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(Hansard)**

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(Hansard)**

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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

2nd Session
42nd Parliament

Friday 21 January 2022

**Comité permanent
des finances
et des affaires économiques**

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2^e session
42^e législature

Vendredi 21 janvier 2022

Chair: Ernie Hardeman
Clerk: Michael Bushara

Président : Ernie Hardeman
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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Friday 21 January 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**COMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES**

Vendredi 21 janvier 2022

The committee met at 0900 in room 151 and by video conference.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, everyone. The Standing Committee on Finance and Economic Affairs will now come to order. We're meeting today to continue public hearings on pre-budget consultations, 2022, for the southwestern region of Ontario.

The Clerk of the Committee has distributed committee documents, including written submissions, virtually via SharePoint. To make sure that everyone can understand what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak, and as always, all comments should go through the Chair.

Are there any questions before we begin? Seeing none, each presenter will have seven minutes for their presentation, and after we've heard from all the presenters, there will be 39 minutes for questions from members of the committee. This time for questions will be divided in two rounds of seven and a half minutes per round for the government and for the official opposition, and two rounds of four and a half minutes for the independent member.

With that, we will call the presenters. Each presenter, as they're called, will give us their name for the Hansard, and they will have seven minutes to make their presentation. I will let them know when we are at six minutes, to make sure they don't get caught off guard when I say, "That's it."

ALZHEIMER SOCIETY OF ONTARIO
CANADIAN MENTAL HEALTH
ASSOCIATION WINDSOR-ESSEX COUNTY
KITCHENER-WATERLOO
ASSOCIATION OF REALTORS

The Chair (Mr. Ernie Hardeman): We'll start with the presenters. The first presenter this morning is the Alzheimer Society of Ontario, if they would come forward. I would also suggest that if there's more than one speaker in any delegation, each speaker must identify themselves before they start speaking.

Ms. Cathy Barrick: Good morning, Mr. Chair and committee members. Thank you for the invitation to speak with you today. My name is Cathy Barrick. I'm the CEO of the Alzheimer Society of Ontario. I'm joined today by

Carol Walters, the CEO of the Alzheimer Society Southwest Partners.

In communities across Ontario last year, the Alzheimer Society of Ontario supported over 100,000 people living with dementia and their care partners. Our 27 local offices provide education, counselling, respite, system navigation and other community supports.

I will now invite Carol to share more about how the Alzheimer Society has supported clients across southwestern Ontario over the past year.

Ms. Carol Walters: Thank you, Cathy.

I'm Carol Walters of Alzheimer Society Southwest Partners. Our local Alzheimer Society's call to action is that no one living with dementia goes unsupported. Our team of staff and volunteers know that we work in an environment of continuous change. The COVID-19 pandemic is an excellent recent example, where our program delivery system immediately shifted, with our clinical team calling clients to check in and to let them know we were still here to help. Within a few weeks of the pandemic, all of our client services were up and running in a virtual format.

The pandemic also highlighted the importance of community partnerships. It is through these collaborative partnerships that we were able to continue to provide service in new and innovative ways.

It is also through the spirit of innovation that the Alzheimer societies of London and Middlesex, Elgin-St. Thomas, and Oxford county decided to unify to become the Alzheimer Society Southwest Partners on July 1, 2021. This system-level project has improved access by removing the artificial boundaries created by our county borders. It has amplified our collective impact by taking advantage of efficiencies found in unification, and allowed our staff to bring their focus and considerable skill to the most important area of our work: serving our clients. With more than 13,000 people living with dementia in the Elgin, Middlesex and Oxford communities, it is through unification and community partnerships that we will be able to sustain and grow the level of service needed to meet the increasing demand.

To help describe the impact of our services, I will share a testimonial from one of our clients: "When I arrived at her house today, my mum was despondent, sliding out of her chair and mumbling nonsense, and wouldn't acknowledge me. After an hour and a half with Chantaya, her Alzheimer Society in-home recreation therapist, she was

sitting up, engaged in activities, identifying birds, colouring, and together they were singing hymns and songs. I cannot tell you how amazing this experience is for my mum and how much I appreciate our connection with the Alzheimer Society. It warms my heart and soul.”

Programs such as in-home recreation therapy not only provide meaningful engagement for people living with dementia, but they also provide vital respite for care partners. Care partners are an essential part of the care team for someone living with dementia, yet the strain of this role can be overwhelming and difficult for care partners to manage. Every provincial Alzheimer Society client survey found the greatest sacrifice care partners make is the time for self-care, activity and relaxation, and this impact increases as the condition progresses. Our programs help to educate and support care partners to enable them to keep those they’re supporting at home longer, and programs that engage people living with dementia provide that vital respite for these health care heroes.

I will now hand the floor back to Cathy to speak more about how the provincial government can better support people living with dementia here in southwestern Ontario and across the province.

Ms. Cathy Barrick: Thank you, Carol.

Capacity constraints in our hospital and long-term-care sectors that have been exposed over the past two years can be tracked back directly to a failure to support Ontarians with dementia in their desire to age at home. Half of all ALC days in our hospitals are attributed to an older adult living with dementia, and 8,000 long-term-care beds in Ontario today are occupied by someone who could be living at home with proper support.

Our pre-budget submission has been circulated to committee members, and we urge you to consider our eight recommendations. Home and community care providers, including the Alzheimer Society, are nimble, efficient and ready to do more. We call on the provincial government to treat budget 2022 as an opportunity to place the home, not the hospital, at the heart of Ontario’s dementia care system. This involves dedicated funding for dementia-specific respite services, exploring innovative models to keep people living with dementia out of hospital and long-term care for as long as their condition allows, and increased resources for First Link system navigation to support more Ontarians living with dementia and their care partners.

Not supporting care partners means you will eventually end up with two patients instead of one. Budget 2022 should include help for those who give so much to others, financial support in the form of a refundable caregiver tax credit, and expanded access to self-directed care options for families affected by dementia.

Thank you once again for the invitation to speak with you this morning. We look forward to your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

We now will go to the Canadian Mental Health Association Windsor-Essex County branch.

Ms. Claudia den Boer: Thank you, Mr. Chair and committee members, and good morning. Thank you for this opportunity to speak to all of you. My name is Claudia den Boer. I am the chief executive officer of the Windsor-Essex county branch, and I am the executive lead for community mental health at Hôtel-Dieu Grace Healthcare. I am joined this morning by my colleague Mr. Bill Marra, who is the president and CEO of Hôtel-Dieu Grace Healthcare. This is an important partnership and formal collaboration that we have together, and we have made some significant strides in assisting the community and its residents to navigate the mental health and addiction care system and in providing a more seamless continuum of mental health and addiction care.

The CMHA Windsor-Essex County branch is one of nearly 30 CMHA branches province-wide that serve more than 100,000 Ontarians, making us the largest community mental health and addictions provider in the province. The single most challenging issue we face is the lack of adequate base funding. Coupled with Bill 124 and the health human resource challenges brought on by the pandemic, without increased funding and an expert workforce, meeting this increased demand for service across the province will be extremely difficult, if not impossible. This is why the CMHAs, through our provincial office at CMHA Ontario, are requesting an 8% increase to our collective base budgets, which equates to \$24 million.

A large proportion of our branches have not received base increases in as many as five to 10 years, and in some cases 20 years. While other sectors such as our child and youth mental health sector received a much-needed and deserved 5% overall increase, CMHA Windsor-Essex has only received one base increase in the last two years, of 2%. This financial shortfall, along with the added pressure of increased demand, warrants a base increase. In turn, this will negate the need to implement service reductions in order to balance budgets, which will only serve to further exacerbate the mental health issues of our community.

0910

Given the impact of the pandemic on the overall well-being of Ontarians, it is critical that mental health promotion programming that has gone unfunded for years receives funding. As with physical health, if mental health issues are addressed early, the negative impacts later in life can be mitigated or even eliminated altogether. The demand for mental health and substance use supports province-wide has increased, and the demand for CMHA programs and services is at an all-time high. At CMHA Windsor-Essex, we have experienced an overall increase in referrals of over 20% and extended wait times.

Just to give you a few examples:

At coordinated access, which is the point of first contact for individuals seeking mental health and addiction services, we have seen a 65% increase in referrals. That, in turn, trickles down to other CMHA programs and services, as individuals are navigated to the most appropriate support to meet their needs.

In our diversion and court support, we’ve seen a 40% increase in referrals; in just the safe beds, a 75% increase in referrals.

In terms of waiting lists for our supportive housing program, we've seen wait-lists worsen over the pandemic, with youth waiting 79 days and adults waiting 122 days for access to housing.

In therapy, which has seen the largest demand, we've seen an increase of 144% in the wait time for therapy services, and that was despite adding a pandemic response therapist to support the overwhelming increase in referrals during the pandemic.

In our rent supplement program, despite a welcome and much-appreciated market increase to the Rent Supplement Program, wait-lists for housing, which can be extremely lengthy in major centres, continue to grow.

Recent funding allocations, although much appreciated, have been tied to specific programs and do not address the year-over-year increase in the cost of operation for current programming, equally critical to meeting both the burgeoning demand and the provision of salary equity to our valued staff.

Given our commitment to and reputation for providing high-quality, evidence-informed client care, it is essential that we be able to recruit and retain skilled staff. Without a base budget increase and the lifting of Bill 124, salary inequities will continue, and we will not be able to attract and retain the required staff talent and to honour those health care heroes who have worked so diligently throughout the pandemic.

With increased funding, CMHA Windsor-Essex, with the support of our collaborative partner Hôtel-Dieu Grace Healthcare, would be able to bring the following to fruition: For those living with substance issues, we could provide more sustainable withdrawal management services, including rapid access to addiction medicine clinics and coordinated in-community withdrawal and recovery services.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Claudia den Boer: We could enhance the coordinated access model to provide more timely assessments and access to programs and services, to support people in crisis and divert them from the emergency department, addressing housing needs in a more timely manner, providing more health promotion programs, implementing strategies to attract and retain individuals to our skilled team, and investing in technologies.

In closing, this is a critical time for the community mental health and addictions system, and with increased funding, we have an opportune time to finally address the mental health and addiction issues that Ontarians struggle with every single day. We look forward to building on the positive efforts taken to date to support the mental health of Ontarians.

Mr. Chair, that concludes our remarks. Thank you again for this opportunity.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Our next presenter will be from the Kitchener-Waterloo Association of Realtors.

Ms. Megan Bell: Good morning, Chair and members of the committee. My name is Megan Bell. I'm president

of the Kitchener-Waterloo Association of Realtors. Joining me today is Nicole Pohl, past president of the Kitchener-Waterloo Association of Realtors. It is our pleasure to be here today to participate in the pre-budget consultation for the 2022 Ontario budget.

Ontario has reached a breaking point when it comes to housing affordability. Housing supply is at historic lows. Prices are increasing dramatically year after year, and the salaries of Ontario families are simply not keeping pace. The average price of a home has reached \$850,000 in Waterloo region, and it's over \$1 million for a single detached home. More and more, we're finding our clients are unable to afford this price point. These are people who have worked hard and are doing everything right, but the skyrocketing cost of housing has meant that the dream of home ownership is not an option for them. They are frustrated, they are upset, and now, more than ever, they are looking to governments to help find solutions.

Today, we will outline a policy option for Ontario that will encourage much-needed gentle density in regions across Ontario, like Kitchener-Waterloo, and allow for more Ontario families to find a place called home.

Ms. Nicole Pohl: Good morning. My name is Nicole Pohl. I am with the Kitchener-Waterloo Association of Realtors.

In many neighbourhoods across Ontario, implementing as-of-right zoning will allow for the seamless and legal development of gentle density in our neighbourhoods. This would include duplexes, triplexes and fourplexes, without unnecessary and lengthy case-by-case zoning approvals. In many neighbourhoods in the Kitchener-Waterloo area, it's still currently illegal to convert a single family home into multi-units without a zoning bylaw change. If I owned a wartime bungalow and I wanted to tear it down to build a single family mansion, I could easily do that, but if I wanted to turn that same bungalow into a duplex or a triplex, it would require a zoning bylaw change that would both delay the project and cost additional money.

We are asking the province to make necessary changes to allow for the seamless conversion of single-family homes into multi-family units—no rezoning required. This change would increase housing supply and help make housing in Kitchener and Waterloo more affordable.

Ontario could go even further by allowing for as-of-right zoning outside of urban neighbourhoods and allow for the conversion of corner lots into multi-residential complexes. This policy tool is being adopted in cities in the United States. Portland, Oregon has already allowed for as-of-right zoning on corner lots for several years, ensuring that the largest-sized lots are being used to house more families.

Modernizing Ontario's zoning framework should also be coupled with a new municipal challenge fund to support timely zoning updates and reduce the zoning approval times in suburban and rural Ontario.

A recent study conducted by the Fraser Institute found that long and uncertain building permit approvals, costly fees and local opposition to new homes slow the growth

of the housing stock. The result is fewer new homes and a growing pool of buyers, leading to rising prices and increasingly inaccessible homes.

Ontario should be financially incentivizing municipalities to update zoning to reduce approval times for new projects and get more housing supply to the market sooner.

Ms. Megan Bell: There have been many ideas brought forward to address housing affordability. However, KW realtors want to urge the government to focus on evidence-based policies as opposed to those that will only grab a quick headline in the news.

We strongly oppose the idea of banning the traditional offer process. There is no evidence to suggest that abandoning the existing process for an auction-style system would make housing more affordable. An open auction process would create auction fever, forcing people to make the single largest purchase of their lives with their emotions in the driver seat and little time to think rationally.

In other jurisdictions like Australia, where auctions are common, the cost of housing has actually gone up, not down. According to the Australasian Accounting, Business and Finance Journal, “the high-energy, almost hysterical process of trying to overpower and outbid the person standing next to you actually does inflate prices.”

The government of Ontario has already made the bold decision to allow for all offers and their contents to be shared with those making an offer on the home, provided that all parties choose to opt in to the open offer process. However, mandating that Ontario homeowners sell their home through an auction-style process takes away their fundamental right to sell their home through their preferred offer process and will drive up our home prices even further.

0920

Ontario’s housing affordability crisis is very real and is having an adverse impact on would-be homeowners across Ontario. The 2022 Ontario budget is an opportunity to adopt a number of pro-growth, pro-housing ideas to get more homes built to help address the affordability crisis. As we’ve already discussed, ending exclusionary zoning would be a great first step.

Thank you, Chair. We’re happy to answer any questions at this time.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. That concludes the presentations for the first panel.

Before we go into the questions, I think MPP Arthur has arrived—if he would identify himself.

Mr. Ian Arthur: I’m MPP Ian Arthur, and I am in Kingston, Ontario.

The Chair (Mr. Ernie Hardeman): Thank you.

We’ll now start the questions. We’ll start with the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all the presenters this morning.

I have a quick question for the KW realtors. The idea of fast-tracking or making it less onerous to create duplexes and multi-family houses makes so much sense. You’re using your fixed land that you have available, and you’re

building the housing where people want to live, which is in our neighbourhood. So I’m very supportive of that. I want to know, genuinely, where is the opposition to this idea, and why can municipalities not move forward on their own with this? Has that happened in other jurisdictions?

Ms. Megan Bell: I’m not sure if it has happened in other jurisdictions, but I think it would help with affordability, and it’s going to help with rental units as well. If a first-time homebuyer can put a suite in the basement of that wartime bungalow that typically has side access, which already is kind of set up for a configuration to have a suite in the basement, that’s going to help them afford a home, because we can put that towards their purchase price. It’s also going to help with the rental market. It’s so tight in Kitchener-Waterloo, as I’m sure you know. It’s going to help to even get even more rental units out there.

Ms. Catherine Fife: Kitchener has allowed for secondary units on property—like converting nanny suites, garages. Would you say that has proven to be very successful?

Ms. Megan Bell: Yes.

Ms. Catherine Fife: Okay, so it’s a really good idea.

The open auction idea: I have to do more research on that, quite honestly, Megan. The lack of transparency in the whole bidding process, I think, is worrisome for people. But you’ve given us an example in Australia where it was proved not to be successful, so that’s valuable.

Once again, thanks again for coming to this morning’s session. I’m going to pass it over to MPP Gretzky.

Chair, we’re well represented today by London and Windsor on the committee, so it’s going to be a fun day for our folks.

Go ahead, Lisa.

Mrs. Lisa Gretzky: I want to start off by thanking Claudia and Bill for presenting today.

Claudia, we heard you say that the single most challenging issue is the lack of adequate base funding and Bill 124. I know that we join you in the call for the government to repeal Bill 124.

I’m going to ask about the opioid pandemic. There’s a conversation going on here locally—and I fully support the safe consumption sites. I did a tour of the one in London. I see the incredible value that it’s bringing to that community. I’ve heard stories about the lives that were saved there and the incredible work that they’re doing. I’m wondering if you could talk about the importance of safe consumption sites and what kind of impact that has—more specifically, to our community—as we’re seeing more and more overdoses and people being taken to hospital here.

Ms. Claudia den Boer: Yes, I couldn’t agree with you more. I 100% support the consumption and treatment site. I think what is so powerful and what has saved lives over and over—and the research has borne this out—is providing people with the supports to use safely. But I think what is equally as important is having those wraparound supports available so that when individuals are truly ready to take that step of recovery—and not everyone is ready

when we might think that they should be, but it's being able to provide those supports at a time when we can take advantage of their readiness to go down that path—as well, just to continue to ensure that they are not using alone. We know that the number of deaths across the province has been staggering: up to a 60% increase in deaths. I absolutely believe that a CTS will help to save the lives of our community residents.

Hôtel-Dieu Grace is a lead provider of withdrawal and addictions services, so maybe I'll see if there's anything you want to add, Bill.

Mrs. Lisa Gretzky: I was going to try to tie that in, actually, and talk about the great work that Hôtel-Dieu does. I often hear from constituents about that disconnect in local services—and that is not on our service providers by any means. It's, frankly, funding for those services. You have to save their lives first, which is the point of these safe consumption sites. But the disconnect between going through withdrawal management and then the wait for housing and other services and how we just keep seeing this cycle—I want to be clear to everyone on the call, and I think Bill and Claudia would agree, that we are not talking about the stereotypical person who's addicted to drugs. This can happen to anybody. It could happen to anybody on this call, frankly.

Bill, could you talk about the work that you do at Hôtel-Dieu and why housing is so important and what that connectivity would look like?

Mr. Bill Marra: Good morning, Lisa, Mr. Chair, and everyone on the committee. Thank you for this opportunity.

First and foremost, I fully endorse the presentation from my colleague Claudia. As you know, Lisa, we have a very unique formalized partnership with CMHA, a model that we like to brag about. I know Minister Tibollo has been to Windsor on a couple of occasions and understands the importance of it. The consumption and treatment services location was endorsed by council already this week, so we're certainly looking forward to the province endorsing the position taken by city council. You're correct; it won't be the answer to everything, but it's certainly one added component to a strategy which will support citizens and individuals who live in our communities struggling with mental health and addictions.

As you very much know in your riding, we operate a 20-bed withdrawal management program. It is not uncommon whatsoever to see individuals, unfortunately, appear on a regular basis—because what happens is, there is that disconnect, Lisa. You're right, and I know you know this.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Bill Marra: We don't have that seamless opportunity to provide the withdrawal management service and then either get them housing or get them into a treatment facility. So that's where we need to work collectively—municipalities, provincial governments, health ministries, and all the jurisdictions—hitting those gaps that exist between very good services from the service providers, because we lose people in between. And it does happen to

everyone—not that it could happen; it does. I know from both personal and professional experience exactly what you're talking about.

We appreciate that we're time-limited in these situations. We know you all know the impact of what's happening in our communities, and we thank you for giving us the due diligence and the proper attention and, hopefully, the resources to proceed with some of these key strategies.

Mrs. Lisa Gretzky: I'm not sure where we're at for time, Chair. I think we're almost out.

The Chair (Mr. Ernie Hardeman): You have six seconds left. With that, we will say your time is up.

But before we leave—we would ask Bill if you could introduce yourself for Hansard.

Mr. Bill Marra: My name is Bill Marra. I am the president and chief executive officer of Hôtel-Dieu Grace Healthcare in Windsor.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes this one.

The next would be the independent member; I don't believe we have one present yet. If there's none, we will go to the government. MPP Smith.

0930

Mr. Dave Smith: I've got a couple of questions, actually, for all three, so I will try my best to get all of you in.

I'll start with the Alzheimer Society. You made a request for a caregivers' tax credit. Could you expand a little bit on what specifically it is? Are you looking for a tax credit simply because someone is a caregiver? Are you looking for a tax credit because they've had to expense something? Percentage-wise, dollar values, those types of things—just so that we have that for the record if we're going to be looking at how we would do it.

Ms. Cathy Barrick: I'll take the question first. Thank you, MPP Smith.

I'll read right from our pre-budget submission: “Over two thirds of care partners across Canada report being in need of financial support, but less than a quarter receive any ... the Ontario Caregiver Organization reports that nearly half of care partners experienced financial hardship.... The only dedicated government assistance available to all care partners is the Canada caregiver credit which gives, at most, under \$10,000 in non-refundable credits.”

We are asking for an expansion of this in terms of a provincial tax credit—

Mr. Dave Smith: Sure. What I'm looking for from you, specifically, is a dollar amount, because it is a budget process that we're looking for and we'll be looking at the dollar amounts. So how much of a tax credit are you looking for?

Ms. Cathy Barrick: I don't actually have an answer to that at this moment, but definitely more than \$10,000. Caregivers often spend upwards of \$75,000 to \$100,000 to care for people living with dementia, so something that has a more meaningful impact in terms of a tax credit would be beneficial.

Mr. Dave Smith: I'm going to jump over to the Windsor CMHA group next. You talked about some of the challenges on mental health and addictions. Specifically, you talked a little bit about the CTS. Absolutely, I agree that the CTS is a great pathway into treatment. What we need is the full continuum of care on it. You did address some of those things. I did hear Hôtel-Dieu talk about having 20 residential withdrawal beds. There was just a little over \$31 million that we committed in additional annual funding back in August. The application process came out in the fall.

I'm curious: Did you guys apply for more residential treatment beds—something that would be beyond the withdrawal management portion of it, and into that second stage of residential treatment?

Ms. Claudia den Boer: My understanding is that the House of Sophrosyne and our Brentwood Recovery Home, which are both providing residential supports, did make an application. I'm personally not aware of how that has played out, but I will advocate on their behalf. Certainly, with the House of Sophrosyne, those are regional beds as well, and I think that is an important part of the care continuum, as you have identified, and we know that the pressures there are equally great. I believe there continue to be opportunities for those two organizations as well as Hôtel-Dieu Grace to access some of those funds that are coming forward to support that element of the continuum.

Mr. Dave Smith: Because it very much is a continuum. When someone is experiencing a mental health or an addictions challenge, there are different degrees and different stages that they're at. There is no single one entry point for some individuals coming in. The safe consumption side of it is the pathway in. But once they identify that they are ready for some form of treatment, we've got about 72 hours, and that's it.

It's great to have residential treatment beds for withdrawal management. That is absolutely a necessity for some of those who have a very severe addiction, but we also have to have the other levels of beds and have them available to individuals as they're coming in. So I applaud you on the work you guys have been doing in Windsor on that. Thank you very much. It is something that does make a very positive difference.

I just wanted to make sure you were aware of the \$31 million that we had allocated this past fall in brand new annualized funding for new treatment beds so that you do have that full continuum of care on it.

Lastly, I'm going to jump over to the Kitchener-Waterloo Association of Realtors. One of the challenges that we've seen all across Ontario—and Peterborough is no exception to it—is a lack of inventory, which is driving prices up. There have been some concerns about companies investing in property; I think it has been described at times as a virtual safe box. I don't see that as really the driving factor. What I see—locally, at least—is that there is a significant lack of inventory.

When you were talking about the exclusionary zoning—not everyone in Ontario understands exactly

what that is. Is it safe to say—and I'm going to paraphrase—that if something is zoned as R1, it is impossible, then, to put a triplex or a quadplex on that property? You can't go in and buy that wartime cottage for X amount of dollars, demo it and then drop a triplex or fourplex on it? I specifically say “triplex” and “fourplex” because that is a significantly different density than a 100-unit apartment building. Is that a safe summary of it?

Ms. Megan Bell: Yes.

Mr. Dave Smith: So you're suggesting, then, that corner lots should be able to be converted very easily to something that is multi-residential.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Dave Smith: In your opinion, would there be pushback from the neighbourhood if the neighbourhood was all single-family residential, and we were to make that type of a change, where the low-density multi-residential could be put in that place? Is there going to be NIMBYism and pushback on that?

Ms. Nicole Pohl: Hopefully not. A lot of jurisdictions do have some type of restrictions as to how that has to be handled. So if you wanted to build, let's say, a fourplex now, you can't have all four doors sitting at the front of the property. It has to look kind of like either a single detached home or a semi-detached home, so that it fits into the neighbourhood. I think if there are criteria that say, “Yes, you can do it. You don't need to change the zoning, but you have to fit it within these confines, so it still looks like that single-family home,” then I don't think there should be any NIMBYism.

I think everyone in the region understands what a massive affordability issue we have. When you look at our generation, we're freaking out. How are our kids going to be able to afford to live in the city?

The Chair (Mr. Ernie Hardeman): That concludes the time for this question.

We're finished with the first round. We're going to the second round, starting with the official opposition. MPP Armstrong.

Ms. Teresa J. Armstrong: Good morning, everyone. Thank you to the presenters today who are participating in the pre-budget committee.

I want to talk about home care and direct my question to the Alzheimer Society of Ontario. In our offices, we're getting a lot of competing issues with the pandemic, and many things have come to light that were struggling prior to the pandemic. Home care is one of them—and community care for that matter, as well.

In your presentation that you provided—I did read it—you talk about removing barriers to self-directed care funding by expanding the program eligibility to include people living with dementia and their care partners and/or their power of attorney, so I want you to expand a little on that. By removing those barriers, how would that impact the people living with dementia, the care partners, the ER visits, the ALC beds and long-term care? This government and many governments before it—quite frankly, the NDP have always said home care needs to be a priority. As we see the senior population growing older, we need to make

sure that people are aging in place. It's the best place for them to age. So by removing that barrier to self-directed care, how would that facilitate keeping people home longer—and the overall cost of the ERs and long-term care?

Ms. Carol Walters: I'll start with the response, and then, Cathy, you can add on.

The Self-Directed Care Program—where this could help is really ensuring that care partners and those who are caring for the individual in their home have the very specific services that are required to enable that. Using the system of care sometimes doesn't always meet the exact need that's needed, and the timing of what's needed.

0940

I'll give you an example of care partners. A lot of times when you're caring for someone with dementia in the home, sleep sometimes is difficult. People with dementia tend to have odd sleep patterns, so sleeping at night is difficult. Being able to bring someone in in the evening hours to allow a care partner to sleep goes a long way. It's managing the very specific care that's required not only for the person with dementia but also the person caring for them. It's very important that they're a duo and they're working together.

Definitely, MPP Armstrong, as you indicated, the best place for them is in their home. By allowing them some flexibility around choice and bringing in that specific care, the likelihood is that they would be able to care much longer at home.

Ms. Teresa J. Armstrong: If they're not qualifying with dementia specifically as eligible for self-directed care, how do care partners and people living with dementia access that care that you're referring to? Is it paid out of pocket? Is there some other fund they can go to?

Ms. Carol Walters: A lot of times, it is paid out of pocket. During the pandemic, there were a few funds at the local level that came forward that allowed for a certain level of flexibility and respite care for care partners bringing services into the home. Certainly, the community support services agencies—there's a number of us who work very closely together to coordinate care for individuals in their home to ensure they have everything from meal prep to housecleaning services to respite services to very specific dementia services to be able to support them at home. It is usually out of pocket that this needs to come—but also drawing on any of the community services that are available to help.

Ms. Teresa J. Armstrong: I'll just wrap by saying that really just leaves a two-tier system. Those who can afford that private care are able to pay, but those who can't suffer without it.

I'm going to pass the next round of questions to MPP Terence Kernaghan.

Mr. Terence Kernaghan: I'd like to thank all the presenters.

Today, I'd like to focus my questions to the Alzheimer Society of Ontario. I'd like to thank Carol and Cathy for your presentations. I've had the opportunity to visit and to witness first-hand the thoughtful, responsive and caring work that you do.

My first question: If we take a look at the number of Ontarians who are living with dementia now—the quarter-million individuals who will double over the next 20 years—and the overuse of ALC beds, with the investment of \$3.26 million in the First Link system navigation, how will this save the province money as an upstream investment?

Ms. Cathy Barrick: I can start with that question. Thank you very much for the compliments and for the question.

First Link care navigation is actually a critical health care need. When someone is diagnosed with dementia, for either the person themselves or their care partner, navigating the system and the supports that are available to them is an extremely overwhelming task. What we find happens, without the support of First Link care navigation, is that when a crisis occurs—and sometimes not even a crisis; they just need support—they actually end up in the emergency department. So by dedicating funding to support people as they navigate the health care system for home care, respite services, self-directed care, all the things that have already been addressed, it actually keeps people out of the emergency department—not only the person living with dementia, but their care partner as well. It's a dual-focused role in that it supports both caregivers and people living with dementia. As I mentioned in my remarks, without supporting care partners, you end up having two patients in the health care system instead of just one.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Terence Kernaghan: I want to touch on the caregiver credit. With respect to the government members—this caregiver credit isn't solely about purchases, is it? What financial impacts do caregivers experience as a result of their care role?

Ms. Cathy Barrick: I can take that as well.

Absolutely, there are care costs—hiring private respite etc. But there are also costs to their own mental health in terms of not being able to look after themselves, not being able—so it could be things specifically for care partners to have some respite. It could be paying for a therapist, to have some emotional support during the pandemic, or through the journey and the pandemic, frankly.

The Chair (Mr. Ernie Hardeman): The time has expired for this presentation.

I don't believe we have an independent member. If not, we will go to the government. MPP Roberts.

Mr. Jeremy Roberts: Thank you to all of our presenters this morning. They were three very interesting presentations.

I'm going to start with our representatives from CMHA, Claudia and Bill. It's very nice to see you this morning. Although I represent a riding in Ottawa, I consider Windsor a second home, as most of my family on my mom's side is down in Windsor. In fact, I have a couple of relatives who work at Hôtel-Dieu, so I know it well and I know the fantastic care that's being provided there.

I want to pick up on something, Bill, you just mentioned. You mentioned the great and unique partnership that Hôtel-Dieu has with CMHA. I'm wondering if you can expand on that a little bit. I'd like to learn more. We're seeing a lot of new capital builds for hospitals and health care across the province, and I'm wondering if there are some lessons that should be learned from the experience that you've had in Windsor.

Mr. Bill Marra: Thank you for the question and for your kind words regarding our hospital.

I'm new in my role. I just recently transitioned into the CEO role, from my former colleague Janice Kaffer. I want to acknowledge her and Claudia, who were trailblazers and who established a very important legacy relationship between the two. It is formalized. There's a memorandum of understanding. The board of directors had the courage and the conviction to make a big step. I say that because as much as there's always talk about collaboration and partnerships, there's always trepidation, always concern around losing one's identity or position in the community, especially when it involves hospitals. There's a concern that hospitals will come in and take over, and that has not been the case as all. The integration has worked out well. In fact, Claudia, in her role as CEO at CMHA, is part of our leadership team as well. She's the executive lead on our leadership team. This has nothing to do with compensation. There's no compensation exchanged; it's expertise, it's resources, it's collaboration.

We are co-located in downtown Windsor, on Ouellette Avenue, in a crisis and wellness centre also known as the Transitional Stability Centre—we believe it's very unique and one of a kind in Ontario—where we provide barrier-free access to individuals who are experiencing a mental health and addictions crisis. It was meant to assist with ED diversion, because as you all probably know, our emergency rooms are jammed with so many other challenges. We have collaborative, integrated managers on-site, collaborative and integrated employees on-site. We have partnerships with the municipality, with individuals who provide shelter support in the community. It's really intended for people to walk in, visit with somebody immediately, even if it's an initial assessment, and then referrals are created for them. Often, when individuals are in a crisis, the last thing on their mind is understanding what is the pathway to get a certain service or to connect with a service provider. We provide that support through this integrated relationship.

I'll defer to Claudia, because she was very much involved in the early days of the partnership. I'm sure she can shed more light on that.

Thank you again for the question.

Ms. Claudia den Boer: Thanks, Bill.

The only thing I would add is, what is so powerful about this collaboration is that we were able to retain our individual identities, and so the focus has been on service integration. So at the front line, where it matters for the clients, it doesn't matter which organization or which program, but we are navigating individuals to programs and services that best meet their need. We didn't have to

get into all of the governance and all of the things that take so long to sort out. We just were immediately able to get to providing a better care experience and a highly navigated journey for those who most need those kinds of supports.

Thank you for the questions.

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Mr. Jeremy Roberts: That's really interesting to hear, and it's great to hear that that model has worked so well in Windsor. I think that's part of the vision of Ontario health teams—to build a more collaborative, more connected health care system in each of our different health care regions—so it's great that you guys are on the forefront of that mission.

I'm curious—and maybe this is a question for Claudia: One of the things that I've been involved in in Ottawa is that we pulled together during the pandemic a community response table of different agencies, chaired by the United Way, to tackle different pandemic-related issues as it relates to vulnerable populations. One of the pillars on that was, of course, mental health, and I had the opportunity to bring a number of agencies together to meet with Minister Tibollo, to share some learning that they had during the pandemic on how they were able to pivot and whether or not there were lessons learned that could go beyond the pandemic. I'm curious if there's anything like that you would like to share with the committee. Obviously, Minister Tibollo has been doing a lot of hard work in this area, and there are still portions of the Roadmap to Wellness that are coming together. I'm always interested to hear more feedback on that. What has been working? What have you been able to pivot towards during the pandemic? And what lessons have been learned?

Ms. Claudia den Boer: To just echo your comments about Minister Tibollo, he has been a wonderful advocate and support for mental health and addictions services.

I would highlight that we have a similar table of individuals who came together particularly around the pandemic. I think the pandemic, although it has been an unprecedented challenge, has also brought community providers together in ways of working together that we hadn't even conceived of.

One example that we had in Windsor was when we had a significant outbreak in one of our large shelters, to the degree that they could not shelter in place.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Claudia den Boer: Working with our municipality and a number of community providers, we actually stood up a temporary shelter in a city asset, the aquatic centre, which was a beautiful setting. It was not intended for this purpose, but overnight it was converted and was providing up to 80 spaces of shelter for individuals who were part of our homeless community. I think it was really a tribute to all of those partners who came to the table with whatever they could bring, to support this high-risk, vulnerable community during a time of need.

Mr. Jeremy Roberts: That's fantastic to hear.

I think I'm going to run out of time—but thank you so much for the insights you've provided. Next time I'm in Windsor, perhaps I'll reach out and can learn—

The Chair (Mr. Ernie Hardeman): Thank you very much. You did run out of time.

That's the end of that presentation. It's also the end of the panel discussion.

I just want to remind the presenters that the deadline for written submissions is 7 p.m. on Wednesday, January 26, 2022, so if you have that burning issue still there that you just didn't get out because I cut the discussion off, put it on paper and send it in, and we'll be happy to accept it.

Thank you again for being with us.

ST. MARY'S GENERAL HOSPITAL
AND GRAND RIVER HOSPITAL
CANADIAN MENTAL HEALTH
ASSOCIATION THAMES VALLEY
ADDICTION AND MENTAL
HEALTH SERVICES
MIDDLESEX LONDON
FOOD POLICY COUNCIL

The Chair (Mr. Ernie Hardeman): For the next panel, the first presenter is Grand River Hospital.

I just want to mention, for speakers who speak: Please introduce yourselves for Hansard as you start.

You have seven minutes to make your presentation.

Ms. Lee Fairclough: Good morning. My name is Lee Fairclough. I'm the president of St. Mary's General Hospital. Actually, our two hospitals are here together today to present to you, so I'll just turn to my colleague Ron to introduce himself as well.

Mr. Ron Gagnon: Good morning. I'm Ron Gagnon. I'm the president and CEO of Grand River.

Ms. Lee Fairclough: What we intend to do today is to talk to you a little bit about who we are, talk to you about the need for renewal of some of the hospital infrastructure that serves our community and the broader regions for our regional programs in the KW area, and really lay out a solution to that problem.

A little bit on who we are: St. Mary's General Hospital has been serving patients in this community since 1924. We've provided some descriptors here, including the nature of the types of patients we serve and our regional programs that extend beyond the region of Waterloo up to the tip of Bruce county.

Important, though, is the long history of partnership of our two organizations. That partnership has evolved for the last 20 years. We share joint medical staff, we share some corporate staff, and certainly throughout the COVID-19 response, we've really responded together and also implemented shared IT systems. Many of our staff are credentialed at both sites, and we share services like IT, lab and pharmacy. The reason to highlight that is that the nature of the kind of project we're proposing will require the maintenance of very strong collaboration for our two organizations.

I'm going to turn it to Ron now.

Mr. Ron Gagnon: Thanks, Lee.

I'll just provide a couple of highlights about the Grand River Hospital. We're currently operating well over 660 beds and a number of regional services as well, as you can see—cancer, stroke, renal and a couple of others—and have really enjoyed the partnership with St. Mary's over the last 20 years. I would say, in particular for the last three years, the two organizations are working very well together from the board level all the way down.

I think you know a lot about the KW community. This slide highlights a couple of things. I would start with how both of our organizations are proud to be leaders in helping our Ontario health team—we refer to it as KW4—really get off the ground and find its legs. We will continue to have that support because we are focused on creating a health system to care for our community.

Our community has grown into a global tech hub while still being a really strong force when it comes to manufacturing and home to three world-class post-secondary institutions that we have the privilege of working with. Our community is very well situated to be an economic driver for the province as a whole. In order to do that, the health care system and the infrastructure that supports it has to also be on that world-class basis. I think it's easy to say that although the care might be world-class, the infrastructure definitely is not today.

This slide says quite a bit. Even before COVID-19, we were operating well above 100% funded capacity. That's that green bar that you see. The yellow line that you see is what we were funded at. Now, as we come into COVID-19, even after we've added 195 beds between our two hospitals, we still, on an average day, have over 115% of our design capacity coming into our emergency room. We still have, every morning, 15 people waiting for an in-patient bed. To put that into perspective, we're nowhere close to our 100% surgical volume right now. You can see that last bar; that's where we are today as far as demand for beds between our two hospitals. Compare that to our pre-COVID-19-funded pressure. So there's a definite need for more beds in this community. To put it into perspective, in Waterloo-Wellington, we were at 1.1 beds per 1,000 people, coming into COVID-19. That number would put us below any OECD country. It's almost half of the Canadian average, which is well down on OECD country averages.

