Term Care Ministry of Health	Ministry of Municipal Affairs and Housing Operations, Outreach and Supports Ministry of Long-Term Care Ministry of Health Ministry of Health Child and Family Health* Healthy Living Infectious Disease Control

^{*}Excludes – Seniors Dental and Healthy Babies, Healthy Children

FOUR SERVICE AREAS COMBINED - TOTAL ELIGIBLE EXPENDITURES



Provincial funding arrangements do not cover costs

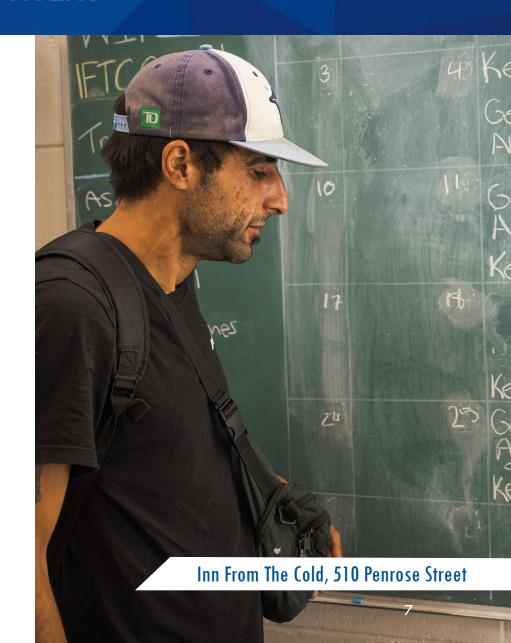
HOMELESSNESS COMMUNITY PROGRAMS: CONTEXT

PROGRAM PURPOSE

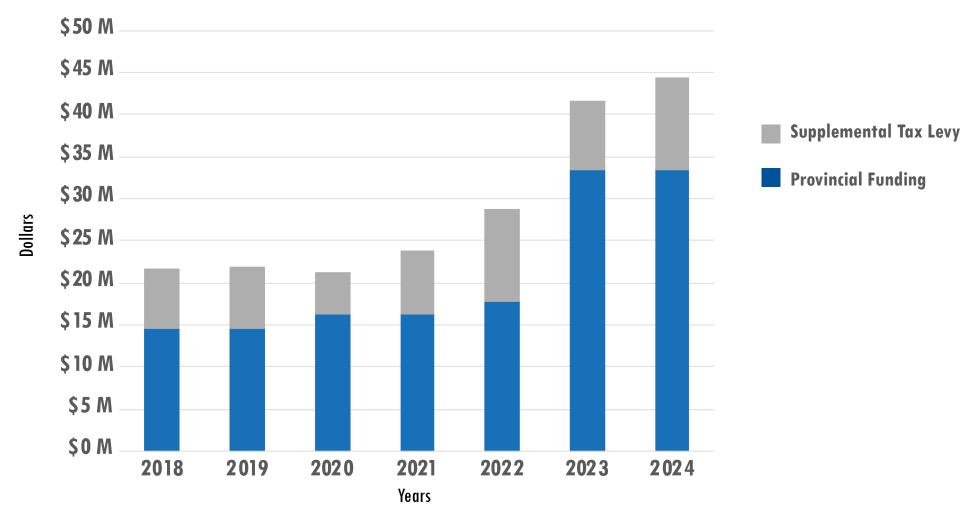
 Programs are designed to help people who are either at-risk or experiencing homelessness to find or keep housing

COST INCREASE DRIVERS

 Increases in number of people experiencing homelessness and length of stay in emergency housing



HOMELESSNESS COMMUNTY PROGRAMS: TOTAL ELIGIBLE EXPENDITURES



Provincial investments are not keeping pace with program needs

LONG-TERM CARE: CONTEXT

PROGRAM PURPOSE

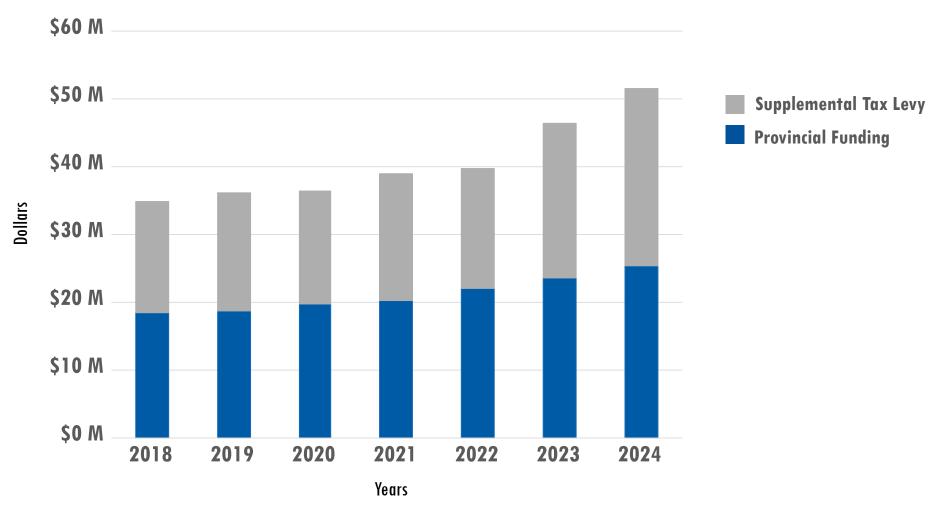
 Operation of two long-term care homes where residents receive 24-hour nursing and personal care

