

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

F-56

**Journal
des débats
(Hansard)**

F-56

**Standing Committee on
Finance and Economic Affairs**

Building a Better Ontario Act
(Budget Measures), 2024

1st Session
43rd Parliament

Tuesday 23 April 2024

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

Loi de 2024 visant à bâtir
un Ontario meilleur
(mesures budgétaires)

1^{re} session
43^e législature

Mardi 23 avril 2024

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Tuesday 23 April 2024

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mardi 23 avril 2024

The committee met at 0900 in room 151.

**BUILDING A BETTER ONTARIO ACT
(BUDGET MEASURES), 2024
LOI DE 2024 VISANT À BÂTIR
UN ONTARIO MEILLEUR
(MESURES BUDGÉTAIRES)**

Consideration of the following bill:

Bill 180, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 180, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

The Chair (Mr. Ernie Hardeman): I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We are meeting today to resume the public hearings on Bill 180, An Act to implement Budget measures and to enact and amend various statutes.

A reminder to the committee to please wait until I recognize you before starting to speak, and as always all comments go through the Chair. The Clerk of the committee has distributed committee documents, including written submissions, via SharePoint.

As a reminder, each presenter will have seven minutes for their presentation. After we have heard from all three presenters, the remaining 39 minutes of the time slot will be for questions from members of the committee. This time for the questions will be divided into two rounds of seven and half minutes for government members, two rounds of seven and half minutes for the official opposition members and two rounds of four and a half minutes for the independent member.

**ONTARIO HEALTH COALITION
MR. ANTHONY GRANDE
MS. SARA LABELLE**

The Chair (Mr. Ernie Hardeman): As you just heard the instructions for that presentation, our first presenters are the Ontario Health Coalition, Anthony Grande and Sara Labelle. As I mentioned, you have seven minutes. At six minutes I will say, "One minute." Don't stop. The best part of your presentation is in that last minute. At seven minutes, I will cut it off right sharp.

We do ask each presenter to start with introducing yourself for Hansard to make sure that all the comments are attributed to the right presenter.

With that, we will turn the floor over to the Ontario Health Coalition.

Mr. Jim Stewart: Good morning, Chair. Through the Chair to the members of committee, my name is Jim Stewart. I'm the chair of the Waterloo Region Health Coalition, which is a component of the Ontario Health Coalition. With me, via video, is Natalie Mehra, the executive director of the health coalition. Thank you for the seven minutes to speak to health care.

I'd like to just start by saying that the health care policy of the Ontario government is a historic disaster. In 2023, what we saw was 1,199 closures of vital hospital services across the board in Ontario; 868 of them were emergency room closures. That is unprecedented and has never happened—again, historic.

I will refrain from speaking to any other components of the budget other than health care, given that is our area of interest.

I'd just like to continue with this sentiment because hospital funding in Ontario was dead last compared to all of the other provinces. It is not only dead last, but it continues to be starved to death by this government. In 2021, you spent \$1 billion less than planned, less than budgeted; then, in 2022, \$1.8 billion less; in 2023, \$1.7 billion less than planned; and, in 2024, you're on track to spend at least \$1 billion less than budgeted because of the payments you are going to be making in back pay as a result of Bill 124 and the decision that went against this government.

We are pleased to see a small incremental increase in base funding in the budget of 4%, but it is still much less than inflation, given the fact that with inflation plus population growth plus the aging of our population we would be looking at possibly double that amount in base funding if we were just trying to keep up.

I also see that in the budget there is \$620 million over 10 years that is going to be delivered to health system partners. We don't know who these health system partners are in the budget, but it's for updated infrastructure. We suspect that it's going to private, for-profit health care clinics, but it's unclear from the document.

Also, we see that there is a typical sort of funds transfer that goes on in a clandestine manner—kind of a covert manner—that is under-reported, based on the fact that many of the for-profit, private clinics do not have a blanket contract for payment from the government but are using a fee-for-payment service, and that's not included in the accounting practices of this government, so that the reporting of transfers to private, for-profit clinics is under-reported by

a whopping 720%. I would like to suggest that that practice should be killed.

Also, with respect to the capital expenditures, we see that there is \$50 billion for capital expenditures in the budget, but it doesn't really speak too much to the operating funding for our hospitals. They are being strangled. You are underspending in budget dollars and so consequently what we see is this creating of a crisis so that we can establish a private, two-tier echelon of operating rooms across the province and diagnostic services across the province. We think that's incorrect. We think it doesn't make any kind of fiscal sense and the reason for that is that you are paying an OHIP premium for all of these surgeries that you wouldn't be paying if you were delivering the surgeries in public hospitals.

It is unconscionable, because cataract surgeries alone are going to cost an extra \$30.7 million every single year to deliver them in private care rather than in our public hospitals. The hips and knees will cost the government, OHIP, an extra whopping \$600 million in additional OHIP services or costs, and that just doesn't make sense.

Also, the facility fees that go along with all of these procedures are being redirected into for-profit, private clinics. So we are overpaying for the same services. That doesn't make fiscal sense.

From a health policy perspective, we don't think your policies make much sense either. You've devastated the human resources in our public hospitals and there's a continual exit of skilled professionals from our public hospitals going elsewhere, right out of health care, in many cases, but also into private care. You're spending \$150 million on agency RNs every year, rather than just hiring some additional RNs full-time in our hospitals—because our hospitals need them. But there's also in the budget no retention plan. We've got all of these experienced nurses and other health care professionals that are leaving our hospitals. Where's the retention plan? Is there a bonus to keep them? No. So I think that you need to really consider that.

Finally, we don't need to duplicate these OR services in for-profit, private clinics, because we've got huge amounts of capacity in our public hospitals. The Auditor General told you yourselves that you had 34% additional capacity. Why don't we just use that? If you look in the document I submitted, you can see that we could easily take care of the backlog in cataract surgery in 12 weeks rather than 12 months as is your plan.

We're asking you to stop privatization. You do not have a mandate to privatize our public health care system. You denied that you were going to privatize it in the lead up to the election and then you reversed course immediately. We don't understand why you're philosophically opposed to public health care. It's less expensive and has better outcomes and overwhelming support in the province of Ontario.

Public health care is part of our identity as Canadians. We cherish it, and I've put in some recommendations I'd be happy to speak to in the Q&A.

Finally, I think you should be ashamed of this legacy. You're on the wrong side of history when it comes to public health care, and the people of Ontario do not like it.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. Our next presenter will be Anthony Grande.

Mr. Anthony Grande: Mr. Chairman and this fine committee, hello. My name is Anthony Grande. I'm a registered physiotherapist in Ontario, and I'm here to discuss the transformative changes on pages 73 and 74 of the 2024 budget. These proposed reforms promise to significantly enhance care for car accident victims and reduce the financial burden on government social support systems.

Thank you for maintaining mandatory medical rehabilitation and attendant care benefits in auto insurance policies. This decision crucially supports accident victims in resuming their daily activities without undue strain on public services or off-loading costs to public health and social support systems.

Thank you for making auto insurance the primary payer for all injury classifications, a significant and long overdue change highlighted in the budget. This crucial reform will streamline the treatment processes for car accident victims, significantly reducing the administrative burden on both the victims and health care professionals.

Previously, health care professionals and accident victims had to navigate up to seven months of paperwork to submit an initial invoice. This change for patients and professionals is a blessing.

Thank you for directing FSRA, the Financial Services Regulatory Authority of Ontario, to initiate a comprehensive review of our health service provider guidelines, professional services guidelines and attendant care guidelines, which have not been updated since 2014 and 2010.

The current outdated remuneration rates limit effective and sustainable patient-professional interactions and often push accident victims onto government-funded programs like ODSP.

Thank you for directing FSRA to review and hopefully eliminate the redundant FSRA licensing of health care professionals introduced by the previous government in 2014 that is both redundant and significantly less comprehensive, yet more expensive and bureaucratic than our established health care college framework. Its removal will decrease unnecessary regulatory duplication costs and enhance treatment.

All the above changes will allow us health care professionals to again put patients before paperwork.

Medical benefits following car accidents are in place to prevent accident victims from falling onto government supports. This budget's proposals and review are welcome steps in the right direction.

0910

Also noteworthy is what's not in the budget. Thank you for resisting the expansion of the minor injury guidelines. It's well known that insurers have lobbied to classify more serious injuries under these guidelines to limit attendant care benefits and reduce costs or, as they like to classify them—medical losses. Resisting expansion prevents more people with complex care needs from being pushed onto ODSP and Ontario Works. Patients deserve to receive the full scope of treatment from their auto insurer to return to

work and regain the purpose in life that they've lost following a car accident.

Thank you for not expanding preferred provider networks—which reduce consumer choice, increase costs and ultimately harm patient care—reinforcing that our patients' health care should be equitable and focused on care, not auto insurer interests.

Thank you for acknowledging the auto insurers' own inefficiencies as a problem in the system, an important first step towards real reform and premium reduction. Outdated insurance company administrative practices currently inflate premiums unnecessarily. It's a wise move to direct FSRA to identify operating costs and administrative efficiencies for a more modern system because the truth is, despite yearly decreases in health care costs paid for by insurers, insurance company operating costs continue to result in higher premiums year over year. Breaking this cycle is essential to achieve fairer pricing for consumers and tackle systemic inefficiencies that contribute to premium bloat.

In closing, I extend my thanks to this committee, to the Minister of Finance, the Office of the Premier, the office of the Ministry of Finance, the Minister of Finance himself, Peter Bethlenfalvy, and our Premier, Doug Ford, for creating the environment for change in the budget that demonstrates a deep understanding of the health care framework within the auto insurance sector, for listening to everyone, not just the same decades-old voices that have created this mess. These reforms are poised to help accident victims recover, enabling them to return to work and live fulfilling lives without becoming a societal or familial burden. These changes will allow health care professionals to focus more on patient care and less on paperwork.

Given health care professionals' perception of the financial services regulator and their bias against what we do, I also urge the Ministry of Finance and government leaders to ensure no bureaucratic hurdles derail the execution of your budget directives. Health care professionals know what happens, and auto insurance recovery has significant economic and social consequences outside the auto insurance frameworks.

We see what the myopic financial services do not—overlooked by insurance executives and financial regulators—how shifting health care costs from auto insurance to public systems, along with incomplete recovery rates and job losses, diminish per capita GDP. As expenses are off-loaded to the government, it increases public health care spending and necessitates higher taxes or the diversion of funds from other well-deserving social support programs. Incomplete recovery prevents individuals' return to work, placing financial burdens on them and reducing their economic contributions to society. It strains the public health care system and, combined with excessive red tape and lowered workforce productivity, does negatively impact our GDP. We must continue to broaden our perspectives beyond the narrow auto insurer focus of medical loss, fixing auto insurance properly to address these broader economic and social issues.

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

Mr. Anthony Grande: Since I seem to have a few extra seconds: The actions of bureaucrats at FSRA have severely

compromised health care professionals' trust and respect by repeatedly dismissing the legitimate concerns of health care professionals in favour of the interests of friends in the auto insurance sector. They have not only manipulated the labour market and harmed health care in Ontario, but have also driven skilled professionals out of Ontario. Their choices have exacerbated conditions for accident victims, effectively forcing the government and health care professionals to subsidize multinational auto insurance companies. This behaviour has tarnished the government's reputation and highlighted a preference for appearances over genuine public service. Such short-sighted and self-serving ignorance undermines the well-being of society at large. Thank you.

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

Our next presenter is Sara Labelle. The floor is yours.

Ms. Sara Labelle: Thank you. Good morning. I am a medical laboratory technologist by profession, and also happen to be the chair of the hospital professionals division for the Ontario Public Service Employees Union.

I'm here to talk specifically around recommendations on page 87 of the budget:

“Expanding Access to Allied Health Professions

“Ontario is continuing to make significant investments to expand access to allied health care providers across the province, including by adding an additional 700 education seats for medical radiation and imaging technologists, medical laboratory technologists, medical lab technicians and medical radiation extenders. Ontario is also working with colleges to explore and pilot compressed programs for pharmacy technicians and medical radiation technologists so more qualified professionals can enter the workforce sooner.”

I'd first like to say that I commend the government for trying to make strides to address recruitment and retention in allied health professions, and I'm here to put forward a proposal that this government needs to go further and that the 700 seats will not meet the needs for an increasing demand on health care services in Ontario's hospitals.

Under the Hospital Labour Disputes Arbitration Act, the employer's ability to attract and retain qualified employees is a relevant criterion that a board of arbitration should take into consideration when determining an interest arbitration award. In the present context, the ongoing recruitment and retention issues affecting health professionals in Ontario's hospitals lends significant support to wage increases needing to continue in the sector. Wage restraint cannot continue. It can never happen again.

Currently, Ontario's health care system is facing a shortage of health care workers at all levels that is reaching a crisis level. Hospital CEOs themselves have said that is no bigger issue facing Ontario hospitals today than the serious shortage of health care workers, and there are simply not enough licensed health care providers in the system—nurses, doctors, medical lab techs etc.—to continue to provide the level of service that has been provided to date.

The staffing crisis in Ontario's health care system is also reflected in data from the Financial Accountability Office, which found that since the start of the COVID-19 pandemic, health sector job vacancies have more than

doubled in Ontario. In the fourth quarter of 2019, it went from 14,800 to 34,800 in the third quarter of 2022, and it continues to rise. These vacancies are seen not only with nursing and personal support worker classifications, but also in other health care classifications.

Other health care worker vacancies in 2018 Q1 were at 2,060. They had doubled to 4,770 by 2021, and they continue to rise. The FAO also found that in 2022, surgeries in Ontario hospitals dropped by 14% from 2019, with hospitals performing 93,812 fewer surgeries than in 2019, further evidence of the recruitment and retention crisis in health professionals.

The OHA itself acknowledges and recognizes the system-wide capacity challenges, stating HHR challenges are being felt across the entire system impacting the care continuum patient flow, and wage restraint has impacted recruitment and retention. Furthermore, recruitment and retention problems will only get worse as Ontario's senior population grows and demand for services and capacity increases. In a trend that is anticipated to continue over the next decade, the over-65 population is currently growing at a rate of 3.2% a year, double that of the population as a whole. This over-65 group is also the group that occupies the majority of hospital beds in Ontario.

All of that begs the question: If there's a recruitment and retention crisis now, it is only going to get worse if not addressed. You need to expand the 700 seats and provide adequate compensation that will both entice workers to join health care professions and to stay, once there, as a key part of the solution.

These recruitment and retention problems facing the health care system generally are seen all over hospital professionals' division classifications, but most specifically, the most dire situation is seen in medical laboratory technologists. MLTs perform essential laboratory tests that are used to identify diseases in patient tissue, blood and fluid samples. These tests are necessary in ensuring that doctors are accurately diagnosing and treating patients. Ontario MLTs conduct approximately 244.8 million lab tests annually, and COVID-19 hugely added to this workload, with more than 60 million PCR tests completed.

This incredible workload is performed by a workforce of approximately 6,100 practising MLTs in Ontario. Surveys conducted by the Medical Laboratory Professionals' Association of Ontario revealed the extent of the growing recruitment and retention problem for MLTs.