On top of that, we have significant population growth. This region is one of the highest gross census divisions in Ontario, and we're projecting to be amongst the top 10 in the country. With the geography that we serve, that will grow to almost two million people, because we serve up to the tip of the Bruce Peninsula. So you have the bed need and the population growth.

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What we know is virtually every community that is seeing a similar type of growth has either had approval for or built a new hospital within the last 10 years, and you can see this area just outside of that box, which would put us as the next in line.

With that, I'll turn it over to Lee.

Ms. Lee Fairclough: Yes, thank you. Here are some pictures of our current infrastructure. I think that they

bring to life some of the reasons for this request. As we've talked about, COVID has really highlighted the need to create spaces that will help to protect against the spread of infection. Eighty per cent of the spaces at St. Mary's, for example, are shared spaces versus private spaces, which are the new norm. Here as well, many of our spaces include shared washrooms—

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Lee Fairclough: Next slide, please.

In terms of our need, this gives you a sense of the additional beds that we are looking for as we look out into the future. This does maintain the current efficiency that we have. In terms of the solution, what we're asking for here is a joint capital project to support a whole-system approach in KW to that new hospital infrastructure. We're looking to create a new system of care, with two organizations sharing hospital facilities. It will include a new acute care campus and leveraging and renovating some of the existing infrastructure. We are really requesting a planning grant at this stage. We anticipate it to be in the range of \$10 to \$12 million, though that will be determined by the ministry itself based on their formula.

The solution, though, here, and what we're really looking for is support for this approach that will strengthen our health system and the OHT and end hallway health care in our region—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time available, and hopefully we can get the rest of it in during the question period.

Ms. Lee Fairclough: Thank you.

The Chair (Mr. Ernie Hardeman): We have two more MPPs joining us. MPP Pang, if you would like to introduce and tell us where you are.

Mr. Billy Pang: Good morning, Mr. Chair. MPP Billy Pang here. I'm in my riding of Markham–Unionville.

The Chair (Mr. Ernie Hardeman): And MPP Hunter? MPP Hunter, are you with us?

Ms. Mitzie Hunter: Hi, Chair. I was waiting for my mute to go off. I'm MPP Hunter, and I am in Toronto.

The Chair (Mr. Ernie Hardeman): Thank you very much.

We now will continue on with the next presenter: Canadian Mental Health Association Thames Valley Addiction and Mental Health Services.

Dr. Beth Mitchell: Thank you, and good morning. My name is Beth Mitchell, and I'm here as co-CEO representing the CMHA Thames Valley Addiction and Mental Health Services. We are the primary mental health and addiction organization in our region, serving those 12 years and up with needs from mild to moderate mental health and addiction issues through very complex ones. We offer a range of programs, including crisis, housing, case management, counselling and treatment, addiction medicine, just to name a few. I'm pleased to have an opportunity to share my thoughts related to the mental health and addiction needs of our community.

I've worked in this field for almost 50 years, from the days when people rarely spoke about their addiction and mental health needs, until now, when stigma has been

reduced and people are encouraged to come forward and seek help. While much of my career was spent working in an acute care hospital, in 2017 I came to CMHA as CEO and gained a much deeper knowledge and insight into the world of community mental health and addictions.

Without a doubt, I have never experienced a more committed and passionate workforce who will go to extremes to make sure that those they serve are supported and provided with appropriate services. Our teams often go into situations that are unpredictable, challenging to manage and sometimes heartbreaking, with people who have very complex needs and may have been abandoned by our formal health care system. Seeing these individuals take small steps and achieve progress in creating a healthier life is the reward for this work.

Our organization is grateful to have had many exciting opportunities to develop innovative and highly effective programs. I'll describe just a few, as follows: a mental health and addictions crisis centre that's 24/7 and offers walk-in services, police and ambulance drop-off and crisis stabilization beds. Paired with mobile crisis teams, partnerships with the police and crisis and supportive listening lines, we've been able to divert hundreds of people from the emergency department and provide continuity of care in the community.

The new program, Breaking Free, offers virtual services and supports for addiction.

Our own campus satellite services for crisis support post-secondary students at Western and Fanshawe.

Our case management programs, in collaboration with our hospital partners, place staff on in-patient units and in the ED to transition patients to the community mental health and addiction programs without long wait times or other barriers to care.

Our addiction medicine clinics offer opioid replacement therapy and support.

And finally, our partnerships with our municipalities in our region develop supports within housing to sustain people in the community.

Perhaps the most notable recent accomplishment has been the integration of four organizations: the CMHAs in Elgin, Middlesex, Oxford and Addiction Services of Thames Valley to become CMHA Thames Valley Addiction and Mental Health Services. This integration, which was entirely voluntary, was based on the belief that our new agency can provide regional consistency of services while maintaining a local presence. In addition, integrating mental health and addiction services means that clients receive more coordinated care without multiple referrals and lengthy wait times. Needless to say, we're extremely proud of the work we've done and would happily share more details about the positive outcomes. These new developments have, without question, improved services in our community, but the money that was received was quite focused on specific areas like crisis.

At other times, funding has been provided as one-time or short-term, and even when the programs had demonstrated effectiveness, they were not renewed. Little has been done to address the eroding base funding for many of

our services. Our organization has received one 2% increase in base funding in approximately 10 years despite ongoing growth and demand and ever-intensifying complexity of work. As with many of our peers, every efficiency, every creative redesign of programs, every partnership has been explored and many implemented to meet needs and stretch funds.

And then came COVID-19. The world was initially in a state of panic, fearing a plague that could wipe out our population. But very quickly we recognized that the impact of the pandemic wasn't just a physical one. Countless surveys showed that people were experiencing significant stress, anxiety, depression, family violence, substance use, gambling and more, and the demands for services were skyrocketing.

As always, the resourceful and committed community mental health and addiction services rose to the occasion. At CMHA Thames Valley, we successfully implemented virtual treatment and support services for those who could use them and we found ways to get services, even by meeting people in parks or on their front yard for those who didn't have access to WiFi. Community education programs on Zoom or YouTube enabled ongoing connections for those who were isolated and distressed. We redesigned our low-barrier drop-in programs to enable people to receive meals while connecting with workers who could support them.

Through staff redeployment and a cohort of very dedicated volunteers, we increased our capacity for managing crisis and support line calls, which had risen by 30% to 50%, and we kept all of our supportive housing programs fully running while partnering with other agencies to offer resting spaces with on-site supports.

Through generous donations and grants made available by government and community partners, we were able to meet the demands for services but perhaps at a cost to our staff. Recent research shows that among those groups experiencing workplace stress related to the pandemic, providers of mental health services report some of the highest levels of burnout at 61%.

The Chair (Mr. Ernie Hardeman): One minute left.

Dr. Beth Mitchell: They are exhausted, they're stretched, but they're still committed to those we serve. But this situation cannot be sustained. We need to recognize their efforts with appropriate infrastructure, staffing levels and salaries requiring base adjustments of at least 8%. We need legislative changes to Bill 124 so we can recruit and retain valued staff, and we need secure funding to continue to create new programs that we know can be effective rather than simply putting out fires.

As I draw near to the end of my 50 years of service, my fervent hope is that change is truly on the horizon, that we recognize and respond to those with mental health and addiction needs with respect and empathy, and that we finally find a way to sustain the system they deserve. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation.

Our next presenter will be Middlesex London Food Policy Council.

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Ms. Dianne McComb: Hello. My name is Dianne McComb. I'm secretary for the Middlesex London Food Policy Council. Thank you for asking me here today.

The Middlesex London Food Policy Council is a forum for discussing local food issues, empowering citizens to be involved in food-system decisions, and creating, evaluating and influencing policy. We are volunteers who collaborate across sectors in the food system throughout London and Middlesex county. Our group includes educators, medical professionals, food services persons, food processors, Indigenous persons, and farmers, like me.

We urge the standing committee members to prioritize the health and well-being of Ontarians by allocating significant resources to municipally and regionally led strategies to strengthen local food systems and to the preservation of agricultural land, support for sustainable agricultural practices and investment in agri-food as a valued and viable vocation.

We know that food accessibility impacts every aspect of community health and well-being, which we've been discussing here, and the pandemic further highlighted that food is not an individual concern, it is a communal one. Access to locally grown, fresh, nutritious food, as well as the means to grow, gather, prepare and share food, improves health and well-being and consequently lowers health care costs.

Emergency food systems have been tested during the pandemic, and the need to support immediate food services, including food banks and school food programs, continues to grow. At the same time, this need highlights the failure to create and maintain long-term stable and sustainable food systems. In a province with the agricultural production and potential of Ontario, this is unconscionable.

Investment in long-term food strategies, focused on local solutions, will:

- shorten supply chains, which will increase stability during times of disruption;
- improve health, leading to lower health care demands and costs;
- create a thriving labour market in agri-food production and related fields, including food processing, food and beverage services, research and development, agritourism and much more;
- address income inequity; and
- support and encourage agricultural practices that reduce greenhouse gas emissions and the reduction of transportation costs.

The province could financially support long-term strategies for stable food systems in two ways.

(1) Supporting municipally and regionally led strategies: The 2021 provincial budget included additional funding for municipalities to help them deal with and recover from the impact of the pandemic. As part of the mayor's task force and subsequent London Community Recovery Network discussions, Middlesex London Food Policy Council has been asked by the city of London to facilitate research, public consultation and recommendations for long-term food strategies. Food policy councils

and collaborative community groups in a number of other Ontario regions are undertaking the same work.

While each municipality and community has its own demographics and needs, provincial support could come in the form of funding for municipalities to:

- conduct local food system assessments;
- share resources such as online platforms and data, and OMAFRA has wonderful opportunities for that; and
- implement long-term strategies which could involve expanding municipal capacity to coordinate extensive urban agriculture projects, including soil testing, land reclamation, greenhouse gardening, distribution and composting facilities.

Food grown in urban settings could contribute significantly to meeting the demands of growing municipalities. Currently, this is hampered by outdated bylaws and policies that require significant resources to redesign.

(2) Preserving agricultural land, supporting sustainable agricultural practices, and investing in agri-food as a valued and viable vocation: More than 200 different varieties of fruits, vegetables, grains and livestock are grown and processed in Ontario. The Ontario government's Local Food Report 2021 reports that, in 2019, the agriculture and agri-food sector in this province contributed \$47.3 billion to the economy and supported more than 860,000 jobs.

It's important to understand that there's only a small amount of land that can be used for growing food. According to the Ontario Federation of Agriculture, 5% of land in Ontario is prime agricultural land, and it's located within the most densely populated area of the province. Crops grown in other parts of the province are impacted by shorter growing seasons and soil that's less conducive to the variety of crops grown in southern Ontario. But right now, the equivalent of 175 acres of farmland per day is lost to urban development.

While land use planning is not part of the standing committee mandate, prioritizing the health of Ontarians means allocating resources to preserve agricultural land that can feed a growing population.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Dianne McComb: Losing prime agricultural land to development means increasing our reliance on imported food, making us more vulnerable to disruptions in supply and price increases.

While the government recently announced an investment of \$90 million over the next three years in education and apprenticeships in skilled trades, including a new agency called Skilled Trades Ontario, funding provided to AgScape, a food literacy organization for developing curriculum and activities drawing youth to careers in the agri-food industry, totalled \$400,000 in 2021. The discrepancy in funding calls into question how valued the agri-food industry is in the eyes of the province of Ontario. In the eyes of then-Minister of Agriculture, Food and Rural Affairs Ernie Hardeman in an OMAFRA report in 2021, "For me, it's important that Ontarians understand and appreciate where their food comes from, and that young people learn about this essential sector."

Thank you very much for this opportunity.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation. That concludes the presentations for this panel.

We will now start with the questions. We will start with the independent member. MPP Hunter.

Ms. Mitzie Hunter: I really want to continue the conversation around food security, because I know in my constituency in Scarborough–Guildwood, this has been just a tremendous issue over the course of the last two years. I think I would want to hear your views on how the pandemic has amplified this need and if you believe that there are short-term interventions that we can do to help with this, because I see the problem is going to be getting worse because of the rising inflation issues that are affecting us right now, and already people are struggling to put food on the table. So if you could just talk about how the pandemic has changed things, and some short-term solutions.

Ms. Dianne McComb: Well, I think it's really focusing on the need for local, and local is an expanded area. I know that Toronto, in particular, is a leader in urban agriculture development and getting communities involved again in producing some of their own food needs and covering that. I think that's highlighted, certainly. How to develop that—it will be important that there's a provincial effort, if not a national effort, on that basis. How do we do it? Farmers know how to do this kind of thing, but we need to work together with the rural agriculture knowledge and expertise and bring that into an urban setting, I think. We all need to work together in order to be able to do that.

That, and the education, because there's only 2% of the population that actually grow the food that we eat. How do we get that knowledge and education to the young people who are coming along? People need to understand: The most awakening thing during the pandemic was people growing gardens in their backyard. As a farmer, I kind of shake my head, like how do you not know this stuff? But you learn, and there's so much specialization in agriculture now that even all farmers don't know all things about growing. So we really need more communication and education. I think that would go a long way.

Ms. Mitzie Hunter: I really like your suggestion of linking the rural capacity that is there from the farmers to the urban centres, where there is the need, and doing a better job of connecting those two.

Ms. Dianne McComb: Thank you very much. Certainly, school nutrition programs—I have to mention that as well—have been very instrumental.

1020

Ms. Mitzie Hunter: And the disruption to schools has not helped in terms of those who are in need, because those programs were providing, in many cases, the meal of the day.

Ms. Dianne McComb: Absolutely, yes.

Ms. Mitzie Hunter: Okay. Thanks very much.

The Chair (Mr. Ernie Hardeman): Thank you.

Next is the government. MPP Crawford.

Mr. Stephen Crawford: Thanks to the presenters today. I appreciate hearing your input.

I guess my first question and conversation would go to the Grand River Hospital. With health care, obviously, this is a huge topic of conversation, and the pandemic has obviously highlighted some issues. I know you talked about the beds, for example, and the capacity in Waterloo, in Ontario, in Canada. It's obviously a Canadian issue. As much as we have a great health care system, we obviously have a major problem in this country when you see the beds per capita relative to most of the other developed countries. It's significantly lower, whether it's the US, Japan, the UK, Sweden or what have you, so there's a bigger issue here. Obviously, federal government funding has been very low to all the provinces, but it's beyond that.

My first question is more general, and then I'll narrow it down more specifically to your hospital. But just from a general point of view, are there a few best practices that we can learn from other countries that will help make our health care system here more efficient?

Ms. Lee Fairclough: Maybe I'll start on this. I think the first thing to say is we are already extremely efficient. I think that some of the data that Ron presented really highlighted that, actually. The fact that we've been able to deliver the care that we can with the resources that we have and still maintain some level of quality of care is, I think, really important to recognize.

And as we've talked about this project—again, we're quite due in this region, I would suggest, for some level of renewal. As we enter this project, and given the innovation generally in this community, as well, we will plan to maintain that efficiency and also maintain the innovations around how hospital infrastructures should even be used as part of a health system. All of those are basic principles that we're using as we're approaching this project more generally, but the reality is there will always be people in need of acute care, and as a health system, we're going to have to find a way to be able to deliver that care and ensure that the infrastructure that we're giving does keep pace with what that care needs.

Mr. Stephen Crawford: I know that this past year our government invested \$1 million over three years for the Grand River Hospital to conduct a study to evaluate the outcomes and the cost-effectiveness of using surgical navigation technologies for high-volume, high-wait-time procedures such as hip replacement procedures etc. In your opinion, what more could be done to innovate technologies in the Ontario hospital system?

Ms. Lee Fairclough: I'll turn that to my colleague, because we're here as two hospitals. I'll turn that to Ron.

Mr. Ron Gagnon: I think it's continuing to make those types of investments and partnering with the federal government on that. Both of our hospitals are part of what is referred to as CAN Health, which is a Canada-wide innovation network of hospitals and health care organizations trying to support and then spread Canadian innovation. One of the things that both Lee and I hear from a lot of innovators is the frustration with developing technology, proving it out, but then having to go south of the border to actually generate the revenue, and frustrations with the whole Ontario and Canadian innovation eco-

structure. So I think investing there would definitely have impact.

It's actually part of the planning that we're doing around our joint initiative to build new infrastructure in the heart of innovation when it comes to Ontario and Canada, when it comes to tech innovation. Kitchener-Waterloo and the corridor between here and Toronto is Silicon Valley North, and there are lots of projections that we will actually pass Silicon Valley in the not-too-distant future. But to attract the talent that you need to do that, you need world-class infrastructure when it comes to health care, and that's part of what this is all about.

Mr. Stephen Crawford: Yes. I know we had a bio-science organization on yesterday, and they had the same issues with attracting capital and talent and keeping it and growing it in Ontario. Obviously, there needs to be some level of government involvement, to some extent, to induce that here and keep it, but the private sector as well has got to play a major role. We need to ensure these companies can grow and stay in Ontario and that we have the right environment for that. So that's definitely an issue.

I'm just curious how, with the pandemic, the hospitals have used virtual technologies. I know it certainly doesn't replace person-to-person visits, but in some case, perhaps, there are advantages to it as well. Is there something that we can learn from this pandemic that might actually be utilized in a more positive way outside of the pandemic? I mean, as awful as this whole pandemic has been, let's take what we can learn from it. Are there some best practices, perhaps related to virtual technologies or other things, where we might actually be able to see more patients or be more efficient?

Mr. Ron Gagnon: I'll start and then I'll let Lee build off of it. I would say that we are doing that. We have implemented more use of virtual technology as a hospital system. We've done that locally as well: ambulatory care clinics, virtual emergency departments, those types of examples.

As Lee had said, you still need an in-patient bed for many people. Although we try to provide more care closer to home, there is still a need. I will tell you that in the planning that we've been doing so far, we've actually built those efficiencies into what we've been doing.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Ron Gagnon: I'll pass it over to Lee.

Ms. Lee Fairclough: I think Ron has covered it well. The only other thing I would say virtual has enabled is care partners and family members to be able to interact with patients in hospital. I think that will be something we hold onto, in addition to providing the care. Also translation: We've had an excellent collaboration with an organization called Voyce around how we can really enable excellent translation service through virtual means. I'll leave it there. Thanks.

Mr. Stephen Crawford: That's great. So it might be an addition to the in-person, but certainly not replace it.

I know we've only got about 30 or 40 seconds left, but I know the Waterloo region population growth has been quite strong over the last couple of decades. In terms of

hospital beds in your community over the last decade or two, how much has that grown, say, relative to the population growth?

Mr. Ron Gagnon: I don't have the specifics, but I can tell you before COVID-19, we were under-bedded to the tune of 200 beds.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. That concludes that section.

We now go to the official opposition. MPP Fife.

Ms. Catherine Fife: Thanks to all presenters. Of course, I'm going to focus on Grand River and St. Mary's. For years, the need for a hospital has been discussed by this region, through the chamber, through the tech community. Myself and MPP Lindo, when we toured St. Mary's—you have been as creative as you possibly can with every inch and ounce of space that you have.

I'm excited by your presentation today because Waterloo region is very much deserving of new infrastructure and infrastructure renewal. We were, in fact, designated as a good place to grow. We've intensified our population, our demographics. We've done everything that the province asked us to do under the previous government. And when we did broach the issue of infrastructure renewal, this was during the time when we saw five years of budget freezes for the hospital sector. So the timing, given what we've learned from the pandemic and the fact that 80% of your space is shared space—this is the time to be bold and to be courageous about new infrastructure.

1030

I just wanted to ask you, was there something else in your presentation that you didn't get to, Lee? Can I get a copy of that? Did you submit it to the Clerk? Can you also just give us a good sense of what \$12 million buys in planning so that we can actually get this infrastructure project right?

Ms. Lee Fairclough: Thank you very much for the question. We certainly will submit the documents formally so everybody can have a copy.

The point that we're at, at the moment: We've been working closely with the Ministry of Health and their capital branch on the initial stage-zero submission and the stage-one submission for this project. This does involve really looking at a project that will best serve the community and the region in the future and the two organizations coming together with that lens. The \$10 million to \$12 million approximate—again, that's determined by the ministry—ultimately is really for a planning grant so that we can develop this project out much further into the next stages. There are five stages that we need to go through, and we really, urgently need to get this work started.

That's really just a little bit more information on the planning. We have engaged with our community to some degree on this, and certainly through the KW4 OHT partners—a lot of support from multiple different parts of the community for this endeavour.

Ms. Catherine Fife: Ron, did you have anything to add?

Mr. Ron Gagnon: I think Lee did a great job. I would say that, if I was to underscore anything, this would

strongly support and build out the success of our Ontario health team. It would allow us to provide more care closer to home, and it would support, really, economic growth not just for this region, but for the province.

Ms. Catherine Fife: I certainly know that the entire community—I think that they've recognized that we have reached a tipping point as a community, and they know that you've stretched the health care dollars as far as you can within the current infrastructure. The total new beds that you predicted is 1,176. Is that correct? Yes. And that the timeline for that growth would be—what's the year?

Ms. Lee Fairclough: That's the growth that we anticipate to serve the population by 2043. I would also just argue too: We're anticipating that that might be an under-shot, given how quickly the community is growing with the businesses that are being drawn to the community.

Ms. Catherine Fife: Well, I know that the community, Waterloo region and the surrounding ridings, would be incredibly excited by this idea. Thank you very much for bringing it to the finance committee today.

I'm going to throw it over to MPP Sattler. I know she has a question for the CMHA.

Ms. Peggy Sattler: Chair, I would like to direct my question to Dr. Mitchell. Thank you for coming here today to make the presentation to the committee. Thank you for your leadership in our community, for integrating mental health and addictions and for your efforts to ensure regional equity. It is greatly appreciated and is so valuable to our community.

I wanted to ask you a couple of questions about your recommendations. You mentioned—which is absolutely shocking—that there has only been one base funding increase over the past 10 years. I wondered if you could elaborate a little bit on the implications of only receiving a single base funding increase in the last decade. What does this mean for your staff and for your organization?

Dr. Beth Mitchell: Thanks, Peggy. As always, we appreciate your support in our community as well. What it really means is we're running a 2022 business with dollars from 2000, sometimes. There has been very little ability to manage our infrastructure as we grow, to be able to use technology in an effective way. We know how important data is, and so being able to collect that, analyze that, use it to support the services we are trying to build and enhance.

Who it hits the most is our staff. Our staff have received very little increase in salary. We've done what we could to rearrange and give them a bit of a boost, but they are working sometimes with 25%, 30% fewer dollars in their pockets than some of their partners in other parts of the health care sector. As I've mentioned, they are working full out, especially during the pandemic. We try to offer them as much support as possible, but their wages are low and they have no increase in sight. Frankly, even if we got the dollars tomorrow, because of Bill 124, we would be limited in how much we could bump up their increase.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Beth Mitchell: So we are concerned.

The other part is just our buildings. We have lots of houses and we have to keep them maintained, and that also is hit by a lack of increase.

Ms. Peggy Sattler: Thank you very much for that explanation. You mentioned in your presentation the efforts of your staff to maintain access to supportive housing in the community. I wondered if you could comment on the availability of supportive housing and if there needs to be an increased focus on making sure that supportive housing is available.

Dr. Beth Mitchell: The simple answer is yes. We need more housing. We need more housing stock.

I will say London has been fortunate in the partnerships that we've had with the city, where we use city housing and we actually embed our staff in the housing to provide support, not just to our clients but to anyone in the building who might need mental health and addiction support. We are also working with private developers, as well, but there is not enough housing. We know that without a stable place to live, it is very difficult to get on the road to recovery.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. That concludes the time for this one.

We will now start the second round with the independent member, MPP Hunter.

Ms. Mitzie Hunter: I'll go right back to the Canadian Mental Health Association. I want to ask you about what has happened during the pandemic in terms of what you're seeing in terms of the caseloads, the volume and what we need to do to support people coming out of this.

But I do want to make sure that I support the Grand River Hospital on your quest. I know very well, having helped to support my own local Scarborough Health Network, that it is a challenging journey. But I do believe that the need is there for this investment in hospital infrastructure, and I definitely support your request for the \$12 million for the planning grant, which is so essential to get the input from the community and to establish the vision.

Back to the Canadian Mental Health Association: If you can just please tell the committee about how the pandemic has intensified the need for mental health and addiction support. And I have a follow-up question, so I just want you to frame it for me, please.

Dr. Beth Mitchell: Sure. It's interesting; we've really seen the impact across the spectrum, both in terms of ages and in terms of complexity of issues, so people who never before came forward and expressed a concern about their mental health certainly have done so. We've seen that at our front door and at our crisis support line. For those services, especially in the beginning, the numbers swelled.

The other part is at the other end of the spectrum: those with really complex needs, who are perhaps homeless or unstably housed or have issues with opioids, as well as mental health issues. So many of the opportunities to help them were limited, and they were afraid to go to hospital.

At both ends of those continua, we really had to get very creative very quickly about how to serve. We do have a

number of programs where we partner with community agencies to provide support at the safe consumption site, or to go out in a mobile outreach to reach people who might not come into health care systems. As I mentioned before, we have drop-in programs that are very low-barrier, where people can come and get a meal and we can at least have eyes on them, talk to them and try to get them some supports. So it's not just one area where we felt the impact; it's very broad, which often can be a challenge in one organization to meet those needs.

Ms. Mitzie Hunter: What about the proposal for more virtual care? Do you think that that's a way to deal with some of the rising volume as we move forward?

Dr. Beth Mitchell: It definitely has been a benefit. I think all of us in this sector have realized how many people we can reach and how valuable it is. It's not a replacement, as our colleagues in the hospital said. Virtual care can go a long way to reaching people who have the technology; frankly, we have a lot of people who don't even have a phone, much less a computer, and libraries were closed, so they couldn't get to the computer that they normally use.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Beth Mitchell: There are limitations. We don't want to say that will solve all of the issues, but it's certainly a help for those who can self-manage through some guided work, as well as to have an online counsellor that they can reach out to. It's not much help with that other part of the population that we mentioned before, in terms of really complex needs.

1040

Ms. Mitzie Hunter: Dr. Mitchell, have you seen an increase in addictions and substance abuse that could be related to some of the isolation that's happening with the pandemic?

Dr. Beth Mitchell: Certainly, and as well, other addiction issues are gambling and gaming. People are at home and they're stressed and they look for ways to relax, and certainly some of that is common practice, but it has the potential to make it a real issue for those people who may not have had issues before.

Ms. Mitzie Hunter: It's almost like a self-medication—

Dr. Beth Mitchell: It can start that way, for sure. Yes, for sure.

Ms. Mitzie Hunter: Thank you so much for your work. I know that we need to invest more in mental health and addictions in this province, so thank you.

Dr. Beth Mitchell: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation.

Now, the government: MPP Bouma.

Mr. Will Bouma: Thank you, Chair. Through you, I'm really enjoying the presentations this morning. I'd like to thank everyone for coming before us.

I wanted to quickly start with Dianne McComb from the Middlesex London Food Policy Council. Dianne, it's very good to see you today. You said you're a farmer. What do you farm?

Ms. Dianne McComb: I'm an egg farmer. We have crops and laying hens.

Mr. Will Bouma: Okay. How many?

Ms. Dianne McComb: Twenty-five thousand. We're an average-sized family farm.

Mr. Will Bouma: Wow, that's amazing.

Ms. Dianne McComb: And because we're a supply-managed system, we work co-operatively through our marketing board to manage the supply of eggs to the community at affordable prices.

Mr. Will Bouma: For sure.

Ms. Dianne McComb: It's been a challenge, but yes.

Mr. Will Bouma: Yes, no doubt. My family has been dairy farmers for centuries, actually. We came over from the Netherlands in 1976, and my youngest brother is now on the farm, just past you guys from here. I'm in St. George. He is close to Forest, Ontario, between Sarnia and London, not far away from Ipperwash Beach.

I really appreciated what you were talking about with the educational piece. I'm so appreciative that farmers have realized that, for most people in the province of Ontario who live in a city, they just think food comes from a grocery store. I know here, locally, we do Bite of Brant. We have all these elementary kids coming out to a working farm, having presentations from so many different farms, and I'm very thankful for that.

We speak a lot about how we have to have manufacturing sovereignty for, say, PPE in the province of Ontario and we need to be making vaccines here and so many other things—battery capacity. I wanted you to know that I'm advocating very strongly, and I know the Chair would probably agree with me, that we also need to be food-sovereign in the province of Ontario. With the trucking situation going on right now across the border, with some of the confusion going on there, I've had reports in my community that some fresh groceries just aren't showing up right now and the shelves are looking empty. I wanted to just appreciate the work that you do.

If I could ask if there was one policy piece that we could do working with farmers right now—of your presentation, what would be the most important single ask today?

Ms. Dianne McComb: I think that preserving the farmland would be the most important ask. I understand that municipalities have to grow, but where they're growing is going to be an important consideration. We can't continue pushing out prime agricultural land for development. There have got to be better ways. There have got to be better strategies. That would be my most important consideration ask.

Mr. Will Bouma: I'm right there with you. It's such a tough thing, right? I hear from so many people who say, "We have to preserve our farmland," and then those same people will say, "Please don't build that apartment building next to my house." I remember having that conversation with someone who had those concerns. We were overlooking the Paris plains, and it was absolutely gorgeous. I said, "So, you're against the farmer building a pig barn there, because there might be some smells?" He said, "Yes, absolutely, it's going to ruin my daughter's

wedding." I said, "Well, if the farmers can't make it, what do you suppose that land's going to grow?" and he says, "Well, houses, I suppose." I said, "Well, then you've got to think about who you want to support."

Ms. Dianne McComb: And there's the whole communal effort of growing food, too, and the education opportunity that we have right now, really. Bill 216 was not brought forward, but a bill like that needs to be, because I think if people better understood what it takes to grow food that they need—there's certainly a mental health component to growing food: stress as well as the reward. The opportunities in agriculture are immense, but we can't be overlooking it, and lack of understanding, I think, is a big part of that, so education—

Mr. Will Bouma: I absolutely agree. Growing food for a living teaches you how to cross your fingers; that's for sure.

I wanted to quickly turn to Grand River Hospital. I absolutely loved your presentation. I would never accuse anyone of plagiarism, but it's exactly the same presentation that I hear from the Brant Community Healthcare System. There are so many holes in infrastructure, and, in fact, the request of the BGH and the Brant Community Healthcare System right now is also for a planning grant.

If I could ask, Ron, if you know, what's your guesstimate on what your facility will cost?

Mr. Ron Gagnon: The definitive answer of that is what the planning grant is all about, but it would be in the billions, for sure. And to put it into context, this is two hospitals. This is not just Grand River; this is Grand River and St. Mary's.

Mr. Will Bouma: That's why for us, too, we realize that we probably wouldn't be able to get the money together.

Because I saw you were coming, I had a good chat with Mike Harris, and I want to let you know that he's very supportive of what you're trying to bring forward here, too, because he also sees the needs there.

But I guess what strikes me is you guys are probably somewhere between \$3 billion and \$5 billion by the time the project is done, and I know we need probably \$1 billion to make this happen here locally for me. I guess that's what makes it so difficult. We've announced now that we're building the biggest hospital project ever in the country in the province of Ontario.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Will Bouma: If you had to guess—and I know that's crazy, because you work in the system. I know when I talk to Dr. David McNeil, who is the CEO and president here, he would agree with you, only he would say, "The needs are the greatest right here in Brantford right now." He has been in a lot of hospitals, and he says ours is in the most dire situation that he has ever seen, and needs that.

If you had to guess, what's the infrastructure deficit in hospitals across the province of Ontario? Is it \$100 billion? Is it \$1 trillion, if you had to guess?

Mr. Ron Gagnon: I don't even think I would be able to give you an educated guess on that. I will point you towards the Ontario Hospital Association, who, for sure,

will be able to give the committee a better-informed answer to that question.

Mr. Will Bouma: Yes. I will wrap up with that, and I realized it was unfair; I apologize. But I think—

The Chair (Mr. Ernie Hardeman): Thank you very much. That is the end of your time.

We will now go to the official opposition. MPP Sattler.

Ms. Peggy Sattler: I wanted to ask a couple of questions of Dianne McComb of the Middlesex London Food Policy Council. It's nice to see you, Dianne. I appreciated your reference to the 175 acres of farmland that are disappearing every day in this province, because it's something that we hear frequently from our colleague MPP John Vanthof when he speaks about rural and agricultural issues in the Legislature. You mentioned in one of your previous answers that you feel the number one priority should be preserving farmland if you could make a recommendation to the government.

I just wondered if you had any thoughts about some of the recent budget priorities that have been announced by this government, for example, the 413 and the Bradford Bypass and whether those budget expenditures are contributing to preserving farmland or not and if you had any comments you would like to make to the government about budget priorities.

Ms. Dianne McComb: We certainly need the infrastructure. I understand that—I think all in agriculture do—but not at the cost and in the location. There have got to be more innovative ways at this time that we could improve transportation without encroaching on that kind of prime land. Those areas are productive areas, and that kind of assessment needs to be undertaken, for sure, to determine where is it located and what's the value of that land, what kind of agricultural classification is it, before they go ahead.

1050

So I find that that's a poor location and poor effort of dollars, really. That's my personal opinion. But I would certainly not be in favour of that kind of development going forward, that road infrastructure, certainly, in that location. I think that we could do better.

Ms. Peggy Sattler: Okay, thank you very much for that. You also mentioned in your presentation the importance of school nutrition programs. Along with my colleagues MPP Kernaghan and MPP Armstrong, we met with Middlesex London Food Policy Council, with Benjamin Hill, earlier in the summer. He told us about the fact that in school nutrition programs, you get 13 cents per child per day to deliver a nutritious meal to students in school, and the ministry's own guidelines say that \$2.25 is what would be needed to actually feed children in schools. And now, when we're looking at up to 5% inflation, the costs of food are going up significantly. So did you have some specific budget recommendations for the government about school nutrition programs?

Ms. Dianne McComb: I don't have those facts, Peggy, but I certainly agree with the increased allocation to funds for that kind of a program. I heard recently the discussion that having that kind of a program in the schools, the food

programs, available—and they continued on from the schools through the pandemic, even when the schools were closed, to get those nutritional packages to homes, if need be, by volunteers in the schools across Ontario. That led to further alleviating some insecurities in the home and keeping contact with what is going on inside the home. So those school nutritional programs aid the community in many ways, as well as providing healthy nutrition to our next generation.

They're provided without discrimination to whomever wants it—not necessarily the greatest need, but it certainly goes to the greatest need. So increasing funding to school nutritional programs is dollars well spent to improve the health and mental health of Ontarians. Certainly, our greatest attribute is our children and how we provide for them. So I think for school nutrition programs, the dollars spent there should meet the need, if possible.

Ms. Peggy Sattler: Thank you very much. I'm going to turn it to MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to thank all the presenters. My question today is for Dr. Mitchell. I'd like to thank you first of all for the thoughtful and vital work that you do with CMHA Middlesex and Thames Valley. It's absolutely phenomenal. It's unfortunate that there's been such an erosion of base funding and that you've only received a 2% increase over 10 years. That is incredibly unwise, given the importance that we know mental health has in the day-to-day lives of everyone in Ontario.

We were very proud, as the official opposition, to bring forward Bill 277, based on Dr. Cheryl Forchuk's work, opening up the Assistive Devices Program to individuals with mental health needs, an investment of \$16,000 per year to provide virtual care for people who suffer from housing instability when we know that mental health beds cost in the neighbourhood of \$200,000 per year.

My question is, would you like to see greater investments in virtual care as well as increased year-over-year base funding, and what would that mean for our community?

Dr. Beth Mitchell: Thank you very much. I appreciate your kind words about our organization. I do think there is a place for virtual care. As I said, I think for some people, having access means they can manage much of their own mental health and addiction. Also, having that easy contact with someone who can support them in the moment is important.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Beth Mitchell: I think it is a combination of base funding to support things like supportive housing, where you can have someone who can go in and help problem-solve, as well as having things like Breaking Free, BounceBack, structured psychotherapy online. Those are all really helpful programs to enable people to stay independent. What we want is for people to be in the community. That's where we live our lives. We sometimes need an acute hospital admission. I worked there; I know that's important. But what we want to do is to have services and supports available where people live and

work and keep them maintaining their health in the community as much as possible.

Mr. Terence Kernaghan: Absolutely. What it comes down to is prudent fiscal stewardship and taking care of problems before they get out of control. There is a time for admitting patients to hospital, but we also want to make sure that they don't get there if we can prevent that.

I also wanted to thank Dianne for her presentation. In addition, I wanted to just also—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this section. This also concludes the time for this panel. We want to thank all the presenters in this panel this morning.

As a reminder to all presenters, the deadline for written submissions is 7 p.m. on Wednesday, January 26. All the questions I've cut off or answers I've cut off, get them in the mail and get them here before the 26th. Thank you very much again for participating.

NEIGHBOURHOOD LEGAL SERVICES
(LONDON AND MIDDLESEX) INC.
ONTARIO SHEEP FARMERS
GENDER EQUALITY COALITION
OF ONTARIO

The Chair (Mr. Ernie Hardeman): Our next round: The first presenter will be Neighbourhood Legal Services (London and Middlesex) Inc. We ask everyone to introduce themselves for Hansard to make sure we get the name properly. You'll have seven minutes to make your presentation, and I'll notify you at six minutes that time's up.

Ms. Kristie Pagnello: Thank you. Hi. I'm Kristie Pagnello from Neighbourhood Legal Services. I'm the executive director there and a lawyer. I'll jump right in to use my seven minutes well.

We are a poverty law clinic funded exclusively by Legal Aid Ontario to provide legal services to the most marginalized and vulnerable of London and Middlesex. We're a broad catchment area, quite large, and because of the area of law we do, which is housing, representing tenants, we do wrongful dismissal and EI cases for precariously employed workers and we also represent in the area of social assistance, which is helping people who have either lost their Ontario Works or facing problems with their Ontario Works, and also helping people with the Ontario Disability Support Program. So we do appeals in all of those areas, and that is our client base.

We would like to make the following submissions. We are providing written submissions next week. I'm just going to hit the highlights of those.

First, in the area of income security and in particular social assistance, and in terms of our poverty trend reports, we're about one in five children in London and Middlesex who live in poverty. There's a big increase lately in numbers of seniors living in poverty; and, of course, poverty rates are higher for Indigenous, visible minorities and recent immigrants.

The 2021 London Vital Signs Report painted a grim picture for those living in poverty. The picture showed that many low-income Londoners live in substandard housing; that almost 12,000 families in our area live without enough stable food to properly survive; and, of course, that reliance on food banks etc. is through the roof.

