



2026 Pre-budget Submission

Catch Them Before They Fall

Invest in developmental services to reduce pressure on Ontario's health care, long-term care, and shelter systems

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The Issue in Brief

There are more than 250,000 children, youth, and adults who have a developmental disability in Ontario. In turn, these 250,000 citizens are connected to hundreds of thousands of family members: parents, siblings, grandparents, aunts, uncles, and other extended family.

Families of people who have a developmental disability are an irreplaceable part of Ontario's health and social care infrastructure. When people and families need additional support, developmental service organizations are an integral resource.

Families and developmental service organizations require adequate funding and resources so that people can stay healthy and safe, and the broader health and social care system can operate effectively.

A comprehensive, sustainably-funded continuum of developmental services, including the support that is provided by family members, is critical to ensuring that people with developmental disabilities get what they need. It is also crucial in preventing unnecessary and costly use of hospitals, long-term care facilities, and shelters.

Stories from the Developmental Services Waitlist

"Our daughter is 51 years old. She has Down syndrome. She has always lived at home with us. I am 72 years old and my husband, her dad, is 76. We need to prepare for her future when we are gone. The question that haunts us is what will happen to her when we are gone. She needs to be settled into a happy, safe, secure living situation, with the supports and services she needs before her mother or father pass away. **We have been told the waitlists are very long and the only way to move up on the waitlist is to be in a crisis situation. We desperately want to avoid a crisis situation.** This is so unfair to anyone who lives with an intellectual disability."

- Leona, Brant County

Executive Summary

The developmental service sector, which offers housing and other support to people who have intellectual disabilities, people with Fetal Alcohol Syndrome, autistic people, and others, is a necessary part of any viable solution to skyrocketing health care and housing costs in Ontario.

A shortage of appropriate investment in developmental services, and a lack of funding to keep families of people with developmental disabilities intact, has led to an avoidable crisis. People's needs are becoming more complex, family resiliency is fraying, and funding for developmental services is inadequate to the challenges being faced across the province.

More than 53,000 people are waiting to access developmental services. This is creating unsustainable pressures on families, and on the broader health and social care system. Far too many people with developmental disabilities are stranded in hospitals, long-term care facilities, and shelters. Far too many aging parents are supporting adult dependants without systemic support.

In light of these issues, we are calling on the Government of Ontario to make two key commitments in the upcoming budget cycle:

- Increase annualized developmental services base funding by 3% for the 2026-2027 fiscal year (at a cost of \$112 million), and by 2% in each of the subsequent five years (at a cost of between \$77 million and \$84 million per year).
- Provide full Passport program funding allocations to all eligible people over the next five years, at a cost of approximately \$57 million in 2026-2027, \$114 million in 2027-2028, and \$171 million in 2028-2029.*

These recommendations fit under the umbrella of funding for supportive housing, which consists of housing assistance (e.g., rent-gear-to-income, rent supplements) and support services (e.g., activities of daily living, interpersonal safety, mental health supports) that enable people to live as independently as possible in their community. They fit within the province's Journey to Belonging strategy for developmental services; they respond to the recent Ombudsman report on inappropriate hospitalization; and they are informed by a recent KPMG report commissioned by the Government of Ontario, which showed that by investing in supportive housing, costs can be avoided as people are stabilized and less likely to experience crises requiring more expensive interventions.

*See Appendix A for detailed costing proposals.

1. There is an urgent need to divert people with developmental disabilities from hospitals, long-term care, and shelters

People who have a developmental disability make up approximately 1.5% of Canada's population. There are more than 250,000 children, youth, and adults with developmental disabilities in Ontario.¹

People who have a developmental disability experience pervasive bias and discrimination across their lifespan. Because of the overwhelming marginalization and systemic barriers they face, people who carry this label are at high risk of negative health, social, and interpersonal outcomes, including a higher risk of neglect, abuse, and human trafficking.^{2,3} This creates a costly preventable weight on public finances. For example, adults who have a developmental disability:

- Are 6.5 times more likely than average of becoming 'alternate level of care' (ALC) patients while in hospital,⁴ growing to twelve times more likely for those under age 50.⁵
- Are three times more likely than average to be readmitted to hospital within 30 days of an initial discharge.⁶
- Are almost twice as likely to experience repeat emergency department visits.⁷
- Are more likely to live in a long-term care facility; incredibly, one in every ten adults aged 50-65 with a developmental disability in Ontario resides in a long-term care facility.⁸
- Experience much more frequent admissions to forensic psychiatric facilities, stay there longer, and tend to get stuck there even when they are ready for discharge.⁹
- Account for 22% of people who have spent more than a year in non-forensic psychiatric inpatient facilities in Ontario.¹⁰
- Account for between 12% and 34% of people experiencing homelessness, despite making up less than 2% of the population.¹¹
- Have been disproportionately affected by the opioid crisis, with a higher risk of opioid use disorder and overdose.¹²

These facts make it painfully clear that people with developmental disabilities continue to experience extreme marginalization and vulnerability. This presents an unacceptable burden for people and their families, and creates significant avoidable costs for Ontario's health, long-term care, and shelter systems.