COST INCREASE DRIVERS

- Fixing Long-Term Care Act:
 - Mandate for minimum direct hours of care
 - Expanded menu options catering to personal and cultural preferences
 - Enhanced Infection prevention and control mandates
- Enhanced compliance inspection due to regulations



LONG-TERM CARE: TOTAL ELIGIBLE EXPENDITURES



Provincial funding does not cover costs to meet mandates

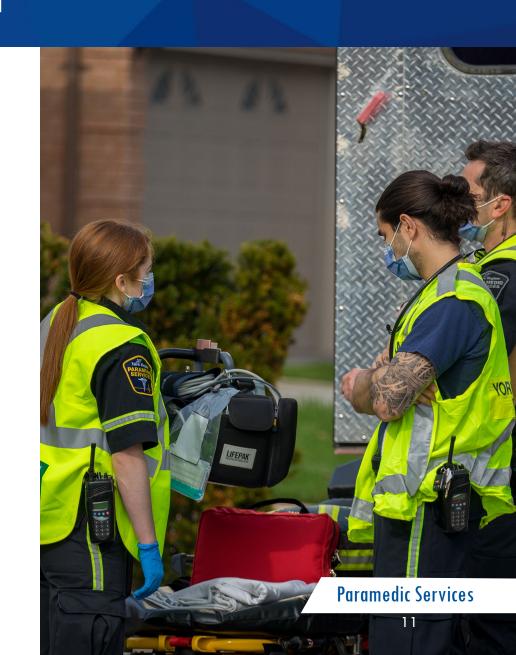
PARAMEDIC EMERGENCY SERVICES: CONTEXT

PROGRAM PURPOSE

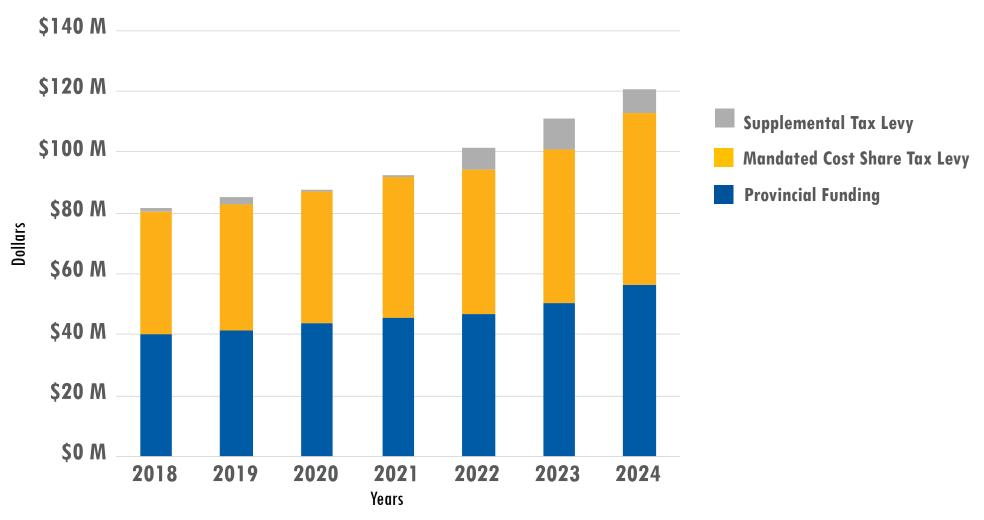
 Paramedics respond to emergency medical calls, deliver lifesaving treatment and stabilize, monitor and transport patients to hospital

COST INCREASE DRIVERS

- Call projections outpace population growth
- Increased time on task from initial patient contact to discharge or transfer