The pandemic has further exacerbated the income inequality in our community. Food prices have risen way over 3%, and the latest edition of Canada's Food Price Report predicted another climb of about 7% in 2022, adding nearly \$1,000 to the grocery bill of an average family of four. These inflation rates, all inflation rates—the families hit hardest are those who are on Ontario Works and ODSP and trying to survive on those very meagre rates, which brings me to our recommendation.

The biggest recommendation—we've been making it for years. It is the most important piece around helping those who are living in poverty and children living in poverty, and that is we have to increase. We have to, and have had to for a long time. But now, more than ever, we have to increase our social assistance rates to reflect something more realistic in terms of the cost of living.

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Ontario Works and ODSP benefits should reflect an average market rent and utility costs. They should reflect decent access to nutritious food, transportation, communication—Internet and phone are more important than ever—and disability-related expenses. There need to be regular increases to those, and they should be tied to inflation.

We also continue to advocate that there be a reinstatement of the Basic Income Pilot project. We say again and again—and it is true, and every piece of empirical evidence reflects this—that when you increase those rates, or when you look at a basic income, you essentially have huge savings in other sectors: in the areas of health costs, justice, child and family services, homelessness and emergency shelters. The savings there well make up for any increases in those other areas and would actually allow people at least better access to food and housing for themselves and their children.

Housing: huge, huge, huge. I'm sure you hear it all the time. We can't say enough about it. The average cost of renting a one-bedroom is about \$1,150 a month—one-bedroom, \$1,150 a month. Someone on ODSP is given \$400 for shelter, which is to include all of their shelter costs, including utilities. It makes it impossible to live.

We're seeing a huge increase—I know people on this call are well aware of this and are living it in their communities in terms of their constituents, which is the renovation cases. Renovation: people being evicted when large-scale landlords are purchasing properties in London and Middlesex. In particular, lately we see a lot of—they're purchasing large townhouse complexes where the rents were okay, somewhat reasonable, and they're turning these over, allegedly, to things like individual condominiums, or they just want to get the people out, do a renovation or pretend to do a renovation so that they can get new people in paying the higher rent.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Kristie Pagnello: So we advocate for an expanded Canada-Ontario Housing Benefit. We need more of those units. There were only 30 invested in last year—200 the first year, but then 30. There needs to be more of that, which would give a subsidy for housing. We need more RGIs and better maintenance of RGIs, and we need to build more RGI units and co-op units, and we support ACTO's recommendations in that.

Finally, in the area of employment, we need 10 personal emergency sick days, where two of them are paid. That is not a big ask, and yet it is hugely important for precariously employed workers. Give them 10 personal emergency sick days, pay them for two of them, and it's a huge improvement.

Those are all of my submissions, subject to any questions you have.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We now will go to the Ontario Sheep Farmers. We ask you to come forward and make your presentation. Before you start your presentation, we ask that you introduce yourself for Hansard, and if anyone else is speaking with you to do likewise when it's their turn to speak.

With that, the floor is yours.

Mr. John Hemsted: Thank you. Good morning. My name is John Hemsted. I'm a sheep farmer in Oro-Medonte and chair of Ontario Sheep Farmers. Joining me today is Ontario Sheep's general manager, Jenn MacTavish.

Thank you for the opportunity to appear before you today. Ontario's sheep industry is an important player in a national industry. Ontario's industry contributes over \$510 million to Ontario's economy. It's the third-largest market for lamb processing in North America, behind Colorado and California. Ontario processes approximately 50% of all the sheep and lambs born in Canada.

Despite the industry's positive impact on the Ontario economy and the national industry, our sector is faced with growing competition from cheaper imported products and more frequent and volatile shifts in global commodity markets, which is creating significant financial risk for our farmers, risks that cannot be sufficiently managed and mitigated by on-farm management, private insurance programs or robust marketing efforts.

Escalating production costs associated with primary farm inputs, equipment, the carbon tax, a rising minimum wage, energy costs and other costs are making it more challenging to do business. This is happening while demand for Ontario sheep products is strong and growing, and our commitments to increasing production and sustainability are being rewarded by processors, retailers and consumers. Rising production costs and two years of the global pandemic underscore the need for well-designed and well-funded business risk management insurance programs that take some of the volatility out of the production equation.

Fortunately, Ontario recognized this need many years ago through the creation of the Ontario Risk Management Program, or RMP for short. The program was developed

for farmers in the sheep, beef, pork, veal, fruit, veg and grain and oil seed sectors. RMP is a cost-share insurance program designed to help stabilize the sector by providing partial financial protection for Ontario farmers against market volatility and production risks. RMP fills a critical gap for agricultural commodities in Ontario that are not protected by the supply management system.

Unfortunately, the program remains critically underfunded, with many sector insurance plans covered under the RMP unable to pay out the calculated insurance benefits in full with the current funding cap. For context, in the two years since the pandemic hit, the RMP program was only able to pay out approximately 35% and 73% of the calculated insurance benefits for sheep farmers given the program's funding cap for the 2019 and 2020 years respectively. Since the program was capped by the previous government, sheep farmers have only received, on average, 57% of their calculated insurance benefits.

We appreciate the province's leadership in delivering an additional \$50 million for the program in 2020, which was part of a 2018 campaign commitment. The program, however, remains in dire need of additional funding. Simply put, the current funding cap will neither allow the program to function as originally designed, nor is it responsive enough to handle "black swan" events like COVID-19.

I am here before you to ask that you join our commodity partners from the beef, grain, veal, and fruits and veg sectors to support our request of an increase in funding for this important program by \$100 million, which would bring the program cap to \$250 million annually. I would like to be clear: Only a small section of this would be apportioned to the sheep industry.

Committing to increase the province's investment in RMP is a commitment to partner with Ontario farmers who contribute 35% of the costs through annual insurance premiums. Any program increase provided by the province through this budget will be matched at the current cost-share ratio by Ontario farmers themselves.

Partnering with Ontario farmers means more than just an added expense in the budget. It represents an investment with a proven return for the Ontario economy. Two separate studies conducted on the economic return of the RMP demonstrated significant return on investment for the province. The latest study by Cummings et al showed for every dollar invested in RMP there is a \$2.24 return generated. Increasing the program by \$100 million would therefore provide \$224 million in new economic activity and bring the total program return to more than half a billion dollars annually to Ontario.

Funding the program at \$250 million annually would help ensure the program is adequately resourced and more responsive to changing market demands. This will help us weather the pandemic and post-pandemic storm that has crippled our supply chains and increased production costs and market risks.

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Ensuring this program is sustainable will also allow farmers to better manage risk and focus on greater innovation, maintain and hire employees, and take advantage of

new market growth opportunity. This is a good deal for Ontario farmers, the province and the Ontario taxpayers.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. John Hemsted: We ask that you support our request, and thank you for the opportunity to present to you today. We welcome any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Our next presenter is Gender Equality Coalition of Ontario. Again, we ask that in your presentation make sure you start with introducing oneself to make sure we get it properly in Hansard. The floor is yours.

Ms. Dani Bartlett: Hi. I'm Dani Bartlett, the executive director of advocacy for the Gender Equality Coalition of Ontario.

The Gender Equality Coalition of Ontario strongly urges that gender-based economic equality be a focus for the Ontario government in setting out the budget. The pandemic has created a situation for which we were unprepared. It's a fact that the gains we have won for gender equality are way back. We are predicting that without an interventional course correction, this will only get worse—way worse.

The coalition believes that the Ontario government must have a pivotal role in the course correction by adjusting five fundamental issues in the upcoming budget, issues that are: income security; child care and long-term care; investing in women's safety; a women-identified labour market participation strategy; and a strategy to see gender balance on boards and close the gender pay gap.

Like Kristie explained, low-income Ontarians are severely impacted by the pandemic. As inflation climbs higher and higher, the highest it has been in 30 years, there's no relief in sight. Those on Ontario Works and Ontario disability desperately need to see this increase. We need to have 10 paid sick days legislated as permanent protections, as well as 14 paid sick days to be available during public health emergencies along with isolation pay for workers who must isolate. This not only helps with the ever-important compensation, but it also adds job protection to workers who are precariously employed—and they are so precariously employed, it's mind-blowing. We need to increase the minimum wage to a living wage.

As a union rep for industrial cleaners, every day I see folks working two to three jobs, their hands raw from chemicals and work. Cecilia has been a proud Canadian citizen for 37 years. She works three jobs. The first starts at 6:30 in the morning, and then she gets driven across town to her 11 a.m. job, which she works until 5. She then has a three-hour shift which she gets dropped off at by her husband, with whom she shares a meal in the car. After her last shift, she has to hop on the bus to travel home, because her husband then goes to work to work an eight-hour midnight shift.

Cecilia is 67, and her husband is 71. They have no options but to keep working. Layoffs and shortages of work mean they have less food. They are terrified of losing the apartment they can barely afford, and her husband works even though he's sick, because they need the benefits that work offers.

Child care and long-term care: We need to implement a fully funded publicly accessible child care system with good pay that includes provisions to ensure that the work is fair and decent for those child care workers. We want you to sign the agreement with the federal government to implement a publicly funded child care system. Child care deserts, waiting lists and costs mean a lot of women have to stay home because they can't afford to work.

Long-term care is in crisis, and real change is needed so our grandparents, parents—and, someday, us—can be cared for with dignity.

Josie cleans at one of her area schools, and her three kids are too young to stay home alone. When the school shuts down, she is unable to work because she can't leave her children at home alone. No child care is available, and if it was, how would she afford to pay for child care on wages of \$15.30 an hour?

Josie's mom lives with them, sleeping on a pull-out in the girls' room, because she's no longer well enough to stay on her own. Josie is exhausted, and the system is unforgiving for this single mom with all these responsibilities. Josie needs to be able to have the supports to care for her family so she can improve her employment opportunities and get out of this cycle she finds herself in.

We want you to invest in women's safety. Gender-based violence is getting a lot of press. Lately, it has been dubbed the "shadow pandemic" by the United Nations. But as the co-chair for the London Coordinating Committee to End Woman Abuse, I challenge that gender-based violence has existed as a pandemic for a long time. COVID has shone a light on the depth of the issue, but women have been isolated with their abusers for decades. Whether they're locked at home or locked in financially with their partners, the results are the same: women who must endure abuse because there is no viable alternative.

We call on the provincial government to act on your commitment to develop an action plan to end gender-based violence, including minimum standards for sexual assault response; more training for police, crown, counsel and justices; and core funding for sexual assault centres. In London this year, we saw clearly that we need to change the system as the disgusting story of predatory behaviour unfolded at Western, as students went to social media to share their stories of sexual assault, followed by a shameful response of not believing women by the university and by this community.

Shannon is a woman who came to our union because she was being hurt at home. She was afraid that violence would follow her to work. When we did her safety plan, we found that she was at high risk and her co-workers were also likely in danger. We were able to get her safe and make a safety plan for the workplace, but the shelter system was overwhelmed and she had to wait for support and services she needed. Thankfully, the union and her family were able to support her and find safe lodging, food and the items she needs.

But what about the other women? Women, especially Indigenous and racialized women, have been disproportionately impacted by the job loss throughout this pandemic. Those working low-wage, contract and precarious

work across the hospitality, personal services and retail sectors have had a truly horrific time. We want the provincial government to provide targeted opportunities for women to retrain and find new opportunities by investing in education and appropriate programming.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Dani Bartlett: We would like increase the women on corporate boards. We would like to see the province work with other ministries to implement a strategy to find a gender balance of women and men in corporate public boards within five years, including a reporting mechanism to those boards.

In closing, the government must protect all workers, but take a real gendered look at what is happening in our province. Front-line workers, who are mostly women, have toiled unstopping through the pandemic in low-pay, precarious and unsafe employment, while trying to ensure their children and elder parents are well and safe. This is proving to be an impossible task, and we are calling on you to put in measures that will make this province one where we can thrive, instead of barely survive. Thanks.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

We now will start the questions, and for the first round, we start with the government. MPP Bailey.

Mr. Robert Bailey: Thank you very much to all the presenters this morning. It was very interesting, all of the presentations, through the whole morning.

I'd like to start out with Neighbourhood Legal Services and Ms. Pagnello—Kristie, sorry about if I fumbled your last name there. I live in Sarnia—Lambton, so I've had quite a bit of interactions over the years with Andrew Bolter, who's our legal aid rep there—I'm sure you know Andrew and his colleagues there too—through my office, through many interactions, whether it's rent, Ontario Works issues or different issues. You've outlined a number of them in your presentation. I'm very familiar with the work that you do, and of course what Andrew does in my community and all the legal aid communities across the province. I think they're doing a great job.

One of the questions that I had, and I thought maybe you could expand upon it a bit: The Attorney General, Mr. Doug Downey, because of COVID, had to modernize the outdated justice system. There's a lot of work to do there yet, but to keep it functioning during the pandemic, he had to make a number of changes. I'm wondering if you can speak a little bit about how those changes to digitize and modernize the justice system may have impacted both your clinic and your clients, either in London and/or across the province.

Ms. Kristie Pagnello: Sure. Absolutely. Some of it has gone well and some of it has gone horribly wrong. When we would look at the areas of appeal and how we have our hearings, we do administrative tribunal hearings, so we're not in a courtroom, we're before an administrative tribunal, and in the case of social assistance, that's the Social Benefits Tribunal. Those hearings are by Zoom now and are going okay. It's simply not as good for our clients as when they were able to be in-person. We still

take the position that for someone to have a full and fair hearing and for an adjudicator to make a fair decision, they should be in person with the appellant.

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Having said that, the Social Benefits Tribunal's side of things, as well as some of the employment tribunals, that's been okay. The nightmare is the Landlord and Tenant Board. It is a nightmare because it's blocks of hearings, so many hearings are scheduled to proceed at one time, with people from different areas. We have been trying to get where our southwest or our London-Middlesex people at least are in one hearing block, so that our one tenant duty counsel has the ability to speak to all of them. We still don't even have that. We just put our people in the same—so what happens is you have three, four, five different hearing blocks at 9 a.m., and we could have two clients in one, five in another, and we can't even get to them all. So that's one problem.

The other problem is that tenants who are being evicted simply don't have the technology to sit on a lovely computer, like I'm sitting on today, with a decent microphone to participate. We are happy that London is one of the areas where there is a pilot of your ability to go and use the technology over at the Landlord and Tenant Board, but there isn't enough—we would have to send everyone there, almost, and they don't have the capacity there.

What we have is tenants phoning in on cellphones that they might have limited time on, and they may get access to tenant duty counsel, they might not. They might simply get confused and lose time on their phone and hang up.

How the Landlord and Tenant Board is having hearings is a nightmare for tenants in the province of Ontario. I can't say enough about that. Their ability to participate is so minimal, and that leads to an inability to have a full and fair hearing before they're tossed out to live on the street or live in their car.

Mr. Robert Bailey: Thank you. That's a great explanation, and it echoes some of the—maybe in a little more detail than what Andrew Bolter has told me about Sarnia, but I'm sure he would support all of your comments if he was here.

These improvements that you would like to see—obviously, I guess, they've been documented and forwarded to the Attorney General, or maybe in your submission you're going to make after today. Would that be the case, that you're going to suggest some changes you'd like to see? If you had the changes that you outlined—being able to represent people at the same time so you're not pulled six ways from Sunday—could the technology work with some massaging? Is it a better way, where people don't have to travel to some of these hearings to try to do it in person? Could the Zoom work with the proper facilities for your clients?

Ms. Kristie Pagnello: Well, anything can be improved.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Kristie Pagnello: Sure. Unfortunately, it's hard to imagine how it really could be. There would have to be a

massive investment of funds to basically give everyone access to the same technology.

Really, the ACTO in Toronto, which is the specialty housing clinic, has been doing a lot of work with the powers that be. My submission would be that they need to be listened to. They are the ones with the thumb on the pulse of all the issues across Ontario in terms of tenants appearing before the LTB, and they need to be listened to about what the problems are. They collect all the data. Frankly, it's hard to imagine how that—

The Chair (Mr. Ernie Hardeman): Thank you very much.

We'll have to move on to the next question from the opposition. Mr. Kernaghan.

Mr. Terence Kernaghan: We would like to thank all the presenters today.

My first question is for Dani from the Gender Equality Coalition of Ontario. I would like to thank you, Dani, for your presentation talking about women's economic conditions, as well as the need for publicly funded and publicly delivered child care. It's incredibly important.

Back in 1990, there was the incredibly progressive legislation, the Pay Equity Act, and the Pay Equity Commission which, unfortunately, were cut and underfunded and effectively did not achieve their mandate as a result of government neglect.

I wanted to also gather your input about a private member's motion that was put forward by the women's critic from Toronto—St. Paul's. It's about an intersectional gender-plus equity lens for the COVID-19 recovery response: that the government “should apply an intersectional gender-plus equity lens within the Ministry of Labour, Training and Skills Development and to any legislation brought forward by this ministry as part of efforts to aid in the economic ‘she-covey’ and recognize the disproportionate economic impact the COVID-19 pandemic has had on women and non-binary-identifying people of Ontario, particularly those of racialized, Indigenous, LGBTQIA2S+, disability, and other marginalized communities.”

Is this something that the Gender Equality Coalition of Ontario would support?

Ms. Dani Bartlett: Absolutely. I think the most important thing to realize is women in those groups that are marginalized. For me, I work for a building construction trade union. The reason we don't find women in trades is because it's not necessarily safe for them. The reason we don't find racialized folks in trades is it's not necessarily safe for them. It's not always safe for the young men we send there either, because there is sort of this history of bad behaviour that we allow our young men to do when they're on the construction site—there's this masculine belief.

But when we set out training and we want to see these marginalized folks and our LGBTQ friends go to trades, we have to look at what that means. What does the economic responsibility mean? How do we create programming that trains them to go out in the world the way it is? There are some really great programs that have been

created, and I think it isn't as hard as we think it is to break through that and get women and gender-diverse folk into those groups. We just have to set it out that way and understand economically and socially that it's a bit different. When we make these programs, we just have to look at it a bit differently, with the gender-based allowances plus funds that already exist.

Mr. Terence Kernaghan: Absolutely. We want more folks in the trades, and this is definitely one way to do so. Thank you very much for touching upon that.

My next question is for Kristie. I just wanted to thank you for all the work that Neighbourhood Legal Services does for our community, being the voice and the champion for folks who have been pushed to the margins of society in a completely unfair way. It's incredible and meaningful work for folks who have been let down by our system.

In your discussion of income security and social assistance, I couldn't agree more. If we look back to the Harris cuts of the 1990s where 22.5% was cut from social assistance, and over the last 15 years it has really not seen any meaningful increases, so much so that people on social assistance are receiving less now than they did comparatively after that very dramatic cut.

I think your comments about the Basic Income Pilot project are quite apt. It's such a shame that it was left until the last minute with the last government. It should have been introduced well earlier into that mandate, had it been a priority.

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But I wanted your comments about legal aid funding, the \$133 million that was cut in 2019. How has that impacted your service delivery and access to justice for folks?

Ms. Kristie Pagnello: We were fortunate that—our clinic covers such a large catchment area, based on how we were funded, and we really weren't hit by that initial level of cuts. We had a small administrative cut that we were able to absorb. But it was more the specialty clinics and some of the clinics in Toronto and that who were hit pretty hard and haven't really since recovered. We've been fortunate that we were okay in that first round. Had the second round of cuts not been reversed, that would have been a much bigger problem.

Having said that, one of the things—I didn't use any of my seven minutes on it today, but it will be in our written submission—is that, indeed, there needs to be a commitment to stable funding, and increased funding, really, to legal aid so that clinics and the certificate system and duty counsel, all of those services, can all be maintained. We certainly advocate for that.

There's room for improvement in terms of legal aid funding, but we were fortunate to not be hit at all by those first rounds of cuts. The reality is, for the clinics, with the change in Attorney General back then, things luckily turned around and looked better, and we acknowledge that.

Mr. Terence Kernaghan: I want to thank you very much for your presentation, and thank you for also pointing out some of the flaws in the current Landlord and

Tenant Board system. It's something we've been pointing at, the need for adjudicators. I just want to thank you for also pointing that out.

At this point, I'd like to pass it over to the MPP for London West.

Ms. Peggy Sattler: Thank you very much. I'd like to continue the questions with Kristie.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Peggy Sattler: Oh, okay. Very quickly then. Thank you very much to Neighbourhood Legal Services and yourself for making staff available to come and meet with my constituents in London West on the issue of the Belmont townhouses that were purchased for conversion to condos. You talked a little bit about that, the issue of renovation and this whole process of this sale and purchase that removes affordable housing from our community. Do you have some specific policy recommendations that the government should be adopting in order to prevent that kind of situation?

Ms. Kristie Pagnello: Yes, so two things: I think we need to go back to some form of rent control, something that would make it so that even when a new landlord took over a building and—

The Chair (Mr. Ernie Hardeman): The time is up on that answer. We'll have to leave it until the next round.

We now go to the independent. MPP Hunter.

Ms. Mitzie Hunter: Thank you so much to the three presenters. It's all very important work. I want to ask about the child care and the fact that the federal government has put forward a national child care program for everyone, and the province of Ontario is the only province in the country that has delayed its signing of that agreement. We don't see any reason for that delay, given the fact that there's such an important need in the community. I'm just wondering, just based on the work that you are doing in your community and you see the need—and I can pass this question on to the folks from the Gender Equality Coalition, but I believe that the Neighbourhood Legal Services might have some comments on that as well.

Ms. Dani Bartlett: Thanks. I would say we are so close, and we've been so close so many times before. For the women I represent, for the folks I represent, child care is everything, and it's not just about the cost of it, it's the availability of it. This pandemic has shown us that we need folks to keep working. There's also an employee or worker shortage, because folks can't get to work. And so, why we don't have this, I don't understand, but it would be game-changing for the people I represent. When you make \$15 an hour, you can't afford to pay \$20 an hour for child care, and who's going to leave their kids in an unsafe situation?

Ms. Mitzie Hunter: Yes. Kristie, did you want to speak to it from the perspective of London-Middlesex? I know you talked about children living in poverty. That has to spill into the service supports that are available through child care programs, before- and after-school programs, all of that. That's also tied to food security.

If you can unmute, Chair, Kristie from Neighbourhood Legal Services, please.

Ms. Kristie Pagnello: There we go. Dani is right: It is essential. It has been talked about forever, and we get so close, and then it's snatched away again. From our perspective, this is how you get people off social assistance. We'll talk about women: They need affordable and safe daycare, and then they actually could work and be off social assistance. No one wants to live on social assistance. Who would want to, right? It is horrendous. But unless women have a place to put their kids that's safe and affordable, they can't even begin the process of becoming self-sufficient, and they want to.

Ms. Mitzie Hunter: Right. And maybe both of you could also comment on the cancellation of the Basic Income Pilot, which was really an opportunity to look at the solutions.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Mitzie Hunter: How important would a basic income be to your clients? Go ahead, Kristie.

Ms. Kristie Pagnello: Sure. That pilot—that was a shame. It was getting great data. There's lots of good research out there, but this would have given us the more we needed with that pilot, had it been completed. So, of course, we need at least another pilot. There's so much merit to basic income. I can't do it in a few seconds, but it would be a way better system than what we have now.

Ms. Mitzie Hunter: Right. Dani, I saw you nodding.

Ms. Dani Bartlett: I agree. For the work I do, representing precarious workers, it would allow us then to bargain with our employers for more security as we move ahead. It doesn't just start with those who need it. We can then bargain for better stuff with our corporations and our—

The Chair (Mr. Ernie Hardeman): Thank you very much for that answer.

We now have to go to the government. MPP Pettapiece.

Mr. Randy Pettapiece: I again thank all the presenters for being here today. This is an interesting process. The unfortunate part about it is that you only get so much time to talk and then you get cut off, and I know you have so much more to say to us.

I'd like to turn my attention to Mr. Hemsted of the Ontario Sheep Farmers. I've been to your convention a couple of times up near Collingwood, and I always had a great meal there. I don't understand why people would buy any lamb that's not produced in Ontario. The quality of your product is just second to none. I understand there are probably some trade agreements that let New Zealand lamb come in, or from other countries, but once you taste the difference, if you had the two on two different plates and tasted the difference, you'd certainly want to maybe spend a few more dollars if you had to for Ontario lamb.

Sandi Brock—you might know Sandi; I'm sure you do—has been a real advocate of the industry and certainly has kept me apprised of what's going on, what changes are going on in the industry and some of the issues that you face. There's a question about abattoirs, and I wonder, sir—or one of you could answer a question as to the slaughter capabilities that you have or that you're facing in the province.

Mr. John Hemsted: Thank you for the question. Our processing is a real challenge in the province. I think we need to turn the page and take the activities in the processing industry back to being something that's reputable. Looking at villages in England, for example, the butcher was the key person in the village providing food for people.

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What we find in the processing industry is large gaps in available labour. At one point last fall, there were over 1,600 available jobs in provincially inspected processing plants in the province. So we have physical brick-and-mortar capacity, we have limitations with respect to labour to fulfill the capacity, and the other element there is we have limitations with inspections. So even though we have plants that have that formula put together, we have the inability to provide adequate inspection from the province.

Jennifer, do you have anything to add to that, please?

Ms. Jenn MacTavish: Thank you, John.

I'll just be very quick, and I'll echo John's comments: Our processing industry is horribly under-resourced in terms of workers. We rely heavily on temporary foreign workers and seasonal workers, because we just cannot find workers within the province—

The Chair (Mr. Ernie Hardeman): If we could ask for a name and an introduction.

Ms. Jenn MacTavish: Oh, sorry. I'm Jenn MacTavish, the general manager with Ontario Sheep Farmers.

The Chair (Mr. Ernie Hardeman): Thanks, Jenn.

Ms. Jenn MacTavish: Sorry about that.

I was just echoing John's comments that we have the ability. There's room for employment within our processing sector, and we'd have the ability to expand our production and increase our contribution into Ontario's economy if we could have more support in helping us get trained workers into our processing plants.

Mr. Randy Pettapiece: Yes, the worker situation in Ontario is a good news/bad news situation where we have all kinds of jobs, not only in the agriculture sector but certainly in building and whatever else.

Building homes: We've heard about that this morning. We have all kinds of job opportunities here, and I'm very glad that our government has put money towards abattoirs and we've put some money in to help with efficiencies to help upgrade some of our provincially owned abattoirs. I'm glad that we've done that.

And on the importing of lamb, that's probably something we need to talk to the feds a little bit about, to see if we can get some help that way, because, like I say, we produce a tremendous product here.

We have changed the RMP program a little bit. I think you're aware of that. We did add \$50 million to it. But we've also allowed it to roll over into the next year if there are resources available or if there's money left over, and I don't know what that figure will be, if it's anything.

I think, by and large, Ontario's agriculture sector has had a good year. Our grain farmers have had record yields in the province this year. Our cattle farmers are struggling a little bit, the same as anyone who is in the livestock

sector who sells meat products. But there has been quite a resurgence of lamb, as I understand it. So the rollover is something that we've changed. I know you've asked for more money. I wonder how you achieve those figures. What's your formula for that?

Ms. Jenn MacTavish: John, are you okay if I—

Mr. John Hemsted: Absolutely, Jennifer. Thanks.

Ms. Jenn MacTavish: First off, I want to say thank you, because the ask that we have for the extra \$100 million is not—I hope that doesn't come across as us not being appreciative of the support that the government has provided to the agricultural industry. The truth of the matter is we are price-takers. So even though we might have really great incomes, that's not a reflection of the cost of production that's going into making that product available for our consumers. Added to that is the fact that our farmers are being asked to do a much heavier lift than just feed consumers. We're being asked to improve our environmental footprint—and sheep are really great at that. They're environmental powerhouses. That's a whole other story.

So this is more of a reflection of the fact that we are faced with risks that are outside our control. Mother Nature is a horrible negotiator, and we have increasing prices across the board to our costs of production

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Randy Pettapiece: We've always been price-takers. That has been a way of life with farmers, and I think the consumer doesn't understand that, especially in your industry, it's difficult for you to negotiate a price. You pretty much have to take what the market will bear.

But I do appreciate you being here today. It's always nice to talk farming, or some sort of farming, at these committee meetings. I think our consumers in the cities—it's getting better, but the realization of what farmers and the agricultural industry does for this province is just not there as much as I'd like to see it. But it is incredible, and you certainly brought that to light today, so thanks so much for your presentation.

Ms. Jenn MacTavish: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

We now go to the official opposition. MPP Sattler.

Ms. Peggy Sattler: I'd like to direct my question to Kristie and ask her to continue on with her response to the question I had asked previously about the renovations, and what we saw in London with the sale of an affordable townhouse complex to a GTA condo developer, and what policies could be put in place to prevent that kind of thing happening to low- and modest-income tenants who find themselves with very few options given the shortage of affordable housing in London.

Ms. Kristie Pagnello: Really, we need a system of rent control again, so that there's less abuse, right? What happens in a renovation is that the landlord or someone who purchased—well, it may not be a purchase of a property. It just may be a case where someone is living there, the rent is affordable, and they can use this loophole in the law to basically have the tenant move out, allegedly

temporarily, and then renovate—or pretend to renovate, in many cases—and then just move new people in and jack up the rent. In London and Middlesex, we're losing tons of housing that was semi-affordable through that process, whereas if you control the rents, then that can't happen.

And then, of course, there could be better legislation around putting landlords to a stricter test of if the renovations were actually done, and that sort of thing. There are changes that could occur there, too, that would make landlords more accountable and take away some of the abuse there.

Ms. Peggy Sattler: Okay. Thank you very much. I also wanted to express my appreciation for your very strong, ongoing, relentless advocacy around raising social assistance rates. As my colleague MPP Kernaghan mentioned earlier, the cuts that people on social assistance have experienced over the years because of the freezing of the rates has been horrendous, and especially at a time like this, with housing costs and food costs and everything else going up. It's very much appreciated.

That brings me to a question for Dani Bartlett of the Gender Equality Coalition. You identified income security as the first issue that you recommend that the government needs to address. As part of that presentation, you talked about paid sick days. I wanted to say thank you for highlighting the need for paid sick days as a way to promote income security for people in this province. I just wondered if you wanted to elaborate a little bit more about paid sick days as a gendered issue and the implications on women.

But before I do that, I also wanted to ask you if you were aware that I've introduced a private member's bill twice, and the Ontario NDP caucus has introduced I think at least 25 motions in the Legislature, calling on the government to move forward with 10 paid sick days, and they have repeatedly opposed those motions and refused to move ahead. Were you aware of that, and what are the gendered implications of paid sick days?

Ms. Dani Bartlett: I'm for sure aware. I'm very proud of my old employer, United Way of London, that took a strong stand to support it. My new employer, LIUNA 1059, and the Gender Equality Coalition support it wholeheartedly.

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I think what it means to have 10 paid sick days, for sure, is gendered because it's the women who are primary caregivers with the children, primary caregivers with our elders, and they're getting sick. And when they get sick, they lose their jobs because they're often just seen as a number for the employers that employ them. There is no protection when it happens.

The folks I protect think the attendance programs are disgusting. I've had one woman since September who has had COVID three times. The three days that she got paid aren't enough. When she can't work, her kids can't go to school. It's just horrific. It's horrific; it's terrifying. I don't know what to say to her. She makes \$15 an hour, \$15.30 now because the minimum wage increase bumped up her wages a tiny bit. She needs the benefits. She needs to work

at least 30 hours to get those benefits provided by the union I work for. And without those sick days, she's in super, super trouble. There's a pandemic and she cleans where everybody touches. People are sick, and the pandemic is passed that way. It shouldn't be a workplace hazard. If she gets sick, she should be protected.

Ms. Peggy Sattler: Yes, thank you very much for that answer.

I also wanted to ask you a question about women's safety and violence in the home. Really, I'm grateful for the work that you do as part of the London Coordinating Committee to End Woman Abuse as well as the Gender Equality Coalition. You talked about the reality that gender-based violence was a pandemic before this pandemic.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Peggy Sattler: I wondered if you can comment a little bit about the impact of the pandemic on women's safety at home and the increased need for services.

Ms. Dani Bartlett: We've had 30% more women who have died in Ontario this year than any other year. We're seeing more women die every month. Women are unsafe.

What happened the last time it shut down is the emergency phones that I know have stopped ringing. What that means is women couldn't get to that phone. It's terrifying, and things are getting worse. And when it all clears up, we're going to find all of these women who were hurt and alone and couldn't get to resources. I don't think we have any idea what's happening.

Ms. Peggy Sattler: So what's your specific policy recommendation for the government?

Ms. Dani Bartlett: We need to have a plan that is funding these organizations so that they can work whether they're online or not. I'll say right now that my apprentices are getting test kits and the shelters in London are not. They can't test them for—

The Chair (Mr. Ernie Hardeman): Thank you very much. We have to stop it there. The time has run out.

We now will go to the independent. MPP Hunter.

Ms. Mitzie Hunter: I actually do want to speak to Dani about what you're seeing as a result of the pandemic on the rise in gender-based violence. What's happening with the women's shelters and the support systems? Have we recognized that, in terms of making sure there is more adequacy there, given that the problems are escalating? You said 30% more women have died at the hands of this type of violence and that's just an increase in one year. So if you could just really tell this committee how this existing problem has become worse under the pandemic and under, really, the cover of COVID, where we're not seeing it, but it's happening.

Ms. Dani Bartlett: You used to be able to just walk into a shelter and get support. You used to be able to pick up the phone and there would be somebody working at the other end at the shelter, and that's just not happening now.

Also, you used to separate: One of you would go to work and the other one would go to work. We're isolated together and you can't get to the phone.

Our shelters are understaffed. Everybody there is sick. They work together; it's close contact. There is not enough staff. We are sharing staff from one shelter to another, and our executive directors are working in the shelters because there are not enough people. The phone counselling is up. There are just not enough people to answer the phone because people are sick.

Also what's happening is the police and justice system is exhausted too, and there are just no pieces. Even men who wouldn't normally be violent are pushed to their limit. There's trauma. Everybody is seeing a trauma we haven't seen before. It's scary, it's traumatic, and it makes you act badly. Who do they talk to? How do we unplug what's happening and keep people safe? It's just not happening.

Then, if we look rurally, women are even more isolated than the women in the city. You don't have access to reliable Internet. That's a huge problem for domestic violence and safety. It's a huge problem to run a business, let alone keep yourself safe. All of these problems are compounding with the pandemic, but there was still a problem—women were still dying—because of domestic violence before.

And then when we talk about sexual assault—nobody is talking about the sexual assault. Those agencies are really underfunded, comparatively. COVID money went to support the shelters. There was sort of an influx, but the sexual assault centres didn't get it, and they're seriously, seriously underfunded. Women are just getting assaulted and taking it and not talking about it, because there's no place to go to talk about it. Years from now, that trauma will come out, and it will not only cost those women, but it will cost this province.

Ms. Mitzie Hunter: Yes. We were earlier talking to the Canadian Mental Health Association about addictions and the fact that there's an increase in alcohol consumption, substance abuse in different forms and even gambling.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Mitzie Hunter: Some of that is spilling out into behaviours, so we're certainly seeing that. Maybe in your written submission, you can articulate for this government in its budget how we try to limit some of those scarring effects on people, on women in particular, in those circumstances. Thank you and your workers for the work that you do to help people in the community. I know it's difficult, but we need you to do what you're doing to help vulnerable women. Thank you.

And I want to say thank you to the sheep farmers. I am a consumer of your products. Thank you for feedback on the RMP program. I will let Jeff Leal know how it's going and the fact that we do need to boost it, going forward.

The Chair (Mr. Ernie Hardeman): Thank you all very much. I will end it by thanking everyone collectively, all the presenters this morning, for having done a great job bringing your message to us.

We'd like to remind the presenters that the deadline for written submissions is 7 p.m. on Wednesday, January 26. Anything you have to add that you would like to add that I had to cut off in your answer, if you put it in writing, you

can send it to us. As long as it gets here before the 26th, it will be part of the record.

With that, I thank all the presenters this morning and thank the committee members. The committee will now recess until 1 p.m.

The committee recessed from 1158 to 1300.

The Chair (Mr. Ernie Hardeman): Good afternoon, everyone, and welcome back from our lunch break. As a reminder, each presenter will have seven minutes for their presentation, and after we've heard from all three presenters, the remaining 39 minutes of the time slot will be for questions from members of the committee. The time for questions will be divided into two rounds of seven and a half minutes for the government members and the opposition members, and two rounds of four and a half minutes for the independent member.

ONTARIO NONPROFIT NETWORK
HOUSE OF FRIENDSHIP
GREATER KITCHENER WATERLOO
CHAMBER OF COMMERCE

The Chair (Mr. Ernie Hardeman): With that, we will call the first presenter. As is normal when we call the presenter, we ask them to first introduce themselves and make sure that if there's more than one person going to speak during the presentation, each one when they speak introduce themselves similarly for Hansard.

With that, we are starting the afternoon off with the Ontario Nonprofit Network. The floor is yours for the non-profit network.

Ms. Cathy Taylor: Great. Good afternoon, Chair and committee members. It's a pleasure to see many of you again. I know our paths have crossed. My name's Cathy Taylor. I'm the executive director of the Ontario Nonprofit Network. With me today is Pamela Uppal, who's our director of policy. I've been working from my home in Erin, Ontario, Wellington county, which is on Treaty 19 on the treaty lands and territory of the Mississaugas of the Credit.

As you know, ONN is the network for 58,000 non-profits and charities in Ontario, and we engage our diverse network of organizations to bring their voices to government and to other stakeholders. You also know how vital non-profits are to our communities. Many of you have been involved in our sector through your own volunteer work, so that you know communities could not function without the supportive web of non-profits that contribute to our quality of life. This has never been more true, especially in the pandemic, as non-profits continue to step up and have been the glue that keeps communities together.

However, this may not be the case for much longer. Today I'm here to tell you that Ontario's non-profit sector is in crisis. This two-year-long COVID pandemic has taken its toll. Non-profits are facing disruptions, financial hardship and staffing crises while demand for services increases and revenues decrease. We are hearing from our network that the see-saw impact of closures and reopening

may mean closing down for good. Staff are burnt out, it's difficult to retain workers and volunteers, and we are all worried about how to continue critical community services and programs.

Ontarians need a robust non-profit sector now more than ever, and this is especially true as we enter a decade of significant social, economic, environmental and technological shifts. Business as usual just won't work. To continue this vital role, the sector requires investment and a strategic partnership with the Ontario government. We would like to offer five specific recommendations for your government to consider for budget 2022.

Our first recommendation is to provide stabilization funding for non-profits to weather the Omicron wave and rebuild for future emergencies. ONN has spent the last two years bringing these challenges to the attention of the Ontario government, but frankly, there's not been a lot of concrete measures to address them. There's no overall strategy or stabilization support for Ontario's non-profits. We are asking for an immediate end to this fragmented, inadequate response to the crisis in the sector.