Stories from the Developmental Services Waitlist

“My aunt is 50 years old and completely relies on a care provider every day, all day, to meet her needs. Currently, my 80-year-old grandparents continue to provide care for her, despite the unsafe nature of the care. My family is worried every single day about the safety and wellbeing of my grandparents and my aunt. **We were advised by professionals that the only way my aunt would secure full-time professional care is if my grandparents abandoned her at the hospital and refused to take her home.** We are at a complete loss for what to do next.”

- A niece in Hastings

2. Developmental service waitlists are growing, with no relief in sight

There are more than 53,000 people waiting to access developmental services in Ontario, with more than 28,000 of those waiting to access housing or housing-related support.

Currently, there are two main avenues to access developmental services housing support in Ontario:

- a. Youth with a developmental disability in the care of the province are prioritized for access at age 18;
- b. Adults with a developmental disability who have lost their family caregiver(s), or who are facing some other type of severe crisis, are assessed crisis scores that move them to the top of their regional waitlist.

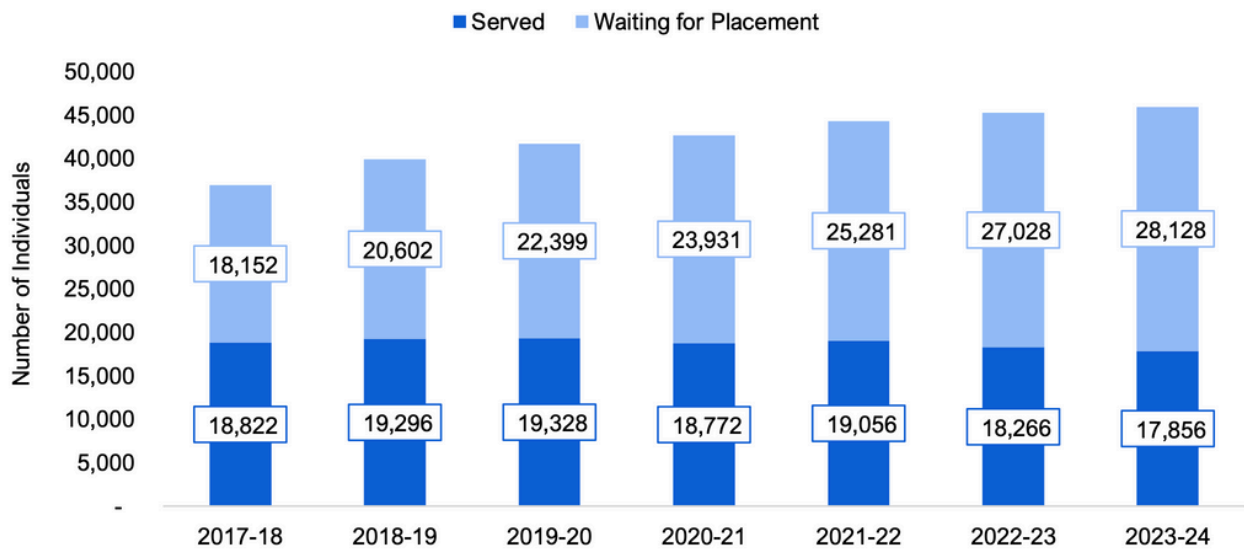
Since developmental service waitlists are not first-come, first-served, thousands of people have been waiting for years to access the supports they need. With current policy, they will only get off the waitlist when they lose a family caregiver, or when a familial relationship breaks down because of stress, age, or illness.

In 2014, the cross-party Select Committee on Developmental Services (including honourable members Christine Elliott and Sylvia Jones) recommended that “the

provision of developmental services and support should be mandated and waitlists eliminated,” and that “the elimination of existing waitlists must be the top priority for government.”¹³

Unfortunately, we are far from achieving this recommendation. While there are 220,000 adults with a developmental disability in Ontario, less than 18,000 were receiving provincially-funded ‘supportive living services’ (i.e., funded housing placements) in 2024. In that same year, there were more than 28,000 people who were eligible for and waiting to access supportive living services, as shown in the chart below (provided by the Financial Accountability Officer of Ontario).¹⁴





It is striking that more people are waiting for these services than receiving them. In 2019, the number of people waiting for supportive living services surpassed the number receiving those services, and that gap has only continued to grow.

Additionally, there are more than 42,000 people waiting to access psychological, social work, caregiver respite, community participation and other supports that would forestall family breakdowns and extend family members' ability to provide care and support over longer periods.¹⁵

The growing developmental service waitlist has broadly negative consequences for people and families, and for Ontario's health and social care systems (as evidenced, for example, by the recent Ontario Ombudsman [report](#) on people who are inappropriately housed in hospitals). Increased investments in family stability and developmental services will reduce the use of inappropriate housing options and increase health and quality of life for people who are highly vulnerable to the negative effects of housing precarity.