0920

In 2021, the MLPAO conducted a laboratory health human resource survey of 120 laboratory workplaces: 87% hospitals; 6% private; and 5% public health. This represented approximately 56% of all laboratory workplaces in Ontario. The survey indicated that there was a shortage of 466 MLTs in those 120 laboratories alone at that point in time.

As well, they have also determined that the MLT workforce has been declining for decades, and 70% of labs entered COVID-19 short-staffed:

—43% of practising MLTs are eligible to retire in the next four to eight years;

—87% of laboratory professionals are experiencing burnout after the COVID-19 pandemic required them to work 24/7;

—73% actively desire to leave the profession—

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

Ms. Sara Labelle: —and 46% are contemplating early retirement.

At this point in time, we have over 300 less practising MLTs in the province of Ontario. In a snapshot in time in 2023, the recruitment and retention and vacancies in the province of Ontario saw that there were over 197 vacancies in medical laboratory technology. That number will continue to increase. And if the government doesn't look at measures to increase capacity in schools and increase capacity in training programs, we are not going to have enough medical laboratory technologists to meet the need of our growing population and to help accurately diagnose patients' illnesses in the province of Ontario.

I would ask you revisit what was stated on page 87 and increase the number of seats and the number of training opportunities for MLTs and expand it to other health professionals.

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

We will start the first round of questions with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to everyone for being here this morning.

Anthony, I'm just going to start with you, if you don't mind. What was your last line about FSRA in your report?

Mr. Anthony Grande: My last line was that their short-sighted and self-serving ignorance undermines the well-being of society at large.

Ms. Catherine Fife: Very interesting. Thanks for bringing that perspective to the committee.

You also talked about accident victims and the transfer of responsibility around costs. I just wanted to get your opinion on this. Currently, in Ontario, the cap for maximum rates for accidents that occurred after April 14, 2018, ranges from \$14 an hour for routine personal care to \$21 an hour for complex health care needs. These are attendants that come in after someone's in an accident. These are the current insurance rates that are approved by the government.

However, we know that now the minimum wage is \$17, so you'll have attendants working for below minimum wage in really complex situations.

A court decision in 2021 interpreted this legislation to mean that unless PSWs or other licensed care providers are willing to provide services below minimum wage, injured people will be required to pay the difference or they will not receive care.

Do you think insurance companies should be paying fair wages to attendants in order to help people recover from accidents?

Mr. Anthony Grande: Yes, because right now, people aren't getting the attendant care benefits that they pay for and that they need. There's nobody working for less than minimum wage, so yes, they should.

This is an example of auto insurance companies using loopholes against health care professionals to subsidize their operations. The end result is that the public ends up paying for this. Not only does the public pay for it, but they pay through home and community care services. So this is off-loaded to home and community care and the government doesn't have the ability to track those funds and get reimbursed for that.

Ms. Catherine Fife: Well, the government doesn't need to be reimbursed for public health care costs, but insurance companies should be paying fair rates to ensure that people who are paying premiums, once they get into an accident, are actually reimbursed appropriately for those costs. I think that we're on the same page on that.

Mr. Anthony Grande: Yes, we are. Might I add that if the auto insurers are using the government's public systems to off-load their costs—what I meant was that the government should be reimbursed by the auto insurers, which is something that was in two Auditor General reports prior to this.

Ms. Catherine Fife: Yes. I'm familiar with those Auditor General reports. There has to be a rebalancing here, and FSRA should be doing their job in that regard. So thank you for being here today.

Jim, your frustration is well placed. And I obviously want to welcome Natalie as well.

Yesterday, I had the chance to question the finance minister on the negative impact of Bill 124. The Financial Accountability Officer has said that by bringing in that unconstitutional piece of legislation, by imposing wage restraints, overriding collective bargaining rights as well, the overall cost of Bill 124 will be \$13.7 billion. Now, individual arbitrators are already coming forward with 2% or 3% over six or four years. So the court system has sort of balanced out that.

I do want to ask you, though—you're on the front lines with a lot of workers across the province. Can you just sort of summarize the negative impact on the culture of work in public service that Bill 124 caused?

Mr. Jim Stewart: Yes. Quite frankly, what Bill 124 did was it destroyed our health care workers' sense of respect. They feel completely disrespected. They feel as if they have been, I don't know, punished for being those health care heroes that we were banging pots for not that long ago. But the reality is that now, in our hospitals, these nurses, for instance, at their nursing desks, are surrounded by patients—at their nursing desks, not to mention elsewhere, in hallways, in closets etc.

Our lack of funding here is also impacting their work levels because they're overworked. I had one nurse say to me that this is what it used to feel like when they were having an incredibly unusual, terrible day, but now, that has become routine. It's every day that they're subjected to this, so it's no wonder that these nurses and other medical professionals are leaving the health care industry. They're leaving in droves, and this obviously has an enormous impact, because you can't simply grow a nurse or a medical technician overnight, as you know. Consequently, they felt underpaid, overworked and humiliated.

Ms. Catherine Fife: This government will point to the capital infrastructure. It's very—Natalie, did you want to say something there? Natalie? I can't hear you.

Ms. Natalie Mehra: No, no. That's okay.

Ms. Catherine Fife: Okay. The government will point to infrastructure costs and they've created another fund to fund infrastructure. However, you can't open a bed if you don't have a nurse. People can't access justice if the court staff are not available. I mean, it's the human resources piece—the worker piece, actually—that's missing from consecutive budgets. And certainly, the damage of Bill 124 will be felt in this province for a long time.

I do want to go on to Sara. Sara, you quite rightly point out, once again, there's a consistent theme here around human resources; 600,000 women—

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

Ms. Catherine Fife: —are waiting for mammograms in Ontario right now. It's pretty stressful for a lot of women. Can you talk about the one thing that the government could do to inject some confidence and dedicated resources in order to have the human resources to meet the health care needs of Ontarians?

Ms. Sara Labelle: They need to double the investment that is recommended in the budget. At very minimum, double the number of seats that they are planning on funding. Open up schools that have been closed over the years.

Years ago, schools for medical laboratory technologists, medical radiation technologists were closed—the programs were closed. They need to invest in those programs, work with the colleges.

We need to get people out in the workforce as soon as possible. And I'm glad that you mentioned the backlog of mammograms, because routinely, on any given day in the province of Ontario in our hospitals, our mammo techs are being told to help with emergency—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: Good morning, everyone. Thank you for coming in. It's Tuesday morning. You're the first presenters, so I appreciate that.

Jim, thank you for your detailed overall presentation. I hear your passion. Unfortunately, everything that you have put into this document I've been hearing over and over and over again. So it's music to my ear.

The part of your presentation that I want to stick with today is the premium for privatization versus what we pay publicly. I hear it from the seniors in my Scarborough–Guildwood riding. I have an event with them to help them to understand when they need to pull out their credit card versus their OHIP card. I want you to elaborate on the effect that is having in our seniors' community. You give very detailed dollars information here of how much more expensive it is on the privatization premium. Can we spend some time on that?

0930

Mr. Jim Stewart: Absolutely. I'd like to talk to you about the privatization premium with respect to OHIP costs per procedure. I've outlined in my document what

that looks like. Quite frankly, we expect that to grow. Basically, what we're talking about is if we pay \$205 more in a private clinic for every cataract surgery, and we're doing 150 cataracts in Ontario every single year, that adds up to an extra \$30.7 million for the same procedures, just carried out in a different place.

Similarly, if we look at hips and knees, the premium ranges from \$9,500 to \$17,500. We do 32,000 knees and 25,000 hips in Ontario every single year. That adds up to, on average, \$600 million in additional OHIP fees per year.

So it doesn't go away; it's just going to get worse.

But with respect to what's happening with the patients going to these private clinics right now—and we see this primarily with cataract surgery, because that's the first echelon of privatized surgeries—we see that our patients are being charged user fees, extra-billing, and they're being manipulated and upsold to the point where they have to pay a lot more money just for the surgery. Those fees that they're being extra-charged—paying with their credit cards, not their OHIP cards—are anywhere from \$500 to \$5,000 for the surgery; the measurement test, anywhere from \$50 to \$300; and the lenses, anywhere from \$85 to \$3,000 per eye.

So you can see it's becoming enormously expensive. It's documented in detail in our last report, called, "Illegal, Unlawful and Unethical: Case Studies of Patients Charged for Medical Care in Ontario's Private Clinics." It's available for you to read at any time.

The point is that older patients are being manipulated. They are being upsold. There's a variety of different tactics that are being applied by these for-profit private clinics.

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

Mr. Jim Stewart: But the fundamental rationale here is that private clinics are focused on profit. So we'd be completely naive in Ontario to think that they weren't going to charge patients and make them pay with their credit cards. It was ridiculous when it was said, and it's ridiculous even more so now.

MPP Andrea Hazell: Jim, thank you for putting that on the record. With the few seconds we've got left: In one of your recommendations, number 4, you said to immediately stop overpaying for private health care, the practice of utilizing agency nursing. Can you detail that? In my next round, I'll come back with number 5, because that means a lot to me.

Mr. Jim Stewart: Okay. Well, with respect to the agency nurses, again, it goes back to MPP Fife's question about how the nurses feel, because the nurses in our hospitals understand what the agency nurses are being paid. They're being paid two, three, sometimes—

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

We now go to the government side. MPP Crawford.

Mr. Stephen Crawford: Thank you very much. Thank you to all the presenters for being here today. We appreciate your input on the budget bill.

My question is to Anthony. Great to see you, Anthony. Thank you for coming downtown here to Queen's Park to share your views. I wanted to get your thoughts. You're a physiotherapist. The government of Ontario is laser-

focused on providing better service, trying to keep costs down, make life more affordable for the people of Ontario. We've got some initiatives within this budget as well as in previous legislation that make that the case. So, my question to you is, in terms of the changes that you pertained to, I believe it was, on page 74—

Mr. Anthony Grande: Seventy-three and 74.

Mr. Stephen Crawford: Seventy-three and 74. So as it pertains to insurance companies, physiotherapists, how are the changes that are proposed in the budget going to affect you as a physiotherapist and people in your profession, be they massage therapists, osteopaths, chiropractors? How is it going to have an impact on you, and how is it going to have an impact on your customers?

Mr. Anthony Grande: Generally speaking, health care professionals in every framework are suffering with increased red tape and over-regulation. As a result of this, we're spending more time doing paperwork than treating patients. This is detrimental in every framework.

And because health care professionals—in physiotherapy clinics, in hospitals; everywhere—are being overburdened and overly regulated, the result is we can't spend as much time with patients as we want. In physiotherapy clinics, the lights are off and the clinic owners and the clinicians are still there doing paperwork. In primary care, the physicians are actually taking paperwork and they're working late at night and they're burning themselves out.

The result is, when you have health care professionals that—actually, these were the smart, nice people. When they were younger, their parents told them, "You know, you're smart. You're nice. Go help people." So we did, and as a result of that, now we're overworked and underpaid, because these large third-party payees suppress our fees. As a result of that, they experience a moral injury, which is that these people—much like yourselves, who all deserve a raise, by the way—are suffering, and here we are, just burning out.

Because we're transportable, we will leave this jurisdiction. I've lost many employees, and many of my colleagues just left the sector. They have left Ontario. In public and in private practice, we are all suffering. What these things do is—by decreasing our regulatory burden, we can actually be more effective, see more people. I've calculated the number of patient losses and the economic losses; we feel it's—anyway, I won't go there.

Right now, the experience of health care professionals in Ontario is that because of moral injury, poor pay, over-regulation, we just can't treat our patients, and that's the only thing we're there for.

And finally, young professionals entering: We want to see success when we treat patients. If the system doesn't allow us to get our patients better, we don't want to stay in the system. It's like going to court and you know ahead of time you're going to lose. It's a terrible feeling.

Mr. Stephen Crawford: Is it fair to say, then, that this proposed legislation will free up more time to the health professionals, which will allow you to be more productive and benefit your clients as well?

Mr. Anthony Grande: Yes, it will allow us to treat people and get them better, spend more time with them,

have more touchpoints. This is what health care professionals want to do. We don't want to do paperwork. We don't want to be told how to treat people. We just want to get them better and go home to our families, because we recognize that life is short and tenuous.

Mr. Stephen Crawford: How much time, Chair?

The Chair (Mr. Ernie Hardeman): Three point three.

Mr. Stephen Crawford: Okay, I'll pass it over to MPP Harris.

The Chair (Mr. Ernie Hardeman): MPP Harris.

Mr. Mike Harris: Thank you to everyone for being here, virtually and in person.

Jim, I wanted to touch a little bit on health care in Waterloo region. Obviously, we're both very familiar with that. I think there have been some great successes, and I'd like to hear your thoughts on some of those.

When we took power in 2018, hospitals in Waterloo region were, per capita, one of the lowest-funded in the province. It was a huge challenge that was leftover by the previous Liberal government to try and overcome, and of course we had the pandemic mixed in with that. Since 2020-21, we've now seen budget increases for all of our Waterloo region hospitals—Grand River Hospital, St. Mary's and Cambridge Memorial—over the rate of inflation, which I think is phenomenal news.

We've seen investment in a new MRI at St. Mary's. We've seen investment in, I think, two new MRIs at Grand River Hospital. A new third catheter lab was just announced. For edification purposes, St. Mary's hospital is one of the pre-eminent heart and cardiovascular hospitals in Canada—a new third catheterization lab, a new electrophysiology lab.

Some great partnerships have been done with TLC laser centres. You were talking a little bit about cataracts. That's been in place in Waterloo region for many years, in conjunction with St. Mary's hospital and also the University of Waterloo.

So I think there have been a lot of great investments, and there continue to be more. I just wanted to get a little bit of your thoughts on some of those things and how you think they can benefit the community.

0940

Mr. Jim Stewart: Okay. Thank you for the question. There have been some modest improvements in our health strategy in Waterloo region, but as we mentioned earlier with respect to human resources, that's really the critical piece, MPP Harris. The infrastructure that we have put in place, like improving the access corridors to the MRI lab at Grand River Hospital—that was the capital improvement at Grand River Hospital. That's nice, but the reality is that we need the techs, the cleaning people and the other medical professionals to actually carry out the service.

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

Mr. Jim Stewart: We can build a really nice, brand-new hospital in Waterloo region, which is planned for 10 years today, but what do we have when we build it? We've got a really fancy building with a lot of fancy equipment, but no people in it.

Mr. Mike Harris: So—

Mr. Jim Stewart: What I just would like to finish saying is that we need to have human resources and operational funding to ensure these investments are adequately utilized.

Mr. Mike Harris: Yes, 100%. That's why we've made investments in training new nurses and training new medical professionals to be able to come into the environment. We've certainly seen a lot of people leave the profession since COVID across the board. It's not just in public sectors; it's employees all over.

Mr. Jim Stewart: You've also created the crisis that has driven a lot of them out, and you've heard about that today.

The reality is that you not only have to start putting more people into our health care system, but you have to find ways of keeping them in there as well. We need a retraining and retention strategy, and you don't have that.

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

MPP Kernaghan.

Mr. Terence Kernaghan: Thank you, Chair. I'd like to begin my questions with Sara. I want to thank you for your presentation. The statistics you've shared about health care sector vacancies should be alarming for this government. It really should be a wake-up call.