There are two experiences non-profits are having right now. The ones that are forced to close again during this wave must continue to pay their rent or mortgage, maintain their properties, pay insurance premiums and utility bills, yet their ways to earn revenue have been cut off. The majority of closures are arts, culture, sport or recreational organizations that earn most of their revenue from ticket sales, registration fees and fundraisers. As they attempt to reopen, many have already incurred costs from return to play, rehearsals, marketing and staff and volunteer recruitment. On the other hand, we have non-profits that have remained open as essential services, and many lack the personal protective equipment, HEPA filters and appropriate technology. Costs are rising with both inflation and the increased demand for services. Many of these organizations are delivering services on behalf of the Ontario government and few have seen their funding rise in line with increased costs, which has been going on for over 10 years. Stabilization funding will support non-profits now so that they can rebuild and continue to enrich our quality of life.

Our second recommendation is to support solutions for the staff and volunteer crisis in the sector. We know many industries are experiencing HR challenges, but it's at a breaking point in the non-profit sector, which will particularly impact Ontarians. The crisis is being driven by increased demands for programs and services, which has led to an overwhelming burden for staff, compounded by a stark drop in volunteers. Many of the sector's workforce are leaving, seeking more financial stability and less stressful opportunities in other sectors. For solutions, we recommend repealing Bill 124 to enable non-profits to remain competitive; making transfer payment funding longer term, flexible and reflective of the cost of doing business; and legislating permanent paid sick days.

Our third recommendation is to invest in non-profit-driven care services for long-term and sustainable recovery. Care services are the supports that allow Ontarians, especially women, to work, grow and thrive. Investments

in care services fuel strong families and communities, just like investments in transportation, roads, bridges and more. Strategic investments will improve care quality, provide good jobs and expand availability for services.

The pandemic has unequivocally highlighted that care services are essential to Ontario's economy. We recommend removing the profit motive from care services, starting with long-term care, and ensuring federal child care dollars support a public and non-profit-driven expansion of child care.

Our fourth recommendation is to introduce a social enterprise strategy and commit to community benefit agreements in infrastructure and development projects. As many of you know, social enterprises and co-ops enable people with barriers to participate in the economy by providing them with good jobs that also make communities healthy and stronger. But like many businesses, these enterprises—caterers and couriers, charity shops, bike repair shops, PSW co-ops—have faced significant disruption and financial challenges during the pandemic.

Working with the co-op sector, we propose that the Ontario government create a fund to support local community benefit networks and social enterprise developers, eliminate regulatory barriers to community investment organizations and ensure that non-profit co-op enterprises are eligible for all those small business supports.

And finally, our last recommendation is to create a home in government for the non-profit sector that can streamline and coordinate the sector-government relationship across ministries. This could take the form of an associate minister for the non-profit sector and an accompanying office, as an example. Throughout the pandemic and before, thousands of non-profits have connected individually to a range of provincial ministries, from government and consumer services, to seniors, to labour, as well as the ministries that fund non-profits in the arts, sports, health care and social service areas.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Cathy Taylor: This fragmented approach lacks responsive and direct lines of communication with government and creates great risk for the sector's ability to continue to support communities. A home in government for non-profits would create efficiencies and improve the government's effectiveness and be able to work on whole-of-government things like transfer payment modernization, digital services, workforce development and more.

In conclusion, now is the time for a rapid and robust financial response to the crisis experienced in Ontario's non-profit sector. Once the crisis is tackled, it will be time to develop long-term investments and public policy that recognize the central role that non-profits play locally and across regions in a sustainable and equitable and more inclusive economy. We count on your support and we really look forward to working with you and remain committed to ensuring that communities can thrive. Thank you for your time.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We will now start with the questions. The first round—

Interjection.

The Chair (Mr. Ernie Hardeman): I'm ahead of the game again here. I've been kind of laid back for lunch. Our next presenter is the House of Friendship.

Mr. John Neufeld: Good afternoon. I'm John Neufeld, and I have the privilege of serving as the executive director of House of Friendship here in Waterloo region.

Imagine you've just been diagnosed with cancer. You show up at the cancer treatment centre and you're given a bed, you're given some meals, but you don't have access to radiation or chemotherapy or any other type of treatment. I know that sounds ridiculous, but that is how we have been addressing homelessness across our province for decades. We provide a bed and a meal, but we don't address the underlying health issues of homelessness. And I believe we can do better in this great province of ours.

House of Friendship has had the privilege for the past 80 years to serve some of the most vulnerable individuals in our community. We've been walking with people struggling with poverty, mental health and addiction issues by providing food, emergency shelter and housing, addiction services, and vital community supports in low-income neighbourhoods across the region.

The past two years have been the most challenging and most innovative in that history. The pandemic amplified the need among the most vulnerable in our society and compelled us to adapt and to innovate at a pace we would have never imagined. The results of that innovation, a program we call ShelterCare, are highly positive and more than what we could have hoped for. ShelterCare benefits the people we serve, our community and our health care system. I'm here today to propose a forward-looking provincial health care funding commitment to secure those benefits into the future.

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So, what is ShelterCare? In a nutshell, it's simply integrating health care into a shelter by providing meals, housing, primary health care, addiction and mental health supports, life skills training and income support all in one place. With these supports, our participants can become healthier, find permanent housing and, most importantly, exit the cycle of homelessness for good.

Ontarians who access shelters are often simultaneously navigating mental, physical and addiction health issues. Among our participants, about 80% are active substance users, and about 50% experience some form of psychosis regularly. Many come to adulthood carrying the impact of childhood trauma that continues to affect their health. Most aren't connected to health care supports and end up using the most costly services when they do access care, often when it's an escalated health crisis and they need the emergency department or EMS.

Before the pandemic, the emergency room was the default for our participants. It was expensive and a revolving-door solution that served neither the patient nor the health care system all that well. But with the pandemic came some extraordinary time-limited funding that allowed us to implement ShelterCare and break the cycle we've been stuck in.

I'll give you some stats, but please keep in mind this is more than numbers; there is a human element to this that we cannot ignore. In the first eight months we had ShelterCare operating, we saw a reduction in EMS calls by 75%. We had a reduction in police calls by 65%. Our overdose rates dropped by 50%. Most critically, we saw 60 individuals housed in six months, with none returning to shelter.

We know ShelterCare works. We also know we can't do it alone. We work as an integrated part of a village of local service providers in the Inner City Health Alliance. Community partners seek to provide timely, coordinated, integrated health and social services that make sense for that person at that time. We also rely on funding from a variety of government sources, both provincial and local.

On January 12 of this year, just about a week and a half ago, the government of Ontario announced an \$8.5-million capital investment that will provide ShelterCare with a long-term home. I want to take this opportunity to specifically thank all of our local MPP's for their support for House of Friendship. I see MPP Fife and MPP Lindo here today. I also want to single out Minister Clark and MPP Mike Harris for their support in this investment. We would have no capacity to provide the service without a home, and now we have one.

Our region of Waterloo is a vital partner and has committed to leverage the province's capital investment with regional operational support for the shelter component as well as debt financing.

The operational funding for House of Friendship to provide ShelterCare services since March of 2020 has come from a number of funding envelopes that are tied directly to the COVID-19 pandemic response. This time-limited funding upon which ShelterCare relies will disappear. Our local Ontario health team, KW4, is supportive of continuing the ShelterCare model and learning from it as part of our year one priority's focus on those who are homeless and precariously housed.

I'm here today to ask for this committee's support in seeking provincial operational health funding for ShelterCare to continue into the future. It's a model that has garnered interest province-wide and one that we would love to see implemented across this great province of ours.

Thank you so much for your time.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation.

Our next presenter is the Greater Kitchener Waterloo Chamber of Commerce. Yes, sir?

Mr. Ian McLean: Good afternoon. Thank you, Chair Hardeman and members of the committee, for the opportunity to speak this afternoon. I am Ian McLean, president and CEO of the Greater Kitchener Waterloo Chamber of Commerce. With close to 1,800 members, we are the second-largest chamber in Ontario.

Firstly, I'd just like to thank my friend John Neufeld for his leadership. Obviously, the pandemic has affected everything from business to communities, individuals and students, but certainly our vulnerable populations across

Waterloo region. So thank you to John and his leadership supporting Waterloo region.

The small businesses of Waterloo region and across Ontario face extremely difficult circumstances. They collectively have suffered for over two years of opening and closing, and continue to face unprecedented challenges with COVID-19. We ask that the Ontario government consider and develop a clear and consistent long-term plan for managing the pandemic that connects restrictions to database metrics, and provides employers with the required guidance around reopening when it's safe to do so and the supports they need to achieve these goals.

Thursday's announcement is a good step in that direction. In consulting with our pandemic control group here in Waterloo region—on which I serve, on behalf of the business community—there is a plan. It's more of a comprehensive plan that allows us to understand how and when we can safely reopen.

On December 23, 2021, two days before Christmas, the leadership of the Business and Economic Support Team of Waterloo Region—which is the two chambers in Cambridge and Waterloo, Communitech, Explore Waterloo and the Waterloo Region Economic Development Corp.—sent a letter to both Premier Ford and Prime Minister Trudeau. We noted there is a profound wake of devastation that the Omicron variant is leaving behind, and for many small businesses that we have, many were in their busiest sales time of the year, effectively ending their sales periods for necessary public health measures. We urged both the federal and provincial government to move swiftly on business support programs, particularly to those hardest-hit sectors: services, retail, hospitality, tourism and restaurants.

It's important to note that while enhanced public health measures do not constitute a formal lockdown, for most businesses in these sectors, it had the same devastating effect. Customers were not arriving, and as a result, cash flow and financial positions for many businesses deteriorated to almost nothing. Specifically, we recommended last month that we immediately reactivate that provincial cash grant program and send the one-time cash grants to the affected and qualified businesses.

We know from last year's experience around the same time who are the businesses who need it, the businesses who were excluded last year—like dry cleaners, personal services and retailers—and we also know who doesn't need it. And so, this program needs to be activated and the cash needs to be sent out quickly, but it also needs to be expanded to incorporate the business owners who were excluded last time and deserve it.

We are aware, as we announced this program—we're just concerned that there are too many businesses who will be excluded and will continue to be excluded. In addition, in December, the previously announced provincial tourism recovery fund has not flowed funds yet—or that's my understanding. They're the hardest-hit businesses in this sector and they urgently require funding.

Our chamber and the local business community welcome new supports announced by the federal government

and their responsiveness to our feedback. However, we are concerned and troubled about any business—and there are many—that will be left behind. On the one hand, grants are too narrow, as they only apply to businesses that were required to fully close. They exclude those that were at limited capacity or losing revenues as a result of the restrictions.

We recognize that public health and a healthy economy are intrinsically connected. However, sweeping new restrictions that impacted employers and employees, unaccompanied by targeted support programs, are not appropriate or acceptable two years into the pandemic. So beyond this, we need a comprehensive plan to get through from this crisis into the period where we move from the pandemic to an endemic and learn to live with COVID.

Restaurants Canada has recently said cash on hand for cash flow, for many restaurants and that sector, is the key thing right now. Those businesses need the cash influx to get through this last period of Omicron. We know that we can literally see the light at the end of the tunnel. It would be a tragedy to leave many of the businesses that have been struggling for so long behind as we get to the end of the pandemic. People are concerned about the pandemic and their survival, and we recognize that. We know that you recognize that. We're calling on the Ontario Legislature and the government to increase those supports, so that we can all get through this together.

There are a few—two or three—other things I just wanted to highlight quickly. I know my colleagues Lee Fairclough and Ron Gagnon from St. Mary's hospital and Grand River were in this morning, talking about their requests for some funding to do the planning necessary to demonstrate the absolute necessity for a new hospital here in Waterloo region. I encourage you to give that full consideration. Waterloo region is an engine for economic growth here in the province of Ontario, and health care is an incredibly important part of that.

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Talent is another challenge and another huge issue that affects business. In order to have a growing economy where jobs are created, particularly here in Waterloo region, talent is huge. We know our post-secondary institutions have been struggling, along with everyone, over the last number of years, particularly with, maybe, funding models that don't work at this stage. We encourage you to look at that and work with our partners, because at U of W, Laurier, Conestoga, McMaster and Guelph, all of whom have a huge footprint here in Waterloo region, it's incredibly important. We need to not only make talent, but take talent, if Ontario and Canada are going to lead the way.

Thank you for the opportunity to speak today. I'm looking forward to answering any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

Now, I am where I thought I was a bit back. I finished the three delegations. Now, we will go to the questions, and we will start with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all presenters for appearing before this committee. This 2022 budget is

incredibly important. We have to be very strategic about where we invest.

John, I'm just going to start with you. The ShelterCare program: You know that both MPP Lindo and myself have spoken in the Legislature about the value of this program. It is absolutely the model of support that we should be funding and resourcing across this province. I want to say I was very thankful and grateful that the funding did flow to House of Friendship. You have an amazing team of people there who care deeply about this community. I just wanted to say congratulations on that.

I'm going to have a quick question for the chamber. Ian, I just want to say the local chamber, yourself and Greg, have been huge advocates for the local businesses, along with our BIAs, I must say.

The importance of having access to the rapid antigen tests: Can you quickly relay that? I was going to ask you about the hospital, but obviously, the chamber is already really supportive of it. We're really excited about the \$12 million that could go to planning and making sure that we get it right here in Waterloo region. But very quickly, how important is it for the community at large to have those rapid antigen tests?

Mr. Ian McLean: Sorry to steal your question on the hospitals, but I'm on a committee, on a monthly basis, where we know the importance. We understand that we are underserved here in terms of hospital infrastructure and how it plays out to everything, from the work that John is doing to recruiting and retaining talent. It's part of a bigger picture.

But rapid antigen screening is going to be—and this is part of when I talked about how we move from a pandemic to an endemic and how business needs to be supported. Rapid screening is certainly one of those tools that we expect the business community—the Ontario chamber, Greg and I at Cambridge and the greater KW chamber—the rapid screening is going to be one of those tools that is going to be in place for an extended period of time.

Just quickly, I'll give you some highlights. We were the first chamber in the country to do this; we piloted this. To this point, we've given away three quarters of a million testing kits in Waterloo region alone to small businesses with less than 150 employees. I recognize it's a global supply chain issue. We don't have them right now, but we've got over 5,000 businesses lined up in queue to get rapid screening kits. They know how important it is to make sure that they can screen their employees. Those who are infected with the virus can stay home and not infect others. It's going to be one of those tools that is incredibly important to make sure that we get to that stage where we can manage with the endemic. Certainly, as we get more, I encourage the business community that's part of our infrastructure of keeping supply chains open—business needs these.

Also, by the way, it's not just business. We should say it's the employees in the businesses who are the ones who are being tested. I think that's pretty important for us to recognize. Those 5,000 businesses, as an example? That's over 120,000 employees who are represented by those

businesses. This is really an important program, and I encourage all parties to get behind that on a longer-term basis.

Ms. Catherine Fife: Okay. Thanks very much, Ian.

I'm going to throw it over to my colleague from London West, MPP Sattler. Go ahead, Peggy.

Ms. Peggy Sattler: Thank you very much.

Thank you to all presenters. I wanted to focus the next couple of questions on the Ontario Nonprofit Network. Thank you, Cathy, for your advocacy and your participation in public policy discussions. You bring such an important voice as the champion of a sector that we have realized more than ever is incredibly valuable to the health and well-being of our province.

You talked about the government's fragmented and inadequate approach to supporting the non-profit sector during COVID-19. I wonder if you could tell us what kinds of provincial government supports non-profits received. Were there any eligibility barriers, for example, for non-profits to start some of the programs that were set up, like the small business support grant?

Ms. Cathy Taylor: Wonderful. Thank you for the question, MPP Sattler. It's good to see you again. It's a great question. There have been a few targeted supports for non-profits and charities throughout the pandemic, but not specific to non-profits and charities. Non-profits were eligible for the first round of small business grants, but it wasn't on the website or anywhere, so most of them didn't know about it. When we did a survey, we found out that only one in 20 actually applied for the grant.

This time around, we advocated, and the government successfully added non-profits to the energy rebate program that was just announced last week, as well as the new small business grant program. There is a link to non-profits on there, and we're happy about that. But again, it's very small amounts of funding: a maximum of \$10,000. As my colleague at the chamber of commerce has said, it eliminates a lot of organizations that were not closed and actually were staying open during this time.

There was some additional funding provided through the Ontario Trillium Foundation for capital equipment and technology, but they were so overwhelmed with applications that at the end of the day they weren't able to fund a fraction of who applied. Frankly, that's all of the sector-wide support and funding that has been available.

There have been some non-financial things, like the liability protection insurance that the government passed, which was very helpful to our sector, and the passage of the Ontario Not-for-Profit Corporations Act. But in terms of financial investments, there were specific things by line ministries—for example, certain mental health supports etc.—but nothing broad for the sector as a whole.

Ms. Peggy Sattler: Okay. Thanks for that explanation.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Peggy Sattler: I also wanted to congratulate ONN on the work you've done as a decent-work advocate. You talked about supporting your staff by repealing Bill 124, paid sick days and investing in the care economy, where so many women are employed. Can you expand a little bit,

in the few seconds you have, on the importance of a decent-work agenda in a care economy?

Ms. Cathy Taylor: Absolutely. We know that the care economy, which is all of those things that provide care for people, is mostly run by non-profits and charity, and 80% of our workers are women, and many of our front-line workers are racialized women as well. We need to treat them well. Our people are the key asset in our sector that provides supports for all Ontarians, so we need to make sure they're paid well, that they have benefits, that they're not doing multiple short-term jobs or various part-time work, and that we create the conditions for them to be successful. That includes being able—

The Chair (Mr. Ernie Hardeman): Thank you very much.

We'll have to move on to the next one, the independent member. MPP Hunter.

Ms. Mitzie Hunter: Thank you so much to all of the presenters for your perspective. I wanted to start with the Ontario Nonprofit Network. You're very clear in being left out of the response to COVID in terms of monies that were flowing to help entities to sustain. It's almost as if your whole sector was overlooked. That has undoubtedly caused a strain on the supports that your participating organizations can provide to community, at a time when the demand and the need are at their highest in terms of people's needs.

I'm just wondering, in terms of—maybe you can just specify, because I know you've had specific asks before. You've come forward to this committee, Cathy. So, what is the specific ask? And let's hope that the government is listening in this budget.

1330

Ms. Cathy Taylor: Thank you so much, MPP Hunter. I think fundamentally one of the big challenges is that we don't have the same sort of mechanism that other industries have to work with government. We don't have a department responsible, a ministry responsible, even a small unit responsible for the non-profit sector within government, so we're working across all the ministries, all departments, and there isn't a coordinated approach, because we don't have that voice in government.

I will say that Minister Sarkaria and Minister Tangri did include us in their small business advisory council, which was great. But of course, the emphasis was on small business. So I think there's a structural piece there, which is why we want a home in government, for sure.

But at this time, we are looking for stabilization funding for non-profits and charities, both the ones that have had to close, like sports, arts and recreation, and the ones that have been open and have been doing innovative, creative things, like House of Friendship, and need that additional support to provide services to their communities. And then, making sure that we have the things in place so that we can pay our employees better—Bill 124 affects non-profits and charities very much—as well as having paid sick days. Those are the key things that we're asking for at this point.

Ms. Mitzie Hunter: If you had a choice between creating this ministry from a structural point of view and direct support into the sector, what would you choose?

Ms. Cathy Taylor: Oh, my goodness.

Ms. Mitzie Hunter: I know. It's an impossible choice, right?

Ms. Cathy Taylor: Yes. I think having some sort of an office doesn't have to cost a lot of money. It doesn't need to be a full ministry. And that's a long-term goal. I think there are immediate needs right now for strategic investments and keeping organizations afloat so that they're here to help with the pandemic. So the investment in recovery for organizations is our top priority.

Ms. Mitzie Hunter: I thought you would say that. Maybe there are other models like the Anti-Racism Directorate, where you have expertise that is pulled together from the public sector that's dedicated in terms of responding to your sector needs.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Mitzie Hunter: When I was formerly a minister, I got to set up the Education Equity Secretariat, because we needed to respond to the needs of equity in our education system more broadly, and it's doing that work. So maybe it's something that is embedded within a particular ministry but with expertise that's brought together for your sector. So perhaps flesh it out a little bit in your submission.

I really want to thank all of the non-profits. We would not have survived this pandemic without your work. I just want to thank you for your dedication and the oftentimes silent and unseen work that you do. It's definitely valued within the communities, and it's missed. I've got to say, a lot of the services are missed within the community as well because of the pandemic. We've heard it all this morning. In terms of the need, it has never been greater. I really like your innovative ideas, and I hope that the government—

The Chair (Mr. Ernie Hardeman): Thank you very much.

We now go to the government. MPP Crawford.

Mr. Stephen Crawford: Thank you to all the three groups presenting today. I really appreciate that.

I'd like to start my questions off with Cathy at the Ontario Nonprofit Network, if I could. I know Minister MacLeod has put through the Resilient Communities Fund, which has helped charities. We've taken initiatives. I'm glad to see we did put the energy rebate program through for non-profits this time. I'm very pleased about that as well. We put through Bill 218, which was the liability protection for non-profits. I know you were quite supportive of that. So there are a number of things we've done. I know there's always more we can do, and that's why we're here to talk today: to hear where the holes are.

The COVID pandemic has affected non-profits. I know. I'm involved with some myself, and my wife is, and we see it in the community, so we know that you have been hit very hard. You raised a lot of very interesting points, and I think the idea about some sort of special group within a ministry to deal with non-profits is certainly—the note is

taken on that. That's a very interesting perspective, because you do have, obviously, different needs and what-not.

In 2019, I know the provincial government put through legislation, for example, that made it easier for non-profits to fundraise online—I don't know if you recall—with 50/50s and raffles. I know a lot of charities were very appreciative of that. So that's one sort of positive step for non-profits, I believe, that can do some better fundraising.

But also, you mentioned some regulatory red tape or regulatory burdens, some issues that we can perhaps remove. I know you touched on that, but could you give a few examples of where the government could make some regulatory changes that might help non-profits?

Ms. Cathy Taylor: Absolutely. And definitely, the funding investment and the red tape go hand in hand.

On the red tape side, there has been some progress for sure. We're looking for more progress around transfer payment modernization as government does grants and transfer payments with agencies and non-profits across the province, streamlining that system, allowing flexibility between budget lines, for example—if anyone had travel or meetings in their budget line, obviously that wasn't spent this year—being able to roll over funds from year to year that were unspent. There's a lot of flexibility. Not adding to the total contract that someone gets, but being able to be flexible within those dollars would be a huge advantage to our sector, because times are so uncertain it's really hard to plan quarter by quarter, as I'm sure you can imagine.

The other red tape issue is around the Ontario Business Registry. That includes non-profits and charities. We use that now. We're excited about it. It's the first time we've had the brand new business portal. It includes non-profits and charities, and we're really looking to make sure that it works for our sector. We've been logging some of the issues around that and the data, so that we actually know and government knows how many non-profits are there, where they are, how many staff they have. We don't have that data. We don't have that data for Ontario. Other provinces do have that data. Now that we have a business registry, we're really hoping that we can get that data, which will help you in your local ridings and will also help organizations be able to plan for their communities—

Mr. Stephen Crawford: Yes, that's an interesting point. Actually, one of my questions was going to be—I think you have 58,000 non-profits, if I recall—did you have a sense of how many people are employed and how many people are no longer employed in the sector since the pandemic? Do you have a sense of that?

Ms. Cathy Taylor: Yes, it's a good question. We know we have about 850,000 employees in Ontario. That's data from Stats Canada. But we've been doing surveys throughout the sector. For our last one, we surveyed 3,000 non-profits, and about a third have laid off staff and a number have closed. But it will be a while before we get the actual numbers on how many staff have been laid off and how many organizations—

Mr. Stephen Crawford: To your point then, just very quickly, [*inaudible*] solution to be able to aggregate and

get that data better, which we don't have. What's the sort of solution to that, then?

Ms. Cathy Taylor: One solution is to use the Ontario Business Registry to collect data on a regular basis about organizations. We have to do an annual filing anyway, including number of employees, number of volunteers, for example.

Secondly, we're doing an annual survey to partner with government so that we can reach all of the non-profits and charities out there and doing labour market information. Our sector doesn't have a workforce strategy like other sectors, like the mining sector, for example. So how can we work with government to have a workforce strategy and collect really good labour market information?

Mr. Stephen Crawford: Yes, that's great, because it is a huge sector. Obviously, you do great work for our communities, but there are a lot of people employed in the sector. It's very—

Ms. Cathy Taylor: Absolutely.

Mr. Stephen Crawford: I think better data collection is critical. Thank you.

Chair, how much time do I have left?

The Chair (Mr. Ernie Hardeman): Two minutes.

Mr. Stephen Crawford: Two minutes. Okay.

So we'll move to the chamber, if I could. I know that you've got a great chamber in Waterloo. It's one of the largest, I believe, in the province, and I congratulate you on that. It's a great region. I wanted to get a sense, if I could, Ian, on the access. I know companies in your area have had access to the Regional Development Program through the Southwestern Ontario Development Fund, and the government, of course, recently launched a \$40-million advanced manufacturing and innovation competitiveness program. I wanted to get a sense of—if you could speak to the importance of that type of program for your companies in your community.

Mr. Ian McLean: Those are great programs, and some of those are for our communities—we're part of the rural community that surrounds Kitchener-Waterloo. Those programs are in advanced manufacturing. A lot of people don't know that the number one employer in Waterloo region is actually manufacturing.

1340

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Ian McLean: So those programs are important. I do think, though, as a general matter, there are many businesses that are excluded from the small business grant program—that were last time and are excluded this time—that need to be included, because they're on their last breath. It really makes no sense to let them go out of business when we're this close to the finish line.

Mr. Stephen Crawford: Do you have any sense as to what percentage, maybe, of your membership would be in that situation? I'm just curious on the membership through the pandemic to the chamber, even. Has it gone up, down, flat?

Mr. Ian McLean: We probably are better than most. We actually have grown slightly. But we, again, have some—and I use this term in quotes, which won't translate

for Hansard, but we're "sophisticated," because we're a large chamber. I have 17 staff who do programs for almost 1,800 businesses, and we represent a region that has got probably—

The Chair (Mr. Ernie Hardeman): Thank you very much.

We're going on to the second round, with the opposition. MPP Lindo.

Ms. Laura Mae Lindo: Thank you to all of the presenters. I'm going to start with a very big thank-you to Ian and the chamber for everything that you have been doing in the region. But most importantly, in your remarks earlier, when you were pointing out—you didn't say it this way, but you were pointing out that it's important for us to both hold and invest in small businesses in the region but also ensure that we don't forget the not-for-profit sector, because they are so deeply intertwined. I do think that sometimes when governments are having these budget discussions, they feel like it's an either/or, and we've got to have a strategy that holds both, because we're talking about people. So thank you for that. Thank you for advocating for a new funding structure for post-secondary and also the support for the hospitals. I really, really appreciate it.

I have one big question that I think John, Cathy and Pamela can all answer. I was at a round table in Kitchener yesterday—virtually, of course—and we were talking about housing and the housing crisis and affordability crisis locally. One of the messages that kept coming out is that you can't just fight for housing without also funding the other kinds of social supports that are needed in our community, especially because of the pandemic.

What I was hoping is that, John, you could spend a little bit of time talking to us, especially from your vantage point, with the amazing work you're doing with the House of Friendship, on the need to invest in the social supports, like the way that you've embedded them in that ShelterCare model, why those additional investments are so important and that strategy is so powerful.

And for Cathy, if you could talk about the expertise that exists within the non-profit sector that we seem to miss if we don't look at investing there. So let's start with John, and then we'll throw it over to you.

Mr. John Neufeld: Thanks, Laura Mae. A couple of things with housing: There are the economic challenges of the unaffordability of it, so just finding some housing is already a monumental task. Then if you take into account someone who has had some trauma, had some other challenges in life, maybe some mental health or addictions, if they just get into some level of housing without the health care support or some sort of supports, the housing is probably going to break down and then they get into a cycle of moving from one place to the next.

I think this is why we're so hopeful with the ShelterCare model, that if we can—if people who are homeless need to be in a shelter anyway, instead of just being there and warehousing, why can't we use that precious time that we have with them to stabilize with the health care supports so then when that permanent housing

is all of a sudden made available or whatever, the individual isn't going in all by themselves? A roof over someone's head does not create stability or housing for someone; it's having the feeling of belonging, of purpose, and having the right supports. That's what I'm hoping that we can accomplish, and need, with ShelterCare.

Ms. Laura Mae Lindo: Thank you so much for that, John, because that's why the investment is so important and why it's so important for us to be strategic and try to break down the silos in the ways that government invests in our communities.

I'm going to throw it over to you, Cathy, just to talk a little bit about the expertise that's found in the non-profit sector that allows something like the ShelterCare model, for instance, to actually do the work that they're doing, and the importance, you also mentioned, about repealing Bill 124. Given that that impedes your ability to have people working in the sector, you can play off both of those.

Ms. Pamela Uppal: Sure, I'll take that question on.

Ms. Cathy Taylor: I'm going to let my colleague Pamela take this one.

Ms. Pamela Uppal: Thank you, MPP Lindo, for that question. I'll begin with talking about the expertise we have in the sector. We are the ear to the ground for government. We're in local communities. We're reaching hard-to-reach populations, as you saw with vaccination—prioritizing vaccinations clinics. We also have a local infrastructure. We're leaders. So we know people in our community. We know what's happening. We know what's happening first, before anybody else does, and we're able to channel that up to chambers of commerce, other non-profits, stakeholders in our communities and government.

Without investing in us and stabilizing us, we're going to lose out on that. As more and more non-profits close and can't weather through the pandemic, we'll start losing that ear to the ground. We know government has so many—

The Chair (Mr. Ernie Hardeman): If I could just stop the presenter for a moment and ask her to introduce herself before she—which we had hoped to do before you started, but if you just introduce yourself, we'll carry on.

Ms. Pamela Uppal: Sure. My name is Pamela Uppal. I'm director of policy at the Ontario Nonprofit Network.

The Chair (Mr. Ernie Hardeman): Thank you.

Ms. Pamela Uppal: So we'll miss out on that. We'll miss out on that expertise and being the ear to the ground and that local infrastructure that can be mobilized. We're nimble and agile and can move quickly.

The other piece around that is the people in our sector—people who work in shelters, in food banks, in women's organizations; people who work in arts and theatre and sports and recreation. It's all people. Those are our biggest, biggest asset, and if we're not support our people, we're going to lose out on those, which is why we have a huge emphasis on supporting decent work for those that work in our sector, which includes paid sick days, which includes repealing Bill 124 so we can recruit and retain talent. That talent includes personal support workers, child care workers, which we're losing. We're losing them to

others that are exempt from Bill 124. So that would be super helpful for our sector as well.

Thinking broadly, more systemically, it's the care economy, which is something Cathy had also mentioned as one of our asks: investing in those supports that give people the ability to grow, live and thrive; having adequate child care so you can go to work and pay your rent; having someone to take care of your elder parents, not being worried about the profit, so you can go to work or go back to school or retrain and upskill. All those of pieces are super important, and those are care services, whether that's child care, long-term care, home care, people helping people with disabilities, community care across the spectrum, shelters, employment and training—

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Pamela Uppal: So those are the three pieces I would say that are really important to invest in for the sector.

Ms. Laura Mae Lindo: Thank you so much for that response. In this last minute, I'm going to throw it over to Ian to speak a little bit more about the metrics that you said were important to have as the foundation for the strategies. If you could just take the rest of the time to talk through that, that would be hugely important for us.

Mr. Ian McLean: Yes, I think one of the things that we're really looking for as a business community is, what is the plan from pandemic to endemic? How do we manage through that? What's the plan to keep schools open, with vaccinations, masking? Are there seasonal elements to that? Resilient health care: We know that's one of the reasons we've had to lock down, is we need to allow the hospital system and the health care system and the parts that surround it to be resilient. Tools for business: rapid screening—what's our plan for the long term for rapid screening? Masking and having PPE available here in Ontario so we're not relying on the—

The Chair (Mr. Ernie Hardeman): Thank you very much.

We now have to move on to the independent member. MPP Hunter.

Ms. Mitzie Hunter: Well, let's just let Ian continue, because we want to know what the plan should be from the pandemic to the endemic. I really appreciate the support you've given to the non-profit sector. You've recognized that we're all in this together, that we have to have a whole community that's thriving for business to thrive, and everyone has to be healthy in order for the economy to be healthy.

When we look at this budget, it is such a critical budget to really set up Ontario for future success. It is really, arguably, one of the most important things that we can be doing, is choosing where we prioritize and what is going to be most important coming out of this pandemic.

So, back to you, Ian.

Mr. Ian McLean: Well, there's got to be a joke in there somewhere of how many times does it take a chamber president to answer a question, because this is now the third time. I think I'll get it done this time, but I'll leave that there.

1350

I do think that one of the things is, to start the final part of this answer: Our chamber's motto is "business building community." We recognize that if we don't have a healthy community, it's not possible to have a healthy business community. So there's that connection, which I think is unique in some ways to Waterloo region.

This is the question that—what business requires now is certainty. They're all under stress. We have our conversations with the federal government around the huge debt levels that small businesses have. That's going to be an ongoing problem so that they don't fail in a year or 18 months from now. But they want certainty; they want a plan.

The plan for schools: They're open now. How do we keep them open? That's incredibly important, not only to the kids, but it's important to workers to have their kids in schools and somewhere safe.

The tools for business: rapid screening, masking, having PPE available here in Ontario, education and training programs that the chambers have helped to provide through this. There are great mechanisms that are cost-effective that can get small businesses connected to the information they need.

Vaccine mandates: If you don't want to touch them, that's fine. But there needs to be a plan, either allowable in the Employment Standards Act—that businesses can put those in place for their own business, because it's important for them to have that consistency of knowing who is vaccinated and who is not.

I believe there needs to be a shelf-ready cash flow support program, because this is not likely to be the last time we have an uptick in vaccine—what is that plan that is ready, that government can take off the shelf and say, "Sorry we have to do this"? Business just needs to know that if we're going to be closed down—and I'm talking small businesses here who don't have a month or two of cash sitting in their bank account. They need to know that there's going to be a ready source. Cathy has talked about the not-for-profit sector; I'm a not-for-profit. I've had to deal with all the same challenges of this. So, it's about having those pieces in place.

Then there are the larger systemic things you've heard from John around supports for community, the education sector and the health care sector. I think that's what we really need to talk about. What is the plan, the component parts for pandemic to endemic? That's what our businesses are asking us about, and it's the challenge that we put to all levels of government.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Mitzie Hunter: And, Ian, I'm sure you agree that child care is important to this as well, because it is part of the economy, making sure we have appropriate child care. There's a federal offer on the table that Ontario needs to accept.

Mr. Ian McLean: All I can tell you is that one of my staff members has twins who are three years old. She does an extraordinary job of managing her three-year-olds

while trying to work. But daycare and child care are hugely important to the economy.

Ms. Mitzie Hunter: Thank you.

And I want to say thank you to John from House of Friendship and for the model you've put forward. It would be wise for the government to do some analysis on what was saved from emergency room visits by appropriately investing in the shelter system so people get the care they need and deserve, from a human perspective. I want to really thank you for the work that you and your team are doing and for coming here today and articulating this very innovative approach. Thank you so much.

The Chair (Mr. Ernie Hardeman): Thank you very much.

We will now go to the government. MPP Thanigasalam.

Mr. Vijay Thanigasalam: Thank you to all the presenters, Cathy, Pamela, John and Ian, for your presentations.

I wanted to start with Ian. Ian, we know that your region, the Kitchener-Waterloo region, is a centre of innovation in the nation. Given the COVID pandemic, most of the technology has been accelerated in the speed of five years to 10 years.

I do understand your business model, building a business community, and talking about pandemic to endemic, but I want to focus particularly on one of these sectors, in terms of electric and hybrid models of vehicles.

Our government recently announced Driving Prosperity phase 2, the next step in the government's auto strategy to secure the production mandates for the hybrid and electric vehicles and to create a domestic battery ecosystem. I know this is something that your region and your members are keenly focused on. It includes additional funding for things like the Ontario Vehicle Innovation Network and the Ontario Automotive Modernization Program.

Can you please speak to some of the challenges your members face in adapting the changing automated manufacturing ecosystem in Ontario or in North America, as we, Ontario, want to become the innovative hub in North America. What kinds of tools are helping your members to drive innovation? Because you have seen the success. What are the things that you need to retain skilled workers in order to be part of the course of the future?

Mr. Ian McLean: Yes, it's a great question. Obviously, Waterloo region is well positioned. We have the perfect confluence of things. MPPs Lindo and Fife will know—MPP Harris, who we work closely with as well, and MPPs Karahalios and Amy Fee—that we have all of the pieces here in Waterloo. We have post-secondary education in Conestoga College, which is practical, and the University of Waterloo and Laurier; obviously, connections with the University of Guelph and McMaster as well; and we have great relationships across Canada's Innovation Corridor Business Council area, which is right from Waterloo region into Toronto. Flavio Volpe, who many of you know from the APMA, has been on our radio show talking about the fact that we can be global leaders

here in Ontario with electric, low-emission and battery-powered vehicles. We've got all the tools here. We've got the people, we've got the education, we've got the Communitechs of the world, those innovators who are taking it and saying, "What are the practical pieces that need to be done?"

The investments the government is making are great. But I think the private sector is as appreciative of the fact that the government is getting out of the way and allowing the private sector to make those investments, because as long as they're making the public sector investments, which are the infrastructure pieces and some of the regulatory, the private sector is going to deliver, in that particular sector, in the car sector, on something that's more fuel-efficient, that's climate-friendly, that's going to meet the challenges of Ontario into the future.

I think one of the pieces is the infrastructure that's here: Communitech, the post-secondary, the skilled workers we have, the government getting those regulations and those things that are problematic for business. Then, private-sector investment is going to come, because we've got all of those tools, those supports for innovators and new companies here in Waterloo region.

We are—I was going to say in one of my other answers that got cut off, in this region, Waterloo region, advanced manufacturing is the number one employer, and it's the number one economic driver in Waterloo region. So just so we're clear, we are a manufacturing hub for Ontario and North America, and we can continue to lead the way.

Mr. Vijay Thanigasalam: Great. Thank you, Ian.

Look, you mentioned about the challenge in obtaining talent. You said that manufacturing is the number one driver. What kinds of challenges do you have in terms of skilled trade labourers to get the manufacturing going, as well as the talent that we are talking about to drive innovation to have these kinds of ecosystems? There are two different challenges we're talking about. During the pandemic, all sorts of sectors are facing the same labour shortage. What's your members' take on that, and how do you—

Mr. Ian McLean: Yes. To be clear, we have shortages in every sector, and we're much more like a Toronto or a Vancouver or a Montreal. We have manufacturing, farming, technology, financial services right across the board. We have all of those sectors that are all pretty much equal here in Waterloo region. Skilled trades—a huge problem here in Waterloo region. There's lots of construction going on. Whether it's electricians, plumbers, pipe fitters, you name it, we need it.