Identifying Avoidable Cost Pressures

As a result of the lack of appropriate housing and support, 2,500 people with developmental disabilities (65% of whom are under age 65) are languishing in long-term care facilities.¹⁶

▶ Inappropriate placement of people who have a developmental disability is a significant avoidable factor in lengthening waitlists for long-term care. Wait times in Ontario for placement from the community to a long-term care facility have grown from an average of 163 days in 2018, to 200 days in 2024.¹⁷ 50,000 people are waiting to access long-term care in the province.¹⁸

In the Greater Toronto Area, one in five emergency shelter users has a developmental disability.¹⁹

▶ Homelessness represents a substantial avoidable cost for our health system. In 2022, people experiencing homelessness in Toronto incurred an average of \$12,209 in public healthcare costs, compared to \$1,769 for housed individuals and \$1,912 for housed individuals with low incomes.²⁰

People who have a developmental disability are 6.5 times more likely than average of becoming 'alternate level of care' (ALC) patients while in hospital.²¹

▶ ALC hospital stays cost an average of \$770 per day,²² compared to \$347 per day in developmental services supportive housing.²³ ALC stays often lead to worsening physical and mental health that further drives up long-term costs.



Stories from the Developmental Services **Waitlist**

“My brother’s physical and cognitive health is declining quickly. He lives at home with my senior parents, depending on them 24/7 for support and a stable roof over his head. His everyday life is completely dependent on their well-being – which has been significantly compromised by ongoing mental health breakdowns, complete burnout and exhaustion, as well as two recent cancer diagnoses.”

“Sitting on waitlists with no end in sight means that there is absolutely nothing in place to catch him when they fail – he would fall immediately into crisis and become homeless, end up in a shelter or a hospital.”

“My family critically needs support immediately. We desperately need safe residential group living support so that my brother and my parents are no longer living in physical, mental and emotional crisis.”

- Katie, Brantford



3. Funding of developmental service agencies is inadequate to need

A key driver of the problems outlined above is the fact that base and wage-specific funding for developmental service agencies has been drastically outpaced by inflation, as shown in the below table.

Changes to Developmental Services Base Budget and Wage Funding, 2000 - 2024

Fiscal Year	Base budget increases	Wage-specific increases	Consumer Price Index annual average, % change [†]
2000/2001	0.0%	0.0%	--
2001/2002	1.0% [†]	1.5%	2.5%
2002/2003	0.0%	0.0%	2.2%
2003/2004	0.0%	0.0%	2.8%
2004/2005	0.5%	0.0%	1.8%
2005/2006	1.5%	0.0%	2.2%
2006/2007	2.0%	0.0%	2.0%
2007/2008	2.0%	0.0%	2.2%
2008/2009	1.7%	0.0%	2.3%
2009/2010	1.7%	0.0%	0.3%
2010/2011	0.0%	0.0%	1.8%
2011/2012	0.0%	0.0%	2.9%
2012/2013	0.0%	0.0%	1.5%
2013/2014	0.0%	0.0%	0.9%
2014/2015	0.0%	2.4%	2.0%
2015/2016	0.0%	2.4%	1.1%
2016/2017	0.0%	0.0%	1.4%
2017/2018	0.0%	0.0%	1.6%
2018/2019	0.0%	2.2% [†]	2.3%
2019/2020	0.0%	0.0%	1.9%
2020/2021	0.0%	4.0% [‡]	0.7%
2021/2022	0.0%	0.0%	3.4%
2022/2023	0.0%	10.0% [§]	6.8%
2023/2024	0.0%	0.0%	3.9%
2024-2025	3.0% ^{**}	0.0%	2.4%

[†] Information on base and wage increases for the years 2000 to 2017 was sourced from CLO member agencies.

[‡] Provincial budget, Spring 2018.

[§] \$3.00 per hour 'pandemic pay,' Community Living Ontario calculations.

^{**} Permanent Compensation Enhancement, Community Living Ontario estimate.

^{††} Provincial budget Spring 2024.

While overall developmental services spending has grown in the recent past, this has been driven by the Passport program and the increasing complexity of new entrants to the system, as the [Financial Accountability Officer of Ontario](#) has noted. Despite this general growth in spending, base and wage-specific funding for agencies have not kept pace. In essence, agency service load is increasing atop a weakened core and wage funding base.

At the core of the developmental services sector is a group of values-driven organizations that have continued to operate despite resources being consistently inadequate to need. They operate in a social services sector where the province has allowed the increasing weight of inflation to be borne by non-profit organizations. For example, many people who left the large institutions in the 1980s and 1990s receive the same amount of funding, in nominal dollars, that they did thirty or forty years ago. If their supporting agency received \$85,000 per year to support them in 1992, there is a good chance that they are still receiving \$85,000 today.