PARAMEDIC EMERGENCY SERVICES: TOTAL ELIGIBLE EXPENDITURES



Supplemental tax levy used to bridge funding lag

PUBLIC HEALTH: CONTEXT

PROGRAM PURPOSE

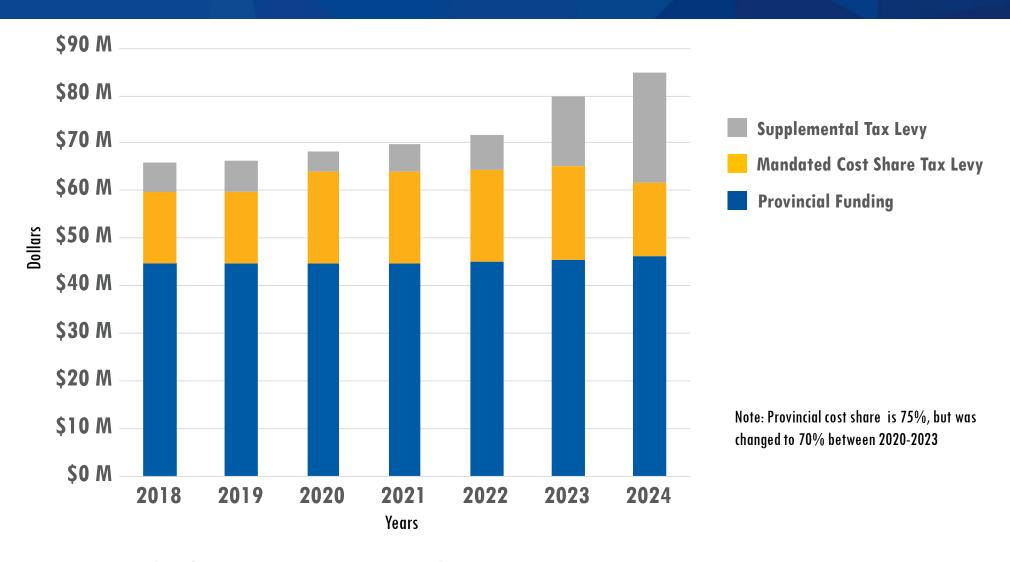
- Public Health delivers 36 programs and services with the approach to:
 - Monitor and assess the health of communities
 - Promote healthy behaviours, policies and environments
 - Prevent diseases and keep our communities safe

COST INCREASE DRIVERS

- Rise in reportable infectious diseases
- Growing number of establishments requiring inspections
- Change in substance use and harm patterns



PUBLIC HEALTH: TOTAL ELIGIBLE EXPENDITURES



Provincial funding arrangement is not keeping pace to cover expenses

SHORTFALL EXAMPLE: COST-SHARE ARRANGEMENT

	2025 Budget (000's)
Total Gross Program Expenses	80,496
Less: Ineligible Expenses	(3,630)
Plus: Eligible Allocations	13,451
Total Eligible Program Delivery Costs	90,318

SHORTFALL EXAMPLE: COST-SHARE ARRANGEMENT

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Plus: Eligible Allocations	13,451
Total Eligible Program Delivery Costs	90,318
Provincial Cost Share Contribution	75%
Funding Required to Deliver Program	67,738
Ministry Funding Cap	46,665
Provincial Funding Shortfall	21,073

CUMMULATIVE FUNDING SHORTFALL

Service	3-Year Funding Shortfall 2022 to 2024 (\$M)	Budgeted 2025 Funding Shortfall (\$M)
Homelessness Community Programs	29.8	24.5
Long-Term Care Homes	66.8	27.1
Paramedic Emergency Services	12.8	4.6
Public Health	32.9	20.7
Total Operating Shortfall	142.3	77.0

ADVOCACY WITH PARTNERS

- ✓ Regular, proactive discussions with provincial ministries for funding to reflect population growth, socio-demographic shifts and increased costs to deliver services
- ✓ Improve provincial systems and services to create efficiencies and showcase successful local innovations
- ✓ Share analysis with sector and community partners
- ✓ Collaborate with Association of Municipalities of Ontario to advocate for a Social and Economic Prosperity Review



RECOMMENDATIONS

- 1. The Regional Chairman and all nine mayors, send a joint letter to the Premier of Ontario and the Ministers of Municipal Affairs and Housing, Long-Term Care, and Health, requesting a meeting to:
 - a. Discuss the existing funding arrangements for mandated health and human services, taking into account population growth, socio-economic shifts and increased costs, and establish permanent sustainable provincial funding solutions to ensure York Region receives the funding needed to deliver these important programs
 - b. Request review of the existing funding arrangements for mandated human and health services

RECOMMENDATIONS

- 2. York Region staff work with community partners, AMO and other public sector organizations to advocate to provincial counterparts for sustainable funding to ensure services delivered by municipalities can meet growing and changing community needs.
- 3. The Regional Clerk circulate the report, to local municipalities, local hospitals, Human Services Planning Board, Newcomer Inclusion Table, Association of Municipalities of Ontario, Ontario Municipal Social Services Association, United Way Greater Toronto, AdvantAge Ontario, Ontario Long-Term Care Association, Ontario Association of Paramedic Chiefs, Association of Public Health Business Administrators, Ontario Alliance to End Homelessness, Ontario Health Teams in York Region and local Members of Provincial Parliament requesting they join in the Region's advocacy efforts.