But there are talent shortages in every sector. If you go to any business that's a member of mine, the biggest problem they have is getting people. There are a whole bunch of issues around that, but I do think the one piece that has really exacerbated it, because we were short before the pandemic—not having immigration of any description for the last two years has really been problematic, because we get most of our talent from newcomers coming to Ontario and to Canada. That's why the business community here in Waterloo region, we're working with

the Immigration Partnership of Waterloo region saying, “We’ve got to get more of our newcomers to come here in Waterloo region and to help them put their talents to use,” because we have tremendous talent that comes into the country. So immigration is one of those pieces.

1400

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Ian McLean: There are a lot of issues around it, but we want to make sure that we’re welcoming and keeping the talent that we develop here in the university and the colleges here in Waterloo region.

Mr. Vijay Thanigasalam: Great. Thank you again. Our Ontario government are negotiating with the federal government to bring more skilled labour and talent to Ontario through the nominee program. That’s still in the works and we are still negotiating. Hopefully that goes well.

In my remaining time, I want to quickly go to John. John, we would like to thank you for the work the House of Friendship has been doing in support of the community in terms of addiction treatment, food, supportive housing and community supports. I know that as a result of a fire—I was very sad to hear about the House of Friendship having to temporarily close down one of its shelters for a duration of time. Typically, this would be addressed to the—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for the presentation and it concludes this panel.

I just want to remind all the presenters: The deadline for written submissions is 7 p.m. on Wednesday, January 26. With that, again, a large thank you to all the presenters for a great job. I just mention the deadline for the written submissions. I gathered from this presentation that there was a lot more information than we have time to receive, so put it on paper and get it to us. We’ll appreciate that. Thank you very much.

CHATHAM-KENT HEALTH COALITION
AND SARNIA-LAMBTON
HEALTH COALITION
PILLAR NONPROFIT NETWORK
LEGAL ASSISTANCE OF WINDSOR
AND COMMUNITY LEGAL AID

The Chair (Mr. Ernie Hardeman): Our next delegation is the Chatham-Kent Health Coalition and Sarnia-Lambton Health Coalition. We ask the presenters, when they start their presentation, to start it with introducing themselves so we can have it recorded in Hansard.

Ms. Shirley Roebuck: Certainly.

The Chair (Mr. Ernie Hardeman): With that, the floor is yours.

Ms. Shirley Roebuck: Thank you. Good afternoon, everyone. I’d like to thank the committee for allowing me to present in front of you today about our coalitions, and there are two of them. We have concerns regarding the 2022 budget and the possible effects that such a spartan budget may have on Ontario’s public system.

My name is Shirley Roebuck. I am the chairperson of both the Chatham-Kent Health Coalition and Sarnia-Lambton Health Coalition. For over 25 years, multiple governments have been cutting funding to health care. Administration, front-line staff, services and entire hospitals have been downsized. Our present government is planning the largest funding cut since the Mike Harris era. This has been plainly laid out by the FAO in the auditor’s report of spring 2021. The government has overestimated the deficit and underestimated the revenue.

Now, I have presented several times before this committee and laid out our ongoing objections to any further health care cuts. Because of the COVID pandemic, I believe that the public is now plainly aware of all of the cuts and downsizings that have been done. That’s perhaps the only good thing about COVID. I also believe that all of the committee members know the results of further diminishing funding to public health care, so I don’t want to repeat what all of us already know.

You only have to review the records for for-profit long-term-care homes, for hospital staffing crises and for the crumbling home care system to realize that something must be done in order to fix our health care system, our public health care system, and that, of course, in my coalition’s opinion, is to restore hospital funding and long-term-care funding to an acceptable level, and also to rebuild the entire home care sector. How do you do this? Claw back tax breaks for the wealthy and for corporations and represent the people who voted for you.

I don’t believe that I need to make any more statements outside of the fact that I would like to say that I was pleased to hear the last speaker from the Greater Kitchener Waterloo Chamber of Commerce talk about how his community is a leader in manufacturing, and they need skilled trades and they need workers of all kinds, and they have an agriculture sector which is vibrant. They have problems getting workers. Certainly, he mentioned that there is a problem getting immigrants to come in and fill these jobs that they so desperately need to make their community vibrant.

You know how all of this could be saved—or one issue with that—would be providing a great, vibrant, safe health care system with sufficient staffing, with good services in order to ensure that Kitchener-Waterloo remains vibrant—and, in fact, I would say all of the communities and regions in our province.

With my remaining time, I would just like to give it over to questions and answers. If you would like to read more about this, you can hunt up my old presentations, because really, the issue here is proper funding.

Thank you. Maybe we can come up with some solutions which will serve the people of Ontario.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. The questions and discussions will come up after we hear the three members of the panel, and then we’ll have a time for discussion.

With that, we’ll go on to the next presenter, which is the Pillar Nonprofit Network.

Ms. Mojdeh Cox: Thank you, Mr. Chair. I’m Mojdeh Cox, executive director of Pillar Nonprofit Network. I’m

joined today by Tanya Sharma and Rubina Sardar, directors of Champions of Change Canada, and my colleague Chuck Lazenby, executive director of Unity Project for Relief of Homelessness in London.

Members of the committee, we appreciate the importance of consultation, and our submission comes after inviting feedback from 1,500 members across hundreds of organizations. A few are presenting with us today. We are presenting on behalf of many more.

For greater than 20 years, Pillar Nonprofit Network has championed cross-sectoral collaboration between and amongst governments, businesses and the community sector as the three pillars of community impact. We are a ready and willing partner in moving towards a just Ontario for all.

We understand the need for priorities. What I hope to impress upon the committee today is that it is not a competition for resources. First among our priorities is to make some progress on all fronts, because the barriers propped in front of people in Ontario are connected. Progress in any might mean incremental gains, but it's progress on all of them together that will change lives.

You heard earlier from the Ontario Nonprofit Network and their provincial sectoral recommendations. We are a proud member of the ONN and we support their recommendations.

These are the local priorities and policy recommendations identified by our local members: Number one, invest in poverty reduction and increase investment in supportive housing. London and communities all over the province don't just have a housing crisis, we have an affordable housing crisis and a homelessness crisis. This crisis is solvable with an investment in genuine solutions proven to work and sustainably address the root cause.

Affordable housing with supports is the solution to homelessness. Income is a solution to poverty. These recommendations are prepared by Unity Project for the Relief of Homelessness, and executive director Chuck Lazenby looks forward to your questions, when appropriate.

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Asks on poverty reduction and addressing housing include:

(1) Build quality, low-carbon and affordable social housing, particularly rent-geared-to-income housing. Raise social assistance rates to achieve a minimum income of \$2,000 monthly. Extend emergency funding for homelessness services to ensure recovery beyond the pandemic.

(2) Increase investment in mental health care, including but not limited to harm reduction in addiction services. You will be hearing a testimony later this afternoon from Pillar member London InterCommunity Health Centre about the social determinants of health. We support their recommendations.

(3) Invest in women's economic well-being. You heard the testimony this morning from Pillar member Gender Equality Coalition of Ontario, and we support their recommendations.

(4) Invest in equity and inclusion by funding initiatives that advance reconciliation and eliminate racism and hate.

Firstly, adopt and fund the calls to action upon provincial governments from the TRC report. Adopt and fund the provincial calls for justice from the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls and two-spirited people. Allocate funding for land claim settlements. Adopt and fund the provincial recommendations made by the National Council of Canadian Muslims at the National Summit on Islamophobia, especially those in the Our London Family Act, once passed. Work with Black communities and the federal government to re-establish Ontario's role in eliminating anti-Black racism.

(5) Invest in green transition, cancelling harmful projects and subsidies and reinvesting in green projects and jobs. This includes:

—cancelling the Highway 413 project and reinvesting the estimated \$6 billion of taxpayer funding in public transit;

—phasing out natural gas in Ontario's energy grid and investing in renewables and hydroelectric from Manitoba and Quebec;

—investing in nature-based climate solutions by going back to pre-2018-level investments in tree planting initiatives in Ontario—this initiative is especially important for London, given the historic flooding of the Thames River;

—ending fossil fuel subsidies and reinvesting the savings in aspects of the provincial government's Preserving and Protecting our Environment for Future Generations: A Made-in-Ontario Environment Plan and evaluating the impact on emissions when reviewing the draft Ontario budget.

Civil society is ready to partner with Ontario to make Ontario a place where all people can succeed, where we are all safe, where we all belong. I thank you for your time, and I ask you to please unmute my colleagues Tanya Sharma and Rubina Sardar of Champions of Change, and after that, Chuck Lazenby of Unity Project for relief of homelessness will invite your questions herself. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you.

Ms. Tanya Sharma: Good afternoon. My name is Tanya Sharma, and I'm the director of finance at Champions of Change, a youth-led grassroots organization which advocates for gender equality and empowers youth to become leaders and positive change-makers in society.

Champions of Change targets several of its initiatives towards providing youth with enrichment opportunities to support and enhance their education beyond a classroom setting. In order to be able to continue providing educational and recreational opportunities for youth engagement, we are asking for increased investment in funds specifically catered towards youth-led grassroots organizations in the community. This extends to removing accessibility barriers to funding for organizations that provide youth-specific programming, as well.

Our second ask for today is for increased investment in creating readily accessible funds for member compensation in non-profit organizations in order to expand their capacity to provide community programming.

To close off, I would like to thank you for your time. I will now hand the floor to Chuck Lazenby of Unity Project for relief of homelessness to share some of her remarks.

Ms. Chuck Lazenby: Great. Thanks. I'm Chuck Lazenby, and I'll speak quickly, because I have very little time. Just to add to those recommendations, I do want you to know that we are in a terrible crisis of homelessness and poverty in our communities across the province. It's a crisis that certainly has escalated during the pandemic, but it existed long before, and it is a crisis that is a consequence of decades of inhumane public policy, systemic neglect and an unwillingness to adequately invest in sustainable solutions.

We desperately need a significant investment in income support and affordable housing, and the reality is if we don't do that now, we will be paying for that for many, many years to come in all of our systems.

I look forward to taking your questions about those comments or any of our recommendations. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for the presentation.

We now will go to the Legal Assistance of Windsor and Community Legal Aid.

Ms. Marion Overholt: Thank you. My name is Marion Overholt. I'm the executive director of Legal Assistance of Windsor and Community Legal Aid, two legal and social work clinics serving the low-income residents of Windsor and Essex county. Thank you for the opportunity to appear before you today.

We are living through unprecedented times, and this budget can address key social issues which are vital to support our economic recovery and our ability to go forward together. I will speak to three concerns: the rates of social assistance, the need for comprehensive assistance and affordable housing, and continuing support for legal aid funding.

The first point, social assistance rates: I understand that it is this government's intention to modernize the social assistance system without raising the rates. I hope you will revisit this decision. We know that food prices are continuing to spiral and inflationary pressures are adding costs to basic needs. Yet the rates have not been increased. No one believes that it is reasonable to expect a single Ontario Works recipient to be able to find shelter and pay for food expenses on a monthly income of \$733. This depth of poverty is not a natural phenomenon. It occurs because we legislate poverty in the province of Ontario. As legislators, you have the power to change that.

At our clinics, we regularly meet with clients who are spending 90% to 100% of their social assistance income on housing. Without the continuing support from the voluntary sector and their food bank services, those clients would starve. As a province, we can do so much better.

The extraordinary income insecurity created by the existing system has created more homelessness, mental health and housing crises. In our community, we are incurring higher health costs, and we know that there is a repeated call from municipalities, the social service

agencies, the voluntary sector and the religious communities for this government to enact a meaningful increase to the social assistance rates. I urge you to act now.

The second issue I'd like to address is the affordable housing crisis, and I'd like to give you some insight into what this crisis looks like for low-income residents in my community of Windsor. In March 2022, the six programs that provide \$3.4 million annually in rent subsidies will be eliminated. These programs support victims of human trafficking, domestic violence survivors, seniors, youth, homeless people, people at risk of becoming homeless, people with disabilities, people in crisis and the working poor. It is a total of 551 households. According to our city management, this figure represents more than 1,000 people who could end up in our overflowing shelters and on our streets.

A comprehensive housing strategy needs to maintain housing subsidies while we build more affordable housing. It can't be an either/or proposition. The province has taken important steps in concert with the federal government to address homelessness and to encourage the construction of affordable housing. These housing supplement programs are an important component of that strategy. With over 5,000 households on our social housing registry list at the present time, there is a historic low in turnover of units because there is nowhere else to go. In Ontario, 30% of tenants are receiving Ontario Works or ODSP. The private market is failing to meet this need. It is a landlord's market, where tenants are forced out or lured out in order to attract more affluent tenants.

At our clinics, we see landlords who have shut off utilities, refused to make necessary repairs and subject tenants to baseless eviction notices in attempts to make them leave. Again, it is incumbent on the government to define whether housing is a right and protected as a basic need or to consider housing as just a commodity where out-of-town speculators can shut out local residents from the market and landlords are allowed to neglect and ignore their legal responsibilities to tenants.

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The last issue which I would like to address is the funding of Legal Aid Ontario, which provides low-income residents with access to lawyers in the certificate system and the legal aid clinic system. The cut in funding in 2019 forced legal aid to implement restrictions and services in the system. At this time, as the courts reopen and the tribunal system works to address the backlog in cases, stable funding for legal aid is required.

Investment in legal aid produces greater efficiency in the legal system and important social and economic benefits for society and for those using the system. The rule of law is foundational to the proper functioning of democracy. Without access to judicial systems and remedies, respect for the rule of law is compromised.

In summary, this budget is an opportunity for the government to restore and enhance the social and economic cohesion of our communities.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marion Overholt: Investments in social assistance, affordable housing and legal aid will provide low-income Ontarians with the basic needs they require in order to effectively participate in the restoration of our communities.

Thank you for the opportunity and allowing me to participate in these hearings, and I welcome any questions that you may have.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation and to all the presenters.

With that, we will start the questions. The first round, we start with the independent member. MPP Hunter.

Ms. Mitzie Hunter: I really want to thank all of the presenters today.

I want to start with legal aid Windsor, just the case you've made for providing adequacy for people who are on income supports and the fact that living in Windsor, the amount is not enough to cover the cost of adequate shelter. I'd like you to talk about that, because if people are not able to afford where they live, then how are they going to invest in other needs? Can you speak about that and about what you're seeing in your local housing market in Windsor? I'm assuming that that's part of the majority of the cases coming in.

Ms. Marion Overholt: Absolutely. Thank you so much for the question. We just see people regularly who are in dire poverty, and we have seen what the impact is when someone loses their housing, because it's so costly in order for that person to re-establish themselves. And the costs that we are paying when somebody enters a shelter, that's the highest kind of housing cost that you encounter. The difficulties that families face in order to stay together—there isn't a family shelter in Windsor, so people are placed in a hotel room, and trying to raise a family in a hotel room while they search for housing.

The difficulty with the tight housing market is that a lot of the housing that is available is substandard, and so we see tenants go into a place hoping that the landlord is going to restore basic necessities and provide proper wiring for electrics and adequate access to utilities, and it doesn't happen. So the stress on the family is just huge. We see people struggling day to day, and the mental health cost of that struggle, trying to keep families together, is just huge.

So I think when we think about how we support our communities, we have to recognize that we are incurring costs as a community by failing to provide those basic needs of housing and adequate social assistance rates and benefits to our low-income residents. It's just critical.

I think that part of what's happened in Windsor, because, as in other areas of Ontario, there is more of a housing crisis in addition to an affordable housing crisis, is that people are realizing, perhaps for the first time, what it's like to have insecurity with regard to your housing and not be able to find a place to be housed. Now they're having a greater appreciation of what it's been like for people searching for affordable housing. So I think there is public will and public support for the government to address these affordable housing issues.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Mitzie Hunter: And they seem to have gotten worse under the pandemic. It's unfortunate that current government had cancelled the pilot that was looking at the benefits of a basic income. It had also cut the increase of OW and ODSP rates in half, from 3% to 1.5%. People who were in dire need and were looking forward to the full amount of that increase probably had already made plans.

Ms. Marion Overholt: Yes. I've been working in this area for 34 years. I remember when mother's allowances used to allow recipients to go to university and community college, because education was a route out of poverty. Unfortunately, at the time, government wasn't recording statistics to show outcomes, but we know anecdotally that was a direct route out of poverty. So we need to be creative, we need to be innovative, but we need to understand the depth of the problem that people are facing and that that basic support is really critical in order to help people.

The Chair (Mr. Ernie Hardeman): Thank you very much.

We now have to go to the government. MPP Bouma.

Mr. Will Bouma: Thank you, Chair. I appreciate that.

I think one of the things that I appreciated so much about the opportunity to serve as MPP for Brantford—Brant is the opportunity to hear from so many people from so many different sectors from so many different parts of the province and hear their real-world experience. I, too, want to express my gratitude to every single presenter that has been coming before us over these past few days and weeks, and hearing what you have to say.

I was wondering if I could just focus my attention a little bit on Marion Overholt. Marion, you talked a lot about housing, and I completely agree. I spent three years on city council, and I was on the social services committee for the community, and it is such a struggle. When I've been door-knocking—I had a conversation with a mom who was in an upstairs three-bedroom apartment completely out of her price range, and it didn't look very livable from where I was standing. It's such a struggle. We're coming to end-of-life contracts for a lot of the co-op housing units—and some of the struggles that they're experiencing too.

The municipality of Brantford has been trying to divest itself of a lot of its owned social housing. A lot of times, I even prefer to use the term “attainable housing,” because so many young people in our community who have stable jobs and everything else—speaking to some of that insecurity that you're at, these are the people who are working and have good jobs; these aren't people who are on social assistance who are really struggling.

I was wondering if you had a preference of, in your experience, which type of housing—and I'm sure that you will say, “Well, we need a mix of everything.” But for certain people, you need supportive housing that has the staff in there to help people out in different situations. Co-op housing can work well, and also municipally owned. I think that's a valid answer, to say “all,” but is there any that you feel rises above the rest that's a better solution for the situation we're experiencing right now?

Ms. Marion Overholt: Thank you for the question. I know within my community, when we have looked at housing on a long-term basis, there was a period of time when there was a deliberate decision made not to increase the social housing units, because we felt that to do so was competing with the private market, and at the time, there were sufficient vacancies in the private market.

The fallout of that decision was failing to anticipate a point where we had such steep competition, as we have now, for that private market and recognizing that if the affordability is not present, and the cost involved not only in maintaining our existing social housing but replacing it and adding to it—so when I look at this issue, it is complex. That’s why I think we have to be really diverse in the way we approach the issue. For my community, restoring those housing supplements that I mentioned is absolutely critical.

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We do have new builds going on, which, again, are going to help increase that base. But the fact that the social housing registry is stagnating now—there’s very little turnover—means that there are over 5,000 households that are looking for housing. In my opinion, it would be helpful to increase our tax base so that we can support these kinds of initiatives, and I would encourage the government to look at a speculation tax, because a lot of the landlords who we are dealing with in Windsor right now are out-of-town landlords. They have absolutely no investment in our community, and it is so difficult to contact them, even, to have them live up to their responsibilities.

I have been advocating for a number of years with all three levels of government to do what is within their jurisdiction and to collaborate to address this issue. I think funding and collaboration and those kinds of partnerships are really critical to help us address the issue.

Mr. Will Bouma: A couple of questions that I have left—I don’t know where we’ll run out of time in our brief time together today. I’ve talked to a lot of people who own properties and who are interested in renting, and one of the things that landlords really, really struggle with is while sometimes, when someone is on assistance, they will sign up and they will have the money directly delivered to the landlord, usually—and this is what I hear constantly—within a month or two, that gets signed over to the person and that’s the last time they get paid. That keeps them from wanting to rent to someone who is on assistance, because of that problem.

I was wondering if you would be supportive at all of a concept of trying to just say—and I can understand absolutely why you’re saying we should raise the limits, but tying that down a little bit more so that our landlords can count on that money coming in.

The second question that I have—and you can take whichever one, or however you want to speak about that. When I was on county council, I will say, it was worse, but at this level too, provincially, there are so many people who say, “Not in my backyard.” So when you’re talking about social housing, when you’re talking about attainable housing, when you’re talking about stacked town-housing,

when you’re talking about all of these things, there are so many people in our communities and our constituencies who don’t have eyes to see that and the value of that.

I was wondering what your comment would be on what’s the best way. Do you have a heavy-handed province coming down on a municipality and saying, “Thou shalt do this or that,” or is this something that really needs to be left—we provide the opportunities, but let the local municipalities and groups there figure out what’s the best way to do those things? If you could just riff off that one for the last few minutes, I would really appreciate your insights.

Ms. Marion Overholt: Thank you for that question. It’s a very interesting one. I think part of the—

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Will Bouma: Just a minute? Oh, I’m so sorry. Go ahead.

Ms. Marion Overholt: Should I go ahead? Okay. I think part of the challenge with that kind of NIMBYism attitude is the lack of social cohesion we have now in our communities. People fear what they don’t know, and so they tend to fear the worst.

I think that we need all levels of government to help community understand the diversity of models that are available and what they would look like in community. What has to happen is good networking and communication between levels of government so that those local solutions can develop, and I think that that is totally feasible and doable, because part of the challenge, I know from our municipality, has been a lack of opportunity to partner with senior levels of government.

In terms of landlords being afraid that if they rent to people on social assistance, that they’re not going to—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this one.

We’ll go to the opposition and maybe you can finish the same conversation. MPP Gretzky.

Mrs. Lisa Gretzky: Marion, I’m going to give you an opportunity to finish that thought, but first I want to thank the three different groups that are presenting.

I’m just going to have a comment to what MPP Bouma said before, Marion, I ask you to finish your thought. I would say that if landlords are experiencing issues with people on social assistance, especially those with disabilities, taking their cheques and spending it on other things, it’s because they’re trying to pay bills. They’re trying to get food. In many cases, people with disabilities are trying to secure adaptive devices or mobility devices. We’ve all seen the news recently about the gentleman who had a wheelchair that was in terrible shape and had to wait a very long time to get anything even remotely usable.

I think that if we want to address, as Marion was saying, the unknown or the stigma out there, that starts with the government, and I would suggest that this government start to do that; start to work to get rid of that stigma and perhaps stop saying that the best social program is a job.

Maybe Marion or others could address those comments as well. But Marion, I’d appreciate it if you completed your thought.

Ms. Marion Overholt: Thank you for that opportunity. I think under social assistance under the regulations now, it is possible for a landlord to continue to receive a direct payment of rent. Part of the challenge is that the housing part of the cheque is not enough to cover the complete cost of the housing. That's what I was saying before: that some of our clients are paying 90% of their full cheque towards their housing costs when in fact it should only be the housing portion. It's that inadequacy of benefits that is undermining both the landlord's and the person on social assistance's ability to maintain housing.

There was also a program called the community housing support program that was downloaded to municipalities, so we see differing forms of that kind of program across the province now. The relief that tenants can access in order to pay arrears is very varied across the province. Again, if that program was restored and adequate access was provided to it, it would be a way to help social assistance recipients maintain their housing, and as well for landlords to receive the rent that is due. I think that inadequacy piece needs to be addressed in order to satisfy the common needs of both landlords and tenants.

Mrs. Lisa Gretzky: I appreciate that. I just want to touch a bit on the legal aid side of things. I'm wondering if you can expand on all the spinoff effects of low-income individuals not having access to legal aid or to lawyers or to support within the justice system. Is there another cost to the broader system by them not having access? What kind of social impacts are there to the communities?

Ms. Marion Overholt: Thank you for that question. I think there is a huge cost. Legal matters are often complex, and when people are in crisis, it's very difficult to try and navigate yourself through a situation. Sometimes people's rights aren't respected and, as a result, they lose benefits or they lose eligibility that is essential to keeping them off the street. So that becomes a huge concern.

There have been a number of studies that look at what the social cost is of investing in legal aid systems, and a number of the studies show that as a result of what happens when you invest in justice service and programs, you receive back between \$9 and \$16 for every dollar that is spent in those systems. I think that is really, really important to understand that investment in our judicial system.

If people do not have access, if they don't understand what their rights are, then they're going to turn to other methods trying to resolve those disputes, and again, you're going to incur costs, because if people decide to take the law into their own hands, then it may become an issue for our police services, and we all know that the police service budgets are always escalating. We end up asking our police forces to do work that is way beyond what they are required to do, because of the shortfall in our social programs and the supports that we provide to people.

I think that continuing investment is really critical in order to provide access and stability to our legal system, because it is a pillar of our democracy. If you want people to respect the law, to obey the law, to feel that the law is working for them, then they need to see that in fact those things are happening by allowing them access to support within the legal system.

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Mrs. Lisa Gretzky: Thank you, Marion, and thank you for everything that you do for our community down here. I believe that MPP Sattler had a question.

Ms. Peggy Sattler: How much time is there, Chair? Not very long, I suspect.

The Chair (Mr. Ernie Hardeman): One and a half minutes.

Ms. Peggy Sattler: Okay. I want to say thanks to all the presenters. I want to focus my question to Pillar. Thank you very much, Mojdeh and Tanya and Chuck, for coming in today. Very, very quickly, I wanted to open the floor to Chuck to expand on the two specific proposals that you made about investing in affordable housing with supports and income security.

Ms. Chuck Lazenby: I think I'll start with the income security. What we are recommending is that we actually extend the \$2,000 monthly income that was established during the pandemic to assist individuals across the country who would struggle economically if they were without jobs.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Chuck Lazenby: This is a significant increase to what people are receiving right now on social assistance, but not an unreasonable one when you consider that average rents are well over twice, if not three or four times, what people receive when they're on Ontario Works, and then the basic costs of living are increasing exponentially as well.

And so, I think that we've learned some lessons during the pandemic on how that is actually something that helped people maintain stability. It was not something that was used for vacations or to buy luxury items, right? We're talking about a basic level of income that actually allows people to survive, and hopefully be in a position of having those foundational pieces covered in which they can actually thrive. Certainly the—

The Chair (Mr. Ernie Hardeman): That concludes the time.

We will now have to go to the next round, to the independent. MPP Hunter.

Ms. Mitzie Hunter: Chuck, do you want to finish your sentence?

Ms. Chuck Lazenby: Sure. Just addressing the affordable housing, I think that it's really important to understand we're not just in a housing crisis; we're in an affordable housing crisis. We need strategies that come at it from all directions. We need things that incentivize developers to make sure that they include affordable housing in every single development. We need to see people actually take responsibility for the foundational human right that is housing. Everybody who's involved in that should have some part of responsibility for that.

And so, we really want to see that addressed across all mechanisms that are available to the government to use, which includes investing more funding into communities to actually build more social housing. There's a very big difference between what's known as affordable housing and what's known as rent-geared-to-income housing, and

I think that that distinction needs to be very well understood when it comes to planning what housing options might be available for different municipalities.

Ms. Mitzie Hunter: I couldn't agree with you more. Data does show that when affordable housing is built into the mix of housing, it actually makes for a more vibrant community and an economically prosperous community for everyone concerned. It's much more vibrant to live in a mixed community than not, and so it would be a good strategy to intentionally build inclusive communities.

I want to just thank all of the presenters. I think you've brought an important perspective to the panel today. Thank you to the folks from the Chatham-Kent and Sarnia area health networks for the work that you do.

I do want to go back to Legal Assistance Windsor, to Marion, because there is something that you said in your deputation that I thought we really need to focus on, and that's the renovictions, where landlords are not doing basic necessary renovations because they're not wanting to support those tenants—or have those tenants, frankly; perhaps they would wish they would go away. And so I'm wondering about the baseless notices to cause people to leave. I'm sure you hear about those because people have nowhere to turn and they turn to your organization for assistance.

Can you talk about what needs to happen to better support the rights of tenants and to also have respect for people on income supports who are living within their dwellings?

Ms. Marion Overholt: Thank you for the question because, yes, in this market we see all sorts of behaviours where landlords are indicating they are going to be moving in and so the tenant has to leave.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marion Overholt: There has been adjustment to the landlord and tenant law to try to have a review of those situations, but the reality for that tenant is when they have to move out, even if they're given a month or two of rental income to help find another place, they have moved on and they're looking for new housing, right? So they're not going back to monitor whether, in fact, the landlord actually moved in and those kinds of things.

We know as well, because of the soaring prices that landlords are now able to ask for in terms of rental units, that there is motivation on their part to move these tenants out to do renovations so that they can double and triple the rent, and those things that happened. Before Christmas, we saw in Windsor a number of landlords who were trying to give clients money to have them agree to move out so they could do exactly—

The Chair (Mr. Ernie Hardeman): Thank you.

We'll now have to go on to the questioner, the government. MPP Oosterhoff.

Mr. Sam Oosterhoff: My thanks to the presenters for coming today and speaking so passionately about the issues that you're here to represent, and for being very active in the areas that you are.

I'm going to start perhaps by asking a couple of questions of Shirley and then, if we get a chance, Marion. I

have a strong relationship with our local legal aid clinic, with Aidan Johnson, the executive director. We stay in touch regularly and speak about the various issues and challenges that your organizations are facing and some of the opportunities as well that we can see going forward in the work that you do. So, if we get an opportunity then we'll perhaps get into some questions as well.

But first, Shirley, I wanted to just talk a little bit about staffing. I understand that the Ontario Health Coalition is made up of a broad number of different health coalitions. We have the Niagara Health Coalition as well. I understand that you're here representing Chatham-Kent Health Coalition and Sarnia-Lambton Health Coalition. But I know that the Ontario Health Coalition says that it helps include membership from seniors' groups, patient organizations, unions, nurses, health professional organizations, physicians and physician organizations that support the public health system, non-profit community agencies, student groups, ethnic and cultural organizations, resident and family councils, retirees, poverty and equality-seeking groups, women's organizations and others. That's a lot of different people to represent and so that's a big mantle on your shoulders today.

I'm going to ask specifically about internationally trained health care workers. Perhaps you may have seen recently that we're trying to ensure that internationally educated nurses are able to work to the full scope that they've been trained in. Historically, there hasn't been enough consideration here in Ontario, and in other jurisdictions in Canada frankly, of internationally educated workers and their qualifications that they bring here. I'm sure we've all talked to people, new Canadians, who were educated in a particular field before they came to Canada and now are not working to near the scope that they wish they could.

I know that we've announced that we're collaborating with Ontario Health and within the College of Nurses of Ontario on these initiatives, and so we've already seen about 1,200 internationally educated CNO applicants expressing interest in moving this forward. So we are trying to take steps in this regard to try to expand the health care workforce.

I wanted to get the health coalition's take on that, because there are mentions here of the nurses and health professional organizations. I'm wondering what your take is on those steps, and what you think about ensuring that we have more internationally educated nurses and other health care providers stepping forward in the middle of everything going on.

1450

Ms. Shirley Roebuck: Okay. First of all, there is a catastrophe in all health care sectors. This isn't a crisis; we passed "crisis" six months ago. As far as internationally trained nurses or internationally trained health care workers go, it's going to help. I do not believe it's going to solve anything, but it will help. Some 1,200 more nurses in the long-term-care sector would be great, but it would not solve the problem.

You said that the government was collaborating with the College of Nurses or various regulatory colleges and

Ontario Health. Somebody has to make a decision. Somebody has to enforce your wants, which are really the people's wants. We don't have time for a commission or even meetings—let's just say meetings. We don't have time for meetings spaced over six months. You're the government. You tell the colleges what you need, and you need it now. I believe that Premier Ford and his caucus regulate or oversee Ontario Health, so tell them that's what you want.

I want you to know that there are stories out there with one nurse for 40 people, with no PSWs, no RPNs, no nothing. Then I want you to close your eyes and think if that was a loved one of yours who was on that board.

I'm not going to get maudlin or act like a sad sack here. This is what people want. They want good health care. They want public health care. I implore the government to rethink its plans to delete, I think, billions of dollars in social programs, which would benefit all of our groups that are presenting in this session, and stand up for the people of Ontario.

Mr. Sam Oosterhoff: Shirley, thank you for that. I don't think we are going to agree on the—I think you used the word “delete.” As far as I've seen, we've increased our transfers to most agencies substantially, especially to health, over the course of the last couple of years, including in staffing and funding. I respectfully don't think we're going to agree on that, because I can't accept that there has been a deletion, at least not that I've seen in Niagara, and I've actually had far too much personal engagement with the health care system over the past year.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Sam Oosterhoff: A year ago, I had four grandparents and today, I only have one. I've lost three grandparents over the past year, so I've been very involved with that process over the past year and a couple of months. As well, I hear from constituents each and every day with their concerns.

I wanted to ask about PSWs as well. We're working to add 8,000 PSWs. I'm sure you've seen the incentive program that we rolled out to try to minimize the cost of that schooling, and just ask a little bit about, yes, what you see that addressing when it comes to need. We talk about the silver tsunami or the grey tsunami—I'm not sure which it is—and [*inaudible*] are a major part of that. I'm just wondering what the health coalition's perspective is.

Ms. Shirley Roebuck: Well, as you can see, I'm part of the silver tsunami. I think 8,000 PSWs is great. But I want you to know that it is more than—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time.

We now have to go to the official opposition. MPP Armstrong.

Ms. Teresa J. Armstrong: Thank you so much to the presenters that are here this afternoon.

I wanted to ask Tanya Sharma, the director of finance for the Champions of Change Canada: You had touched on the youths—your organization is about youth—and there was a barrier you mentioned about barriers to education and access to education. I just wondered if you could

expand on what those barriers are, and if you could offer ways that the government could help, so that those barriers are diminished, so people can have access to education. As we've been talking about this afternoon, access to education is a way out of poverty, and we want to build a strong generation. Our youth need that access. If I could ask Tanya to comment on that subject, I'd appreciate it. Thank you, everyone.

Ms. Tanya Sharma: Thank you so much for that question. In the work that Champions of Change has done, we really try to specifically cater our initiatives towards making sure youth have opportunities to pursue education beyond just what is taught in a school and what is taught in a classroom, beyond just in an academic context. We feel that a lot of the issues with education are that a lot of people feel it's something that happens only in school, and they're not aware of the opportunities that are available to them outside of school to pursue their education.

I'm talking about youth themselves. I'm talking about their families. They're not aware of just how much opportunity is available to them to not only pursue education in an academic context, but also to pursue their own passions, to develop their own skills, to become leaders and change-makers in the community. Without this awareness—with this lack of connection between the organizations that provide these sorts of opportunities, that offer these initiatives, and the youth who these initiatives are catered towards—it's difficult to actually get anywhere with those initiatives, if there's not enough of an awareness of it or enough information about it.

Some of the ways that we could potentially develop a stronger network between youth and some of the extra-curricular activities that are available to them, so that they can pursue their education beyond school, would be through, as we mentioned in our recommendations, investing more in funding that is available specifically for organizations that provide this youth programming, so that it's more easy for them to access the funds they need to increase things such as promotion, so that they can really inform families and inform youth within their community; and so that they can extend their outreach and extend their networks, so that youth are more aware; and also just investing in opportunities for these organizations that provide these youth programs, to connect with things like school boards and to get word out about the programs that they offer, so that there's increased engagement and so that we're not letting all of these opportunities that children have—and by “children” I mean youth of all ages, really—to pursue their passions and to develop their skills beyond just an academic setting.

Just as you mentioned earlier, this is one of the ways that a lot of youth who are living in poverty currently can pursue something that they're interested in. They can develop their skills and they can find a way out of that. There are so many free program offerings that there's not enough of a connection between the people who those programs are actually catered towards and the people who offer them. It's difficult for anything to actually come out of that, if that makes sense.

Ms. Teresa J. Armstrong: Yes, it totally makes sense. Thank you so much for that, and I'm going to pass it to my colleague. I believe MPP Terence Kernaghan has the next question.

Mr. Terence Kernaghan: I would like to thank all the presenters for their discussions today and for their presentations. We've heard on committee from a number of folks who talked about, quite frankly, the mercenary social assistance rates. I'd like to thank you all, as well, for discussing needs for measures such as vacancy decontrol and curtailing renovations. It was part of NDP legislation that this government unfortunately chose not pass.

1500

I wanted to ask Chuck at Pillar—you mentioned the need for rent-geared-to-income rather than simple affordable housing. Do you think that it would be wise for this government to make sure that they had, protected in legislation, that every new development by the private industry included a certain portion of rent-geared-to-income as opposed to affordable housing, and why do you think that's important?

Ms. Chuck Lazenby: I think it depends on whether or not social assistance is actually increased to meet what rents are in communities. You're going to spend that money in one way or another, so I think it depends on that, but absolutely, I do. I think it is ludicrous to think that developers can't include that in their plans and costs of these big developments. So, absolutely, I do think it should be.

Mr. Terence Kernaghan: Definitely. We know that through the pandemic homelessness is far worse than ever, and yet, government initiatives that have been enacted in order to stem the rising homelessness crisis have unfortunately not addressed those issues. Thank you for your call to have some provincial leadership on this.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Terence Kernaghan: Pardon me?

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Terence Kernaghan: One minute?

Government members have also talked about NIMBYism. How do you think having a certain portion of new developments have rent-geared-to-income units would help curtail that sort of thinking within our communities? Back to Chuck.

Ms. Chuck Lazenby: I think that any effort that goes towards inclusivity in our communities is inevitably going to help that. I think that there's much more that needs to be done in terms of changing the culture to inclusion in our communities across Ontario, but that that would go a long way in helping that.

Mr. Terence Kernaghan: Wonderful. Thank you to all of our presenters. I very much appreciate your time and advocacy to really make sure that this government listens to the need to update social assistance rates to make sure that they keep up with inflation and they address the rising costs to live in our cities and to have a safe, healthy—

The Chair (Mr. Ernie Hardeman): We'll have to stop there. The time has been consumed. I want to thank all the presenters in this panel and remind all presenters that the

deadline for written submissions is 7 p.m. on Wednesday, January 26. So if you have more than we were able to get in the time today, don't hesitate to send it in. As long as we get it here before Wednesday the 26th, it will be part of the record.

REGIONAL MUNICIPALITY
OF WATERLOO

L'ARCHE LONDON

BLACK COUNCIL OF WINDSOR-ESSEX

The Chair (Mr. Ernie Hardeman): For the next panel, the first one is the regional municipality of Waterloo. Have we got someone here from Waterloo?

Hon. Karen Redman: You actually have three of us.

The Chair (Mr. Ernie Hardeman): Thank you very much. If you can start your presentation with your introduction, you'll have seven minutes, and I'll notify you at six minutes that your time is almost expired.