Similar pressures apply to a range of costs that are essential to the operations of developmental service organizations: things like training for staff, transportation for people supported, capital maintenance and repairs, heating and cooling, and physical accommodations for an aging population.

Agencies have taken two main approaches to managing these costs: fundraising and cost containment. On the cost containment

side, they have restructured, reduced administrative staff, taken vehicles off the road, rationalized back-office needs, sold office buildings, and even closed supportive housing locations. Cost pressures have also had serious negative effects on staff wages, staff well-being and turnover, and agency-staff relations.

Sustainable levels of base funding would help organizations cover the rising costs of staffing, food, fuel, transportation, heating, maintenance and repair of capital assets, and other critical expenses. The ability to cover these costs has a direct impact on the capacity of organizations to create new spaces for people on the developmental services waitlist, and to ensure people's safety.

Developmental service organizations are a significant source of employment in communities across Ontario. Together employing more than 30,000 people, they are often among the largest employers in their regions. They offer entry-level and mid-level positions that provide decent salaries in stable jobs, injecting \$1.65 billion into communities annually.



Stories from the Developmental Services Waitlist

“Our daughter is turning 43 in a few weeks. Over the years, her behaviour has been getting very difficult to live with. My husband and I cannot plan ahead for anything because we never know what type of behaviour we will be dealing with. Health care providers have tried several medications but nothing seems to work after the initial trial. Her behaviours are getting more physical and her anger and yelling is getting harder for us to endure in our home. **We have reached out many times to find crisis services when we need them and there is nothing.** My husband and I are retired and finding it harder with each of our daughter's episodes to cope.”

- Debbie, Southern Ontario



4. Families are in desperate need of a lifeline

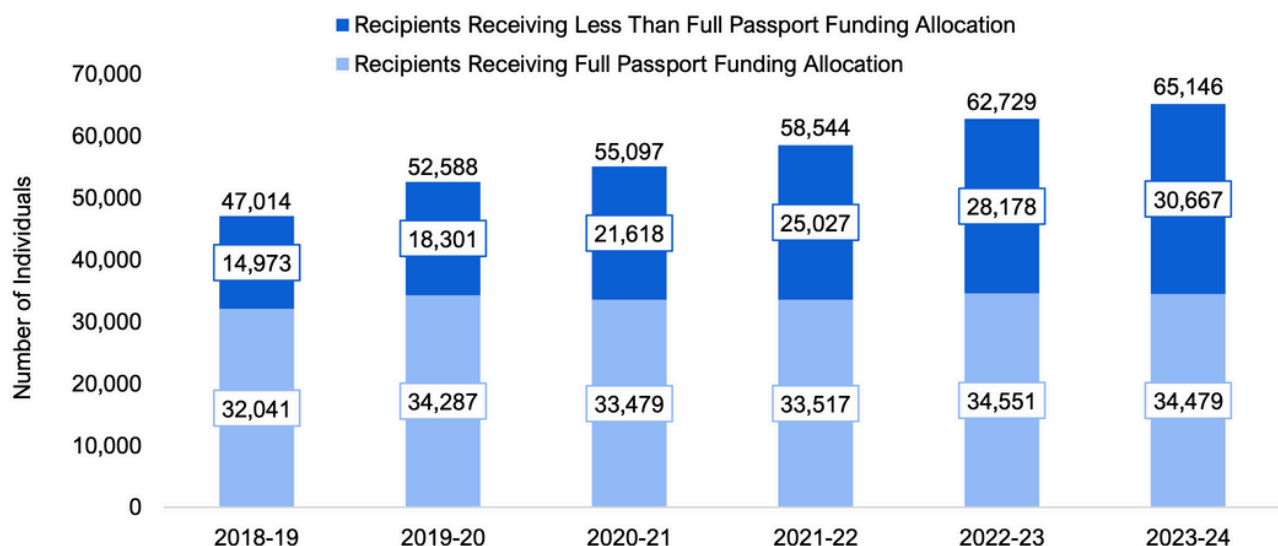
It is well-established that people with disabilities face increased costs stemming from the barriers they face in gaining adequate incomes and meeting their health needs. Likewise, parents (and increasingly siblings) of people with developmental disabilities are obliged to cover a range of out-of-pocket disability-related costs, often while also forgoing employment income because of support-related responsibilities.²⁵

In Ontario, direct funding programs including Passport, Special Services at Home, Assistance for Children with Severe Disabilities, and Enhanced Respite acknowledge and partially address these additional costs. While they are limited in the amount of funding they provide, these programs are valuable in part because they reduce the need for more expensive out-of-home placements.