I wanted to know: Would you also be able to speak a bit about the consequences of the cuts, the underfunding, the understaffing and how this has created patients who are incredibly angry—they're upset, and they sometimes might be abusive towards front-line health care professionals. Has violence been on the rise because of the Conservative government's cuts and starvation of our system?

Ms. Sara Labelle: Yes. Incidents of violence have been on the rise pre-pandemic, throughout the pandemic and ongoing. People are angry. They're frustrated about the length of time they have to wait. The incidents of violence for patients coming through emerg is on the rise. Our members are routinely at risk in the workplace.

People aren't getting their tests done in a timely fashion. It's not even the frustration and the anger that they're using towards health care workers because there's no other venue for them to release that; it's also the fact that they're not getting their diagnosis, and delayed treatment, when it comes to cancer diagnoses in particular, could mean the difference between life or death for patients in the province of Ontario.

Mr. Terence Kernaghan: Absolutely. I don't want to question the patients who are frustrated, because they have every right to be frustrated. It is obvious that their frustrations are misplaced, which is negatively impacting the people on the front line, when their frustration should be placed upon this Conservative government. Thank you very much, Sara.

I'd like to turn over to Jim and Natalie. According to the news, patients' voices, everyone across Ontario has shown how Premier Ford was dead wrong when he said people would not pay with their credit card and that they would only use their OHIP card. You alluded to how, despite the Premier's promises about there being guardrails, it makes that very deeply questionable, those words. You spoke about how in the budget they used the term "health

system partners” and how that’s deliberately opaque. It hides from the public whether this investment will get the best bang for the buck in our publicly delivered system or whether it’s gravy train money going towards health care profiteers.

I wanted to know: Can you speak about patients being charged for appointments, for memberships, for administrative fees and other sneaky charges levied by these private, for-profit companies?

Mr. Jim Stewart: I think Natalie might want to take this question. She has been working away on this and has just published a report on this issue about upselling. I’m going to throw it to Natalie and ask her to respond, please.

Ms. Natalie Mehra: Sure. We’ve monitored this since before the passage of the Canada Health Act. We advocated for the Canada Health Act back in the end of the 1970s into the 1980s, and it has been our core work ever since. We have never had so many complaints from patients. It really is unprecedented.

People are being charged for a whole array of things. In primary care, that is access to family doctors, nurse practitioners, family health teams—primary care, by the way, is unquestionably a Canada Health Act-covered service. There should be no shell games between provincial and federal governments about whether or not nurse practitioners are covered. They are absolutely covered under the comprehensiveness section of the Canada Health Act, they’re covered under the Commitment to the Future of Medicare Act in Ontario, but people are being charged. And they’re outright advertising, in the subways in Toronto, subscription fees and membership fees for access to primary care. That has never happened in the history of this province since the inception of medicare, which was in 1966, and then consolidated by the Canada Health Act in 1984.

So people are being charged membership fees. They’re being charged appointment fees. They’re being charged follow-up fees. They’re being charged subscription rates in the privatized surgical clinics that the Ford government has vastly expanded, giving a 300% increase in funding. We are seeing just a burgeoning array of charges.

For the surgery itself—I drove into Hamilton, for example. I phoned Herzig, one of the companies that this government has given a massive contract to for 5,000 cataract surgeries in Ottawa. I phoned on my way into Hamilton, I said, “I’m a patient. I’m looking for cataract surgery. How fast can I get it? How much will it cost me?” and they gave me a price of \$4,200, approximately, for cataract surgery—an outright, flagrant violation of the Canada Health Act.

In addition, patients are being upsold. They’re being told that they need to buy this extra eye measurement, that the OHIP way is inadequate—all kinds of misinformation and manipulation in order to upsell, and these are elderly patients on fixed incomes. It’s a travesty. It’s a violation of our core ethics, it’s a violation of our medicare laws, and nothing is being done about it—like, nothing at all.

Mr. Terence Kernaghan: Absolutely. I have had constituents who have reached out and who have said that they

believed Premier Ford’s promise when he said people would not be charged to their credit card, and then found thousands of dollars after going to have cataract surgery. It’s deeply concerning.

I also wanted to ask specifically: We’ve heard much talk about meds checks being done where patients don’t actually know what they’re consenting to. Did you want to speak on the record about that and how that has grown exponentially under this government’s watch?

Ms. Natalie Mehra: Do you mean the cold-calling of people?

Mr. Terence Kernaghan: Yes.

Ms. Natalie Mehra: I mean, clearly they’re doing it to be able to bill for pharmacist fees, but we’ve never seen anything like this before either—

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

Ms. Natalie Mehra: But, obviously, it’s not okay. Obviously, it’s a complete misuse of public funding. This is why we should not be expanding private health care in places like Shoppers Drug Mart. It’s appalling.

We held a conference call of our local health coalitions. One person raised this, and then half a dozen other people said that they have been cold-called by their pharmacy about this for no reason whatsoever. It’s just a money grab.

Mr. Terence Kernaghan: Absolutely, and it really does speak to whether this government values care or whether they value profit for certain people. I think the government should be looking towards the best bang for the buck, which is our publicly delivered and publicly funded system, where people aren’t lining their pockets.

Thank you very much for your presentations, and I’m sorry, Anthony, I didn’t get any questions for you.

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

We’ll now go to MPP Hazell.

MPP Andrea Hazell: Jim, I want to loop back with you on two recommendations that really stuck out to me, and I think it’s great for you to elaborate on both for the record.

So, immediately stop overpaying for private health care: You can understand, public versus private funding, the premium is—I don’t want to use the word “horrific,” but it’s getting there, or maybe it’s already there.

The fifth is to implement a population-based needs assessment of health care, and I think that is important, and I really think that’s where we fell off the rail.

0950

Mr. Jim Stewart: Absolutely. Just to be brief, the overpayment for private health care has just started. It has just commenced, and already the numbers seem to be growing exponentially. As we move, under the Ford administration’s policies, towards more obstetrical and gynecological surgeries happening in private clinics, as we see more MRIs happening in private clinics, and CT scans, on top of hips and knees and cataracts and further types of surgeries being implemented in the private world, we’re going to see numbers that will make the \$630 million I just pushed out here in this report seem like nothing whatsoever.

It really has to be stopped. Privatization is something that people do not want in this province, and I will tell you

that you will pay a heavy price for this policy with respect to the next round of voting.

With respect to the implementation of a population-based needs assessment of health care: This is a technology that's utilized by insurance companies all the time. It's utilized in other provinces. It's basically taking population-based risk-grouping technology and applying it, along with the typical determinants of health status, to provide the government of Ontario with an understanding of what the needs are for health care, and it's based on population. But it also provides—and this has happened in many provinces, except Ontario—an understanding of what the future needs will be so that when you're putting together budgets and you're providing yourselves with some sort of policy direction and planning, you have a really great understanding of what type of services are needed in what part of the province, for what type of patients, how much it's going to cost and what you're going to need in the following years, so that you don't duplicate your costs and you don't miss out on providing appropriate care based on the location.

For instance, to make it simple, you could have an area with a lot of elderly people, or you could have another city with a lot of young people with children. Obviously, you're not going to be delivering the same type of health care services in those areas. Consequently, it allows you to be a little bit more efficient and effective in terms of planning.

MPP Andrea Hazell: Thank you so much, and thank you for putting that on the record.

Sara, I want to ask you a question with the minute that I have left—

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

MPP Andrea Hazell: I was right.

My daughter is studying nursing right now at a university. It was always her passion, and I was so happy: "Okay! We're going to get someone who is in the medical field." I also know you talk about the 700 seats that the government is supporting the health care system with; it's not enough. It's not even going to touch the surface of vacancies.

My daughter is now wanting to switch out of nursing because she's hearing a lot of negativity about getting into that field, and mental issues and stress and burnout. A month ago, she said to me, "Mom, I really need out. I'm tapping out, because it's really not positive." Even in the university, that's what they're hearing. I'm saying to her, "You've got to stay in. You've got to hang in there. You've got to hang in there. Things are going to change." And I've got her now volunteering—

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

MPP Cuzzetto.

Mr. Rudy Cuzzetto: I want to thank all the presenters for being here. I always say you've got to look back to go forward. In 2017, under the Liberal budget, health care was at \$59.4 billion. Today, under Peter Bethlenfalvy's budget, it's \$85 billion. That's not including the \$50 billion to build hospitals through the provinces, which we have to staff, and I agree we have to staff.

But I want to go back to something George Smitherman, the Minister of Health at the time, said. He said that he had

starved health care and that it's not talked of enough. Kathleen Wynne said that if she had known there was a pandemic, she never would have starved health care. Now, after COVID, on TVO, Bonnie Crombie, the new leader of the Liberal Party, said that she would have funded health care even less than the \$59.4 billion. What is your opinion on these three comments that were said by the former Premier, the new leader and the Minister of Health at the time?

Mr. Jim Stewart: Well, I've heard Bonnie Crombie say to the health coalition in a leadership debate that we put together for the rest of the province on these new leader candidates—and she said completely the opposite. She said, in that meeting, that she was going to maintain the levels of funding for the province of Ontario, that—

Mr. Rudy Cuzzetto: Excuse me. But on TVO, she said she would have funded even less, so—

Mr. Jim Stewart: Well, I'm not certain what TVO—

Mr. Rudy Cuzzetto: I could give you that clip. I have a clip that—

Mr. Jim Stewart: Well, go ahead. That would be nice to see, and I'll look at it, but the reality is I've heard a completely opposite perspective from her—

Mr. Rudy Cuzzetto: So, she flip-flops, right? Okay. Thank you.

I'll go on to Anthony here. Anthony, go ahead, on those three individuals. Can you please speak about them?

Mr. Anthony Grande: I think when people try to tell you the wrong thing is right, you've got to watch out.

I think that, generally speaking, it's been short-sighted to limit and suppress health care fees across the board. It's resulted in moral injury for all professionals everywhere in all systems. Large third-party payees have taken advantage of primary care professionals, who typically utilize the associations to negotiate their fees—everywhere. Public health sectors have unions that protect them. I think that it's unfortunate to think that we want to suppress fees for health care professionals and expect good outcomes. All we will have is morally injured people—and these are smart people—who will decide to leave.

I also want to point out that the MedsCheck Program that Shoppers Drug Mart is abusing was instituted by the previous government over a decade ago. There's currently a class action lawsuit, hopefully, that will happen as a result of that; I'm not sure if that's correct. Thank you very much.

Mr. Rudy Cuzzetto: Thank you, Anthony. And another thing I would like to ask you, Anthony, as well—oh, how much time?

The Chair (Mr. Ernie Hardeman): Four point three minutes.

Mr. Rudy Cuzzetto: Okay.

Going back to George Smitherman—I like to go back in history all the time—they closed down a lot of medical schools in the province of Ontario. Can you imagine, if we didn't close down the medical schools at the time, how many more doctors and nurses we would have right now in the province? Because now, we're catching up. What do you think, Anthony, on that?

Mr. Anthony Grande: The supply and demand of health care professionals is they work, they work, they work until they can't work anymore. If you don't have enough supply of physicians and if you create an environment where they're not happy with their work, they will leave. So you have to have a supply of primary care professionals—nurses, doctors, nurse practitioners, physiotherapists, chiropractors, everybody in primary care—and you have to make sure that their jobs, their professions, are rewarding.

And let's not forget these are professionals. They're self-regulated. They operate on a set of ethics. And where they're getting hammered is when large third parties use legal loopholes to make their lives difficult and cause them to leave because their jobs, their professions, are no longer satisfying in Ontario.

Mr. Rudy Cuzzetto: Thank you, Anthony.

I'll pass it on to my colleague here.

The Chair (Mr. Ernie Hardeman): MPP Smith.

Mr. Dave Smith: Thanks, Chair. I appreciate that.

I'm going to pick up on some of the things that MPP Cuzzetto just talked about. In 1999, the population of Ontario was about 11.5 million. That was when the Harris government added 50 seats to resident positions for physicians. But a million and a half people were seniors at the time, and we know that seniors have more complex issues than a lot of others do.

In 2009, the Liberal government at the time reduced the number of resident positions in medical schools by 50. The population was 13 million, and we had about 1.6 million or 1.7 million seniors. On face value of that, does it make sense that you reduce the number of doctors that graduate in Ontario when the population goes up and the population of people who have complex issues goes up? Does it make sense to reduce the number of doctors? I'll throw that one to Jim first.

Mr. Jim Stewart: Okay. Well, of course, I mean, I would agree with you. We shouldn't have less doctors in the province of Ontario; we should have more doctors in the province of Ontario—

Mr. Dave Smith: Thank you—

Mr. Jim Stewart: But I'd like to finish my comment, please—

Mr. Dave Smith: Thank you. It's my opportunity to ask questions, and I appreciate that you answered that.

The next one, then, is: In 2019, the population of Ontario was about 14.5 million. And we added 50 seats. The population, as of last year, was about 16 million. We're now up to 402 new resident positions. So we are adding more doctors to the system. The challenge that we face on it, though, is it takes four to seven years for a physician to graduate through. We were seeing more doctors retire than we were seeing doctors graduate for a significant period of time. We have about two million people now who are considered seniors. Is that the right direction? Should we be adding more resident positions to graduate more doctors? And if it takes four to seven years for a doctor to go through, are we going to see the results of that tomorrow?

Mr. Jim Stewart: Well, as I mentioned earlier, we need a plan—

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

Mr. Jim Stewart: We need a plan to be able to deal with this, and you need to have considered the demographic profile of our population in Ontario. This is not news. This has been readily available information for decades. We all knew there was going to be a tidal wave of—

Mr. Dave Smith: So when we said that we've added 402 doctors to resident positions so that we can graduate 402 more every year, that isn't a plan? Recognizing that the population of complex cases has increased by 6,000—that's not looking at a plan?

Mr. Jim Stewart: Well, you just mentioned that people are retiring. The doctors are retiring as well, so we have a huge deficit of physicians now, because they are also aging. And so, quite frankly, this is something that should have been planned for a long time ago, by all governments.

Mr. Dave Smith: I agree wholeheartedly. In 2009, they should not have cut the number of physicians as the population was increasing. That, to me, seems pretty obvious. As the population of Ontario—

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

Interjections.

The Chair (Mr. Ernie Hardeman): If we could take the discussion down. Thank you very much.

That concludes the time. We would like to thank all of the panellists on this panel for taking the time to prepare and the time to present it so ably here this morning.

With that, the committee is recessed until 3 o'clock.

The committee recessed from 1003 to 1501.

The Chair (Mr. Ernie Hardeman): Good afternoon, and welcome back. We're continuing public hearings on Bill 180, An Act to implement Budget measures and to enact and amend various statutes.

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 the members of the committee. This time for questions will be divided in two rounds of seven and a half minutes for the government side, two rounds of seven and a half minutes for the opposition side and four and a half minutes for the independents.

MR. KYLE SIPKENS

ONTARIO MUSEUM ASSOCIATION

CHILDREN'S MENTAL HEALTH ONTARIO

The Chair (Mr. Ernie Hardeman): With that, we'll call the first panel up, and I believe we don't have to call them from far. I think they're all sitting at the table: Kyle Sipkens, the Ontario Museum Association and Children's Mental Health Ontario.