Hon. Karen Redman: Thank you so much. Good afternoon, MPPs. Thank you for the opportunity to speak to you today, albeit virtually. It's great to see our local MPPs Fife and Lindo on the call, and we continue to appreciate the support of all local MPPs representing our residents.

I'm Karen Redman, and I'm chair of the region of Waterloo. I'm joined today by Craig Dyer, our chief financial officer, and Ryan Pettipiere, our director of housing services. They're here to answer all the hard questions you may come up with.

The region of Waterloo is an upper-tier municipality that provides essential services to 630,000 residents. We work collaboratively with our seven area municipalities, including the city of Kitchener, who you will hear from an hour from now. We are the 10th-largest census metropolitan area in the country and one of Canada's fastest-growing communities.

The last time we presented to this committee was July 2020. At that time, Mr. Dyer and I laid out two requests for this committee. The first was a financial assistance program to help municipalities manage through 2020 and 2021. At that time, municipalities were extremely concerned about managing the pandemic without resorting to service-level reductions, raiding capital reserves or increasing taxes and user fees.

On this request, we return with an enormous thank-you. Throughout the pandemic, we have seen not only unprecedented levels of co-operation across all three levels of government but tremendous funding transfers from senior levels of government to municipalities. This collaboration in funding has had a real and tangible impact on the lives of our residents. It has allowed us to continue to deliver world-class services throughout the pandemic, including transit, clean drinking water, paramedic services and social services. It has also allowed us to distribute 1.2 million life-saving vaccine doses to the residents of Waterloo region. Thank you to this committee and to the

provincial government for this significant financial support.

The second request we brought to the committee in July 2020 was for the review of provincial and municipal funding relationships. While this may sound academic, it has critical implications for residents and the essential services delivered by municipalities. We would like to reaffirm that request today. Senior levels of government need to review their funding relationships with municipalities.

One of the hats that I wear is chair of the Mayors and Regional Chairs of Ontario, or MARCO. MARCO is made up of the largest single-tier and upper-tier municipalities in the province and serves 75% of the province's population. When we gather for our meetings, one of the common themes we hear across Ontario is the increasing pressure on the property tax base to fund services. I'm sure you've also heard similar analyses from the Association of Municipalities of Ontario.

The property tax base, particularly through upper and single-tier municipalities, funds services with province-wide objectives or inputs. These include areas like public health, emergency services, housing and homelessness, as well as a range of critical infrastructure. We are seeing an increasing trend where each dollar from the property tax base is stretched further and further, as both residents and governments look for more services that are provided at the municipal level.

I want to be clear: Municipalities are eager to provide better, more modern, more equitable service. In many cases, better service can be more efficient service, as in the case of digitization and the use of artificial intelligence. But on the big social programs, the property tax base is a crude tool. Long-term, stable funding from the province and federal governments is necessary.

A prime example of this is housing and homelessness. This is the greatest priority for our residents and council. It is our greatest financial risk. The region of Waterloo, through the Waterloo Region Housing Master Plan and the Affordable Housing Plan, is taking decisive action on affordable housing. Historically, 50 affordable units were built per year across the region. Through our plan, Building Better Futures: 2,500 Homes in 5 Years, we are building 10 times that amount of affordable housing. In the first year of the plan, we had 680 new affordable homes in development across the region. This is in part due to the \$140-million housing project, including \$20 million from our capital reserves.

We've also seen significant support through time-limited programs like the provincial Social Services Relief Fund and federal Rapid Housing Initiative. These programs have been essential not only in expanding critical services to fill gaps exposed by the pandemic, but also proven to be essential to the growth of affordable housing in our community, and we hope the SSRF will continue beyond this year.

Should these one-time limited programs cease, municipalities will face the difficult decision to continue the expanded services through the municipal tax base or

service reductions for a community that is still being significantly impacted by COVID-19.

Capital funding is attractive at all levels of government, and yet it's the operating funding that allows families to have stable, affordable, long-term housing in their communities. We're concerned that this operating funding will increasingly be dependant on the property tax base. A related operating pressure is the wraparound supports which have links to the broader health system.

Now is an important time to review the funding dynamics across all levels of government, particularly as we think about our communities and publicly funded services coming out of the pandemic. These are enormous and trackable challenges and systems, but municipalities need to be funded for the services they deliver.

The Chair (Mr. Ernie Hardeman): One minute.

Hon. Karen Redman: We thank you for your continued support.

The Chair (Mr. Ernie Hardeman): Thank you very much. I didn't have to say "one minute" there; it was done. Thank you.

Our next presenter is L'Arche London.

Ms. Marietta Drost: Hello. My name is Marietta Drost, and I'm the executive director of L'Arche London. It's wonderful to see Teresa Armstrong, Terence Kernaghan and Peggy Sattler here today, who are our MPPs.

1510

We are a local agency providing supported group living services, which are MCCSS-funded, and day and evening supports at our community hub, the Gathering Place, which is not ministry-funded.

Thank you for this opportunity to speak with you. I would like to speak about three pressures we face as a local agency and the DS sector at this time: staffing pressures, insufficient housing and support pressures, and the fact of baseline budget pressures.

First, I would like to speak about the vital importance of making permanent the current provincial wage enhancement provided to front-line developmental sector staff. The ongoing COVID-19 pandemic has demonstrated the critical importance of safe, high-quality care for people living with developmental disabilities, who are among Ontario's most vulnerable. The assistants of my community perform challenging and difficult work that keeps the individuals they support healthy, safe and happy while providing enriching programs and vital services. During the ongoing pandemic, the Ontario government took essential actions by implementing the \$3-per-hour wage enhancement for front-line developmental service sector staff. The wage enhancement has directly ensured continuity and consistency of care for individuals in the homes that we have at L'Arche London and across the province.

As we look ahead to the post-pandemic recovery, we cannot return to the pre-pandemic status quo for developmental services in Ontario. We at L'Arche London are a member agency with Ontario Agencies Supporting Individuals with Special Needs, OASIS. With OASIS, we

strongly urge the Ontario government to maintain the current wage enhancement for DS sector staff on a permanent basis, which is otherwise set to expire on March 31, 2022.

We are deeply concerned about the detrimental effect discontinuing the wage enhancement will have on our organization. Recently, valued staff and DSW trainees in our agency have migrated to work in other sectors—education and health—as wages are higher in these sectors. This trend is a significant risk. We must help to ensure that individuals with developmental disabilities continue to benefit from excellent services, and that DS staff are respected with fair compensation for the essential work they do.

As we advocate strongly for the wage enhancements to become permanent for front-line staff, a comparable wage enhancement must be extended to non-front-line management. At L'Arche London, we are seeing a wage compression issue between front-line and management staff that is worrisome and may erode the good morale that we experience in our leadership team. We need to maintain our strong leaders as well, and it affects morale and the ability to support oneself and one's family when people are not adequately compensated.

There is an extreme housing shortage here in London and across the province. Housing has become a focus for the developmental sector as rising costs, limited stock and increased needs across vulnerable populations compete for the same resources and units. Here in Middlesex-London, Developmental Services Ontario has a wait-list of 683 people for supported group living and 832 people for supported independent living. In the year 2020-21, only 39 people were placed into appropriate settings to live, and only 39 people came off this large waiting list at the DSO. This poses an extreme challenge for families and people who live with a developmental disability.

Affordable housing with assessed, appropriate supports, is not sufficiently available. For example, recently we came to know an 89-year-old father with an extreme health condition and his 59-year-old daughter with Down syndrome, who had lived together all their lives. In a desperate stage of this dad's health, when he was no longer able to care for her at home, and unable to find placement through the DS system of supported living, she had to move into long-term care. She passed away there about six months later, in September of 2020. She never had the opportunity to live independently on her own or with friends. She would have been very capable of this—and deeply desired it—with appropriate supports. Here at L'Arche London, we supported her with several days of respite per month in the year prior to her going into long-term care. Her father was in emergency status with his health and she thrived during those several days, monthly, in our supported residential environment.

It is really a tragedy that faithful families never have the opportunity to live and experience an independence for their adult child. Aging parents are living with a heart-breaking uncertainty about what happens to their aging adult child with a disability. This is similar for younger families with adult children. The hope of placement in

appropriate supported living is a distant dream at best for many, many families.

Our base operating budget at L'Arche London remains unchanged over a decade-plus. Our budget has not changed to address inflation, rising costs, the need for stable teams and annual increases.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marietta Drost: The inflation rate in Canada was announced last week as 4.8%, the highest rate in 30 years. We're really struggling to keep up with inflation rates.

We advocate strongly that the Ontario government makes a plan to build upon the work of the 2021 budget, which made the following commitments:

- \$13 million over three months for housing access and APSW supports to promote independence for people;

- \$361 million in new DS sector support funding to support people currently in service;

- emergency funding throughout the pandemic; and

- wage enhancements for DSW front-line staff; we advocate strongly that this subsidy become permanent.

Thank you so much for your ongoing work and this opportunity to share our pressures today.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. Our next presenter is the Black Council of Windsor-Essex.

Mr. Brian McCurdy: You've unmuted the wrong person. Leslie McCurdy should be unmuted.

The Chair (Mr. Ernie Hardeman): Are we ready for the Black Council of Windsor-Essex? Very good.

Ms. Leslie McCurdy: Yes, thank you. Hello. I was muted.

The Chair (Mr. Ernie Hardeman): There we go. You sounded really well.

Ms. Leslie McCurdy: That was my brother. I think he's also unmuted, so one of us needs to—he needs to be muted.

The Chair (Mr. Ernie Hardeman): Thank you. If you start your presentation with introducing yourself, we can get on with it.

Ms. Leslie McCurdy: Yes. My name is Leslie McCurdy and I am here on behalf of the Black Council of Windsor-Essex. First, I'd like to thank our MPP, Lisa Gretzky, for being here with us this afternoon.

There are three things that the Black council would like to bring to your attention. First, the removal of daily physical and health education from the K-to-12 curriculum in Ontario has had a plethora of unintended negative effects, most easily evidenced in the poor health outcomes associated with obesity, high blood pressure and drug abuse among teens and young adults that are often the result of a sedentary lifestyle.

Additionally, there is a statistically significant relationship between health and academic achievement. Research evidence shows that children who are healthy are at a lower risk for school problems than students who are unhealthy. Students with good health tend to perform better in school than those with poor health. Quality daily physical education in schools not only reduces obesity and

poor health outcomes amongst our children, it also improves academic performance.

A BBC article on a World Health Organization report from November 2019 indicates that it is the current emphasis on teaching academics that has increased the inactivity level in children worldwide. Our children are not just lazy; we are teaching them bad habits. A more recent World Health Organization report from the regional office for Europe dated February 2021 on an umbrella review that collated evidence from a set of systemic reviews and meta-analyses on how physical activity affects academic achievements worldwide found that academic performance is likely improved by increased time in physical education, a switch from seated activities to more active classrooms, and regular physical activity, such as walking, dance and sport, during the week.

Participation in physical activity is down in today's youth as compared to even only a few decades ago and, with that, the health outcomes for children are down proportionately. Today's generation of children is the first to have a shorter life span than that of their parents predicted due to inactivity. Children today often suffer from illnesses usually found in seniors, as found by a UCLA Sound Body Sound Mind program report dated from July 2019. Daily physical education in K-to-12 curricula improves physical and mental health. Robust physical education creates better learners, improves academic outcomes, helps students create better versions of themselves and ultimately, better members of society.

1520

Schools participating in the Learning Readiness Physical Education program, LRPE, at Naperville Central High School in Illinois, one of the only US states to mandate daily physical activity in K-to-12 curricula, have demonstrated that daily physical education can accelerate learning outcomes, as movement stimulates the brain to learn. Dr. Chuck Hillman of the University of Illinois has done brain scans on these students that demonstrate that the level of brain activity that leads to better cognition and memory and better scores can be achieved with as little as 20 minutes of activity. The difference in the brain activity in those who were sedentary before testing versus those who had 20 minutes of walking before attempting the same test is striking. A fitness-based physical education should be a core subject like math, science, English and history. The LRPE program has demonstrated that time taken away from these subjects for physical education is more than made up for in the improved academic outcomes that daily phys ed engenders.

At this time, in which our children have been harmed physically, mentally, emotionally and academically by the restrictions of the pandemic, perhaps it's time to be progressive in making daily physical education in K to 12 one of the strategies used to counteract the deleterious impact the past two years have had on our children, and funded accordingly. Furthermore, investment in daily physical education now will save money on health care later as today's generations age and more individuals may tend to maintain the healthy lifestyle habits that they will

have grown up with, and diseases like diabetes and high blood pressure will no longer be so prevalent in our populations.

Additionally, we would like to have funding approved for Black history to finally become a mandatory, fully-integrated part of the Ontario history and social sciences curriculum, as the Ontario Black History Society and many others among us have been requesting via the #BlackedOutHistory campaign. Black history is Canadian history. The government's stated support for integrating Black history into the education system falls flat without the investment to actually make it happen.

Finally, the Black Council of Windsor-Essex has an elders' council made up of revered elders in our community. A request has been put forth that funding be provided to the long-term-care industry to, among all the other failings that must be addressed, provide some culturally sensitive considerations, especially in the area of menu development. Specifically, our revered elder requests a Black-focused seniors' residence in Windsor that will have our people preparing our dishes. Our elder would like to see coverage of eye examination fees for seniors and children resume.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Leslie McCurdy: Another of our elders has asked that funding be provided to have proper activities available for seniors in care, including physical education and exercise—there it is again—dance classes, yoga, art, sculpture and crafts. Seniors also have better health outcomes with exercise. As we would not be here if not for them, we should afford them these comforts.

In general, I would like to say for myself that I am ever hopeful that we, as a society, will start making our fiscal decisions based primarily upon what is good for baby human beings to grow and be healthy, rather than primarily what is good for profits to grow. When we focus on humanity, profits grow anyway. When we focus on profits, humanity often suffers. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation—a great presentation. I think that was the last one in our three.

We're going to now start with the questions, with the government. MPP Roberts?

Mr. Jeremy Roberts: Thank you to all of our presenters this afternoon for your deputations. I'd like to start with Marietta at L'Arche. Marietta, thank you so much for the presentation. L'Arche has a close place in my heart. Before getting elected, I sat on the board of directors for L'Arche Ottawa, so I'm very familiar with the organization. I have a younger brother with special needs, so a lot of the issues that you're dealing with on a daily basis are not only part of my professional life as an MPP and as PA at MCCSS, but also part of my personal life. It's always good to hear from you.

Throughout the pandemic, I've been pulling together all of our DS agencies in Ottawa on a biweekly basis to talk about the issues that have been playing out through the pandemic and work through solutions. I appreciate your positive feedback on some of the government's responses

over the course of the pandemic. I think we did a good job working together with the sector to overcome some of the challenges.

But one area that consistently comes up that we need to improve on is staffing. I think a lot of my committee colleagues would be very familiar with the staffing issues being faced in long-term care with PSWs. The way I often explain it to those who aren't as familiar with our DS congregate care is the issues are quite similar, except we replace the word "PSW" with "DSW."

I wondered if you could perhaps start by sharing a little bit about what the staffing situation looks like for you at L'Arche London, what some of the challenges you're facing are, and then I'm curious whether you have any suggestions that you guys are looking at in London on how we can help address that staffing issue in terms of getting more people into the field. So I'll turn it over to you to start on those two topics.

Ms. Marietta Drost: Thank you, MPP Roberts. It's neat to hear that you've been on a board of L'Arche London in the past.

Mr. Jeremy Roberts: L'Arche Ottawa.

Ms. Marietta Drost: L'Arche Ottawa. Sorry, not L'Arche London; L'Arche Ottawa.

What we're seeing in our community itself is we are training DSWs—and they're wonderful people. They're well trained at our local college often, Fanshawe College. We're seeing a trend that these people who we train in co-ops or who are with us for a while as relief assistance as they go towards permanent work are not selecting the developmental sector, because—I think at the heart of it is just that need to create a life where they have an adequate pay to be able to create that life for themselves, for a family in the future.

What we're seeing—and this statistic really disturbed me—in the last 10 years, there has been an increase in our sector to wages. Over 10 years, it's been a raise, an addition of 17% to developmental services to front-line workers only, not management. This pales in comparison to the 68% increase to personal support workers. So there's that problem right there of inequity between different, equally trained individuals. There's an inequity there that is really important to look at. People who are trained to work in hospitals, long-term care are being paid significantly more than people who are working in the developmental sector.

Also, what we're seeing is there are opportunities for people who have been trained in the developmental sector to move to education and health, and the wages are greater there.

So I really advocate for looking at equity between these different sectors, where PSWs and DSWs are valued workers. It's important and just so essential in all these environments that there's equity in terms of their pay. I think that would really, really help with addressing this real trend we're seeing in our sector—and I see it with sister agencies—of people migrating from developmental services, where they were happy in their work, to education and health, because there are better wages there. I see that as a real—like one place.

Also, I don't want to take too much more time, but the training of people and the recruitment to DSW programs in colleges is extremely important in highlighting the beauty of that kind of a career for people.

1530

Mr. Jeremy Roberts: For sure. I hear you, and we hear similar challenges in Ottawa with, I'll use the term, "poaching" between sectors and even between agencies within the DS sector. There are wage disparities there that cause folks to move between the different DS agencies. I know that's an issue as well.

I'm pleased the Premier has made the commitment to make that pandemic pay, that \$3 an hour, permanent. I think that's going to go a long way to making these issues a little bit better, but we still need to sort out the issue on the supply side of getting more DSWs trained and into the field.

One thing that I've been looking at there and have been considering is we've had good success over the past year and a half with some PSW incentive programs to support tuition and accelerated PSW training. Is that something that you think would be beneficial to see for DSW programs as well, if that eligibility was expanded out from PSWs to DSWs to be able to access some of those supports?

Ms. Marietta Drost: Yes, I think the curriculum would have to be looked at carefully, because there's such a training that's required to work in our field.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Marietta Drost: So I think curriculum would be an essential piece to look at to make sure that people are sufficiently trained to be able to enter the field of development services, but I think it's a really interesting idea, absolutely yes.

Mr. Jeremy Roberts: For sure. Listen, I appreciate that. I had a couple of other questions for you but I know we're running out of time.

All that to say, much of our pandemic work has been reactive but now we need to start pivoting to being proactive and looking at how we reform this sector. That's why we've been leading this Journey to Belonging reform process. I'm not sure if you guys had the chance to participate in the consultations yet, but certainly don't hesitate ever to reach out to my office. This is a key priority for me, to help oversee this reform process and make this sector stronger going forward and less reliant on crisis as a driving force.

The Chair (Mr. Ernie Hardeman): Thank you very much.

We now go to the official opposition, MPP Fife.

Ms. Catherine Fife: Thank you to all of the presenters this afternoon. I want to thank Karen, Ryan and Craig for being here for the region of Waterloo.

Aside from Bill 124, preserving farmland and leveraging the not-for-profit sector, housing has been the number one crisis issue that we have heard throughout this entire week. As you know, we did get some good news locally that House of Friendship received some funding to address shelter needs for men, but we still do not have

adequate shelter for women, children and families in the region. With the housing wait-list growing and the crisis only increasing, I wondered, could you please address the need for Waterloo region to have that emergency shelter given that the YW's building is 107 years old, Karen?

Hon. Karen Redman: Thank you very much, Catherine, for the question. I think I'm going to punt it over to Ryan just because he's our specialist, but I'll say that you are absolutely right. This is a fundamental focus for our regional council and certainly one that's alive and well in our community. I'll turn it over to Ryan. He can give you the sort of on-the-ground response that you are seeking.

Ms. Catherine Fife: Okay. Ryan, can you just introduce yourself for Hansard, please?

Mr. Ryan Pettipiere: Sure. My name is Ryan Pettipiere. I'm the director of housing services at the region of Waterloo, Catherine.

Ms. Catherine Fife: Thanks. Go ahead.

Mr. Ryan Pettipiere: Thanks. To give you some of the local context: Recently, completing our point-in-time counts, we surveyed the homeless across the region and had a number of approximately 1,100 individuals that we found homeless locally.

To give you an idea of the fixed number of shelter spaces that we have in our community, it currently sits at about 400 spaces in terms of what we're able to offer for shelter beds each night. We've been able to expand up to that number with one-time funding through the pandemic, like the social services relief fund. That has been welcome, but we're still not all the way there yet in terms of meeting the demand across the system and across demographics in our community, which ultimately leads to a large unsheltered population that you only need to drive through the community to have an appreciation for. So the need continues to be great across all demographics.

We had some good news, as you mentioned, with expanding our men's shelter and capacity through House of Friendship, and are currently assisting our women's and children's provider, the YW, with a new property search as well. They're in desperate need of a new space too.

Ms. Catherine Fife: I think it's timely. You just heard a government member say, "We don't want to be always reacting." Finding those emergency shelter places—families and children shouldn't be holed up in motels because it affects their entire lives. I just wanted to get that on the record, because we can do better for these vulnerable folks in our region.

This morning, we heard a really exciting proposal from Grand River Hospital and St. Mary's. They were applying for \$12 million to start the process of creating a new hospital for the region. Karen, very quickly: How important is it for Waterloo region to be able to meet the health care needs of our growing community?

Hon. Karen Redman: MPP Fife, I couldn't agree with you more. This needs to be a full-court press. One of the things that the region addresses is the social determinants of health, but we absolutely need a new health care campus. We are one of the fastest-growing communities.

We're doing our regional official plan right now, and our expansion in population will be about 54% more people by 2051. We can't be reactive. We have to continue to build. We have extra beds that have been afforded through the province through this pandemic. We need to keep those and we need to add to those services, so it's very much a focus for everybody.

Ms. Catherine Fife: Thank you so much. I'm sending it over to my colleague MPP Lindo. Please go ahead.

Ms. Laura Mae Lindo: Thank you to all of the presenters. I'm going keep with the same theme of being proactive instead of reactive. I want to say a very big thank-you to Marietta from L'Arche, because I'm hearing very similar things in Kitchener Centre: that DSWs need to have their wages enhanced permanently, and also that we're having issues with accessible housing for folks with disabilities.

Even as I think I'm going pass it over to the region with a quick question about that, one of the things that I was hearing at a round table on housing yesterday was that it's one thing to provide the capital funding—we need those investments; we're grateful for those investments—but what we actually need to be proactive is stable funding for the services that people need. Those services and the costs of those services have been downloaded to a pretty much unbearable state on municipalities.

I'm wondering, Karen, if you'd be able to just spend a little bit of time explaining why it's important for the government to seriously invest in those stable funding models for support services.

Hon. Karen Redman: MPP Lindo, thank you so much for the question. As much as we have to have an all-community response to health services, we need to do that for the people who need social services, as well as housing, and it has to be an all-of-government response. As I said in my comments, capital is very necessary and we look to it, but it's those operating funds and that breaking down of the silos so that we have the wrap-around services.

One of the things that's very unique about the House of Friendship is their shelter model and the fact that they have 24/7, on-site support services. They bring housing services in, so that Ryan and his staff can say, "Let us find you a more stable way and a better lifestyle." That can be across addictions, it can be mental health or it can be social services.

The Chair (Mr. Ernie Hardeman): One minute.

Hon. Karen Redman: All of those things are really important to take to the people. We have many partners that provide shelter, but we're always a housing-first municipality, so we're looking at building not only affordable housing but supportive housing, because that will be the transition that gets people into a more stable lifestyle.

We can't step over the opioid crisis. It's alive and well in Waterloo region. It's across this province. It's across this country, and it's a huge issue that we have to deal with. Again, with those wraparound services and harm reduction, whether it's mobile units like Sanguen that go

out into the community or our CTS in Kitchener, all of those things provide the kinds of services that help people live better lives, and also help prevent the kind of costs, whether it's police services or hospitalization, that end up happening when they don't have the supports they need.

1540

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We now go to the independent. MPP Hunter.

Ms. Mitzie Hunter: I want to thank all three presenters: the regional municipality of Waterloo, L'Arche London, and the Black Council of Windsor-Essex.

I'd like to start with the Black Council of Windsor-Essex. I think you're adding a unique voice and perspective to our series of hearings that we've been holding—and that is how the education system affects the health and the well-being of all students, as well as specifically acknowledging Black history as an inclusive part of the curriculum.

I also want to talk about long-term care and what you have in mind in terms of culturally appropriate care for seniors as they age.

I'm wondering what comments you have around the math curriculum that was updated and had an introductory section that actually called out the fact that Ontario's educational curriculum is largely developed from a Euro-centric perspective and that it needed to be much more inclusive of other forms of science-based, evidence-based information but that is from a broader cultural context. There was more specific language that was included in that introduction overview, and it was criticized by, I think, one person from the Toronto Sun. The education minister promptly erased that language that was largely welcomed by educators and, from what I could see, parents as well because it was taking a step that was much-needed in updating Ontario's curriculum. I know that you've cited the work of the Ontario Black History Society and #BlackedOutHistory, their very powerful visual campaign. That's important. But there was a revised curriculum that was then subsequently pulled back because of a comment from someone from the Toronto Sun.

Ms. Leslie McCurdy: Thank you for the question, Ms. Hunter. Yes, I remember that bit of controversy. Quite frankly, it's just another example of Black people being erased from Canadian history, from Canadian society. Representation matters.

Growing up as a child, I never saw myself in the history books. As an adult, I performed a one-woman play about four Black women in Black history. It wasn't until I wrote that play, as an adult, that I felt like I was Canadian—when I learned about the history of Black people in Canada. So that's very, very important.

We're looking at Indigenous issues now, which, rightfully, we should be doing.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Leslie McCurdy: But right alongside of that, we need to start taking a look at the issues of Africa in North America as well, because at the same time that the Indigenous people were being displaced, the African

peoples were being enslaved here, and everything that's going on now is still a legacy from that. And yes, it's very, very important that we include all of this in our history, because it is our history, and so that people can see each other and learn the true history. People seem to be afraid of learning the history right now.

I just passed around a meme on Facebook that said that the same people who were throwing stones at Ruby—I forget her last name—when she desegregated schools are the same people standing there yelling at Trump that they don't want the history taught in the schools. They don't want their grandchildren to know what they did. But it's very important that we know these things so that we can move forward as an inclusive, equitable society.

Ms. Mitzie Hunter: Anything about seniors in long-term care?

Ms. Leslie McCurdy: Yes. The seniors in particular—there are a lot of people who come from all over the world, and we celebrate that we are—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We now have to go to the government. MPP Smith.

Mr. Dave Smith: I'm going to start with the Black Council of Windsor-Essex, as well, because you tweaked my interest on the culturally appropriate food in long-term care.

Just a quick background of the area that I am in: The population of my riding is made up of about 2.5% Indigenous. The second-largest ethnic group is Chinese, at 0.3%, so my area is predominantly Anglo-Saxon white.

However, Trent University has just, within the last 12 months, entered into an agreement to have a long-term-care facility built. Part of what they're doing is partnering with other educational institutions around here, and it's going to be a centre of aging. One of the things that they're doing is there will be a section of it that is designed specifically for the Indigenous community. It was done in conjunction with the First Nations community here in my area. They're partnering with the college on their culinary course. They'll be doing a chef program, basically, and part of that course is creating a menu that is appropriate for seniors in long-term care.

As you were talking, all I could think in the back of my head was that we need to get something like this as part of that program so that we are doing culturally appropriate meals across the board, not just in specific areas. In my case, it's a long-term-care facility that's going to house about 228 people. The reality will be maybe 15 or 20 individuals who are of some other ethnic background, but what a great opportunity to expand upon that and expand upon the palate for those who may not come from one of those other cultural areas. Is that something that we should be exploring? That's for Leslie.

Ms. Leslie McCurdy: Again—I was cut off before—I was saying that we celebrate that we are a multicultural society, so we should infuse that multiculturalism in everything that we do in various places, yes. What a wonderful way to celebrate our multiculturalism, by food. We have several festivals where we celebrate by food;

why not provide our seniors with that same opportunity to have at least some multicultural mix in the food?

Maybe it's something you can't do every single day, to represent a different culture, but maybe within every monthly menu there are things that are West African, Caribbean, Eastern European, Brazilian. Celebrate the world through the flavours, and I'm sure the seniors would appreciate that. It would help bring more variety. As you're getting older, sometimes you feel like you're getting stuck in these seniors' care places, and that nobody really cares, and they kind of forget you're there and that you're alive. What better way to keep people alive than through their palate?

Mr. Dave Smith: Are you suggesting that boiled potatoes probably just isn't something that we should be doing all the time?

Ms. Leslie McCurdy: Yes. Sweet potatoes or yams maybe sometimes, you know?

Mr. Dave Smith: The reason I'm suggesting this is that my thought process as you were talking was that if we were to integrate this in the culinary program at a college, and it's a culinary program that is coupled with long-term care, it's not just my community, then, that gets the benefit of it. It would be every other long-term-care facility that those chefs are going to. We could be spreading that culturally appropriate meal across the province in a relatively quick and easy way of doing it. What a great avenue to open up and explore things for people.

Ms. Leslie McCurdy: Yes, thank you. There's a culinary school here, a college in Windsor, too, so that would help our particular elder who was asking about that.

Mr. Dave Smith: Thank you very much for bringing that up. It's something I think I'm going to get into with Trent University and Sir Sandford Fleming College.

I'm going to take a quick shift over to Karen, if you don't mind. Karen, we've had a lot of presentations about housing, and about some of the challenges in getting housing and having municipalities make some adjustments for it. I'm curious as to your thoughts on this. One of the suggestions that came in was to change some of the exclusionary zoning to allow for more inclusionary zoning, and that if it isn't explicitly excluded, then it could be put in.

The example that was given was single-family residential to multi-family. In particular, it was corner lots, where you could put in a duplex—or a triplex, even—and have multiple entrances to it. So from streetside, if it were a duplex, it would appear to be a single-family home, but a single-family home on both street fronts, where it actually becomes a duplex, or potentially putting in a triplex or a fourplex on those larger corner lots in particular. Is that something that you could see as being advantageous for a region like Waterloo, where you have such growth?

1550

Hon. Karen Redman: MPP Smith, I really thank you for the question. I have to say, I was really pleased to participate in the housing summit earlier this week with the provincial government. There are lots of solutions that can happen at the municipal level. We always welcome

money, but those kind of legislative changes that you're talking about are absolutely key. We happen to be outstanding in North America for having a light rail transit system, and we really welcome the inclusionary zoning and some of the changes that have been brought about near transit stations.

The Chair (Mr. Ernie Hardeman): One minute.

Hon. Karen Redman: But if we look at arterial roads and we look at that kind of infill, that would go a long way to meeting that missing middle, the triplexes and the townhouses and the low-rises.

But I want to put a plug in for regional official planning. We have seven area municipalities. We are looking at managed growth and we really appreciate the fact that we're able to be stewards of the future and the quality of life, but those planning tools are absolutely essential.

Mr. Dave Smith: So one of the challenges that we face as we move forward is funding on the transit side. Typically, it's been funded through the gas tax. As we see a transition over to electric vehicles, as we see a reduction in the number of people who are using vehicles because of mass transit, how do you think that that's going to have an effect on a municipality long term when the gas tax money starts to be reduced?

Hon. Karen Redman: I think we'll look for more partnerships with senior levels of government, to be quite candid. The programs have been great. We need—

The Chair (Mr. Ernie Hardeman): Thank you very much for that answer.

We now move on to the official opposition. MPP Sattler.

Ms. Peggy Sattler: Thanks to all the presenters. I would like to direct my questions to Marietta at L'Arche. It's lovely to see you here, Marietta, and thank you so much for your presentation. Something you said really struck me, and it's that we can't return to the pre-pandemic status quo. Then you went on to share some statistics: Over 1,500 people currently on the DSO wait-list in our region; only 39 people were moved off of that wait-list in 2021. I think that speaks to the pre-pandemic status quo because that has been there certainly since I was elected and I'm sure well before.

You also talked about the terrible stories of people with disabilities being forced to move to long-term-care homes—young people—because there is no appropriate housing available in the community.

You brought up a couple of specific recommendations that would help prevent that return to the pre-pandemic status quo, but what do we need to do in the developmental services sector to really create opportunities and appropriate housing for people with disabilities?

Ms. Marietta Drost: I think really learning about the problem, because it is so significant. There's this concept of hidden homelessness that we talk about. I really think—and I've talked about this with others—that people with developmental disabilities who live with aging parents are like the hidden homeless in our communities. By the grace of God, their families can support them to a certain point but if anything happened to their parents, they would be

homeless immediately, and there are so many examples of this. I could list 10 examples that I'm really intimately aware of in the last year of people that are just on the verge of homelessness. So I think we have to learn about the problem and then do real, focused work on—I think locally here in London, the developmental sector has to work more closely with the homeless coalition and with local government. There is great work being done locally, but we need to highlight that issue of people with developmental disabilities—many, many, many people—being on the verge of homelessness.

You mentioned the statistics. It's incredible that of that huge waiting list of people—and it's growing. In the last five years, I've seen it growing from much smaller numbers to what they are today. Only 39 people in one calendar year were placed, so families don't really have the hope in their own lives of seeing this happen. They live with that uncertainty around, "What is going to happen to my adult child?" Many do pass away not knowing that, and their child is at the mercy of the system.

So, yes, it's a lot of learning, I think, and then a commitment to housing and raising the financial supports for this sector.

Ms. Peggy Sattler: Thank you very much. I'm going turn it over to my colleague MPP Lindo.

Ms. Laura Mae Lindo: Thank you, MPP Sattler.

I just had a very quick question for the Black Council. Thank you again for coming here today. Under the Liberals, we were fighting for Black history to be incorporated into the curriculum. Under the Conservatives, we're fighting again for Black history to be incorporated into the Ontario curriculum. It's actually part of what prompted me to table the racial equity in education bill, so that we would have concrete legislation to do this work.

I just wanted you to take a little bit of time to speak about why that move to require Black history to be spoken is part of the wraparound support that provides health, safety and security to Black youth, not just in Windsor but also across the province.

Ms. Leslie McCurdy: Thank you. Yes, again, that lack of representation can lead to emotional or mental difficulties. There are a lot of unconsciously learned behaviours that teachers have that impact upon our children. Having that history taught and having the knowledge of where all of that comes from can help us to learn to overcome it. That will make a healthier school environment for all of our children.

Right now in Windsor, there is a school where children are actually being withheld from school—asked to not come to school—because principals, teachers and students around them are behaving poorly. Again, they don't have the supports. No one has the education to know how to make those changes. It's all a part of basically changing our society as a whole, to educate our population properly on all of the aspects and all of the people in our society, so that we can really work on it as a whole.

Again, with that representation, it's very difficult when you're going to school as a young Black child to see very few Black teachers; very few representations of yourself

in history, maths and social sciences; and always being told—and this is for all the children—to sit down and be still, which is not a natural state for children. Like I said, they learn better when they're active, so all of that goes into helping our society, our children, to grow up more healthfully. All of our children will grow up for the investments we make in those things that help Black children.

Ms. Laura Mae Lindo: It's over to MPP Gretzky, please. Thank you.

Mrs. Lisa Gretzky: Sorry, I had my hand up, but it's really difficult through Zoom for everybody. I'm going to tag on to what MPP Lindo had said and speak to the members of the Black Council.

The Chair (Mr. Ernie Hardeman): One minute.

Mrs. Lisa Gretzky: Talking about education: Brian, you were quoted in an article about a month ago talking about employment opportunities for Black men and youth. The Minister of Labour, Monte McNaughton, made the comment that he wasn't buying what the gentlemen were saying. I'm wondering if you could talk about the troubles with those kinds of comments, and particularly streaming in our education system, which is what the minister basically was suggesting should happen.

Mr. Brian McCurdy: What's so concerning about the statement is the stereotyping of Black men as being only qualified or directed towards service industries. For so long, there have not been too many opportunities for higher education because of socio-economic pressures that allowed—

The Chair (Mr. Ernie Hardeman): That concludes this presentation.

We now will move to the independent, MPP Hunter.

Ms. Mitzie Hunter: I'm going to go back to the Black Council of Windsor-Essex. For the record, if we could just unmute Lana Talbot, Leslie McCurdy, Brian McCurdy and Jeremiah Bowers at this time so that they can contribute freely.

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I'm wondering about the ask that you have from a budget perspective to the Ontario government that would assist the Black community in Windsor and beyond. Go ahead, Leslie.

Ms. Leslie McCurdy: What particular part of the ask, I'm sorry?

Ms. Mitzie Hunter: That's what I'm asking. Is it for long-term care culturally appropriate to the Black community? What is the specific ask?

Ms. Leslie McCurdy: Oh, specifically in there. Well, like I said, one of the elders, she wanted a Black seniors' home here. But when it comes to the long-term care, just again to be more inclusive in the approaches and, I guess, in the hiring too, especially in this area, in Windsor, where we live. Like Lisa Gretzky was talking about—thank you for bringing it up—a lot of our students here are streamed into lower educational fields, and so—

Interruption.

Ms. Leslie McCurdy: You know something? My phone just went "ding" and I forgot my line of thought. Let me pass it off to—

Ms. Mitzie Hunter: The streaming of students.

Ms. Leslie McCurdy: Yes, the streaming of students makes it so that fewer people are applying to go to university in the first place, and then we have people like my brother who are very highly educated who can't get jobs in Windsor. It said in that report that people leave—I know somebody who just left recently, very highly educated, very highly qualified: had to go to Toronto to get a job. I know of a teacher, very qualified; they had to leave to get a job. My brother several times has gone to the States to get a job. So there's that educational piece, but that goes beyond education, because that's just a larger—you know, hiring outside the society.

When it comes to the senior centres, I don't know specific dollar amounts, but I liked the suggestion that MPP Dave Smith had that at least a way to introduce cultural variation in the foods is to work through the culinary programs at the colleges. That at least would be a step towards that. Personally, I don't think it's a reality that we can have different long-term-care homes for all of the different cultures in our society, but being inclusive in how we work, making sure that the staff is inclusive so that there are people the elders can relate to who are from their cultures, that is important. But that's a part of the whole inclusivity, equity work that needs to be done all the way around.

It shouldn't be that hard, I don't think, to make the curriculum inclusive, and I'd like to thank MPP Laura Mae Lindo for the act she put forth, the legislation, to encourage that. Right here in Windsor, we have a curriculum that was developed locally that's all ready to go into the school board. It's just a matter of having the will to do it. I don't know how much it would cost to put phys ed into our schools for our students every day. I do know that it would be really, really important for their health and development, as I said, especially coming out of this pandemic, where they've all been sequestered and away from each other and sick. That would be a really good way to increase the overall health of our society.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Leslie McCurdy: And, as I said, many, many studies show that even if you take time away from academics to do this physical education, the students will actually learn better and faster for having had physical activity.