The Passport Program: A Crucial Protection Against Crisis

Passport is a reimbursement-based program that provides between \$5,500 and \$44,275 per year for adults who are eligible for developmental services, who can use funds to purchase items from a prescribed list. The average full allocation is around \$11,200.²⁶ Given the substantial extra disability-related costs incurred by people with developmental disabilities and their families, Passport is valued across the board.

Currently, everyone eligible for developmental services funding can access a minimum annual Passport allocation of \$5,500, and there is a waitlist to access the full allocation. The Financial Accountability Officer of Ontario reported that, as of December 2023, 34,500 people had access to their full allocation, and 31,000 were receiving less than the full allocation. The number of people waiting for their full allocation has grown by 105% since 2019, as shown in the chart below.²⁷



The Passport program is critical in helping young adults and their families cope with the loss of access to children's services at age 18, helping people hire staff to provide needed services, and supporting short breaks for supporters.

Three-quarters of Passport funds are spent on support workers (\$277 million in 2023-2024) or staffed programs (\$84 million in 2023-2024).²⁸ Support workers and staffed programs are essential to the lives of people who have a developmental disability and their families. They make it possible for people to perform basic activities of daily living like bathing, toileting, eating, and dressing; for people and their supporters to take breaks from each other; and for people to work, volunteer, manage their finances, and engage in countless other activities that non-disabled people take for granted.

Having the resources to pay for these types of support offers protection against the need for more costly health and social services, and against crises that require a transition into funded spaces within developmental services.

In a perfect world, programs like Passport would make it possible for family members of people with disabilities to get the assistance they need, increase their labour force participation, pay more taxes, etc. For some households, this does happen. In other cases, Passport is a much more basic lifeline for (a) people who do not have family members they can turn to for support, and

(b) people whose family members are on the edge of burnout and desperately in need of additional help. It is a protection against unmanageable crisis.

- For a person eligible for \$11,200 in Passport funds, an increase from the \$5,500 minimum to a full allocation would equal about 150 more staff hours per year, or about three more hours per week (assuming an hourly wage rate of \$40).
- For a person eligible for \$22,000 in Passport funds, the jump from \$5,500 would provide 400 more staff hours per year, or eight more hours per week.
- For a person eligible for the maximum of \$44,275, the jump from \$5,500 would provide 1,100 more staff hours per year, or 19 more hours per week.

The relatively small group of people who are eligible for the highest Passport allocations generally have very high support needs, and likely require some kind of support around the clock. They may use a motorized wheelchair and need intensive assistance with bathing, toileting, dressing, moving around, and eating. For people in this group and their supporters, an increase from the minimum to a full allocation – from a few hours per week to three hours per day – would have a significant impact on the overall health of the household. Even a slight increase (say, from three to twelve hours per week) can spur substantial improvements in quality of life.

Stories from the Developmental Services **Waitlist**

“My son is on a waitlist for supported housing in a group home, but my understanding is that he is one of 400 people on the waitlist in this area. Currently, only families in crisis have been able to secure accommodations. **He has been on this waitlist many years; it is unlikely he will find a place until I am no longer able to physically take care of him.**”

- Pamela, Toronto

“We are on the ‘priority list’ but know that she will only get a spot if we are in **crisis**. We are aging parents, and I had to retire as we had no idea where our daughter would go or do after she graduated school. This unknown is very stressful and taxing on our mental and physical health.”

- Martina, Ottawa



5. Investments for strong families and developmental services are a cost-effective solution to skyrocketing health care costs

A comprehensive, sustainably-funded continuum of developmental services, including support provided by family members, is absolutely necessary to improving health and quality of life for people who have developmental disabilities. It is also crucial in preventing unnecessary and costly use of hospitals, long-term care facilities, and shelters.

The 2022 KPMG report, *Cost Avoidance Review of Supportive Housing*,²⁹ found that “by investing in supportive housing, costs can be avoided as people are stabilized and less likely to experience crises requiring more expensive interventions.” More specifically, “every \$10 invested in housing and related supports can save up to \$20 in provincial systems like healthcare, justice, shelter, and social assistance.” In the specific case studies examined by KPMG, “cost avoidance was primarily observed in the health sector, specifically in decreased hospitalizations and emergency department visits.”

It is clear that the developmental service sector has cost and quality advantages over the health care system. The advantages of supporting family caregivers and family integrity are equally evident.

We must also look beyond short-term costs. While shelters and long-term care facilities may be less expensive (sometimes marginally so, as in the case of long-term care), neither of these systems are appropriate places for people who have a developmental disability. They are simply not equipped to meet people’s needs in a way that ensures health and quality of life. As the KPMG report noted, “not all benefits of supportive housing can be quantified in dollars spent or saved but rather, have a positive impact on an individual’s quality of life, mental health stability, independence, and dignity.”

Increasing investments in home- and community-based developmental services represent a cost-saving measure over the long term. By boosting the ability of organizations and families to support people who have a developmental disability, we will increase people’s health and well-being, and reduce the likelihood that they will end up in hospitals, long-term care facilities, and shelters. Further, by expanding the number of vacancies in developmental services, we can create pathways out of inappropriate settings.