You will have seven minutes to make your presentation. At six minutes, I will just say, "One minute," and that means the best minute of your presentation is yet to come. At seven minutes, I will say, "Thank you," and move on to the first question.

With that, we do ask that you start your presentation with making sure you identify yourself so that your presentation will get attributed to the great person who made it. We will start with Kyle Sipkens.

Mr. Kyle Sipkens: That's me.

The Chair (Mr. Ernie Hardeman): The floor is yours.

Mr. Kyle Sipkens: Yes, thank you. My name is Kyle Sipkens, and thank you for the opportunity to address the standing committee today and share my experiences on the impact of the proposed budget, Building a Better Ontario Act. For 20 years, I've been working as a multi-award-winning entrepreneur—

The Chair (Mr. Ernie Hardeman): Could you just move your mike a little bit?

Mr. Kyle Sipkens: Oh, yes, my apologies. There we go.

The Chair (Mr. Ernie Hardeman): There we go. The sound was a little bit—

Mr. Kyle Sipkens: Sorry.

As I said, my name is Kyle Sipkens. For 20 years, I've been working as a multi-award-winning entrepreneur, performer and circus artist. I own and operate a small business that provides entertainment primarily to festivals and events ranging from large- to community-scale in Ontario. I'm also part of Ontario's 2SLGBTQIA+ community and an artist living with a disability in regard to mental health. I've proudly made my career and my living performing at Ontario's festivals, with incredible feats such as walking on stilts, juggling knives, standing on beds of nails and, yes, even breathing fire.

Mr. Deepak Anand: Wow!

Mr. Kyle Sipkens: I won't be doing that today.

My reason for addressing the committee today is to ask for an increase in funding to support festivals and events across Ontario and the many small business owners who drive this industry in the province. I'm requesting an increase to the proposed funding of \$19.5 million for festivals and events in Ontario through the Experience Ontario program, and to introduce funding for financial support to supplier business owners in Ontario's festival and event industry who were ineligible for both the Ontario Small Business Support Grant and the Ontario tourism small business grant.

The festival and event industry in Ontario is up against the same financial challenges that we all face today: the impacts of inflation across all their expenses. In a survey conducted by Festivals and Events Ontario, 93% of festival organizer respondents reported an increase in supplier cost since COVID-19. These festival organizers are forced to make difficult decisions, as they either have a pre-pandemic budget or a severely reduced budget, as their festivals rely heavily on provincial grant funding to cover costs.

For suppliers like myself, we face the same increased operating costs and far-reaching effects of inflation on our businesses, necessitating a rise in our fees for services. My clients are primarily made up of municipalities, BIAs, not-for-profits and volunteer committees who rely on funding from the Experience Ontario program in order to hire small business owners like myself.

Some 60% of the respondents in the same FEO survey said the government grants directly affect the success of

their events; 48% of the respondents reported receiving no provincial grant funding; and an additional 30% reported lower funding. Together, that's nearly 80%, for those keeping score at home. Also, 65% reported a change in sponsorship revenue. Inversely, 54% of respondents stated they received the same level of municipal funding.

While 60% of respondents reported that the government grant levels affected the success of their festival, almost 10% of festival organizers were seriously considering cancelling their festivals due to decreased funding. Imagine the devastating impact on our province of losing one in 10 festivals, and on our communities, and the impacts on Ontario business owners who earn their living from these events.

In his address to the FEO conference in March of this year, the Minister of Tourism, Culture and Sport, Neil Lumsden, stated that the ministry funded 282 festivals and events in communities across our province, which saw 34.6 million attendees and approximately \$2 billion in tourism spending across the province. We know the economic impact of Ontario's festival and event industry. Time and time again, our sector has risen to the occasion to give Ontario's residents a reason to celebrate and proven its worth. Ontario's tourism sector as a whole accounts for 4.1% of the province's GDP.

With a return of \$21 for every \$1 spent, investing in Ontario's cultural celebrations is a no-brainer. If I could find a high-interest savings account at my local bank for the same returns, I would be investing everything I had.

My clients' ability to hire us back each year is contingent on whether they receive the grant funding they applied for. As you can appreciate, this impacts my ability to make financial decisions for my own business and personal life, as I'm left wondering when or if events will be able to book so I can plan my fiscal year. Before the pandemic, I would have much of my festival season planned out early in the year. Since COVID-19, only a handful are able to book early. Many are booked much closer to the date, leaving myself and the performers I work with in a state of having to prepare on the fly, while sitting with unease in the interim.

Not all businesses in Ontario returned with the same financial footing since the pandemic. My business was not one of the Ontario businesses to receive the Ontario small business grant program during the pandemic lockdowns. I took part in a meeting like this one today virtually during Tourism Day at Queen's Park to help advise on the need for a similar grant for Ontario tourism businesses. Once it was announced, I was initially relieved to see performing arts businesses like mine were included. I waited with a renewed hope, only to be extremely dismayed that my category was removed from the program website as it went live overnight.

I filed a complaint. The investigation ultimately concluded that my experience was consistent with many who were left behind, as reported in the Office of the Auditor General of Ontario report, Value-for-Money Audit: COVID-19 Economic Response and Supports for Businesses in December 2021.

I am asking this committee to recommend new targeted funding to support those businesses in our industry who

did not receive support previously from the provincial government's small business support programs.

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

Mr. Kyle Sipkens: Years ago, Foodland Ontario had a slogan: "Good Things Grow in Ontario." Our festivals are the stage where our communities gather to sing, dance, eat, create and celebrate. They are where we grow strong community ties, improve our mental well-being and boost livability for Ontario's residents. It's where we are reminded of the driving force behind everything we do, our connections with one another. It's where strangers become neighbours, neighbours become friends and friends become family.

This year, the government has proposed maintaining the funding of Experience Ontario at \$19.5 million, the same as 2023, an amount that funded only a fraction of the festivals relying on those funds.

I'll be happy to answer any questions you may have.

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

The next presentation will be the Ontario Museum Association.

Ms. Sandy Chan: Good afternoon, honourable members. My name is Sandy Chan, and I am the executive director of the Ontario Museum Association.

The Ontario Museum Association appreciates the continued support provided by the Ontario government in the 2024 budget for museums across the province. We appreciate the commitment to supporting Ontario's workers who play a key role in the tourism and cultural sector in bringing life to our communities and histories in their role as educators, researchers and community leaders. They are the engine that is driving museums to be vital community infrastructure for Ontarians.

Today, I appear before you and I can tell you that museums continue to be major economic drivers in our regions. I can tell you that museums facilitate learning, and I can tell you that museums support mental health and well-being. But you know that already. It has been consistent in our submissions and our reports.

So today, what I want to tell you is a story about Roy. Roy is 96 years old. Roy is born in BC. He is a Japanese Canadian, forcefully removed from his home in World War II and placed in internment camp. Roy has been living in Ontario for the past 60 years. In his retirement, Roy became involved in volunteering in his local museum. He found purpose as an archiving volunteer. He found healing as he navigated his trauma and internment experience with others and he found a sense of belonging when he was part of an outreach program during COVID, where museum staff would call and check in on him, a 96-year-old living alone.

1510

Roy is one person in one community. Think about the impact museums are having and creating as our museums work tirelessly across 700 communities, serving over seven million visitors annually.

Museums and museum workers are finding themselves in an increasingly unsustainable position as we continue to

manage the long-term impacts of COVID, the rising cost of inflation, grappling with the climate crisis—all of this while navigating increasing social needs in our communities.

A recent study completed by the Ontario Museum Association in collaboration with George Brown College demonstrated that museums who receive Community Museum Operating Grant funding are better equipped to face these pressures, they are better equipped to deliver education services, they are better equipped to promote mental health and well-being, and they are better equipped to foster a sense of belonging in their communities, especially for newcomers, both in person and online.

This study demonstrates that CMOG-funded museums have a strategic plan and are more digitally equipped than those outside of the program. This reinforces that CMOG is a critical contributor to the long-term sustainability of museums and their ability to deliver services.

This is a program that works, but did you know that CMOG has remained closed to new applicants for the last eight years and has remained stagnant at \$4.9 million since 2016? This means that 75%, or over 530 museums, are locked out of the system. And for the 166 museums who are receiving funding, when accounting for inflation, they receive 25% less than they did when the program was last opened in 2016.

So, with that, the Ontario Museum Association supports and appreciates the Standing Committee on Finance and Economic Affairs' 2020 recommendation to bolster the Community Museum Operating Grant. We are recommending an investment of \$10 million into the CMOG Program, increasing the annual fund to \$50 million per year and doubling the reach of the program to 300 communities across the province.

An investment of \$10 million in CMOG would keep lights on, would keep workers employed, but it would also allow for upgrades to infrastructure and delivery of important services, such as education programs to our local schools.

As a recent example of the importance of the CMOG Program to communities, I would like to refer to the February 28 submission from the town of Lincoln to Premier Ford, highlighting the urgent need for increased funding to libraries and museums in Ontario. The town states that "an increase in CMOG funding will enable" museums "to continue" their "valuable service to the community," and that "recognizing these institutions as ... assets and strategically investing in their potential will contribute significantly to renewing post-pandemic social cohesion, economic well-being, and community resilience."

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

Ms. Sandy Chan: The data on the positive impact of the CMOG program, the testimony from the town of Lincoln and the Standing Committee on Finance and Economic Affairs's own recommendation to bolster the CMOG program are telling us that the people in the communities are asking the province to act now to support Ontario's museums.

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

Now we'll hear from Children's Mental Health Ontario.

Mr. Tatum Wilson: Good afternoon, everyone. My name is Tatum Wilson, and I'm the CEO of Children's Mental Health Ontario. I feel a bit privileged to be sharing a panel with a circus performer, but also, Kyle, I appreciate your reference to your own mental health issues, because it's precisely what I'm here to talk about.

It is my privilege to be presenting to you today and sharing feedback with you on Bill 180, on behalf of the 85 community-based child and youth mental health agencies CMHO represents and the 140,000 children, youth and families our sector serves each year.

I want to start by saying it is clear to me that child and youth mental health is on the radar for the current government, with last year's historic investments and the new funding in the 2024 budget for five new youth wellness hubs and investments in supportive housing. But unfortunately, this does not nearly meet the need for urgent, sustained and predictable funding to address the health human resource crisis and the long wait times for services within the community child and youth mental health sector.

The heartbreaking reality is that without increased stabilization funding this year, children, youth and families seeking mental health care will face growing wait times and increased barriers to accessing community-based care.

That's because children and youth are facing increased mental health issues like never before.

There has been an increase in self-harm, eating disorders, and anxiety and depression amongst children and youth, and as recently as 2022, four out of the top 10 reasons for hospitalization for children and youth are for mental health challenges.

Arguably, our hospitals should be the last resort for seeking care for mental health, especially for children.

Despite recent new investments in Ontario, decades of chronic underfunding in community mental health care and the current shortage of and challenges facing mental health professionals, combined with the toll of the pandemic and increasing mental health needs, have created a dire situation for the mental health and well-being of young people and their families.

Gaps in available care and barriers to accessing it are even higher for Black, Indigenous, racialized and other equity-deserving communities, who are known to already be at higher risk of experiencing mental health challenges.

While youth wellness hubs are a critical part of the system of care, on their own and without a stable and robust community mental health and social services sector, they are not enough to solve the crisis. Youth wellness hubs create an accessible front door that is integrated and designed for youth, a one-stop shop of existing services in the community, which is so important. But what happens when a young person needs more ongoing mental health treatment? They will likely find long wait-lists or a complete lack of treatment options altogether, depending on what their needs are.

That's why we need both urgent funding to stabilize services right now, as well as additional funding to system-build, so we can expand access and address long wait times and the significant gaps in care facing Ontario's families.

The solution is bolstering and building on the strengths of Ontario's community-based child and youth mental health centres, which are ready to expand to meet the growing needs in their communities.

I have to acknowledge that we are very grateful that the government has taken steps to respond to this crisis, and in particular this past year has made, like I said, historic investments in child and youth mental health.

Last year's 5% base funding increase for Ministry of Health-funded agencies was welcome, but even that funding was primarily used for retaining staff and didn't contribute to any expansion of services. We need predictable and steady funding increases to retain the specialized mental health professionals who are delivering care and treatment to over 140,000 kids and families a year.

Just like the rest of health care, we are experiencing a health human resources crisis in our sector, with vacancy rates as high as 30%.

A leading cause of these staff-retention challenges is wage disparities between sectors. For example, an experienced mental health worker in schools or in a hospital makes, on average, 50% more than someone working in the community-based sector. While it's easy to think that it's harder to work in a hospital than in the community, (1) this is not true, and (2) it ignores the fact that we need a system of care where one part is not pulling from another simply because of higher wages.

I know that we all, including the government, want to move forward from the impacts of Bill 124. I want to acknowledge that the government has made the right choice to repeal the legislation. However, there are lasting impacts from the implementation of that bill, and the community sector, like hospitals, needs resources specifically dedicated to catching up from the impacts of wage freezes, otherwise, we risk further falling behind those sectors that are receiving funds to address those gaps.

In addition, there are areas of our systems that have been left out of new funding altogether, and these are programs that serve critically important communities and children. Many of our members are funded by the Ministry of Children, Community and Social Services. Critical programs like infant and young parent programs, which support our youngest children and often their young parents, have not received funding increases in almost two decades, yet we know that important opportunities to prevent mental health issues from starting and intervening early occur in the infant and early years.

1520

As well, our members who work in the youth justice sector have also not received an increase in over 17 years.

All of these providers are part of the system supporting youth and need to be adequately resourced. None of us can succeed until all of us can succeed, and I encourage the government to work and think across ministries to ensure that funding increases are equitable or, at the very least, allow those sectors that have been left behind the opportunity to catch up.

Significant service gaps exist for underserved populations as well, like transitional-aged youth, francophone youth,

those with diverse identities and those living in rural and remote communities.

That's why stabilizing the existing system and community-based providers is not enough on its own. We need to build on the strength of the community and the innovative local solutions we have to build a system that provides the right care at the right time and the right place for every infant, child and youth and family that needs it. This involves investing in critical system infrastructure required to collect data and engage in continuous quality improvement. We want to be able to show and measure the impact and outcomes of investments, not just the outputs.

System building requires taking an equity lens and looking at those not being adequately served, such as those from northern, rural and remote communities; 2SLGBTQ+; those with concurrent disorders or complex needs; transition-aged youth; and sadly, the list goes on.

The good news is we have the solution to build on. We can build upon the strengths of Ontario's community-based child and youth mental health system, who are ready and eager to partner with the government to do this work.

The costs of inaction are too high.

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

Mr. Tatum Wilson: An entire generation of children and youth are at risk, and families, schools, hospitals, the justice system and entire communities are at risk of breaking under the weight of this crisis.

It does not have to be this way. Together, we can build a world-class child and youth mental health system and be global leaders. We can move from a system that has to rely on year-to-year stabilization injections to a high-performing system that is well planned and funded so we don't have to keep responding in crisis.

Applying a system-of-care approach is a critical part of building an integrated child and youth mental health system able to respond to the mental health needs of infants, children and youth, regardless of which ministry they are funded by, a system where no matter where you live, no matter what your age, your co-occurring needs, for all races, cultures and orientations, you can find the client-centred, culturally appropriate care that you need, that your child needs and your family needs.