Ms. Mitzie Hunter: I'm wondering about the pandemic and its impact on the Black population. Can any of your members comment on that?

Ms. Leslie McCurdy: Well, it's had a higher impact on health outcomes. I think that at one point our Prime Minister said that being Black is a health risk, because the stress of being Black leads to high blood pressure, it leads to diabetes. Often we don't have the right kind of foods in our neighbourhoods. All of those stresses lead to more comorbidities, so there was that aspect of it. And then a lot of people in the Black population do not necessarily have jobs, because of things we talked about earlier, that allow them the luxury of staying home to work, so they're often the front-line workers and things. So they're the ones that are—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time, and it concludes the time for this panel. I just want to advise all presenters that the deadline for written submissions is 7 p.m. on Wednesday, January 26, so get your ideas and your advice in the mail, and hopefully it gets here before the 26th.

With that, just before we go to the next panel, we have MPP Toby Barrett, I think, who joined us. If he would just introduce himself and tell us from whence he comes.

Mr. Toby Barrett: Thank you, Chair. I appreciate joining the finance committee hearings, and I'm down in Haldimand-Norfolk.

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

ONTARIO FRUIT AND VEGETABLE
GROWERS' ASSOCIATION
CITY OF KITCHENER
LONDON INTERCOMMUNITY
HEALTH CENTRE

The Chair (Mr. Ernie Hardeman): Our next panel starts off with the Ontario Fruit and Vegetable Growers' Association. We ask that the presenter introduce themselves as they start their presentation and that everyone who speaks do likewise.

With that, the floor is yours.

Mr. Bill George: Thank you, Mr. Chair, for the opportunity to present to the panel. My name is Bill George. I'm chair of the Ontario Fruit and Vegetable Growers' Association. The OFVGA represents more than 3,500 fruit and vegetable farmers in Ontario. The sector generates more than \$2.7 billion in economic activity and employs nearly 100,000 people directly on-farm and throughout the value chain.

Thank you for giving us the opportunity today to outline the perspective of Ontario fruit and vegetable growers during the 2022 budget planning process. We are happy to highlight how the Ontario fruit and vegetable sector, with appropriate support, can play a vital role in protecting the food supply chains as we manage COVID-19 in achieving strong economic recovery.

With support from the provincial and federal governments, Ontario fruit and vegetable farmers have continued to produce locally grown, safe, nutritious food for all Ontarians. But even with the supportive actions taken by your government, fruit and vegetable farmers continue to face significant challenges related to labour supply and unparalleled increased input costs. These factors have been significantly impacting our ability to remain competitive in a global market.

As the Omicron wave of COVID-19 continues to overwhelm the province, supporting the Ontario fruit and vegetable sector to manage is the core budget request for our 2022 ask. We are putting forth three requests that will help mitigate the impacts of COVID-19, based on challenges farmers face today, as well as anticipation of future challenges.

Ontario fruit and vegetable farmers depend on temporary foreign workers to ensure a strong food supply chain, and ensuring their safety is vital to our province's food security. Since the beginning of the pandemic, arriving workers who are not vaccinated have had to quarantine for 14 days at the cost of the employer. In August 2021, the federal government ended its quarantine support program which provided \$1,500 per quarantine worker to help offset the cost of accommodation and wages. Despite our sector's substantial efforts in advocating for the reinstatement of this funding support, the federal government remains unwavering in its decision to cease funding of that program.

The OFVGA is counting on the leadership from your government on this issue. In the absence of action by the federal government, we request that the Ontario government provide funding to offset the quarantine costs and considerable investment employers are required to make for incoming workers. Last year, OFVGA calculated the real cost of the quarantine to be up to \$1,750 per worker if using existing worker housing on-farm and more than \$3,100 if the worker had to stay in a hotel for his two-week quarantine.

Although we expect many workers arriving in 2022 to be fully vaccinated, thanks to the efforts of the Ontario government to prioritize vaccines for these workers, we anticipate that many arriving workers will be required to quarantine for up to 14 days due to waiting for arrival test results, being deemed unvaccinated at the border, or the results of a decision of a local public health unit.

Another key support provided by your government that enabled the sector to ensure the health and safety of temporary foreign workers while keeping Ontario food production capacity resilience is the \$10-million cost-share funding program during the 2021 season through OMAFRA's Enhanced Agri-Food Workplace Protection Program. This program initially offset additional costs of personal protective equipment and other investments on farms to help prevent the virus spread, in addition to supporting farms experiencing an outbreak. However, this program is set to expire February 1, 2022. We ask your government to extend the program through 2022 to support farmers in keeping workers safe, especially as the threat of the highly transmissible Omicron variant persists. Without the support of both of these programs, we foresee significant challenges in the sector and potential strain on Ontario food production and supply.

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We are happy to work closely with your government in developing these programs to ensure that they are in place as soon as possible and meet the goals of helping to prevent outbreaks on farms, keeping temporary foreign workers safe and Ontario food production and supply resilient.

Our third and final request is to ask for continued and increased investment in the provincial Risk Management Program, including the self-directed risk management program. To financially support farms, the Ontario government has showed significant leadership in 2021 by

continuing to extend crop insurance to include labour perils and committing to increase the provincial portion of the AgriStability payment rate to 80%.

The case for provincial action remains strong after two years of the pandemic, which has resulted in an enormous challenge for Ontario farms, including major interruptions and cost escalations in the supply chain and continued and permanent cost pressures associated with medically supporting and protecting the workforce. In the absence of increased support, the financial impacts of the pandemic, major interruptions and cost escalations in the supply chain will continue to challenge Ontario fruit and vegetable farmers going forward.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Bill George: With that, on behalf of the Ontario fruit and vegetable growers sector, I would like to thank you for this opportunity to share our perspective. It is our hope that the Ontario government and the fruit and vegetable farmers can continue working together for the benefit of the people and economy of Ontario as we manage through the pandemic and beyond.

I welcome any questions you may have about our budget requests, and thank you for the time, Mr. Chair.

The Chair (Mr. Ernie Hardeman): Thank you very much for that presentation.

Our next presenter is the city of Kitchener.

Mr. Berry Vrbanovic: Thank you very much, Chair Hardeman. Members of the Ontario Standing Committee on Finance and Economic Affairs, thank you so much for inviting us to participate in the 2022 pre-budget consultations. I'd like to use this time to discuss a number of areas which are important to our community.

The Chair (Mr. Ernie Hardeman): If we could stop there just for a second. Tell us who you are.

Mr. Berry Vrbanovic: Oh, sorry. Sure, okay. I'm Mayor Berry Vrbanovic from the city of Kitchener.

The Chair (Mr. Ernie Hardeman): Thank you very much.

Mr. Berry Vrbanovic: Thank you, Chair Hardeman. Sorry about that.

The first item I'd like to cover is the University of Waterloo Innovation Arena at the health sciences campus in downtown Kitchener. The city of Kitchener is working in partnership with the University of Waterloo to create an entrepreneurial hub for innovative health technology in downtown Kitchener, a first-of-its-kind facility within North America. The plan is to repurpose a 90,000-square-foot warehouse into a local and global leader for health and innovation.

The new space will be home to Velocity, the most productive incubator in Canada; will create hundreds of local and well-paying jobs and businesses; and provide made-in-Ontario solutions to tomorrow's health care problems. The city of Kitchener itself will co-locate the small business centre in the Innovation Arena, ensuring that local start-ups and scaling companies have the opportunity to work with the small business centre and support grassroots economic growth.

The city of Kitchener has committed \$8.5 million, the University of Waterloo has committed \$12.5 million and FedDev Ontario has committed \$6.5 million. We request that the province of Ontario commit budgeted funding of \$7.5 million towards this initiative.

Secondly, on 2022 municipal operating funding, I'd like to take this opportunity to thank both the federal and provincial governments for providing Safe Restart operating funding to the city of Kitchener during the COVID-19 pandemic. It was certainly a welcome relief for us and, I'm sure, for all municipalities. We would have had a very difficult time maintaining the services that our residents rely on and very likely would have had to make some very difficult choices without the federal and provincial funding we've received to date.

Notwithstanding the funding support, the city of Kitchener is currently projecting a 2021 deficit of approximately \$11 million, with approximately \$7.5 million of that amount being through property taxes and the remaining in our enterprises. While we don't have a 2022 projection yet, it is safe to say that with all the restrictions to start 2022, which included closing municipal facilities that are a source of revenue for us, our 2022 projections are looking much better. We request that the province work with their partners to provide additional Safe Restart operating funding to municipalities for 2022.

Partnering on an economic recovery: The pandemic has taken its toll on so many areas of society, not the least of which is on small businesses. Through our Make It Kitchener 2.0 economic development strategy, the city created various economic recovery programs. One program I'd like to highlight is called Love My Business. This program supports local businesses in reengaging their customers and attracting new customers through direct professional marketing supports. The city has invested \$755,000 and is requesting that the province of Ontario provide matching funding.

Also important for economic recovery are further investments in the area of child care. While primarily a regional focus, these investments are key for our city, as well for continued economic growth and quality of life across all sectors of our community. I'd be remiss if I did not take this opportunity to strongly urge the government to conclude an agreement with the federal government for the proposed federal-provincial \$10-a-day child care program. This partnership has been concluded in most corners of Canada, and it is vital that it be concluded in Ontario as well.

Fourthly, Highway 7 between Kitchener and Guelph: There's been a lot of work in recent years to start the process for constructing a new Highway 7 between Kitchener and Guelph. Aside from some recent roadwork, the current Highway 7 has been relatively untouched for decades, but the volume of vehicular traffic has increased significantly in the same time. We're thankful to the province for the planning design and construction work that has been done to date. The recent announcement regarding the property of the Frederick Street underpass gives us confidence that this project continues to move

forward, and we request that the province continue to invest and expedite the construction of Highway 7.

I'd like to take my last couple of minutes to thank this committee and the province for your recent investment in ShelterCare in our community and two-way, all-day GO. For ShelterCare, the people using this service are some of the most vulnerable people in our community who struggle with homelessness, mental health issues and addiction. ShelterCare provided these people a place to stay and wraparound services, helping many people turn their lives around. That's why we're so happy with the recent provincial announcement of \$8.5 million for House of Friendship, who administers this program. Although the funding will be used for the purchase of property in the city of Waterloo, homelessness and struggles with mental health and addiction know no boundaries. House of Friendship and other social service organizations do great work in Kitchener and across our region. Once again, thank you for this investment.

Finally, on two-way, all-day GO rail to Kitchener: As in past years, I'd be remiss if I didn't say something about this. We're grateful to the province for approving the business cases and funding for two-way, all-day GO rail service in Kitchener and that the Ministry of Transportation and Metrolinx have moved forward to the next stage of procurement. Notwithstanding COVID and distancing measures, we know these investments in public transit will be key long-term drivers of the economy, not only for moving people more efficiently, but also reducing congestion on highways, which helps the environment, increases productivity and brings goods to market quickly and more cost-effectively.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Berry Vrbanovic: Once again, I'd like to thank this committee for hearing this request over the years and helping to move this initiative forward. We request that the province of Ontario continue investing and expediting the construction of two-way, all-day GO rail service to Kitchener.

In conclusion, thank you for all your hard work you're doing and for helping to ensure that all three orders of government, federal, provincial and municipal, continue to collaborate during the pandemic. We're all in this together, and we'll only come out of this stronger if we continue to work together. We hope you'll take these ideas and recommendations into consideration. Thank you. Merci beaucoup.

The Chair (Mr. Ernie Hardeman): Thank you, Mr. Mayor.

Our next presenter is the London InterCommunity Health Centre.

Mr. Scott Courtice: Mr. Chair, members, good afternoon. My name is Scott Courtice, and I'm the executive director of the London InterCommunity Health Centre. We provide comprehensive primary health care and social services to some of the most marginalized members of our community. I'm here to provide some thoughts about specific priorities for the 2022 budget, but first I'd like to set some broader context.

Setting a budget for the province in normal times is an immense challenge; doing so as our province emerges from a global pandemic, even more so. I'd argue that the last time a government in Ontario faced a task this large was the 22nd Legislative Assembly, which began its session in June 1945. The war in Europe ended a month before they took their seats, and the war in the Pacific ended two months after. Citizens were tired after making five years of sacrifice, and the wartime bills coming due were significant. At this critical time, governments of all political stripes avoided austerity and chose to invest in communities and their citizens.

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In Ontario, that first post-war government, led by a Progressive Conservative Premier, upgraded Ontario's electricity grid, modernized roads and highways, and invested in health and education. They built infrastructure, and they built and invested in people. They laid the foundation for a post-war industrial expansion that brought prosperity to this province for the decades that followed. As the 42nd Legislative Assembly considers the budget, I hope you take inspiration from the 22nd and make investments that will create a more equitable and prosperous Ontario for years to come.

There are four specific priorities that I'd like to share. The first would be increasing capital investments and reviewing community-based health facilities. The London InterCommunity Health Centre opened the doors of its first location in 1989, and that facility has not had a significant retrofit since that time. Our facilities are showing their age and it is increasingly difficult to provide safe and dignified services for the communities that we serve. We are not alone. Many of our community health centres across the province are in similar a position.

We've been working with the Ministry of Health capital branch to address the situation for close to two decades, spanning two governments. The process has been too slow and the availability of funding remains uncertain. The government of Ontario makes significant annual capital investment in our hospitals, to keep their facilities modern so they can provide excellent care. We believe it is critically important to increase investments in community-based health and social services and to reduce the red tape involved in getting projects approved and built. Until this occurs, we will struggle to provide dignified and high-quality care for the people that we serve.

The next priority is increasing investment in supportive housing for our most marginalized community members. We serve many community members who struggle with significant mental health and addictions challenges. People in these situations find it difficult to access safe and appropriate housing that meets their needs. As such, many experience homelessness. The day-to-day challenges and trauma of living unsheltered makes it difficult to prioritize their health and wellness and makes it more difficult for our teams to meet their needs.

We know that health is housing. We need more supportive housing that couples safe and dignified living spaces with compassionate and supportive health and

social services. This is the just and dignified thing to do, but it also helps reduce overall health and social spending elsewhere in the system. As people stabilize in housing, they can set goals and transform their lives. We are humbled to support people on this journey every day, but we see far too many people who can't access the housing they need, and it gives me no pleasure to report that the situation is worsening.

We applaud the government's current approach to include mayors in addressing the housing crisis, but we fear that housing with supports has been overlooked. Our municipalities need more resources to plug this gap. We also believe that the health care system itself could play a larger role in offering supportive housing for our most marginalized community members.

The next priority is a recommendation to repeal and replace Bill 124. We appreciate that the government needs to make difficult choices to ensure sustainable finances for the province, but we're deeply concerned that Bill 124 will worsen the health human resources crisis that's being felt in community-based health organizations. The current legislation should be replaced by more targeted legislation that exempts patient-facing workers at health care organizations, and more funding must be provided to help us attract and retain the people who are critical to provide care to our communities.

In the context of the pandemic, the current legislation is particularly problematic. I've seen the sacrifices made by our direct care workers first-hand. Their sacrifice goes above and beyond mine, yours, and most Ontarians. Winston Churchill's quote, "Never was so much owed by so many to so few," was meant for World War II Spitfire pilots, but honestly, is equally attributable to the health care providers who have had our backs during this pandemic. Their efforts have been nothing short of heroic, but it has come at a cost. My colleagues are exhausted, their personal health and wellness has suffered, and many are considering leaving their professions altogether. Bill 124 is not a helpful variable in their decision-making. We can't allow a health human resources crisis to be the legacy of this pandemic, so please consider strategies to avoid that outcome. Repealing and replacing Bill 124 with more targeted legislation would be one opportunity.

The final thing I'd like to share with you this afternoon is a recommendation to increase access to team-based primary care for more Ontarians. We are very excited about the potential for Ontario health teams and building a more integrated and person-centred health care system.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Scott Courtice: We believe that more Ontarians deserve access to comprehensive, team-based care as part of that process. It is especially important for people with complex health and social needs. Unfortunately, not all people who would benefit have access to it. We recommend that you target new investments in communities that have citizens with high medical and social complexity but low access to team-based care. It will increase better outcomes for health, improve population health for communities and lower overall costs to the health system.

Thank you so much for this time and best wishes on your deliberations.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation.

That concludes the three presenters for this panel. We now will start with the questions. The first round is the opposition. Do I see a hand? MPP Lindo.

Ms. Laura Mae Lindo: Thank you to all of the presenters.

I'm going to have my questions for Mayor Vrbanovic—it's nice to see you here—but I just wanted to make a quick statement first. A big thank-you to the Ontario fruit growers for speaking so clearly about the importance of temporary foreign workers in our food supply chain. I don't think anybody realized how integral they were, and their safety was, to our food supply chain until the pandemic. And so thank you for advocating for their safety.

For the mayor—again, nice to see you—I had two quick questions. One was around the entrepreneurial health care innovation hub. Thank you for the advocacy you've been doing there. I'm wondering if you can speak a little bit to something that MPP Fife and I have often heard: the loss of health care in our region. We often hear that a lot of the innovation starts here, and because of a number of issues—the government not providing funding etc.—they end up leaving and heading elsewhere, usually across the border, to do that work. I'm wondering if you could speak a little bit about that.

And I don't want to forget, because I'll pass it over to MPP Fife after, to thank you for advocating for child care, for the provincial government to sign that federal agreement.

But I'm going to throw it over to you to start off with the entrepreneurial hub.

Mr. Berry Vrbanovic: Great. Thank you very much, MPP Lindo. It's great to see all of you on the committee, but it's always great to see familiar, local faces on the call in particular. Thank you for all the work you do locally representing this region at the province.

The innovation health hub that's being contemplated is really part of a longer-term investment that the city of Kitchener has been making for some 15 years now, since we originally created our first economic development investment fund in 2004, which was a \$110-million fund and saw the city invest \$30 million into the creation of the U of W School of Pharmacy. That ultimately also led to a partnership with McMaster University and U of W for a satellite med school.

This new \$110-million fund that we approved in the midst of COVID is actually looking at taking our city forward for the next 10 to 15 years.

What I would say to you in health innovation, and the pandemic really has brought it to the forefront, is we really need to rethink how we deliver health care. We know that we have an aging population, we have a growing province, and we have growing demands in terms of the dollars that are not only going to be needed for health care but also for education and so many of the other services that the province delivers to Ontarians.

I do know that some of the start-ups and scale-ups that have existed in the province and exist here in the community—I think of some of the companies at the Medical Innovation Xchange such as Intellijoint and others—have been able to make inroads, but because of the way our health care system is delivered in Canada, it's challenging for them to be able to take their innovations and see them quickly and easily implemented in our health care system. I think part of this, from a policy point of view, really needs to see some mechanisms developed that will see our provincial government and our health care system actually be early adopters and partner with these companies in order to see these new technologies.

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Intellijoint has done wonderful work in improving outcomes for people in terms of hip joints, knee joints and other things. Unfortunately, the vast majority of that work has happened south of border, and what we want to do is actually see that start happening here, which ultimately will improve the outcomes for Ontarians and improve the overall delivery of our health system.

Ms. Laura Mae Lindo: Thank you so much.

Over to you, MPP Fife.

The Chair (Mr. Ernie Hardeman): MPP Fife.

Ms. Catherine Fife: Thank you to all presenters.

Berry, I just wanted to give you a chance to quickly weigh in on the proposal that we heard this morning from St. Mary's hospital and Grand River Hospital. They proposed a new capital project. They're asking the government for \$12 million to start that process. We heard supportive comments from the chamber, of course, from the tech sector. How important is it that we start planning for future growth, and current growth, actually, because we've done everything that we needed to do as a region to meet the health care needs of the entire community?

Mr. Berry Vrbanovic: Thanks for the question, MPP Fife, and for all of your great work in the community. What I will say to you is, this region is one of the fastest-growing regions not just in the province but in the country, economically, population-wise and so on. One of the things that has not kept up with that, quite frankly, has been the growth of our health care sector. I cannot over-emphasize how collectively, as a community, we're unified in terms of the need for this new kind of single health care centre that really will take our community into the next century and beyond.

We believe that with the kind of innovation that this region is known for and its barn-raising spirit—that was a comment you'd often hear from former Governor General David Johnston—we're really well positioned to work together with the province as partners and see this come to fruition, much like we're seeing in Mississauga, like we saw in Oakville, and now, quite frankly, it's Waterloo region's turn. So I'm wholeheartedly supportive of that and will be working collegially with my colleagues to see that happen.

Ms. Catherine Fife: That's excellent. Thank you so much, Mayor.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Catherine Fife: Just very quickly, Highway 7: When I first ran provincially, in 2007, there was a shovel in the ground and a ribbon was cut. Let's see if we can get it done this time. That connectivity piece is so important between Waterloo region and Guelph. Can you just comment quickly on that, please?

Mr. Berry Vrbanovic: Absolutely. Listen, we're obviously very focused on the Toronto-Waterloo region corridor. Two-way, all-day GO Transit is an important part of it but so is vehicular transit, and seeing that GO put in place between us and Guelph is extremely important in order to meet the needs of the residents of our eight communities.

Ms. Catherine Fife: Okay. Thanks very much.

I guess the next session will go to the London MPPs.

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll now move on to the independent, MPP Hunter.

Ms. Mitzie Hunter: Thank you so much to all of the presenters.

Mayor Vrbanovic, I wanted to have you elaborate on the investment that as a municipality you are making in university, and the benefits that that would bring to your residents, and why you feel it is a priority, and asking for the government to match that. I believe it was—was it \$12 million you said?

Mr. Berry Vrbanovic: I'm just going back through my notes here. I believe it was \$7.5 million as the provincial contribution towards the health innovation arena that has been requested.

Ms. Mitzie Hunter: Okay. Go ahead. Tell us what it will do for the folks in the city of Kitchener.

Mr. Berry Vrbanovic: [*Inaudible*] question, MPP Hunter. What I will tell you is, when we embarked on this back in 2004 in terms of the health innovation campus in downtown Kitchener, it was recognizing that as a community, we needed to transform ourselves. Manufacturing was relocating stateside, to Mexico, overseas. We knew that while that was what was a primary driver of our community in the past, it was no longer going to be a driver of the future, so we really focused more on the knowledge economy.

Back at the time, BlackBerry was having its heyday, the tech sector was growing in our community and we had the strength of our three post-secondary institutions—University of Waterloo, Wilfrid Laurier and Conestoga College—to build upon. So we said, “Do you know what? We know investing in these is actually something that survives any economic recession. It invests in people, and it invests in the future of our young in people and of our community.” So we focused on that. As I indicated, we focused on, initially, the school of pharmacy. At the same time, we invested \$6.5 million with Wilfrid Laurier, to their school of social work in downtown Kitchener. Subsequently to that, the region partnered on the med school.

Now, we see this next investment coming at such a critical time, coming out of this pandemic and as our population grows, to focus on health care and rethink it

from its traditional approaches into an approach that will really allow us in Ontario to not only lead the country, but the world in terms of health innovation.

Ms. Mitzie Hunter: That's really great. And you would expect that it would assist in retaining some of those young people to raise their families right there.

Mr. Berry Vrbanovic: Absolutely. Listen, that has all along been our goal. We saw these great, smart students coming to our community, in addition to the ones we already had in Waterloo region, to attend our post-secondary institutions, and then what was happening, quite frankly, was many of them were going elsewhere, either elsewhere in Ontario, elsewhere in Canada or, even worse yet, to the States or overseas. We said, “We want to keep that Canadian talent here in Canada and grow businesses here in Canada.”

Ms. Mitzie Hunter: So how will the connectivity with the two-way, all-day GO expansion tie that all together? The region is great in terms of its post-secondary education and it's known for its culture, and also as a thriving business community.

The Chair (Mr. Ernie Hardeman): One minute.

Ms. Mitzie Hunter: How will connectivity tie that all together in terms of rapid transit?

Mr. Berry Vrbanovic: Thank you for that. Just very quickly: The Toronto-Waterloo region order is not unlike San Francisco to San Jose, London to Cambridge, and Tel Aviv to Haifa in terms of significant innovation corridors in the world. This will allow us to, in fact, maximize the opportunities not only in Waterloo region but through Wellington, through Peel, through Toronto and the whole GTHA to grow this and really continue to see us become a significant player for the country in the world.

Ms. Mitzie Hunter: And thank you for also mentioning \$10-a-day child care, because we have to have women's economic opportunity wrapped into this as well. Thank you so much, Mayor. It's good to see you.

Mr. Berry Vrbanovic: Absolutely. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

Now to the government: MPP Oosterhoff.

Mr. Sam Oosterhoff: I'm going to be directing my questions for this round to Bill George and Gordon at the Ontario Fruit and Vegetable Growers' Association. Bill, it's good to see you again. I know we've chatted a number of times over the years and always have the opportunity to connect on issues of importance. I appreciate you all coming to speak about some of these matters.

I think people take for granted the supply chain that we have in Ontario. We're very fortunate to generally be able to go into almost any grocery store and buy pretty much everything we want, without ridiculous prices in comparison to some other places in the world. Our options seem to be unlimited when it comes to what we can find in our local supermarkets. Just go to a local Foodland, and you will see some Ontario-grown things as well, which is fantastic and important.

But we've seen pressures over the past while. Especially even over the past few weeks, I know the snowstorms

had an impact, but we saw the problems that came out of the flooding in BC interrupting supply chains. We've seen the international decision on mandatory vaccination for truckers starting to impact some of the international produce that comes into our country.

I'm wondering if you could dig into just how many people are involved in making our supply chains work, what the labour impacts are, what the labour costs are, and what some of those pressures look like for the Ontario Fruit and Vegetable Growers' Association right now. What needs to be done to support you?

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Mr. Bill George: Certainly, you articulated a lot of the discussion points we're having ongoing right now with all our organizations on the supply chain. It was certainly put under pressure during COVID-19—as well, now, with the trucking issue going forward, with the vaccinations with US truckers and Canadian truckers coming across the border. That's why, if you look at one of our—our third ask was the business risk management side of our budget request, that we do feel there is going to be an impact on our sector going forward with increased input costs to produce the fruits and vegetables that every Ontarian is expecting to have on their shelves. I can't get into specifics with the numbers of workforce and stuff like that because I just don't have that readily available to me.

I just got off of a call with Ontario greenhouse growers this morning. They are experiencing extreme driver shortages to get their produce to market. Obviously, that is going to have an impact on not just the primary producer, the farmer, but it's going to have an impact on the grocery store shelf vis-à-vis price increases. So we have to manage that. I don't know how we're going to do that.

Right now, that is a big topic of discussion amongst our sector—how we keep the supply chain healthy and robust, and not have shortages on the shelf, and keep everybody whole and profitable as we go through the process.

I don't know if that totally answers your question. It certainly is an emerging issue that we have going forward.

Mr. Sam Oosterhoff: I appreciate that. I guess what I'm digging into is that labour side. What do you think can be done, from the provincial side, to incentivize people working in these spaces? What are some policies, whether it's red tape reduction or others, that could be helping with this?

Like I said, people kind of take it for granted and don't realize just how sensitive so many of our food supply chains are, and I think we're seeing the impact of that.

We need to develop a more robust—and I don't mean this as any slight; you have a very robust sector and a very robust industry. But the more that we can do to be a bit more self-sufficient when it comes to production of these important fruits and vegetables—and then also, of course, net exporters—I think it's just good for our stability and our resiliency as a province. I guess I'm asking what we can do to assist that.

Mr. Bill George: There's a shortage of workforce, right from primary agriculture, right through food processing, right through middle management, in our sector. So I

think encouraging individuals to have a career in agriculture—maybe that's through incentives through college and university to get people into our mid-level management positions in processing. There's a huge shortage there, so I think that would help. Keeping the Temporary Foreign Worker Program robust—I think we heard some comments on keeping the workers safe as well as keeping the workers happy and wanting to come back to Canada to produce food.

So I think there's a multitude of things we can do to encourage people to come into our sector to work, and that will help the supply chain to keep things moving.

I don't know if Gordon Stock has any other—maybe he's got some data figures. If that answers your question, Sam—I'm not sure.

Mr. Sam Oosterhoff: Yes, thank you—unless Gordon had something to add on to that.

Mr. Gordon Stock: Thank you. I think Bill covered it.
Interjection.

Mr. Sam Oosterhoff: Sorry?

The Chair (Mr. Ernie Hardeman): Gordon needs to introduce himself before he—

Mr. Sam Oosterhoff: Oh, yes. Sorry. That's okay.

One other area I know that has been a long-term question that we've tried to expand—two areas, I would say. One is on rural broadband access; the other is on natural gas.

I know natural gas is a major, major cost, especially for the greenhouse operators. That's something I hear about a fair bit here down in the Niagara area, and I'm sure you do as well from your members.

Could you talk a little bit about what the expansion of natural gas meant for your sector?

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Bill George: Yes, absolutely. The greenhouse sector is very reliant on natural gas and the accessibility of natural gas. As well, that is certainly a big issue of the input costs, the increasing costs of natural gas and fuel. So we certainly are working on that, and we would like to see an expanded network and more accessibility to natural gas for our producers going forward.

Mr. Sam Oosterhoff: Thank you. Chair, how much time do I have left?

The Chair (Mr. Ernie Hardeman): You're just about finished—about 20 seconds.

Mr. Sam Oosterhoff: Okay. Well, I'll cede the rest of my time to my colleagues.

The Chair (Mr. Ernie Hardeman): Very good. Thank you very much. Gord, did you want to finish your sentence from earlier?

Mr. Gordon Stock: No, thank you.

The Chair (Mr. Ernie Hardeman): Okay. Thank you very much.

The next one is the opposition. MPP Sattler.

Ms. Peggy Sattler: Thanks to all the presenters. I would like to direct my questions and comments to Scott. Scott, thank you very much for being here today and for a very thoughtful and succinct presentation with four very

specific recommendations. That's very helpful, I think, to the government as they are putting together the budget.

On the first recommendation around more capital investments in community health facilities, I have to say, like Catherine, I remember when the Liberals were government and there was a big announcement about a new London InterCommunity Health Centre, and it must be very frustrating, I know, for you and for the community that we're still waiting. That is red tape reduction that I think everybody could get behind, to enable those projects to get approved and built more quickly.

But I really wanted to ask you about your third recommendation regarding Bill 124. We've heard a lot from nurses in particular, but also other health care professionals, about the impact of that legislation on causing people to leave the profession early, to perhaps take retirement earlier than they might have, to look for other less stressful and better rewarding careers. I wondered if you could talk about the specific impacts of Bill 124 on the people who work at the London InterCommunity Health Centre.

Mr. Scott Courtice: Thanks, MPP Sattler, or Peggy as we say in normal times.

I appreciate that public sector wage constraints—we all have something to do to help with the finances of the province, but I think you really need to look at certain professions that we need to retain and ensure that they're continuing to do the work that they're doing.

Certain professions that I think are particularly strained—you mentioned nursing. I'm really worried about the nursing profession not just in our organization, but across the province. It's going to take a generation of rebuilding, after what our nurses have supported us through over the past few years. But also other professions, like PSWs, community workers, people who are doing work at the front line with our neighbours, keeping people well, who are paid at a level that is a lot of stress and could move to other professions quite easily just because they're really—what I'm seeing is health and wellness. It's the balance in health and wellness in their lives.

Sometimes, it isn't even necessarily the wages. Some of the stipulations in Bill 124 make it difficult for us to increase certain health and wellness benefits and do creative things to help support some of our folks who have been through, really, a collective trauma with us for the past few years. So I think there are things the government can do to be a little bit more targeted and look at certain professions that you can objectively say that we've got challenges in recruitment and retention in and make smart investments in those. Other professions, like mine—I am happy to do my part as an administrator to have my wages frozen for as long as you want, if you'll pay my nurses better.

So that's what we're experiencing, anyway. It's been challenging. I know you've had lots of nurses, probably, nursing folks come and speak to you about their specific challenges, but I just wanted to amplify and support in solidarity with them this afternoon.

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Ms. Peggy Sattler: Thank you very much. I'm now going to turn it over to my London colleague MPP Kernaghan.

Mr. Terence Kernaghan: I'd also like to thank you, Scott, for your presentation, and a thank-you to yourself, Dr. Sereda and all the team for all your work through the pandemic. Goodness knows, the London InterCommunity Health Centre never closes and you're such a vital hub in our community. I also want to thank you for your discussion of the 22nd Parliament. Your words show that regardless of political affiliation, a social conscience never goes out of style, or ought not to.

I want to think towards your comments that health is housing and that housing with supports has been overlooked. Would you like to see this government take a more solid approach and solid action against things such as vacancy decontrol and actions to stop renovations? How would that benefit the clientele at LIHC?

Mr. Scott Courtice: I think anything that can be done to maintain spaces that are affordable for folks who are struggling—housing prices have been going up and rents have been going up. Those types of initiatives would help folks—or at least people that we see—who are medium to low acuity in their mental health and addictions and keep them in housing, usually able to manage well with some supports. But if they were to lose that housing, then they would end up likely having higher acuity, costing the system more, and then those folks decline.

But the gap that we're seeing—and actually, I applaud. I think many governments, from municipal, provincial, federal, see and understand the need for affordable housing and have made a lot of good steps to get that moving. But there's this gap of people who are the most marginalized and most complex, who are sleeping rough, that require a higher level of supports to support them through their mental health and addiction, and that's the gap that we're seeing right now.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Scott Courtice: That's the 500 to 1,000 people sleeping rough on our streets in London, where it requires a significant amount of supports for people to be successful, and then move them into different forms of housing as they're ready.

So we're struggling with that group because it's nearly impossible to improve their health while they're unsheltered. It's just that their lives are too chaotic. I think that, yes, municipalities, the province, federal government, non-profits, the for-profit sector—anybody that we can partner together to increase that supply of housing is incredibly helpful.

Mr. Terence Kernaghan: Thank you very much for your comments. If there's time, Chair, I'd love to pass it over to MPP Armstrong.

The Chair (Mr. Ernie Hardeman): Thank you very much, and thank you very much for the presentation.

We now go to the independent. MPP Hunter.

Ms. Mitzie Hunter: Scott, I want to ask you about something you said in your presentation, and perhaps you

can be illustrative in your response as to the difference this would make in lives of the people that you serve. Basically you said that the team-based care needs to be extended to the most vulnerable. I see that often in the design of policy and how it is rolled out—particularly with the present government, I have to say—it does not necessarily consider the most vulnerable.

An example of that would be free rapid tests happening at the LCBO. Well, there are many people who called my office who either have a disability or, really, they're just not plugged into the information in terms of television and news releases to be able to know that there was something that could be available to them for their health.

I think it may be a simple example, but it is illustrative of a more complex health system that is not designed for the vulnerable in terms of the services. Oftentimes, the services are not within reach. Can you talk about that and what you want to see changed? Who are the groups?

Mr. Scott Courtice: One of the things I am hopeful about is the introduction of Ontario health teams and integrated care, because at the root of that will be local health systems taking a population-based approach to care, which then allows local health systems to identify certain communities that are particularly marginalized and then develop strategies tailored to meeting the needs of those populations. An example in London is we know that the east of our city has the highest number of folks with the most complex health conditions and they're highly marginalized, with the lowest access to team-based care. Knowing that, and in an Ontario health team context, you can reorganize care. You can introduce more team-based resources in the neighbourhoods that need them. I think it is providing that provincial direction for health, but providing local health systems with the ability to reorganize and make smart decisions that are right for the populations that they serve. We have seen a lot of folks left behind during the pandemic, which just makes me all the more motivated to get us moving into this health system transformation and to let local health care leaders reorganize care to meet the needs of the populations they serve.

Ms. Mitzie Hunter: I was wondering if the funding that you received during the pandemic was flexible enough for you to make those decisions.

Mr. Scott Courtice: It was. It was incredibly flexible. Again, this is a lesson for the future. Usually there are a lot of rules tied to any funding you get.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Scott Courtice: The first thing you think about is, "Is the reporting worth the money?" But there was a real, "We trust you with this resource to do good with it," with accountability but a high degree of trust, so I found it refreshing, actually.

Ms. Mitzie Hunter: Well, thank you, and thank you for the work that you do, particularly with the most vulnerable. I see that you work with trans and homeless populations, all kinds of groups who really do need that response and that hands-on care. Thank you so much for doing that.

I want to thank the fruit and vegetable growers. I didn't get to you, but I really value and support the work that you

do. It's very, very close to my heart in terms of the way that you feed Ontarians. Thank you so much, and I definitely support your submission as well.

Thank you, Chair.

The Chair (Mr. Ernie Hardeman): Thank you for that presentation.

We will now move on to the government. MPP Barrett. Are you up there?

Mr. Toby Barrett: There we are. Coming through. Thank you, Chair.

I would like to raise some issues with the OFVGA. I appreciate having Bill and Gordon here. Thank you for that presentation. We hear what you're saying with respect to budget requests. There is, certainly, and maybe somewhat regrettably, the need for so much money that has flowed to labour-intensive agriculture with respect to safety, given the virus.

I think of two other programs to assist farmers to replace labour, where possible, through technology and other grants with respect to adopting innovation. What's really been top of mind in recent weeks was the crisis that's now been averted in Essex county with temporary foreign workers. Certainly, members on this committee—MPP Oosterhoff and MPP Bouma, myself, MPP Yurek—had a number of meetings just in the last couple of weeks about this issue, which looks like it's been resolved with the additional isolation beds available in Windsor and the medical officer of health down that way rescinding his letter of instruction, and of course the role played by, as you had mentioned, the greenhouse growers of Ontario as well. Everybody seemed to kind of work together on this one.

My worry, the possible next challenge—I represent Norfolk county. For example, we have workers coming in from Trinidad in another week or so, and of course on to the spring, with pruning and then asparagus, we're going to have thousands of people coming in. We pray there won't be any problems, but we've seen some very serious issues, just in Norfolk alone in the last almost two years now. Our Chair, Ernie Hardeman, certainly can attest to the many, many meetings that he and I have had on that issue.

1700

I guess my question is, for OFVGA itself, as an association, what position are you in or have you been in in the last year and a half or so to deal with these kinds of issues, to help your farmer members? Maybe I'll just leave it at that, on a general question, to start off.

Mr. Bill George: Well, thank you, MPP Barrett, for the question. Yes, certainly what you articulated there is exactly the challenges we've been having, going through the last two years of the pandemic. One of the biggest challenges has been dealing with all the different local health units and different—how would I say—policies that they put in place. In the one you just referenced, the Essex issue, that chief medical officer felt he was doing the right thing, but with the stroke of a pen almost eliminated production of vegetables in greenhouses going forward for this season.