For more information, please contact:

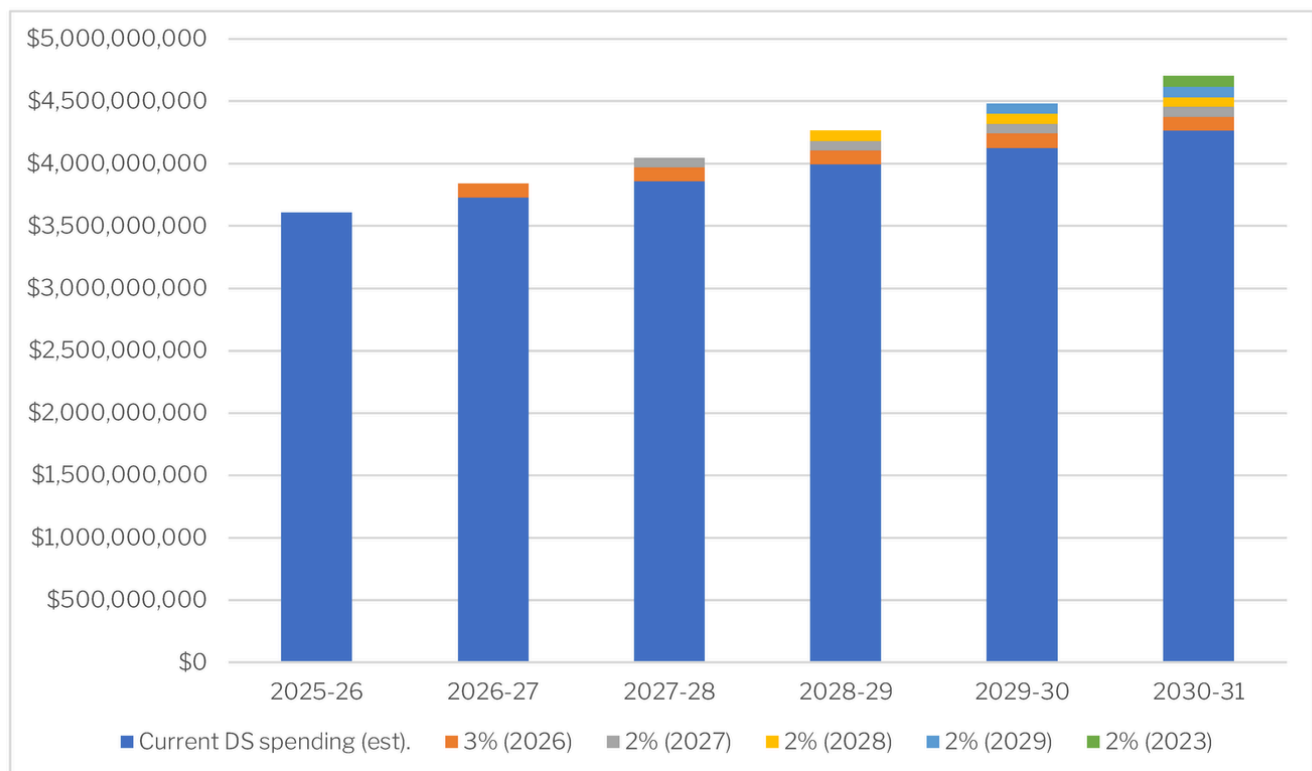
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APPENDIX A – DETAILED COSTING

Proposed Investments, Developmental Services

	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Current DS spending (est).	\$3,606,000,000	\$3,730,000,000	\$3,860,000,000	\$3,995,000,000	\$4,130,000,000	\$4,265,000,000
+ 3% (2026)		\$111,900,000	\$111,900,000	\$111,900,000	\$111,900,000	\$111,900,000
+ 2% (2027)			\$77,200,000	\$77,200,000	\$77,200,000	\$77,200,000
+ 2% (2028)				\$79,900,000	\$79,900,000	\$79,900,000
+ 2% (2029)					\$82,600,000	\$82,600,000
+ 2% (2030)						\$85,300,000
Total, proposed	\$3,606,000,000	\$3,841,900,000	\$4,049,100,000	\$4,264,000,000	\$4,481,600,000	\$4,616,600,000
Net new investment		\$111,900,000	\$77,200,000	\$79,900,000	\$82,600,000	\$85,300,000