We know that you share this goal with us. It's clear. And we look forward to continuing to partner with the government so we can better respond to the urgent needs of Ontario's infants, children, youth and families.

Thank you for your time.

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

We'll start the first round of questions with the independent. MPP Hazell.

MPP Andrea Hazell: Good afternoon to all of you. Thank you for coming in, and thank you for your presentation.

I'm going to start my question for Children's Mental Health Ontario, Tatum. I can tell you I share your pain points. I've heard your organization presented numerous times, and it's the same budget pressure, it's the same pain point. There's a survey that says the top 10 reasons why children ages five to 17 were hospitalized—that is during 2023 right

up to date—mental health took rank 1, 2 and 4. That is very sad to hear. They're vulnerable, and they're our future generation, so how can we let them down?

There's a part in your presentation that I want to pay particular interest on, is the significant barriers for racialized and marginalized children to get culturally appropriate help they need. I hear it from parents from Scarborough–Guildwood, from Scarborough. I hear it all the time. Have you seen that getting worse? Is the gap widening?

Mr. Tatum Wilson: There is no question that the gap is widening. All the evidence says that people from those communities—and, again, like I said, it's quite a list—already are at higher risk for mental health issues for any number of reasons that we can imagine, whether it's as newcomer status or poverty or other reasons, and it is certainly true that the system has not been designed to meet the needs of our full range of the demographics that we see in Ontario. Although, I will say, many of our members, notwithstanding the financial limits that they are facing, are coming up with creative solutions independently.

What would really go a long way is to have the endorsement of the government and of funders and the Ministry of Health in better equipping and preparing the sector to be able to manage that. We are working closely with our members to figure out what we can do in that regard, but at some point, we will need to have dedicated funding in order to address those issues.

MPP Andrea Hazell: So what funding are we looking at, and what are the alternatives, the creative ways that you're coming up with?

Mr. Tatum Wilson: The first one is identifying the issue. Identity-based data collection is really important and supporting our agencies in both how to do it and also the resources to collect that data in a consistent way so we can measure it. As you all probably hear many times, what you measure gets fixed, and at this point we can't even measure to know exactly how different the outcomes are based on the data that is collected with our agencies.

So that's one way, and appropriate resourcing, which might also mean not just across-the-base increases of 5% every year where every agency grows by 5%, but a targeted approach where we do it based on assessment of need, based on community need, and actually allocating the funding in a way that meets the needs, in order to address those challenges that we see in each of those communities.

MPP Andrea Hazell: Because here is what I'm really worried about: There is a significant increase in self-harm with children. I know about five to six children right now with that situation—never had that situation before. The parents, they are going through so many pressures right now. Are you hearing a lot about this?

Mr. Tatum Wilson: Absolutely. The system-wide evidence, like you've said, in the hospitals and hospitalizations for these issues is certainly showing that that's the case.

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

Mr. Tatum Wilson: But also, anecdotally, we hear from our members all the time about the increase in self-harm, anxiety and depression. The pandemic, while I know it had a significant impact, obviously, on our seniors—for which

it's just heartbreaking—the school closures, isolation, sense of depression and anxiety all had a significant impact on children, and they bore a lot of the brunt of the pandemic as well, which is leading to some of these things that you're raising, and it is very true across the board.

MPP Andrea Hazell: This is very serious, and this is a very serious presentation. I hope the members opposite are listening. Thank you for putting that on the record.

The Chair (Mr. Ernie Hardeman): MPP Hogarth.

Ms. Christine Hogarth: I just want to thank everybody for being here and sharing your stories—all different stories—with the finance committee. It's so important to hear from the community members of some of the great things we're doing and some of the places where we can do a little bit better.

I was just looking at some of the statistics. Since 2020, with regard to our youth wellness and mental health, we have established 22 youth wellness hubs. It has taken a long time to talk about mental health, but I would say there is no provincial government more than this provincial government that has put mental health and wellness on the radar screen across this country, so I certainly have to give credit to Premier Ford and Minister Tibollo for the work that they're doing on mental health and wellness.

But I also want to thank you for the work that you do, and the ongoing work, because we have to look after our young people. We have to make sure they're well and we have to let them know that it's okay not to be well and find solutions for those problems. So I thank you for the continued work and dialogue with our ministries to make that happen.

Now, on a more fun kind of note, I want to talk a little bit about arts and culture, one of my favourite things. In my riding, we have many, many movie studios that we are very proud we were able to keep open, actually, even during COVID, so it kept people employed during the time. They had strict guidelines to follow to make sure that those jobs remained. A lot of people don't know the money that is behind—it's not just the movie stars. It's the makeup. It's the construction. It's the food and beverage. There's so much involved in the movie studio life. It's not just one.

In an old life of mine, before politics, I worked in Sudbury, and an idea came from one of the small—I guess he was a small producer, and he wanted to build a studio. The mayor at the time—I was her chief of staff—we looked at an old arena in Capreol that wasn't being used. It was just sitting with dirt and some tools and construction items, and we were able to clear that out so he actually had a place to make movies.

That was really the start of one of the movie studios in Sudbury, and now you see, in northern Ontario, movies being made. You have Letterkenny. You have, in North Bay, "There goes the heart" or something like that. I know that—

Mr. Mike Harris: When Calls the Heart.

Ms. Christine Hogarth: When Calls the Heart; I knew that.

Mr. Mike Harris: Filmed in Powassan, Ontario.

Ms. Christine Hogarth: Powassan, Ontario. Do you know what? It's so great, because the jobs should not only be in Toronto. We have to move them around.

In one part in the budget, we commit to reviewing the Ontario Film and Television Tax Credit regional bonus, to ensure it effectively supports film and television production across the province. Now, you're an actor and other things—a juggler and knife-thrower—so you are a risk-taker there. I just want to know, from your professional opinion, what you think of regional supports for the film industry.

Mr. Kyle Sipkens: Thank you so much for your question. I am an actor. My background is that I do have a BFA in acting from the University of Windsor, and I'm very proud of that and what is accomplished around the province. I think, absolutely, we need to inject investment throughout our province, not just around Toronto, but around different regions. Hamilton is seeing an influx. I am actually a member of the ACTRA union as well. I'm a full member of that.

1530

Personally, myself, despite it being my main focus of study, in practice last year I think I earned maybe about \$1,300 doing background work in film and television, which is still not bad. But working in festivals and events has become my bread and butter for the past 20 years, where I've been able to get the most success and actually see performance across the country in different regions, whether it's Toronto BuskerFest or LaSalle Strawberry Festival or Mount Forest fireworks or the Southside Shuffle in Mississauga.

I think we absolutely do need to continue to focus on arts and culture through film and television investment. I think we also need to put as much investment in where our communities gather together in person, because that's where we get to find a lot of what we missed during COVID, which was the opportunity to gather together and how much that impacts our health, how much that impacts our community strength and how much that impacts our mental health.

I'm very grateful to sit at the panel today and to also mention that I think I hold myself as an example of what someone could accomplish when investment is made in mental health, and what they can accomplish—maybe they, too, can walk on stilts and juggle knives and even breathe fire.

Ms. Christine Hogarth: Thank you very much for the answer, and thank you very much for entertaining us. It's important.

And you are right. I think the one thing we missed during COVID is that interaction with one another, and—as we've never seen before—the need to be with others and go to those festivals. I think you see more and more people going out. I know in my riding we have the grilled cheese festival coming up, and we have Kingsway festival in September, and we have our Christmas parade, which is the largest in Toronto, because technically the Toronto Christmas parade is not really a Toronto Christmas parade

anymore. So come to Etobicoke for Christmas. But we love the work you do.

Now that we've talked a little bit about tourism, what advice would you give the government on going forward when it comes to building up the tourism sector in Ontario?

Mr. Kyle Sipkens: I can only speak for my personal experience. I'm certainly not an expert in tourism. I'm a small business owner and someone who works in the industry.

The advice that I would give to the government is that the recovery of tourism in Ontario is a multi-year recovery. We were grateful to see the funding that came to the tourism sector to help us reconnect. We initially had the Reconnect program to support festivals and events, but that recovery process is not over. We still need to focus on investing long term and helping the business owners and the organizations—

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

Mr. Kyle Sipkens: —in the tourism sector to face the challenges that affect us all, with rising inflation costs etc., and to remember that our festival and event industry, while being part of the tourism sector, has its own unique needs as well and also needs its own unique focus.

Ms. Christine Hogarth: Great.

Just in my last little minute, Sandy Chan, I just wondered if you could share a little bit of what you think, because museums are all part of tourism, all part of culture. What do you think the government should do? Any advice for the tourism sector when it comes to museums?

Ms. Sandy Chan: Removing obstacles to visitors being aware of what, really, tourist attractions there are. A museum is one of the tourist attractions in so many of our regions, and I think it's the visibility and just the efforts in really uplifting and leveraging them to be part of a collective tourism experience, along with arts and culture and restaurants and—

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

We'll now go to MPP Fife.

Ms. Catherine Fife: Thank you to all presenters.

I'm just going to start with you, Kyle. Did you go to the Waterloo busker festival? Have you been there? Yes? You're very talented.

Mr. Kyle Sipkens: Thank you.

Ms. Catherine Fife: You are. I know you regard yourself as a circus performer. I can tell you, you would fit in really well around here as well.

Mr. Kyle Sipkens: There are different circuses, for sure.

Ms. Catherine Fife: There's a bit of a circus sometimes around this place.

Mr. Mike Harris: The fire-breathing comes from that side.

Ms. Catherine Fife: Yes, we'll see about that.

But not to make light of it—I do think that you make very good points around the return on investment. When those festivals come to towns, everybody benefits, and there is also, as you point out as well—really, people do want to come together. They want to be entertained, and they need the distraction. So I think the Tourism Ontario—this multi-year recovery strategy is not going to happen with thoughts

and prayers, right? It needs some resources, and dedicated resources, and also doubling down on what is actually working. I think that that's a good message to bring to this committee today, so thank you very much for that.

I do want to chat with Tatum. I'm currently working with a family in Waterloo, the Roth family. They lost their daughter April 28, 2022, to suicide. Just as you described, she didn't fit into the system. She was 18, 19. She had sought help. I mean, really, when people do have the courage to ask for help, the help really does need to be there in real time, not a two-year wait-list.

I totally—and as the Roth family would absolutely agree with you as well, hospitals are not the place for children or youth to seek mental health supports. The wait times in the emergency room compounded the problems. They're advocating for alternate destination clinics, and I think it's different than the hub: The clinics are separate from hospitals, they're dedicated to mental health care, they provide trauma-informed and therapeutic environments staffed by professionals who are trained extensively in mental health and addictions.

Your point around Bill 124—you said that it's good the government had to repeal Bill 124. Quite honestly, they had to. They were forced to. It was an unconstitutional piece of legislation, and it did hurt those front-line workers that are actually suffering as well from some mental health issues.

And this is just a smarter way to invest, I believe. It's dedicated. Our hospitals are in crisis—2,000 emergency room closures last year in Ontario. So providing a separate location is really an investment that would save lives, would alleviate the pressure on the emergency rooms and hospitals and acute care and really be more inclusive and friendly, I think, towards those who are asking for help. I just wanted to give you a chance to talk about that, please.

Mr. Tatum Wilson: Yes, of course. And obviously, I hear stories every day, tragic stories like this, and it's another one to add to the list. My heart goes out to that family, undoubtedly.

I would say every idea is a good idea when you are brainstorming to figure out solutions, but that is what our community agencies are there to present and represent for families. They can be a place in the community, close to home, to be able to go to get that care, and while they may not exist right now as an alternate destination clinic by name, the capacity for them to do that with the right investments is exactly what we want to talk about.

I know our economic situation is such that we want to be using dollars responsibly and efficiently, but an investment right now in the community is not seven-to-10 years down the road it saves monies in the hospitals; it's within months. If you can get people care access in the community, they will not have to go to the hospital, which is why we try to work so carefully on not just more investment in the community versus the hospital but also building pathways so that there are alternative places where people can go to get care.

I will give credit to our hospitals who have become quite innovative. I live close to Michael Garron Hospital,

where they have a child and youth part of the emergency department, and it's been great. I have a four-year-old son, cutest child on the planet, and we had to take him there one time, and they have toys and things like that. Any way that we can find efficiencies and find creativities in our hospitals, for example, to help alleviate those concerns would go a long way, but they can't continue to do it with the limited resources that they're facing, and just like our sector, while they are able to be innovative and creative right now, imagine the potential that they could do if they got the appropriate investments.

Ms. Catherine Fife: Yes, that's a really good point. I do think, though, we have to start looking at the investments towards mental health very differently. I mean, the Roth family have a slogan: "Tomorrow Needs You." We should start to think about the lost potential that we are losing when we don't meet the moment when someone comes forward and asks for help—because Kaitlyn wanted to work with special needs children. We need people to work with special needs children, right?

Then you also touched on your presentation around youth justice. We haven't heard too much about what is needed on the youth justice file, so I just wanted to give you a chance, one minute, just to dig deeper down into that issue.

1540

Mr. Tatum Wilson: Yes, of course. Thank you. Just to the point about economic loss and other impact, the economy loses \$420 million a year because of parents having to remove themselves from the workforce to take care of their child with deep mental health issues.

On youth justice, I think right now we have a system where the primary focus of this system is often on the institutions, which are run by the government. They are what we think about with youth justice, but we often forget about what happens when kids come out of the youth justice system. We have a whole network of agencies who provide targeted, focused, trauma-informed care to kids who have experience with the youth justice system—

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

Mr. Tatum Wilson: — which is different than other typical types of mental health issues. There has not been a funding increase in 17 years.

Just as an anecdotal example—and I know I'm a bit short on time, but to give you a sense of how much that is—I asked one of our agencies, "If you had gotten the 5% last year, what would that have meant to you?" I was expecting an answer somewhere around \$500,000 or \$700,000, and he said it was about \$11,000. So we are talking about already small, really underfunded organizations, and how a 4% or 5% or more equitable increase would go to providing those services.

It is also a system of care, because those kids, if they don't get treatment there, end up impacting their family; they end up continuing in the justice system, potentially on social assistance. I mean, it just goes from there, and it's the same pool of kids, and we need to do whatever we can across all those systems to care for them appropriately.

Ms. Catherine Fife: That's actually a really good message, and you are quite right: Even your request of \$140 million

over four years would be, in the context of the budget before us, not a lot of money—

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

We'll now go to the independent: MPP Hazell.

MPP Andrea Hazell: I'm going to give you time to answer the question. For the \$140 million over four years, how do you see that spread out? I want to give you a minute to conclude that question.

Mr. Tatum Wilson: Sure, and thank you for all the questions. I appreciate that the other two also mentioned mental health in their presentations, but I appreciate the chance to continue.

Again, this past year was a historic year. I want to acknowledge that with the government. We really appreciated it in the 2023 budget. That money would go towards, again, not just retaining staff to hopefully keep them where they're working, but being able to create new and expanded programs. We do have some agencies who, because of creativity and innovation, have been able to reduce their wait-lists down to next to nothing, but then we also have agencies that have 30% of their front-line staff—not just finance and admin staff—whose positions are vacant. They are actually spending more time doing recruitment than they are doing service.