We are a liaison between government and our producers trying to get policies put in place that make sense for our sector, and I think that's why I referenced some of the quarantine funding that the federal government has now ceased to provide. There are issues, like you just said. A chief medical officer could put in place and supersede some federal quarantine and say, "No, these workers need to be quarantined still for two weeks." So we are foreseeing new costs coming down upon us. It may be regionally, it may not be, but certainly that's something we need to address going forward as an industry. I'm sure other industries felt the same pain that we did, trying to deal with all the different regional health units and the different policies and procedures that they put in play through the pandemic.

Certainly, there are some things that could have been—how would I say—common throughout Ontario, rather than having different rules in different areas. Obviously, some medical officers do need the ability to be nimble to do what's right for their area, but there were other things that did not make sense through this pandemic in some of the rules that took place, so I think we need to look at that going forward. I don't know if that answers the question.

Mr. Toby Barrett: Yes. Our farmers of Haldimand-Norfolk certainly lived that over the last year and a half. When you have, what, 35 different medical officers of health who do have that power—there's a Niagara medical officer of health who is perhaps deviating a bit right now as well.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. Toby Barrett: I guess we don't have much time left. The Temporary Foreign Worker Program—and I say this; I've lived in bunk houses. I've worked as a migrant worker in a number of countries, actually, and certainly as a labourer in just about most of the crops that you represent. The Temporary Foreign Worker Program is a fantastic program for countries like Trinidad and Jamaica and Mexico. For the last 40 years—I guess I've been away from farm labour for 40 years—it's probably Canada's best foreign aid program. The money goes directly to these villages. We cannot farm without these men and—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time available and that also concludes this panel.

I just want to remind the presenters that the deadline for written submissions is 7 p.m. on Wednesday, January 26, so all the questions can be further answered in writing, and get them in before the 26th to be part of the program.

ONTARIO SECONDARY SCHOOL
TEACHERS' FEDERATION DISTRICT 11,
THAMES VALLEY
UNIVERSITY OF WATERLOO
LONDON HEALTH COALITION

The Chair (Mr. Ernie Hardeman): With that, we'll go to the next panel. The first presenter on the next panel is the Ontario Secondary School Teachers' Federation District 11.

Mr. John Bernans: Thank you, Chair.

The Chair (Mr. Ernie Hardeman): Thank you, and if you will introduce yourself as you start, you have seven minutes to make a presentation.

Mr. John Bernans: Thank you. My name is John Bernans. I am the OSSTF/FEESO district and teachers bargaining union president in district 11, which is in the Thames Valley District School Board, and I'm a high school math teacher. I want to thank the committee for the opportunity provide input for the development of the 2022 Ontario budget.

I can tell you that the last few years have not been easy for my members and the students, families and communities we serve. Some of the issues facing our communities are outside of anyone's ability to address, but there are things that the government can do now to move beyond the status quo and build for a better tomorrow.

The immediate issue, of course, is the pandemic. Parents, students and education workers are very concerned about the lack of data related to the spread of COVID-19 in our schools. We would recommend the government provide funding to immediately provide access to rapid antigen and PCR testing to all students and staff; provide accurate and updated case reporting for our schools; reduce class sizes to improve physical distancing; ensure all staff and students are fully vaccinated; ensure students are wearing appropriate masks and not bandanas or buffs, as they are permitted to do in Thames Valley; ensure that there are sufficient N95 masks for staff—staff have reported they are required to request an N95 mask and then continually request replacements instead of being provided with enough masks for a period of time—and ensure proper ventilation.

We know that despite recent announcements, only 25% of classrooms in Thames Valley have HEPA filters. We also know that most schools that rely on mechanical ventilation do not have the recommended MERV 13 filters due to supply shortages. Parent groups are currently fundraising for additional filters.

In the longer term, I hear from teachers and education workers that students are struggling within the public education system as a result of increased class sizes, transitions to destreamed courses, remote learning, hybrid learning, exposure to violence in schools and lack of wraparound supports. We would recommend abolishing hybrid learning and fully funding school boards to provide dedicated remote instruction if needed.

We firmly believe in-person instruction is the best model for delivering education. In Thames Valley, we have been very fortunate that the majority of students have not been required to participate in the hybrid learning model; however, some students have had to participate in this way. In particular, our students who are in self-contained developmental education classes are working in hybrid classes if any students in the class have selected remote instruction. These students and parents were never given the option of choosing to have staff dedicated to supporting remote learning the way other students were. I hear from my teacher and PSSP members that this model

is not working, but school boards have had to make difficult choices due to lack of funding.

Removing the requirement for mandatory e-learning: If the pandemic has shown us anything, it's that remote learning is inferior to in-person learning, and no student should be required to participate in e-learning. Class sizes for e-learning should also be brought into line with in-person classes. The pandemic has demonstrated that students who are working remotely need more supports, not less, than their in-person peers in order to succeed.

A decrease to class sizes, in particular for destreamed classes: We support the destreaming of classes as a way to remove systemic barriers for marginalized groups. Simply placing students who struggle into larger classes with students who do not add more subtle barriers and will not address the needs of all students. They need smaller classes. But if the government does nothing, students who struggle will end up in larger classes than they would have before destreaming. Students will need more individualized help as we work to fill the educational gaps left by the previous few years and support their mental health.

To this end, we need to increase the number of qualified and trained adults in our schools, including mental health professionals and professional student support personnel, who provide a high level of care to our students. We need to ensure that professional student services such as speech and language pathologists, social workers and psychological services are provided by school board personnel. Schools should be a one-stop shop, and parents should not be required to navigate outside systems of support when they could be integrated into our education systems.

We would also recommend providing additional programs and support for English-language learners and newcomers to Canada, both for children and adults. For adult learners, we would recommend providing parity of funding for adult and continuing education programs to improve access to quality education and retraining.

1710

The current model of funding means that there are no maximum class sizes for adult learners. I have been told time and again about students entering classes of 40 or more, only to drop out in a few days. They can see that they will not be able to get the support they need. Many of these adult learners had difficulty in high school as adolescents, and they can see that it will be even harder in such a large class. It's a vicious cycle, as class sizes are kept high to account for the inevitable loss of students that results from the classes being too big. School boards are forced to make these decisions due to the lower funding available for continuing education.

Finally, I consistently heard from my members that they are concerned about increasing violence in schools. We would recommend that the government fund training for staff to prevent, appropriately respond to and report all incidents of violence in schools.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. John Bernans: Again, increasing the number of qualified and trained adults will assist with providing the

resources required to ensure safe schools for students and workers.

Thank you again for this opportunity and for your kind attention. I'd be pleased to take any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation.

We now will go to our next presenter, the University of Waterloo.

Dr. Beth Palmer: Hi there. My name is Beth Palmer. I'm the director of government relations at the University of Waterloo. I want to thank you all for the opportunity to speak today, for your work—I understand it's been a very long day—and also for your leadership over the last 18 or 20 months over the course of the pandemic.

Our university has worked hard to provide students with continuity of education, a holistic university experience and a strict adherence to evolving safety measures. We've been really proud to partner with the regional government and other local stakeholders to provide on-campus COVID testing, rapid tests and vaccinations, and we really appreciate the government's work and efforts to keep our community safe.

I come to you with a few asks this year as you lead up to the budget. The first is we would ask that the government consider ensuring the health and financial sustainability of the post-secondary sector. After over a decade of stagnant operating grants and a decrease in tuition in 2018, followed by a subsequent freeze, coupled with the costs of the pandemic, we're really sectorally in need of support and financial sustainability.

Our post-secondary education system across the province provides students and researchers with the resources they need to develop innovative solutions to solve our pressing social and economic issues. We train students for the opportunities of tomorrow. We would request an increase in operating grants, along with tuition flexibility, to ensure a sustainable post-secondary sector.

Targeted financial assistance for students with the greatest need will ensure that we can continue to work together for a resilient economy. The university continues to provide significant student supports, and those are coupled with new calls to support remote learning; safety protocols, including our vaccine mandate; other associated reporting burdens; along with efforts to identify and secure co-op employment for our students—especially acute during this time where employment is quite precarious.

Our second request is that the government of Ontario invest \$7.5 million into the University of Waterloo's Innovation Arena in downtown Kitchener. I understand that Mayor Urbanovic spoke about this earlier, but a quick overview: The greatest barrier to health tech innovation, start-ups and SMEs is the initial capital investment required to bring revolutionary products to market. The Innovation Arena is part of the expanded health science campus in downtown Kitchener, and it will provide health innovators with the infrastructure, mentorship and resources needed to succeed in the global, competitive economy while also developing capacity for made-in-Ontario IP and an expanded supply chain for medical innovation. This

project will connect businesses, health practitioners, community networks and investors and provide infrastructure to fast-track discovery, testing, commercialization and product development to expedite market-ready products and solutions in a very unique facility.

We're so proud that the city of Kitchener has invested \$8.5 million from their economic development fund into this project. The federal government has invested \$6.5 million into this component, for a total of \$10 million into the partnerships across southern Ontario that this project is encompassing. We hope that the provincial government can also join forces to make the Innovation Arena a reality.

Our third recommendation is that the government of Ontario invest \$5 million a year for two years into the University of Waterloo's Institute for Quantum Computing. This would entrench Canada's competitive advantage in quantum, which is a strategic platform and a key growth sector. This commitment of \$5 million for two years, from 2022 to 2024, in budget 2022 will enable IQC, the Institute for Quantum Computing, to maintain its international position as a leading institute and driver of quantum and information science and technology. This funding will complement private sector investment and will match the federal government's commitment of \$5 million a year until 2024. This provincial funding will also help to secure further funding for Ontario from Canada's recently announced National Quantum Strategy, which was announced in 2021 and is \$360 million into this transformative sector.

The third request that I have is that the government of Ontario invest \$28 million into the Advanced Manufacturing Consortium over four years to deliver targeted research and development for industry needs, developing made-in-Ontario IP, and helping to advance companies in a range of sectors, including automotive, manufacturing, mining, agriculture, aerospace and med tech. The Advanced Manufacturing Consortium was first established in 2017 and brings together industry partners and researchers from across southern Ontario. The AMC delivers targeted R&D to meet industry needs and timelines, deploying professional staff with access to leading-edge manufacturing equipment and facilities without duplicating infrastructure across the province. So this consortium uses a single entry point to ensure that industry partners are immediately directed to the appropriate research and lab, which eliminates red tape and provides access to world-class research to accelerate the adoption of advanced technologies.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Beth Palmer: Thank you. Trained staff help bridge the gap from labs to commercialization, ensuring that industry partners are best positioned to seize their global competitive advantage from here in Ontario, which will keep companies located here.

I'm happy to answer any questions. Thank you all for your time.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. Our last presenter is London Health Coalition.

Mr. Peter Bergmanis: Thank you, Mr. Chair, and committee members. My name is Peter Bergmanis. I'm the co-chair of the London Health Coalition as well as a retired health care worker myself.

After almost four decades of public hospital down-sizing and restructuring, urgent action must be taken to resolve the crisis in health care that predates the current COVID-19 pandemic. Austerity measures weakened Ontario's capacity to respond to the pandemic, and future cuts and service rationing will only build back worse, not better. Ontario continues to have the fewest beds per person of any province in the country. It spends the least on public hospital services and ranks last in hospital funding. Ontario has the fewest nurses per patient in Canada, which is only exacerbated by the current pandemic.

With two teaching hospitals, London is a regional medical hub, but it must be understood that over the past two and a half decades of London hospital restructuring, which came at a hefty price tag of a billion dollars, the city has lost incalculable health care assets. Over 18,500 public hospital beds have been closed, provincially, and over 2,000 acute-care beds have disappeared from service in the city of London alone. Approximately 80% of Middlesex-Elgin psychiatric beds have been permanently shuttered.

Although housing approximately a thousand beds, prior to the pandemic the London Health Sciences Centre was chronically registering over 100% patient occupancy. Hospital patient overcrowding and code gridlock—a troubling situation which describes a scenario where there are more patients than available staff beds—was commonplace. London hospital officials pioneered hallway medicine protocols, termed “fit to sit” measures for patients arriving by ambulance, and creatively substituted conference room care for hallway medicine.

1720

Prior to the pandemic, hundreds of elective surgeries were routinely cancelled. It was common practice at all hospital sites to institute multiple annual OR closures or slowdowns so as to conserve fiscal resources. Staffing shortages often resulted in delayed elective surgeries. COVID has transformed inconvenient surgical delays into life-threatening situations of vital surgeries being postponed for over two years.

Some surgeons, seizing upon the diminishing opportunity for public hospital OR time, moonlight in private for-profit clinics like Advanced Medical Group, catering to those who can afford to pay up to jump the queue while exacerbating the lengthening public wait-time list. Public OR suites remaining idle while the same surgeons practise in private facilities is outrageous.

London was teetering on the precipice prior to the pandemic, but Omicron now has exposed that we are in total free fall. Although due to the COVID-19 pandemic and associated expenses, the province experienced a significant uptick in funding for health care. Due to the decades of hospital defunding, though, Ontario hospitals continue to struggle.

As of writing this presentation, the London Health Sciences Centre, with over 500 employees out of commission

due to COVID, is dealing with insufficient staffing to properly provide care, leaving hospital administrators scrambling to find placements in other overstretched community hospitals. London, as of today, has suffered its single-day highest COVID-related death toll during the entire pandemic. We are not in a rosy picture here.

Even with long overdue financial boosts, the province continues to underfund public health care services: \$1 billion in needed health monies has been left on the table. Moreover, there's a huge slush fund of \$3.4 billion of unallocated funds which remain untouched. Overall, the Ford government is sitting on \$10.3 billion in planned but unspent net savings, which the Financial Accountability Office claims will be used to reduce both the budget deficit and Ontario's net debt. Although servicing debt is of long-term importance, in the thick of a humanitarian crisis made all the more lethal by decades of gross public health care underfunding, all public dollars should be resourcing the services which care for all of us.

Queen's Park is demanding \$10 billion of new money annually from Ottawa for health care with no strings attached, yet sitting on billions of dollars in dead money and bleeding \$5 billion a year from Ontario's treasury for irresponsible and unnecessary tax cuts to the rich will not convince the feds. To date, the federal government has been carrying the heaviest financial burden for the pandemic and has every right to expect our tax dollars to be spent in the public good and not be poured into a blind, unaccountable for-profit trust. Above all, tax cuts cost money, money which is no longer available for vital public services.

The Ontario government must alter this current budgetary trajectory, which has set health care funding at billions of dollars per year below population need, and instead plan for needed revenue funding policies to support quality public health care. The government must stop the for-profit privatization of hospital services, long-term care and home care. Health care staffing shortages were already worsening in the years preceding the pandemic, and in the pandemic the staffing crisis has become a full-blown emergency, made worse by inadequate PPE safety protections for workers. For-profit privatization has exacerbated these deteriorating conditions.

Burnt-out, frustrated, underappreciated and fed up, health care workers have left the field in record numbers. The government must set clear targets in staff recruitment and retention and training plans for the number of staff needed immediately and in upcoming years, including clear, accountable targets for increasing full-time staff and reducing precarity.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Peter Bergmanis: The government should have a ratio of 70% full-time staff in hospital's long-term-care goals.

After a decade of wage suppression, health care workers' wages must immediately be improved and the notorious Bill 124 repealed. The Ontario government should immediately implement a minimum of 10 paid sick days and an additional 14 paid sick days in health

emergencies. The Ontario government should create a plan with an accountable timeline to reach wage parity across home care, long-term care and hospitals so as to stabilize the situation.

It is the duty of the province—the self-proclaimed “government for the people”—to uphold the principles of public medicare, and we look forward to your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. With that, that concludes the presentations.

We will start with the independent for the questions. MPP Hunter.

Ms. Mitzie Hunter: Thanks to all the presenters today. It's great to hear of the work that's under way in the southwest and the things that are needed to support the various communities.

I wanted to ask a question that perhaps Beth and John could weigh in on, and that's on the change in student financial assistance. A billion dollars was cut from that budget in 2019. In fact, when you look at the spending trends, the Ministry of Colleges and Universities underfunds the financial aid line by about \$600 million on top of the billion that was cut. It really seems that that burden is moved onto students and people who are trying to make decisions about where to put their limited dollars.

I'm just wondering, John: With what you're seeing with your members in high schools in terms of the transition, have you seen a concern or an impact there for the shift from grants now to loans primarily? And also of course, Beth, directly, I'm sure you have something to say. Who wants to go first? Just wave your hand, maybe, so that the audio people—

Mr. John Bernans: I would defer to Beth. I think she—

Ms. Mitzie Hunter: Beth, go ahead, yes. You look ready to go. Go for it.

Dr. Beth Palmer: Sure. One of the things that we have been asking is that the province temporarily reallocate their framework for OSAP. The federal government has contributed, for students—it was a package of about \$9 billion to flow to students. For that money to flow, the OSAP framework does need to change a bit so students are still getting the same level of funding. It would be good to see those federal dollars as a top-up rather than offsetting the provincial contribution.

Ms. Mitzie Hunter: Yes, and the student unions have come forward to say that that needs to change. I know they've identified that.

And John, do you want to—

Dr. Beth Palmer: Sorry; if I could just add one more thing.

Ms. Mitzie Hunter: Go ahead, Beth.

Dr. Beth Palmer: The university sector is the largest contributor to student loans and bursaries, contributing well over \$1 billion. I think that last year the OSAP funding was about \$800 million. The universities have also picked that up, but we are in a very tight spot, recognizing that that's critically important for our students.

The Chair (Mr. Ernie Hardeman): One minute left.

Ms. Mitzie Hunter: Okay. Anything to add, John?

Mr. John Bernans: I would just add that it has been clear that costs to students have been increasing, and it's just another stress. We know that our students—certainly, we're hearing that they are stressed about lots of things, but certainly for grade 12 students getting ready to go to university or college, this really adds one more major concern when it comes to their own financial stability.

Ms. Mitzie Hunter: And at a time when they've been majorly disrupted in the last two years. We need this generation to do well, so we ought to be investing in them.

Mr. John Bernans: Agreed.

Ms. Mitzie Hunter: Thank you very much. Thank you both.

The Chair (Mr. Ernie Hardeman): Okay. Thank you very much. That concludes the time.

We now go to the government. MPP Oosterhoff.

Mr. Sam Oosterhoff: My thanks to the presenters for coming here today and for speaking to the issues on behalf of the people you represent. We really appreciate the passionate feedback that we've heard so far. I know there have been a lot of good ideas brought forward in all the presentations this afternoon, and of course this hour's presenters are no different. I appreciate all the work, as well, that you've put into coming before the committee and preparing for questions.

I'm going to begin by speaking to John. John, I appreciate all the incredible work that you and your members have done over the past years, but especially over the past couple of years, with COVID obviously placing immense pressures on so many sectors. Of course, all education sector partners are being equipped with all the tools that they need to do their work well.

1730

I want to ask a little bit just about the \$11 million that was provided in additional Safe Restart funding to the Thames Valley District School Board and what this meant for you and your members. What did this \$11 million mean when we saw so many coming on board, with bringing new teachers into the classroom, bringing as many people as we could from those who had been recently retired, for example, and really ensuring that we are recruiting across the board for these key positions?

Mr. John Bernans: Well, I would be hard-pressed to tell you exactly where each penny was spent, but I can tell you that this year there was no additional funding that I'm aware of for staff, and the school board did have to go into their reserves in order to fund additional staff to support remote learning. Thames Valley has offered—and not everybody has, but they have stayed away from hybrid learning as much as they can. They have had to go dip into reserves to do that.

In terms of improving ventilation etc., I know that Thames Valley has gone into their reserves to augment significantly the funding that's been provided by the provincial government for ventilation.

I'm not an expert on what the school board has spent their money on, but I can tell you that they have identified to us that they have spent quite a bit of school board money

on hiring, again, to augment the fully remote learning. I believe that any funding for staff ended last year and was not continued into the current school year.

Mr. Sam Oosterhoff: Thank you. I was not unmuted there. I don't think we're going to agree on that. I know there was federal funding that came through last year, and this year the province supplemented those funds to the tune of over \$700 million, if my memory serves me correctly, so I don't think we're going to agree on that.

But I do want to ask you. You mentioned the HEPA filters. I know through the Ministry of Education, the provincial government provided the Thames Valley District School Board with over 1,400 in September and an additional 100 over the past couple of weeks. These HEPA filters obviously have been asked for. We've seen that. We've also seen the government step forward with ensuring that there are three-ply masks available for all students, N95s for teachers and the like. I'm wondering what this has meant for your staff to see these types of investments coming forward.

Mr. John Bernans: So I will say that it was 89 HEPA filters that Thames Valley got. I want to point out that that's much less than one per school. The N95 masks are much appreciated. I did mention in my presentation, however, that there is a concern about how many there are—I don't know if it's a Thames Valley issue or if it's more province-wide—where if members want one, they have to request one, and if then this one is now no longer usable, I need to now request another one. So I don't know if that's a direction from the ministry or if that's just how it's being interpreted there. But we certainly appreciate getting them. We have been asking for them for quite a while, and it was great to finally get them just very recently and providing the masks for students.

One thing we are struggling with though is that students aren't required to wear masks. I was dealing with an issue the other day where students are wearing a Buff, which in the research that I've done is worse than nothing in a study that they did about how effective masks are, and that's being permitted. It's certainly appreciated that the vast, vast majority of students are very good about wearing masks, but there are some who choose not to use the recommended masks, and that's happening. So I do appreciate the higher-quality masks being provided. It would have been great to have them sooner, but it certainly is much appreciated.

Mr. Sam Oosterhoff: Thank you. One of the other areas I wanted to ask about was vaccination and the strategy of ensuring that obviously there's ready access to vaccines and not just for educators, which is incredibly important. I think we've seen that also with the rollout of the booster program, the importance of ensuring that our educators are fully vaccinated.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. Sam Oosterhoff: I know it was an ongoing conversation last year about the need to ensure that everyone is fully vaccinated, and then over the past months that booster rollout has gone rapidly as well.

But I'm also going to just ask a little bit about what it means to have students be able to be vaccinated and seeing school-based clinics where students are able to access vaccines and parents are able to provide that consent for vaccination for their children, and what this means for the confidence of your teachers and your members when it comes to ensuring that there's adequate access to vaccination for everybody.

Mr. John Bernans: Certainly, it's great to have the access to vaccinations. I will say it was a little bit late to get priority access to the boosters for teachers and education workers. That came kind of earlier this week in Thames Valley, so that doesn't actually give you time for—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for those questions.

We now go to the opposition. MPP Lindo.

Ms. Laura Mae Lindo: Thank you to all of the presenters for everything that you've brought to this budget committee. I'm actually going to focus my questions to Beth and the University of Waterloo, in particular more specifically to the very first ask that you had about health and stability in the post-secondary sector. I've had a number of meetings with universities and colleges across the province since having the critic portfolio, and that seems to be an ongoing theme, that the operating funding that they receive and the supports that they are banking on from the provincial government, those critical investments seem to be lagging well behind what is needed. I think if there's any time that we need to rethink those provincial investments, it's now.

During the pandemic, we realized how important the post-secondary sector was to keeping us on top of the innovations that we needed to be able to navigate this health crisis. We'd speak a lot in this committee and elsewhere about the importance of the post-secondary sector as the future for our economy, but also for our health services. But I keep hearing that same theme: that we're not being proactive—or the government is not being proactive—and that we don't have the stability that we need in the sector. I'm wondering if you can just take a little bit of time to speak again about the kinds of day-to-day social services that the post-secondary sector provides so that the government can understand why this investment is so important. I'm thinking about things like the mental health services on campus etc. I hand it over to you, Beth.

Dr. Beth Palmer: Sure, thank you, and thanks for your kind words about this sector. I'm a big believer in the opportunities created by universities and our peers over at the colleges. One of the hardest things, I think, about the pandemic has been the shift to—for us, it's working from home. But really, universities are not just a place for learning. They're a place for, in the sort of traditional sense—but they're a place where you grow as a young adult, and that's been a really challenging piece for our students. We have really pivoted around mental health service provision. We do see an uptake in that.

One of our great programs is our co-op program. We have the world's largest co-op program. We've also had

specifically targeted mental health supports for co-op students. This is really the first time when a lot of students are looking for jobs quarterly in an employment crisis, really. It is asking a lot of employers to hire on co-op students for four months when programs—for those who don't know, the University of Waterloo, we operate on a 12-month academic year, and our co-op program has 70,000 job placements per year, typically. So students will be enrolled for one term and then in co-op, and then enrolled in classes and then in co-op. It's an alternating system, but over 12 months, rather than the typical eight. We've had a lot of mental health supports for those students who are really struggling to find work, and there have been a lot of supports from all levels of government, in terms of hiring, which has been very helpful. But we're at a very challenging period for our students. Even just having spaces to interact—we're really excited that the athletic facilities will be reopening, things like that that will allow our students to gather as safely as possible. We have a mandatory vaccine requirement, so we're quite confident in our vaccination status. We do hope that we can get back to providing the holistic university experience that is so important to our students.

1740

Ms. Laura Mae Lindo: Thank you so very much for that. I'm going to hand it over to MPP Armstrong.

Ms. Teresa J. Armstrong: Thank you so much. First, I want to start off by saying we're at the end of the session today, and to thank the Legislative Assembly staff, the broadcasting staff and everybody who always keeps us up to date and informed. You've done a great job organizing us, so thanks for that. I also want to thank all the presenters.

I wanted to ask the question of president John Bernans of OSSTF. You had mentioned in your presentation your concern that we need to hire qualified adults. I just wanted you to expand a little bit on that, what the concern is that qualified adults aren't being hired, and what you mean by “qualified adults” when you're asking that ask in your questions. Thank you.

Mr. John Bernans: Thank you. When I talk about qualified adults—sorry; I'm not concerned that the folks who are being hired generally aren't qualified, although recently, certainly, there have been some unqualified teachers who were hired to fill the immediate gaps due to illness as related to COVID-19. But generally, the qualified adults—being teachers, education workers, speech language pathologists, social workers, psychologists, psych associates—are the folks who help students with mental health issues, ensure that they are getting to school, getting the supports that they need, whether it's academic supports or with their own struggles, supporting their learning needs, IEPs.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. John Bernans: They are hiring these folks, but we need more as students continue to struggle and as class sizes increase.

The Chair (Mr. Ernie Hardeman): Ms. Armstrong?

Ms. Teresa J. Armstrong: I was just going to say, I don't think there's a lot of time left, Chair. You had

mentioned it's just a minute. I don't know what time is left here.

The Chair (Mr. Ernie Hardeman): You've got less than half a minute—20 seconds left.

Ms. Teresa J. Armstrong: Okay. I just wanted again to say thank you to all the presenters for what you've been doing through the pandemic, especially education workers who have presented today. I know it has been a very difficult path. You're in class, you're out of class; you're online, you're offline. So thanks for all the efforts that you have put in. I know it hasn't been easy.

With that, I'll conclude.

The Chair (Mr. Ernie Hardeman): Thank you very much for that.

We have one more round to go. We'll start with the independent. MPP Hunter.

Ms. Mitzie Hunter: Thank you, Chair. If I don't get a chance to say it, thank you for your marathon chairing of these committee hearings all week long. I'm sure it is not an easy task for you.

I wanted to go back to John at OSSTF District 11, if I may. You mentioned that the board has had to tap into its reserve funds a number of times. I'm wondering if you're concerned about what that does in terms of key priorities that perhaps may not be addressed, or delayed, and even overall stability. At a time when I think we should be investing in education, we don't see that investment. In fact, we see a half-a-billion-dollar cut that's going to add up quite quickly over the years and not meet the demand and the growth in education. Go ahead.

Mr. John Bernans: Thank you. I think you hit the nail on the head there. When school boards go into their reserves, it doesn't mean that it's more money invested in education; it's money that's borrowed from future projects. So it's schools that don't get built, and it just adds to the huge repair backlog that already exists because the funds haven't flowed. As you say, we know that there have been significant cuts to education and that the education funding is not keeping pace with inflation. So it's just going to get worse, and the backlog of capital projects that have not been completed is going to get worse. And, of course, future hiring will be affected, too, and fewer staff in schools.

Ms. Mitzie Hunter: From your members' perspective, what is—I know there's a range of challenges that need to be addressed, but what is their most important at this stage? This is for John, continuing the discussion here.

Mr. John Bernans: The immediate concern, of course, is COVID, but additionally, people are scrambling, as a few people have mentioned, with moving from online to remote etc. There is no funding available to hire additional people to support this short-term need to support students who are choosing to go remote over a short time, so we have teachers and education workers trying to support students both in-person and remote, and it is very difficult.

The Chair (Mr. Ernie Hardeman): One minute left.

Mr. John Bernans: I know I have members who are burning out with trying to support both groups, who are working late into the night, answering emails, at the same

time as working all day, supporting their in-person students. Some extra funding to allow for additional hiring to support those remote students right now would be very helpful, because I know people are looking ahead to the second semester and very worried about having to start out in that same mode of supporting both in-person and remote students.

Ms. Mitzie Hunter: Thank you.

Speaking of burning out, Peter, I just want to say thank you so much to your entire team for the work that they do at every level to support people during the health crisis and the ongoing pandemic. Thank you.

Mr. Peter Bergmanis: Thank you. I clearly see that austerity has struck us across the entire spectrum in society—

The Chair (Mr. Ernie Hardeman): Thank you very much.

That concludes the time. We now go to the government. MPP Bouma.

Mr. Will Bouma: I appreciate the opportunity to speak this afternoon. I have to also echo—thank you, Chair. You've been a trooper, being there in Toronto all week, and to all the staff who make these meetings happen when we can't gather together. Especially between snowstorms and minus 20 degrees and all those things, I appreciate the opportunity to hear from so many different people across the province. I'd like to thank all the presenters, also, who have come throughout the week. It has been very good to hear so many different perspectives from so many different places.

If I could just start, to Mr. Bernans from the OSSTF, something that I've been working on is I talk to people who would like to get into education, but with the housing market and everything else going on—these are people who already have a life, they have families, they have a mortgage, so they cannot take two years off, especially with the teachers we're going to need in the trades for the trades training that we're doing. If you can't speak on behalf of OSSTF, I understand that, but I was wondering what you feel, then, personally, about the requirement for two years of university training to get a teacher's certificate. Could we cut that down to one year?

Then number two is something I've been working on with Laurier Brantford in a proposal for the Ministry of Colleges and Universities. It's the opportunity for people who are in the workforce to be able to get their Ontario teacher's certificate through night school and do training in different ways, and finding different solutions to find qualified teachers from other than just the high school students who are going into university.

So those two questions for you, sir: I was wondering, where is OSSTF on the mandatory two years to become a qualified teacher? And then, second, would you be supportive of alternative ways of getting your Ontario teacher's certificate other than just two years of in-class training?

Mr. John Bernans: Thanks for the question. I think you're right in that I can't really speak on behalf of OSSTF in terms of their position on the two-year teachers' college,

although I will say that I think you're right that there is a problem with not having enough tech teachers.

And I think you're right that it's a big ask of those folks who, as you say, are not young people who are single, finishing a degree and then continuing on to do teachers' college. They often have families and are well along in their career. Asking them to give up that in order to go for two years is a big ask. I don't believe there are very many teachers' colleges in Ontario that even offer tech education, so I do think there is going to be a problem with having enough tech teachers to fill the need, but I can't speak to OSSTF's position on the two-year requirement.

1750

Mr. Will Bouma: No, that's okay.

I love innovation and I love looking at the same problems through different lenses, so that's why I'm going to turn to the University of Waterloo now: because of Beth. I am a graduate from 1995 with a bachelor of science degree. My oldest son is there right now, a third-year at the school of planning. My second son is doing his undergraduate at Redeemer University and hopes to apply for optometry school.

I am a monthly supporter of the University of Waterloo, and I noticed: Where is the Vision Institute? You've got to help me out here. It's not on your ask.

Dr. Beth Palmer: We are working with other levels of government right now. Don't worry; we're coming. You know that we're coming.

Mr. Will Bouma: To me, why I appreciated my four years of undergraduate so much at the University of Waterloo, and especially when I went to the American environment to do the optometry training, is that I learned at the University of Waterloo how to solve problems. When I went to the school that I went to in the States, it was rote memorization. I don't learn well that way. I managed to get through, obviously, but I have always appreciated that problem-solving approach and that foundational basis that I got at the University of Waterloo.

That's why I love the fact that you came to the committee today with a positive message of the good things that we're doing and the ways that we can invest into the community. I have to say, also, the level of support that you have among all the MPPs—all the colleagues on the call, but even ones who aren't—hats off to that.

You had four asks. If I was able to deliver—I mean, I'm just the parliamentary assistant to the Minister of Finance; I can't deliver any of these things. It's a much bigger picture than that. But if we were able, as government, to only deliver one ask, which one would it be and why? If you could fill the rest of the time with that.

Dr. Beth Palmer: Sure. I will just say that the reason we came with four is that all come from separate ministries and separate areas. The University of Waterloo is really privileged to have been able to continue the work that we have done, and we have done a ton of work. We have pivoted. As you mentioned, with our innovation and problem-solving, when COVID hit, we pivoted very quickly, like all of our colleagues across the sector. Our start-ups in Velocity pivoted to responding to COVID

needs very quickly, so I think there are a lot of pieces that are important here and that will allow us to continue.

The Chair (Mr. Ernie Hardeman): One minute.

Dr. Beth Palmer: But I think most critical at this juncture is our sustainability ask. You did mention problem-solving. We do have a few different solutions in terms of how to package this out that could work, but the reality is that after successive governments that have kept operating costs at the same rate; we are in need.

We have very limited revenue sources. Our revenue sources are tuition, operating grants and, to a lesser extent, research. We do a ton of sponsored research with our industry partners, but that funding—

Mr. Will Bouma: We're going to get cut off here.

Dr. Beth Palmer: Okay. We can chat later.

Mr. Will Bouma: It's cruel of me to—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

We now will go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all the presenters for taking the time to meet with us today. My first question is to Peter Bergmanis from the London Health Coalition.

Over the course of this last round, we've heard some very disturbing statistics. We look at Ontario spending meagre amounts on post-secondary education—in fact, we'd have to raise expenditures by 35% to not be last in Canada. We have the lowest health care spending of any province in Canada.

You mentioned the erosion of our public services. Why do you suppose that governments past and present have cut and underfunded our vital public services?

Mr. Peter Bergmanis: I appreciate the question.

It would appear, in a misguided sense, that the public sector has been villainized as if it was not as efficient as the private sector—has a role to play in this. Certainly, in the current administration at Queen's Park, we witness a real, should we say, capture of legislative process by the private sector. We've witnessed this in long-term care, where the worst situation we've ever experienced, a true human crisis, is continuing to happen. Most of the perpetrators or the worst care providers were in the for-profit long-term-care sector. No penalty whatsoever—they've been protected from liability. They are completely hands-off. Unfortunately, this government refuses to listen to the well-thought-out public advocacy of organizations such as the Ontario Health Coalition—saying we have to get out of for-profit care in whatever form we find it. It is not more efficient to go into the for-profit sector. We've seen it time and again. Surgeries aren't going to be more efficient. None of it is going to help the public interest or the public good. We spend money on this, all coming out of the public purse.

Terence, we cannot afford, literally, to continue down the path of giving public services away. It looks good on a budgetary ledger, but it doesn't do any good for any of the public.

Mr. Terence Kernaghan: Thank you very much for your comments.

I'd like to direct my next question to John Bernans from OSSTF. I just want to thank you and all educators and front-line education workers for the work that you've done throughout this pandemic.

You pointed out some of the recommendations like smaller class sizes, scrapping the mandatory requirement for e-learning, and greater mental health supports—but also pointing out the lack of data reporting on COVID-19 infection in classrooms, requiring a 30% overall infection rate in a school. How are parents and educators able to make an informed decision about their health and attending school or attending their workplace with this in place?

Mr. John Bernans: That's an excellent question.

I do want to point out that school boards have said that they will report absence rates and it hasn't happened. I've had my members reach out to me to say, anecdotally, they believe that they're well above the 30% threshold and nothing has happened; nobody has been informed. They have had no communication whatsoever about what their absence rate is or when they will hear or how that will happen. I don't know if it has happened in other places. But I can tell you, in Thames Valley, so far, I guess there are no schools with more than 30% absence rates. I don't know if that's true. I don't think there was a plan in place for a mechanism.

I have heard, certainly, from my members this idea that nobody knows how many students might be in a class who might be positive or have encountered or are exposed to COVID-19.

So there's a lot of fear, certainly, just about the lack of information. People understand that there's a risk, but they just want to know what those risks are.

Mr. Terence Kernaghan: Understood. Also, thank you for pointing out the discrepancy between the number of HEPA filters that are in schools and the ones that the government has also claimed.

At this time, I would like to pass it over to MPP Teresa Armstrong to finish off the round of questioning.

Ms. Teresa J. Armstrong: I want to also say hello to the health coalition of London and Peter Bergmanis. Thank you so much for your presentation today.

I think I have the last question. I want to ask, again, the OSSTF—when you were speaking during your presentation, you had mentioned the violence in schools and how you're looking for more training and things of that nature.

Can you speak a little bit about what has been happening that has raised these concerns and why the teachers are then asking for extra training and making sure that there is a safe environment for their workplace?

Mr. John Bernans: Sure, thank you. Certainly, we've had an unprecedented number of violent incidents in our schools; things like a student holding a replica gun to a teacher and pulling the trigger.

The Chair (Mr. Ernie Hardeman): One minute.

Mr. John Bernans: And that's not an isolated incident. I think everybody is struggling with their mental health. As I say, we need more access to professionals to support students and a plan to support them going forward. We want to move away from suspensions and that sort of thing, but we need to have some supports in place for the students and the staff who encounter them and proper training so that we can avoid these things before they happen.

Ms. Teresa J. Armstrong: Thank you.

If there are a few seconds, I want to just ask Peter Bergmanis to talk about the for-profit long-term cares and what effects they had during the pandemic on that for-profit care as opposed to a public, not-for-profit facility.

Mr. Peter Bergmanis: Thank you, Teresa. We all have witnessed the military reports that came out during the second wave of the pandemic and the tragedy of how many families were ripped apart—

The Chair (Mr. Ernie Hardeman): That concludes the time. I'm sorry they didn't leave more time for the answers, but that concludes the time that we have for this presentation.

I just want to, first of all, thank all the presenters this afternoon, and in particular this last panel, and to remind everyone that the deadline for written submissions is 7 p.m. on Wednesday, January 26. Obviously, any of the answers that were not put on the record today, if you like, you can send them in as a written submission, and they will then become part of the record.

With that, again, I want to say not only thank you to all the presenters that we've had in the last four days but also to all the members of the committee who were spending all their time being here. This does conclude our business for today. Thank you again to all the presenters, and a reminder again about the deadline.

The committee is now adjourned until 9 a.m. on Wednesday, January 26, 2022, when we will continue with 2022 pre-budget consultations for the central region of Ontario.

The committee adjourned at 1803.

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