Estimated Annual Developmental Services Spending, Plus Proposed Investments⁷

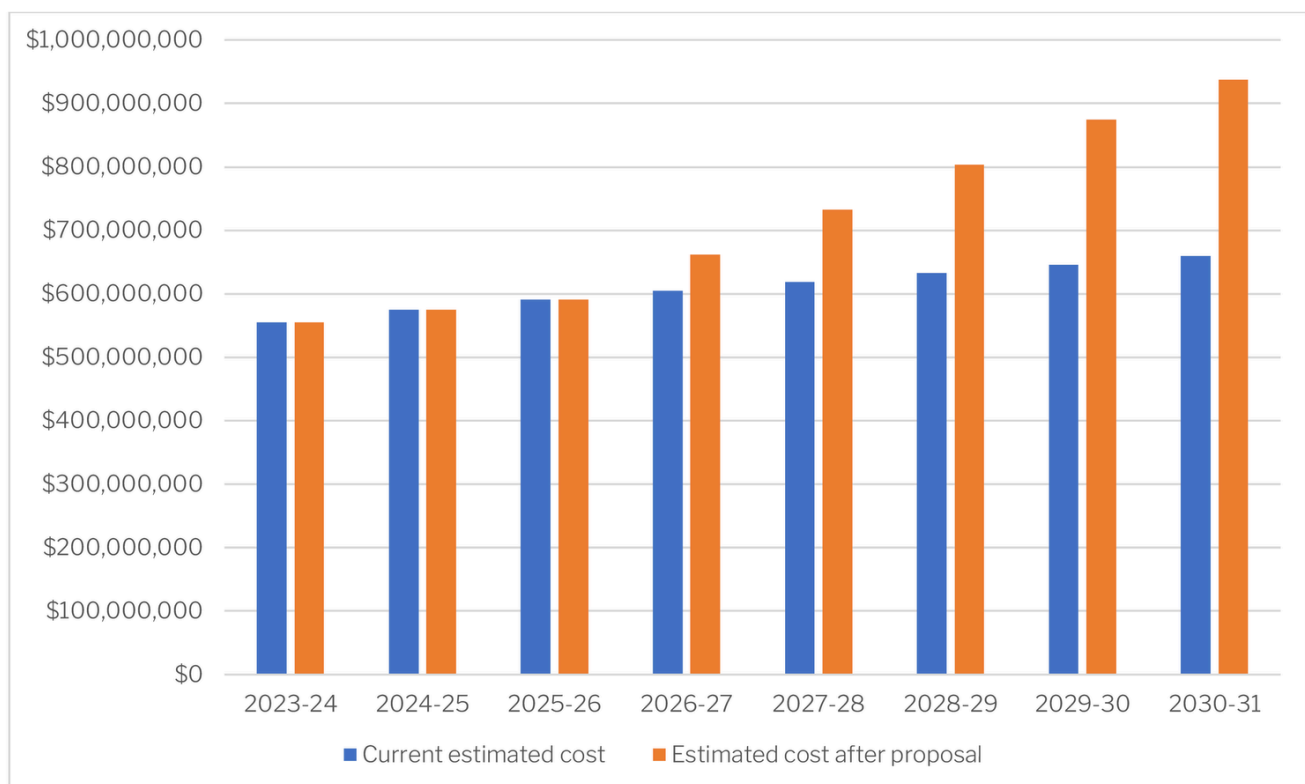


⁷Current spending estimates sourced from <https://fao-on.org/en/report/FA2305-MCCSS/>.

Proposed Investments, Passport Program

	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Current recipients	71,146					
Net new system entrants		2,500	2,500	2,500	2,500	2,500
Future recipients		73,646	76,146	78,646	81,146	83,646
# with full allocation, proposed	35,000	45,000	55,000	65,000	75,000	83,646
# waiting, proposed	36,146	28,646	21,146	13,646	6,146	0
If no change, # w/ full allocation	35,000	35,000	35,000	35,000	35,000	35,000
If no change, # w/ minimum	36,146	38,646	41,146	43,646	46,146	48,646
Estimated current cost	\$590,978,000	\$604,728,000	\$618,478,000	\$632,228,000	\$645,978,000	\$659,728,000
Estimated cost with proposal	\$590,978,000	\$661,778,000	\$732,578,000	\$803,378,000	\$874,178,000	\$937,253,430
Net new investment		\$57,050,000	\$114,100,000	\$171,150,000	\$228,200,000	\$277,525,430

Passport Spending Estimates, Current vs Proposed⁸



⁸Current spending estimates sourced from <https://fao-on.org/en/report/FA2305-MCCSS/>

NOTES

¹ Statistics Canada (2024). Developmental disabilities, 2022. [Proposed Investments, Developmental Services](#).

² A. Cotter (2018). Violent victimization of women with disabilities, 2014. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54910-eng.htm>.

³ C. Jagoe, P. Toh & G Wylie (2022). Disability and the risk of vulnerability to human trafficking: An analysis of case law. Journal of Human Trafficking, 11(2). <https://www.tandfonline.com/doi/full/10.1080/23322705.2022.2111507>.

⁴ Selick, A., Morris, S., Volpe, T. & Lunskey, Y. (2023). Supporting alternate level of care (ALC) patients with a dual diagnosis to transition from hospital to home: Practice guidance. Toronto, ON: Centre for Addiction and Mental Health. Available: [Proposed Investments, Developmental Services](#).