That money would go towards expanding the availability of services and appropriately paying the staff. We have some staff who are using food banks. We have some staff who are asking to give up their benefits in order to get more money in their pockets. And again, they can go and work in the school board for 50% more money. We had a 37-year clinician in Sault Ste. Marie who left to go and work at the school board because he could make more money there.

So that wage parity issue would go a long way out of that \$140 million, and then it would create the circumstances where we could actually continue to innovate across the province, hopefully not just hanging on to the staff that we have, but hiring more staff, hiring better—a client information system is not hiring, but gathering better client information systems, so that we are able to measure the kind of outcomes and then do more quality-based, improved outcomes and offer them the care that we deliver. I could go into more details, but there are lots of different ways.

Also the difference with child and youth is that it's not just the patient, but it's their family that surrounds them. Siblings are affected, parents are affected, and the supports and the interventions also need to support those.

MPP Andrea Hazell: Thank you for putting that on the record.

I want to move on to Sandy. Sandy, once again, thank you for your presentation. We all around this table know how important museums are to the business sector, to the economy of this entire country. Thank you for reiterating that Ontario is home to over 700 museums, galleries and historic sites. We still need to hear that again. You've got 11,000 employees, 37,000 volunteers, so congratulations on that.

In your presentation—I want to ask you a funding question that really jumped out at me. You said in 2023, CMOG

funded fewer than 25% over your 700 museums. I want to ask you this question, as a small business owner myself before I became a politician: How are those museums managing to operate without that funding? And how come they're still keeping their lights on?

Ms. Sandy Chan: The 75% who are not getting support from the government, they spend a lot of their energy on pursuing project-based funding, on short-term project-based funding, but it hurts the longevity and sustainability of the museum—

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

Ms. Sandy Chan: —because they are forced to chase after different priorities based on the funding. But, of course, the community that they can leverage also are extremely supportive of the work and recognize the importance of what they are doing.

MPP Andrea Hazell: Well, I do hope you get the funding, because you are all so important to this economy and also the GDP. It's very important. I hope you get the funding. I'm keeping my fingers crossed for you but keep pushing it. Do not stop.

Kyle, I just want to say congratulations, as a small business owner. We have a very strong backbone and you're going to survive. I just know it. That's all I have to say with my time.

Mr. Kyle Sipkens: Thank you.

The Chair (Mr. Ernie Hardeman): MPP Harris.

Mr. Mike Harris: Thank you, everyone, for being here today. Kyle, I'm going to ask you some questions in a few minutes.

I just want to say, Mr. Wilson, you've really given us a great presentation today. I think when we look at some of the previous groups that have been in here, it's easy to criticize the government when you're not the government. I think the opposition does it a lot, and I'm trying not to be too partisan here, but often they don't really come with solutions. A lot of the people who come to the table often don't come with solutions, and really, it's just, "Throw more money at it, and that will fix everything." I think we've seen from the past that that doesn't necessarily work.

I want to applaud you today for your presentation, because I think you actually put some concrete solutions forward that we all should be taking a look at, and you make it non-partisan. You're not necessarily attacking anyone around the table—and we've seen that quite a bit over the last couple of days. I wanted to say it was a bit refreshing for, let's just say, an agency that may not always get along with government to be able to have a collaborative dialogue. I think that's really important.

I myself have five kids. We're not immune to what we saw during the pandemic. It was very difficult. I'm going to tell you just a little bit of a personal story. My daughter, who at the time would have been five, in senior kindergarten, was trying to navigate the world of online learning. She eventually started just crying one day, and she was like, "Dad, I don't want to do this anymore. I want to be back in class, and I want to be with my friends." It was really, really hard for her to understand at five years old why she couldn't do that.

That's why I think it's so important for agencies—the umbrella that you cover, I guess—to be able to be there for kids who are having those types of challenges. That was a very minor thing, but if you think of families that may not have the same support that we do at home, that turns into another thing and another thing and another thing, and all of a sudden, you've got someone who is now in crisis, needing to go to the hospital or whatever the situation may be.

I just want to say thank you for the work you're doing, and we do take it very seriously—mental health, children's mental health. We have the first stand-alone mental health ministry in the history of the province, and Canada. We've put some significant, significant resources behind that, and I think we're turning the page. I'm sure you'll agree that there's more to do, but I think we're putting our best foot forward with that. So again, thank you for your presentation today.

Kyle, I think I've seen you at Waterloo busker festival, which is interesting. I wanted you to walk us through a little bit what it's like for you when you're looking at the season, you're looking at booking events—and forecast out, let's say maybe five years ago, pre-COVID, what that looked like, and what it looks like now, and what the decrease in events is and how you're augmenting your schedule and trying to make that work. Because I think that's a big piece of the conversation, right? If we're not seeing these events happen, for whatever the reasoning may be, it makes it really hard for folks who are in your position to be able to succeed, to MPP Hazell's comment.

Walk us through a little bit what that looks like.

Mr. Kyle Sipkens: I'll certainly do my best. Thank you for your question. For myself, as a small business owner in the festival event industry, my season is primarily May to the end of the year, with the heaviest part of it taking place during May to early fall, and then fall is kind of its own, and then again the holiday season. There is usually a bit of a break in January, February, March.

For myself, my year normally starts early in the year, reaching out to festivals and the Festivals and Events Ontario Conference. Normally it takes place around March. Around that time, I normally like to have—or pre-COVID, I would normally have a rough idea, even if the details aren't in place yet. That would kind of give me my basic framework, and then during the conference or in the month or two following, that's where I would really try to firm up my schedule for the year.

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Since the pandemic, I am largely going into the conference time generating a lot of leads, because there may be a number of festivals that I reach out to and what I hear from them is, "We would absolutely love to have you back. It's contingent on funding." Last year, this was a large challenge, because the Experience Ontario program announcements were made very late, so that unfortunately meant that a lot of festivals were either already past the time they could apply, past the time the event took place or it simply wasn't feasible to bring it together.

From speaking with the people who work on the program this year, they mentioned that they had heard that feedback

and that they wanted to implement it earlier this year, and the applications did open earlier. To my understanding, we're still waiting to hear back when that funding might be announced. So you can imagine, if your festival takes place in a month or two, the number of things that you have to get in place before that can happen.

Mr. Mike Harris: So is the funding that we're talking about funding that would be specific and contingent on the festival actually taking place, or is this funding that would be used to, say, pay someone like yourself to come and attend and be part of the event? Or is it a bit of both?

Mr. Kyle Sipkens: A bit of both. The Experience Ontario program is a program that festivals apply to to cover a large amount of their costs. I unfortunately can't mention what the specifics are, but that covers a lot of their things, including supplier costs, including perhaps what they had to pay to municipalities for street closures and things like that.

Mr. Mike Harris: But it would also be funds used to pay the entertainers.

Mr. Kyle Sipkens: It would ultimately be used to pay the entertainers, and that's why one of the things I'm asking is for an increase in that funding, but I'm also asking for targeted funding that helps—

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

Mr. Kyle Sipkens:—support from the bottom up as well, because trickle-down economics doesn't always work, as I think we've learned in the past.

Mr. Mike Harris: Gotcha. Thank you so much. I appreciate it.

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

Mr. Deepak Anand: Chair?

The Chair (Mr. Ernie Hardeman): No, no. It's less than a minute left.

MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to all our presenters today.

I'd like to begin with you, Kyle. Thank you very much for sharing your story. It is very powerful for people to live their truth in so many different ways. It's also distressing, because tourism and the arts were the first hit during COVID-19 and they were certainly the last to open.

Even though I'm with the official opposition, I want to apologize for the disaster that was the Ontario Small Business Support Grant. It's very distressing that your category was removed the night before it went live. I dealt with many businesses that had tremendous difficulties, but that is incredibly upsetting.

You've asked for targeted funding for those who didn't receive support prior. I wonder, do you have any numbers? You mentioned that only a fraction of festivals get that Experience Ontario funding. Do you know how many festivals have been excluded from that funding?

Mr. Kyle Sipkens: I only have the number that I was given from the Festivals and Events Ontario survey that they did last year, which was a number that went out to their membership. What I do know—and I'm just trying to find it here, sorry—was that 48% of the respondents in that survey reported receiving no provincial grant funding and an additional 30% reported lower funding. So nearly 80% of the festivals and events received either no or less funding

than previous years, which—obviously, coming back was a struggle.

I don't have similar numbers for the Ontario small business support program, but the Auditor General's report would probably be helpful with that one.

Mr. Terence Kernaghan: Absolutely. Obviously, we'll ask the government, but I think it's time for another FOI, because they're not exactly forthcoming with all the facts at times.

I think about my community in southwestern Ontario. The Home County folk festival just announced that they won't be returning this year—combining the counties of Huron, Oxford, Middlesex and Elgin. It was a wonderful thing. It's incredibly unfortunate that in budget 2024 we didn't see festivals mentioned one time throughout the document.

I'd like to move over now to Sandy. Sandy, it's good to see you again. Of course, thinking about Museum London in my area, I need to shout out Julie Bevan, who is a wonderful person. I have so much respect for the work that museums do because of her.

Again, we see museums were not mentioned once specifically in budget 2024. You mentioned that funding had been frozen since 2016, and that 2016 funding is 25% less than it was at that time. Would you like to share any metrics or any return on investment that each dollar invested in CMOG realizes?

Ms. Sandy Chan: The hard figure is for every dollar there's almost a \$4 return, but when you factor in the personal, the intellectual, the emotional and physical benefits of a museum visit that can benefit an individual, the sustained benefits that we can see, it is argued that there is almost a \$12 return on how it can benefit the well-being and the sustained benefits of a visitor to a museum.

Mr. Terence Kernaghan: That's excellent. Well, as Kyle said, that would be the kind of investment I would want to be making, with that kind of return.

I wanted to ask, can you discuss how an investment—I recently attended Museum School London in my area, and they do the wonderful work with the London Heritage Council. I wanted you to possibly touch on how investments in museums actually benefit the broader education system, as well.

Ms. Sandy Chan: Museums are so multidisciplinary now. They are part of a community infrastructure, they drive tourism, they contribute to mental health and they are also educators. We are looking a lot more than we have in the past in what we call cross-sector or non-traditional partnerships where we are partnering with departments in the Ministry of Education as well as senior care, children's care. All of these are important. We are focused on providing a holistic experience for all of our visitors, and being able to do in person as well as digital field trips for local schools as well as a broader provincial experience for all of our schools in Ontario is a priority for our museum sector right now.

Mr. Terence Kernaghan: Excellent. It's that experiential learning, actually getting out into the community, seeing things as they are; there's no replacement for it.

Do you by any chance have a list of the 530 museums that you referenced that have been locked out from CMOG funding?

Ms. Sandy Chan: We can certainly provide that, yes.

Mr. Terence Kernaghan: Wonderful. Absolutely. Thank you very much, Sandy.

I'd like to move over to Tatum. Thank you very much, Tatum. I would like to know some numbers. What is the average wait time for kids seeking mental health care in the community?

Mr. Tatum Wilson: One of our challenges without a province-wide system for measuring wait times is that it is hard to get up-to-the-minute, current wait times. But we did do a full analysis pre-pandemic, and there were 28,000 kids on the wait-list at the time. The average wait time was nine months. That's the average of the whole province. In the worst regions of the province—worst for wait times—it was two and a half years. There are kids who, pre-pandemic—and, again, like I said before, we know it's only gotten—the prevalence and the acuity of the issues have gotten more, so we can only assume that the wait times are somewhere in that world, but we would love to be able to do another update of those numbers as well.

Mr. Terence Kernaghan: Most definitely. This finance committee heard that within my community, Children's Aid Society London and Middlesex, there were six children who were surrendered to care, surrendered to CAS, because those parents were not able to access children's mental health supports within the community. As it turns out, since that February meeting, I believe the number has grown to nine. Would you like to comment about that, about parents who, because they're not able to access mental health supports, actually have to give their kids over to care?

Mr. Tatum Wilson: Yes. It's a tragic situation, and wherever the facts lie about what that is, any parent who voluntarily gives their child up to child welfare is just a tragic and sad situation. No parent should be forced to make that decision. As I said, as a relatively newish parent, I can't even imagine.

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

Mr. Tatum Wilson: I do think that what is important in that regard is the way the media framed it seemed to be child and youth mental health versus child welfare, and not being able to get access in one sector and getting it in the other. What we would say—we work closely with the Ontario Association of Children's Aid Societies—is this is the time for a whole look at children's services and the children's sector generally. Again, the fact that it's two ministries that arguably work in silos is another challenge.

1600
There's no trite answer that I can give to talk about the severity of that situation, but it does require a collaboration between the two sectors, but arguably with the right resourcing and in the right way from the government, so that these sectors are able to work together so no parent is forced to make that decision.

Mr. Terence Kernaghan: Understood. What happens when children don't get mental health care in an appropriate length of time?

Mr. Tatum Wilson: Well, one of two things: For those who can afford it, they go to private care, which is more widely available. In fact, we are losing a lot of staff, sometimes, to private care—

The Chair (Mr. Ernie Hardeman): Thank you very much. There may be lots of things, but we haven't got time for them.

That concludes all the time for this panel. We want to thank all the panellists for all the time it took to prepare and to so ably present it to the committee today. We very much appreciate that.

With that, we will ask the next panel to come to the table. I was just going to say, the last panel for 5 o'clock has cancelled, so this will be the last panel of the day.

Interjections.

The Chair (Mr. Ernie Hardeman): I can see a lot of consternation about that.

ELEMENTARY TEACHERS'
FEDERATION OF ONTARIO
ONTARIO CLIMATE EMERGENCY
CAMPAIGN
THE SCHAD FOUNDATION
AND THE ONTARIO
CONSERVATION COMMUNITY

The Chair (Mr. Ernie Hardeman): The next panel is the Elementary Teachers' Federation of Ontario, the Ontario Climate Emergency Campaign and the Schad Foundation and the Ontario Conservation Community.

With that, as they're approaching the table, each presenter will have seven minutes to make their presentation. At six minutes, I will say, "One minute," and that gives you the one minute to give the best part of your presentation. At seven minutes, I will say, "Thank you," and the mike will stop.

We also ask each presenter to start with introducing themselves so Hansard can get the right name to the presenter and the presentation that's being presented.

We're going to start it with the Elementary Teachers' Federation of Ontario.

Mr. David Mastin: Good afternoon. My name is David Mastin. I am the first vice-president of the Elementary Teachers' Federation of Ontario. I would like to thank the committee for the opportunity to speak to you on behalf of 83,000 ETFO members who work in Ontario's public elementary schools.

Earlier this year, my colleague, ETFO president Karen Brown, spoke to this committee about the importance of investing in public education. At the time, she urged the government to consider our recommendations and allocate the necessary resources to undo the damage caused by years of chronic underfunding. It was our hope that the government would shift direction and begin to focus on providing the necessary resources to address the diverse needs of students in Ontario. Instead, the government has decided to continue to prioritize corporate tax cuts at the expense of public services.

Earlier this month, the FAO released a report comparing revenue and program spending in Ontario to other provinces. From the FAO analysis, it is clear that the province has a revenue problem. Ontario raises less revenue per capita and spends less on public services per capita than any other province in the country.