⁵ E. Lin et. al (2019). Addressing gaps in the health care services used by adults with developmental disabilities in Ontario. Institute for Clinical Evaluative Sciences. [Proposed Investments, Developmental Services](#).

⁶ Centre for Addiction and Mental Health (2019). [Addressing gaps in the health care services used by adults with developmental disabilities in Ontario](#).

⁷ Centre for Addiction and Mental Health (2019). [Addressing gaps in the health care services used by adults with developmental disabilities in Ontario](#).

⁸ Centre for Addiction and Mental Health (2019). [Addressing gaps in the health care services used by adults with developmental disabilities in Ontario](#).

⁹ HCARDD. [Developmental Disabilities in Ontario's Criminal Justice and Forensic System: Using Data to Tell the Story](#).

¹⁰ HCARDD (2025). [Patients with intellectual and developmental disabilities substantially over-represented among long-stay psychiatric inpatients](#).

¹¹ D. Lamanna et. al (2020). Supporting Efforts by Intellectually Disabled Adults to Exit Homelessness: Key Ingredients of a Cross-Sector Partnership. [Psychiatric Services](#).

¹² Q. Guan et. al (2022). New opioid use and risk of opioid-related adverse events among adults with intellectual and developmental disabilities in Ontario, Canada. [BJPsych Open](#).

¹³ Ontario Select Committee on Developmental Services (2014). Inclusion and Opportunity: A New Path for Developmental Services in Ontario.

¹⁴ Financial Accountability Office of Ontario (2024). MCCSS: Spending plan review.

65,000 people also receive between \$5,500 and \$45,500 per year via the Passport program, with an average allocation of about \$11,200.

¹⁵ Developmental Services Consolidated Information System.

¹⁶ Freedom of Information request, Ontario Ministry of Long-Term Care, 2024.

¹⁷ Health Quality Ontario (2025). Wait times for long-term care homes.
<https://www.hqontario.ca/system-performance/Long-Term-Care-Home-performance/wait-times>.

¹⁸ Ontario Long-Term Care Association (2025). The data: Long-term care in Ontario.
<https://www.oltca.com/about-long-term-care/the-data/>.

¹⁹ M. Braithwaite (2024). Road home: Struggle for safe home even greater for those with disability.

²⁰ L. Richard (2024). The cost of inaction: Healthcare expenses associated with homelessness in Toronto.

²¹ Selick, A., Morris, S., Volpe, T. & Lunskey, Y. (2023). Supporting alternate level of care (ALC) patients with a dual diagnosis to transition from hospital to home: Practice guidance. Toronto, ON: Centre for Addiction and Mental Health. Available:
<https://www.camh.ca/en/professionals/professionals-projects/hcardd/projects/supporting-alc-patients-dual-diagnosis-transition-hospital-tohome>.

²² K. Basu (2025). Estimating the cost of Alternate Level of Care when it is inextricably linked to the cost of acute care: A Canadian example. Hospital Topics, 1-11.
<https://www.tandfonline.com/doi/full/10.1080/00185868.2025.2474761?af=R#abstract>.

* Original 2020 figure of \$641, expressed in 2025 dollars.

²³ The Ontario Public Accounts show that the Government of Ontario spent \$2,261,760,290 on supportive living services in 2023-2024, supporting (according to the Financial Accountability Officer of Ontario) 17,856 people, for an average cost of 126,667 per year, or \$347 per day.

²⁴ Statistics Canada (2025). Consumer Price Index, annual average, not seasonally adjusted.

²⁵ See, for example:

M. Stabile & S. Allin (2012). The economic costs of childhood disability.

S. Mitra et. al (2017). Extra costs of living with a disability: A review and agenda for research.

²⁶ According to the Financial Accountability Office of Ontario, 30,667 people received the Passport minimum in 2023-24 (i.e., \$168,668,500 in total). With a total Passport spend of \$555 million that year, this means that the 34,479 people receiving a full Passport allocation accessed \$386,331,500, or \$11,205 per person on average.

²⁷ Financial Accountability Office of Ontario (2024). MCCSS: Spending plan review.

²⁸ Ontario Passport Agency Network presentation to the Provincial Network on Developmental Services, July 2024.

²⁹ KPMG (2022). Cost avoidance review of supportive housing. Contact author for access. For more information, see <https://www.thetrillium.ca/news/housing/more-supportive-housing-could-help-ontarios-health-system-government-hired-firm-found-10572525>.

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Community Living Ontario is a non-profit provincial association that has been advocating with people who have developmental disabilities and their families for more than 70 years. We proudly work alongside people, family networks, and more than 120 local agencies operating in communities across the province, to ensure that people's personal, health, and social support needs are met.

Charitable Registered Number: 119248524 RR 0001


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