Under the current government, public education funding has fallen significantly. Between 2018 and 2023, education funding decreased by approximately \$1,200 per student, when accounting for inflation. The budget tabled by the government not only fails to address this gap in education funding but deepens it by failing to keep up with the enrolment growth and inflation. Make no mistake, this budget contains cuts to public education in real dollars and will leave students with fewer supports.

As we wait for the release of the Grants for Student Needs, we must now worry about which student supports school boards will be forced to scale back or which front-line positions will be cut. We know these negative impacts will be disproportionately felt by already marginalized communities, including Black, Indigenous, racialized, disabled and low-income communities.

Right now students need more support, not less. They need more caring, qualified adults in the classroom, not fewer. They need timely access to special education and mental health supports, not longer wait-lists.

Violence in schools: Last year, ETFO commissioned a survey of its members about their experiences of workplace violence. An alarming number of ETFO members—77%—said they personally experienced violence or witnessed violence against another staff member in the 2022-23 school year. Two thirds of members said the severity of violent incidents has increased, and 72% said the number of incidents has increased since the beginning of the COVID-19 pandemic. Forty-two per cent of members have suffered physical and/or psychological injury or illness as a result of workplace violence during the previous school year.

Learning is being disrupted and violence is being normalized, because the system is suffering from chronic underfunding, under-resourcing and understaffing, creating environments where students' needs are going unmet.

The solutions to these complex problems are known and within grasp.

Smaller class sizes: Smaller classes help improve student behaviour and peer relationships and increase student engagement and achievement in the early grades. Smaller classes mean educators have more opportunity to give students individual attention. The government should establish a class-size cap of 24 students for grades 4 to 8, and a cap of 26 students for kindergarten classes.

Special education: ETFO supports Ontario's integrated model for education, which means that students, whenever possible, should be learning together with their same-age peers, regardless of their needs. This, however, requires full funding and full support. Students need timely access to educational assistants, behavioural counsellors, child and youth workers, psychologists, and speech and language pathologists to help them learn and thrive. Special edu-

cation funding has simply not kept up, either with the inflationary cost or with students' increasing need for special education supports. The government must increase special education funding and ensure that special education grants are based on the actual needs of students.

Many school boards are experiencing staffing crises, while at the same time, many educators have made the difficult choice to leave the profession. The government must focus on improving the working conditions of teachers and educators to improve retention and recruitment. This means providing funding for smaller classes, adequate front-line staffing to support students with special education needs, access to mental health supports for students and educators, and professional learning to support educators. It also means respecting teachers and educators, and working with us to improve the public education system.

Equity: While Ontario has adopted an equity and inclusive education strategy, much more needs to be done to ensure that the vision for equity is realized. Educators need culturally relevant classroom material that reflects the diversity of their classrooms and school communities. Educators also need fully funded professional learning that improves their ability to address racism, anti-Semitism, Islamophobia, sexism, homophobia, transphobia, ableism and classism. We also call on the government to provide additional funding to school boards to hire additional counsellors, social workers and school nurses that would specifically assist families and students from Black, racialized and Indigenous communities, as well as students living in low-income communities.

These proposals are entirely achievable. What is missing is the political will to do so. Budgets are about choices, and it is time for this government to choose to invest in the future of Ontario and ensure students in this province have access to the equitable, high-quality public education they deserve.

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

The next presenter will be the Ontario Climate Emergency Campaign.

Ms. Lyn Adamson: Can you hear me?

The Chair (Mr. Ernie Hardeman): Yes.

Ms. Lyn Adamson: Thank you. I'm Lyn Adamson. I'm one of the chairs of the campaign, and one of the things that I want to point out today is that the climate crisis is real, and this government is going in the wrong direction in so many ways.

Just on the last page of the handout that you got, there is a graph showing where our temperature rise is going. You may have heard that we're over 1.5 already in terms of the average—we're having very hot years right now—and this is going to have severe impacts. It doesn't help to ignore it, we can't ignore it, and I feel like this budget is ignoring it in so many ways.

This budget pitches keeping costs down, but instead, it is setting the groundwork for increasing our emissions. We should have a target—which I believe is, for this government, 30% below by 2030; for the federal government, it's 45% below by 2030; and globally, 50% below by 2030—

but I don't know that we're keeping track of it. I don't know that we're actually making progress. It looks like we're setting the stage for increasing emissions.

This budget does not use a climate lens or a climate target as a reference point, and it subsidizes activities that will increase emissions, including subsidizing car drivers and car owners, building more highways and more sprawl. It should be using a climate lens and subsidizing activities that take us in the right direction. So be honest with Ontarians that we have to make a transition and then show them how we can do it.

1610

Our plan, which you can see online, has 12 main points in it. Obviously, in just about six minutes now, I can't really go through them all, but I'm just going to walk you through a few pages here.

Point number one, and you can see it more online, is setting binding climate targets based on science. Okay, we're not seeing this here. I have one article quoted there. This could cost us 20% of our incomes over the next 25 years. If we do not pay attention and do our part in bringing emissions down, we are going to pay. For example, the expansion of gas-fired electricity instead of renewable energy the Atmospheric Fund report says has led to a 26% increase in emissions in just one year, in 2022, in the GTHA. That is because of building gas plants, and you're planning to expand them to 25% of our supply by 2030.

This is going to make it actually impossible—you can see the graph on the second page of the increases as they're coming forward. This is going to make it impossible for local municipalities to reach their climate plan. I'm co-chair of the city of Toronto's climate advisory group. Our job is to work with staff to reach our climate targets, which are more ambitious actually, 65% below by 2030. But we're not going to be able to make progress on our targets, which is primarily through electrification, if the electricity grid is not clean.

You will see I have in here all the figures as to why renewable energy is much cheaper than gas or nuclear.

We need to recognize the impact on Indigenous communities of increasing emissions.

We need to invest in a thriving, regenerative zero-emissions economy. And you know, you are doing something right with Stellantis, I have to say, because actually my son is involved there in the mechanical systems, building that plant. So we're going in the direction of EV batteries and EVs, but we're not mandating that they have charging in the building code, chargers in new homes. We're not doing what we can. Like, we're not giving a consistent message that we're actually transitioning to this greener economy.

There's an example there, if you want to read it, just talking about how a small investment in renewable options and working with farmers gives great benefits to them. If you want to keep costs down, you need to look at these rather than large subsidies—\$7.3 billion this year alone for nuclear subsidies there. So, really, we're saying place a moratorium on further investment in nuclear energy and invest instead in new renewables.

What came out of the COP talks, COP28, the climate talks this year, was a worldwide commitment to tripling solar energy by 2030. This says 2035 if you need a little more time, but let's get on the path of tripling. And the IESO itself reports that new solar and wind are 55% to 70% lower in cost than new nuclear. We don't want to increase the emissions with gas-fired. We don't want to spend all this money and all this time building reactors for which we still don't know what to do with the waste. But tripling wind and solar and lifting the more moratorium on offshore wind would be a big help.

In the next page, you'll see a cost chart for electricity options for Ontario. There's lots of less expensive options than gas or nuclear, as you can see. This also impacts public health. I don't have time to get into it, but we have asthma, we have all kinds of effects from using gas-fired to fossil-fired power. And we'll benefit: We'll save money in health expenses if we go with healthier alternatives.

We need to accelerate to zero-emission buildings. There's a number of steps there. As I mentioned, building codes should allow for that and support it. And we need to support the OEB's decision and not undercut it, which was about not allowing Enbridge to have a subsidy that other gas consumers pay for—

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

Ms. Lyn Adamson:—when we should be doing things like the district heating, geothermal and so forth in new developments.

Okay, so, protect biodiversity.

Transportation—obviously really important. The highway expansion is going to be really a problem, increase our emissions.

Protect diversity: We're asking there for 30% by 2030, protection of lands that's consistent with the federal government there.

Organic and regenerative agriculture: Support farmers in making the switch.

Educate Ontarians and provide for adaptations. We need to have an Ontario adaptation fund and a province-wide public adaptation resource centre, and I have a figure there as to how much we could save by planning ahead. That's from the FAO.

Keep social equity in mind. Not everyone drives a car; keep that in mind when you're designing your budget.

And that's not the only equity consideration. Where the money could go? It could go to education—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. You really did try to get it all in. Thank you for that.

The Schad Foundation and the Ontario Conservation Community, the floor is yours.

Mr. Mike Hendren: Thank you, Chair Hardeman, and hello to a number of friends and MPPs and parliamentary assistants. I'm Mike Hendren of the Schad Foundation and the Ontario Conservation Community.

I'm very hot in here, but I'm going to do my best.

Mr. Mike Harris: It's warm. Make it quick.

Mr. Mike Hendren: We'll make it quick. I heard 70 minutes, but I'll see if I can do it in seven.

Just quickly here: It's a delight to have the chance to address this committee on behalf of the Schad Foundation and, really, on behalf of the whole conservation community in Ontario today, where we've had the chance to play many roles alongside your government. Together, we've truly accelerated the pace and impact of conservation. We have increased access to nature for Ontarians. We've protected and enhanced wild spaces in this great province.

I'm currently senior adviser to the Schad Foundation, which is one of Canada's leading philanthropic private foundations focused on environment and conservation.

Our executive director, Peter Kendall, is back here in the audience as well, taking notes, just to make sure I'm saying all the right things.

We support leading causes such as Earth Rangers. You're probably aware of it. It's a charity that empowers kids to be environmental leaders. We also support many of the best leading conservation organizations in Ontario—groups like the Kawartha Land Trust, the Bruce Trail Conservancy, Thousand Islands Land Trust, Haliburton and more—and we do that alongside your government, in many cases providing matching dollars.

We have plans to do more in this space, given the momentum set together by a number of groups, including your government, in this budget and in prior budgets, and we're looking at the creation of a new conservation accelerator group.

I just want to say, I guess, all that said, I'm certainly here, most importantly, to congratulate you on the tangible and impactful investments in conservation to date, and in particular, what this recent budget sets out to do together. So—very excited.

I'm also here to let you know that we plan to continue to provide private matching dollars and bring many of these projects to life in the days and years ahead—year ahead—days and months.

A few things I just want to highlight and congratulate in this budget:

(1) Renewing the Ontario greenlands partnership, which is a great program, highly successful: Dozens of land trusts have accessed this program. It was established in 2020. It has achieved a 5-to-1 match, which is really unheard of in a government program and for us, too, as a private funder. About 75 conservation projects all over Ontario—all corners of the province—and about 400,000 acres were secured for conservation, making it, I would say, one of the most successful programs in Canada's history.

(2) A record investment in Ontario Parks, which will enhance access and opportunity to visitors camping in many of the most sought-after parks in the system, and also builds on recent announcements in new park creations like Bigwind, which is the first in 40 years, and Uxbridge, which is accessible by transit—again, we've been involved in those projects and very happily involved as a funder.

(3) The incredible commitment under way to complete another round of Ontario's Living Legacy program, which is truly significant, announced by Minister Khanjin last month at Awenda Provincial Park: This is also historic and the single largest contribution made to conservation in a

generation, building on the incredible gains that were made during the Mike Harris government era.

And then I should mention we're gladly working closely with your government at all levels to further a number of opportunities to expand and create more opportunities within the parks system, and we're looking forward to sharing some good news together on that in the months ahead.

And then finally, I just wanted to really thank Minister Khanjin and her team—Minister Piccini and his team have been an excellent partner to us as well—Minister Smith, Minister Bethlenfalvy and all their staff for their leadership, collaboration and above efforts. I had the pleasure to work with all of them and their staff in the last few years and see the kind of joint and seamless effort and commitment in these areas, which has enabled great results.

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A couple of final points: With the budget providing historic investments in all of these initiatives, I believe the future of conservation in Ontario is very bright. We look forward to being there with you each step of the way. Anyway, it's nice to see a few friends here, and I'm happy to answer some questions. Warm regards.

The Chair (Mr. Ernie Hardeman): Thank you. That concludes the presentations.

We now will start the questions with the government. MPP Harris.

Mr. Mike Harris: Thank you all for your presentations.

Mike and team, I'm going to focus more of my questions towards you, just because I've got pretty good knowledge on the subject. Having been parliamentary assistant at the Ministry of Natural Resources and Forestry, I had a lot of opportunities to build relationships and understand a lot when it comes to conservation. I also have been an outdoorsman basically since the day I was born; I think when we equate the outdoors and outdoorspeople, if you will, that also goes hand in hand with conservation, and there really are no better stewards of the land, quite frankly, than outdoorsmen and folks that like to play in that space.

We've had some really neat opportunities recently to tour around some land trusts and wetlands that Ducks Unlimited has been helping to revitalize in Wilmot township specifically. It was heavily into mosquito season when we were out there, which was a lot of fun—but getting an opportunity to actually go out on to what really are farms, essentially, that have had some reclaimed wetland spaces and some neat things that they've done to bring some birds' different habitats back to the areas.

I wondered if maybe you could talk a little bit about how you see this budget furthering some of those investments and looking a little bit more at the microscale, rather than the larger parks—amazing. My dad's government—like you said, it was one of the largest creations of green space in Ontario's history. I think it was the largest creation of green space and parks in Ontario's history that they had put forward. It's nice to see that we're building on that with the first new park in decades. But let's look at a bit more of a micro level: How do you see our efforts playing out on a bit more of a local stage?

Mr. Mike Hendren: Thank you for the question. Absolutely, in fact, that was the largest in history. But I think what you're asking, really, is—locally, 80% of the biodiversity that exists in Ontario is in southern Canada, right? And that's 90% private land. So really, it's having to find a way to work with all different groups.

The land trust community in Ontario is very strong. It's the largest in the country—some great groups. Conservation and the work we support often include recreation. One of our favourite organizations, the Bruce Trail Conservancy, of course, is about getting out into nature. Many of those land trusts allow their properties to be open for recreation, including hunting, including fishing. Ducks Unlimited, too, is a partner.

So I would say southern Ontario is really where the vast population is, it's where the greatest biodiversity is and it's where we need those local solutions. I think that land trust community—which has grown substantially in the last few years, right? If you look at the numbers, most of them have doubled in size in terms of their holdings, in terms of their revenue and the amount of private dollars they're bringing in in the last 10 years. And the greenlands program: Most of them have had access to that, and it has really ramped up their impact. So that's why it was such an important program to renew and why we've continued to highlight it. That's why we support it.

Mr. Mike Harris: How do you think we can move forward, looking at the fall economic statement and next year's budget? How do you think we can move some of this forward, advance it in a positive way, to make even more change when it comes to this type of conservation effort?

Mr. Mike Hendren: Well, a couple of things. Obviously, crown land is 87% of the province. There's a number of lands that are held by the province. There are different ministries, Infrastructure Ontario, the crown, and there are some ways for getting some of those lands into their highest and best use, which really is into some kind of conservation state. For instance, I think there's something like 80,000 or 90,000 acres along the corridor of the Bruce Trail that are owned by the government, and really, they're being enjoyed by people for nature. Could we not see getting some of those lands into the conservation or protected areas system in Ontario? That would be one example.

Another thing that I didn't mention in my speech and probably should have is the wording in the budget around doing a study on a new urban class of provincial park. I mean, the reality is, in a generation, or certainly within two generations, Ontario has moved from predominantly rural to urban, and so 85% to 90% of Ontarians live in an urban environment. Every community needs a local park that they can walk to or that they can get to quickly. Even myself, I have young children. I live in a more rural community, but I don't have time to get in the car for 20 minutes and drive to a park. I need something right here.

So I think the whole idea of this whole new class in the Ontario park system of urban parks—we're looking at a couple of pilot projects. For instance, in Renfrew, we're helping to fund; they don't have a land trust, they don't have

a conservation authority, they don't have a parks department, but they have some great lands and we're looking at creating a new park there that might actually be kind of an urban provincial park.

So those are a couple of thoughts. The government has great assets that might be best fit into the protected areas system, and we want to help with that. This idea of urban parks, and certainly stewardship—another thing that was great to see in the budget was the investment in invasive species, through MNRF. That's a really critical program. In Ontario, as with the Great Lakes, there's a lot of invasive species issues, and those areas often don't have the biodiversity quality that they could, so I would like to thank you again for that commitment to you through that ministry.

Mr. Mike Harris: That's great. Thank you. I'm going to pass my time over to MPP Barnes.

The Chair (Mr. Ernie Hardeman): MPP Barnes.

Ms. Patrice Barnes: Thank you to all the presenters for coming, and good to see you, Mike.

My question is for David. I've got a quick question in regard to teachers. Right now, you have 83,000 members. Does ETFO track teachers that are out there? Is there a pool of teachers that are out there, that are waiting to be hired, that are not being hired?

Mr. David Mastin: ETFO, specifically, does not track what I think it is that you're describing, but OTF, the Ontario Teachers' Federation, has some information on the number of certified, trained, qualified teachers who are out in the province who are not either drawing a pension or actively working.

Ms. Patrice Barnes: Okay. So there is a pool that is not hired, that is available to be hired but is not hired?

Mr. David Mastin: Yes.

Ms. Patrice Barnes: Okay. The other question I have is in regard to—we know that there was a glut of teachers at one point, then the Liberal government extended the program to two years. With our government, we're looking at how we could change that to increase the supply of teachers. What would be your suggestions in that regard?

Mr. David Mastin: Well, it's a loaded question, because I think part of the context that we're living in right now is referenced with your previous question. There are a significant number of trained, certified teachers in the province—

The Chair (Mr. Ernie Hardeman): Thank you very much. Maybe we can get that in the next round.

We're now going to MPP Kernaghan.

Mr. Terence Kernaghan: To David Mastin: Would you like to finish what you were just saying?

Mr. David Mastin: Sure. Thank you, and I appreciate that. Just going back to your previous question, I think it's between 35,000 and 40,000 teachers across the province that are not drawing a pension and/or not working. So I think part of the premise of the question, that there are not enough trained teachers out there—what I'm assuming is at the underlying heart of this question is the filling of the vacancies that we're experiencing challenges with right now. It's a little bit of a faulty starting point. There are certified teachers out there who are just choosing not to work, and if you want to delve into some of the rationale

as to why these individuals are choosing not to go in either as a daily, occasional teacher, a long-term occasional teacher or, in fact, applying for permanent jobs, that's a significant other question that we certainly are interested in being part of a conversation on.

Mr. Terence Kernaghan: I want to thank you for pointing out that education funding has fallen since this government has taken power. It's disturbing to see that there has been a strangling of public education and then asking public education why it can't breathe. This government has patted itself on the back for what they call a "base funding increase" in this budget, but that's a result of inflated numbers, of federal money that's fluffing that number.

School violence appears nowhere in budget 2024, and student mental health appears nowhere in budget 2024. Would you care to comment about this omission?

Mr. David Mastin: I just had the opportunity to sit and listen to the presentation from the previous hearing from this chair. It was interesting to listen to that and to think about the impacts of what's happening in that particular file and how it translates to education.

1630

We're deeply disappointed and discouraged at the state of the system right now. There are solutions to the system, and we talked about them both in our pre-budget presentation and also today, around class sizes, around additional supports in the form of personnel: child and youth workers, psychologists, even nurses. We know schools are the centre of communities, they're like a hub of communities, and there is just not the support to address children's mental health, either in the community and/or in our schools. Our members are feeling it on a day-in and day-out basis. We're fielding the calls and we're fielding the challenges. Sometimes they even turn to us for solutions on the issue of children's mental health, and it challenges us to respond and engage in a conversation because it's such a multi-faceted problem. But it's impacting our schools immensely right now, and something needs to be done and needs to be done quickly.

Mr. Terence Kernaghan: Most definitely. This committee toured Ontario and not one person who appeared at committee was able to talk about the mental health resources they were able to access within their schools because they were stretched so thin.

I wanted to ask as well: One of the things the government has mentioned in their budget is vape detectors and security cameras. My question for you, David, is, how will hallway security cameras stop the violence that is happening in classrooms?

Mr. David Mastin: The best way I can address that is looking at our communication with our members. Our members are on the front lines. They're in the schools. They're in the classrooms. They're in the hallways. At no point have I heard in any of the data collection from our members that we need to surveil, that we need cameras, that we need vape detectors, either in the addressing of the pandemic that is violence or in any other form of communication. At my level, I have not heard that from a single educator.

Mr. Terence Kernaghan: Has the government reached out to try to gather numbers for the number of violent incidents that have happened in the elementary panel across Ontario?

Mr. David Mastin: No.

Mr. Terence Kernaghan: That's very interesting. I want to thank you very much for your presentation today, David.

I'd like to move over to Lyn now. Lyn, you talked about adding charging infrastructure when buildings are first created. How much money is saved by that simple measure of adding that to the building code? Is that something that you've touched upon?

Ms. Lyn Adamson: Yes. It would cost \$500 to build it in when you're building a new house, but it's about \$2,000 for an individual homeowner to install. If we're expecting people to be using electric vehicles, it's going to save them money if we build it in.

Mr. Terence Kernaghan: I see. If somebody's looking for that aftermarket hookup, is there a guarantee that they will have a certified electrician working on that vital infrastructure within their home?

Ms. Lyn Adamson: I'm not sure.

Mr. Terence Kernaghan: There really is no guarantee.

Ms. Lyn Adamson: I believe you. My sister has installed a charger, so I know she went through the process.

Mr. Terence Kernaghan: Absolutely. Thank you very much. I wondered if you would like to speak about how environmental protection impacts mental as well as physical health.

Ms. Lyn Adamson: Thank you. That's so important. All the discussion about parks and urban parks got me thinking about that. It's a real equity need in our cities. People do better mentally and physically when there are trees on their street, when there are parks in their neighbourhood—very important. Those natural regenerations can also bring down the temperature level in the city and can be a real help if we are experiencing heat waves, heat domes, that have killed hundreds of people in BC. We don't want that to happen here.

Mr. Terence Kernaghan: Thank you very much, Lyn.

I'd like to move on now to Mike. Mike, similarly, how does environmental protection affect mental health as well as physical health?

Mr. Mike Hendren: Oh, I think there's lots of data on that.

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

Mr. Mike Hendren: Oh, just one minute. Okay. There's lots of research on the importance of access to nature, even simple local parks. It all affects us positively. There's lots of research on that; certainly I know we all experience it.

Mr. Terence Kernaghan: Absolutely. They talk about forest bathing in other jurisdictions as a means to improve your physical as well as mental health.

Thank you very much to all our presenters today.

The Chair (Mr. Ernie Hardeman): We'll go to MPP Hazell.

MPP Andrea Hazell: Thank you, all of you, for coming in and presenting to us today.

Interjections.

MPP Andrea Hazell: I can't hear, guys. Thank you.

Thank you again for coming in today. I really appreciate all of you doing your presentations. I'm going to go to OCEC with my first question, and I'm going to get right to the point. I've looked at your presentation. I've reviewed it. Thank you. But do you think Ontario is prepared for climate emergencies today?

Ms. Lyn Adamson: No, I don't think we're prepared for it, and I think we're going to see it in the summer. We're going to see forest fires that we're not ready for. It's just eerie. Last summer, people remember the smoke in our cities and the impact on our health lasting for long periods of time. Do we have the firefighters for it? Do we have the resources for it? I don't think so, no.

MPP Andrea Hazell: So what can the government be doing to support what's going to be coming up to us in the summertime?

Ms. Lyn Adamson: Well, certainly, making sure there are firefighters and that they're properly paid to respond. The other issues are the heat domes. We talked about potential heat domes in the city. There, the city would like to work on that with cooling centres and doing other programs, but they need access to funds. Climate plans at the municipal level need support from the provincial level to be able to do the work that needs to be done.

We're not prepared for floods or droughts. Those are going to drive up food prices. If we think food prices are bad now—and they are rising—they're going to rise even more when we have those droughts and/or floods. In the UK right now, they are not able to plant their fields. Their harvest is going to be way down. The impact of not addressing the climate is going to hit us all in the pocketbook, and this is the finance committee, so I think it's important to make that point.

MPP Andrea Hazell: Well, thank you for putting all of that on the record. I hope this government is not letting us wait when there is a climate emergency happening in Ontario. But thank you very much for putting that on the record.

I'm going to turn to David. David, what can I say? We travelled all over Ontario for the pre-budget consultations. We heard from many of the education organizations and agencies, and we're hearing the same pain points over and over again. I'm not too sure how the government came up with their funding model, but obviously it's not enough. The public education system in Ontario is underfunded. I just want you to take the remainder of my time and really bring it home to this government. We know it's not going to change and you're not going to get more funding, but just put it on the record. Thank you, David.

Mr. David Mastin: I appreciate the opportunity to share a little bit more. I can't stress strongly enough the crisis that our members are experiencing in their classrooms, in their schools and, by extension, in their communities. The issue of children's mental health, I think, is at the core of where we would ask, we would plead that there be some attention paid from a financial perspective. There are things that can be done inside—

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

Mr. David Mastin:—the sphere of public education in this province that can improve the learning environment for our youngest learners. We work with elementary-aged students, and we're seeing at extremely young ages the impacts of declining children's mental health. There are things that can be done, resources that can be put in place, and this government is choosing not to put those in place. Certainly, those pieces of advice are coming from groups like elementary teachers, from secondary teachers, from Catholic teachers, from French teachers. We're all saying the same things. We need more professional support in our classrooms to help our youngest and most vulnerable students.

MPP Andrea Hazell: Thank you.

The Chair (Mr. Ernie Hardeman): We'll now go to MPP Anand.

Mr. Deepak Anand: Lyn, I want to start by first thanking you. I like the way it says, about the Ontario Climate Emergency campaign, it is "a non-partisan collaboration inclusive of all Ontarians concerned with the climate crisis and wanting to empower urgent positive transformation." They're really powerful words.

You were talking about your son. What exactly is he doing which will help support the environment?

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Ms. Lyn Adamson: He's putting in the mechanical systems; he's sort of a manager-manager person with the company that's building this for Stellantis. But he has to drive to Windsor, and I wish he was driving an electric truck, not a gas-powered truck. Can you imagine that? Because he lives in Aurora, so he's going down there often. We need to make it possible for people to get their transportation in ways that are not harming the environment. But he's doing what he can.

I have three grandboys. He has one, and my daughter has two: eight, five, and four. It's their future; that's why I'm here. This is why I'm devoting my retirement to working on this, because we need a livable climate. They're not going to forgive us. I mean, my God; they trust us to do the right thing for them, and in education too. They trust us to do it for the environment, because they want a livable—and they want to enjoy the conservation areas that aren't being flooded, that aren't being in drought, that are able to survive. And they're going to need the farms. We have to preserve that farmland, protect it and not build highways over it. We really can't do that if we want to have a livable future for those grandchildren.

Mr. Deepak Anand: Talking exactly about what you just said, the government is actively taking steps to open the first new all-season-operating provincial park in the last 40 years—this is the first time we're doing it—the Bigwind Lake Provincial Park, located near the town of Bracebridge. Is that something which you think is a positive step in the positive direction?

Ms. Lyn Adamson: That sounds really good. I did read about the access and improvements in parks, and I think those are all good.

What we've got to do is make sure we protect the wetlands, protect the forests and protect the farms. I understand

that there are threats to all of those from the expansion. We really need to go with that compact urban form, the fourplexes—whatever it is in the city—so that we're not driving all over the countryside to urban sprawl. It's been referred to as our tar sands, urban sprawl, it puts out so much carbon emissions.

Mr. Deepak Anand: I'll give you another example. Ontario is also creating the province's first ever provincial park in the township of Uxbridge, which will serve as a year-round day use provincial park—so, again, another step where we are actually supporting and making sure that we're here for the climate.

Talking about the Paris accord, you know that there was a target set of 30% below 2005. Do you know where we stand as Ontario? Are we going to be able to—

Ms. Lyn Adamson: I don't know that Ontario is measuring it. I don't see it ever referred to. In the decisions that are made by the IESO, by the agencies within the government, I do not see that they have the mandate to refer to a climate target and how their decision is going to impact that target. Expanding gas is taking us the wrong way in terms of that target, so we need to be aware, and we need to be measuring it.

Mr. Deepak Anand: I just want to read—when I asked the Minister of the Environment the very same question, I was concerned, as well, as you are; she wrote back to me saying, “Ontario is well on its way towards meeting its 2030 targets and leading Canada”—leading Canada. And, just an example: “with 2021 greenhouse gas emissions having declined 26.1%.” So we're already at 26.1%, and our goal is 30%. I'm sure if you look at some of the other measurements—BC, Alberta—they're way behind us, and we're actually way ahead.

So I just wanted to put it on the record, because sometimes when we say, “What gets measured gets done”—and this is a classic example where we actually agreed, all of us, that we're going to honour the Paris accord with 30% below 2005, and we're already at 26% plus. I just wanted to say this.

Ms. Lyn Adamson: Well, I would really like to see that report, because I was trying to find evidence of the tracking. The Atmospheric Fund—I put their report in here. They do track emissions in the greater Toronto and Hamilton area, and they said that we've had, in one year, an 8% increase overall in energy emissions, in GHG emissions, and we need to have a 9% reduction to keep on track. In electricity, the emissions are up 26%, and that is because of the gas plants feeding onto our electric grid.

I think we've got to get to the bottom of this. Maybe we need to have a meeting and look at that report together and see what's the discrepancy between the Atmospheric Fund and what you've got there.

Mr. Deepak Anand: Again, as you said so well, it's not about us; it is about the way we inherited our planet. We want to make sure that it is better than what we've got for our children. That is why our government is continuously making sure that we have green electricity when we talk about investing into the technology, for example. Somebody like your son is actually doing it as well.

One thing which I still want to ask you, and I just want to take an opinion—not that an opinion is right or wrong, bad or incorrect. Right now, one of the biggest challenges when we talk to Ontarians is about affordability. When I start from my home to come to Queen's Park, I can take Highway 401, I can come through the Gardiner, I can take Lakeshore—there are multiple ways to come to Queen's Park. It's not that there is only one way.

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

Mr. Deepak Anand: It's the same way when we talk about you or me: We're both concerned about our environment, but it doesn't mean that is the only one way to take that. We have multiple ways, so—

Ms. Lyn Adamson: I do want to thank the government for the One Fare integration of transit systems. That is a good step. That is a positive step.

Mr. Deepak Anand: The only thing which I want to say is, considering that we're all struggling with affordability, do you think that at this moment, a carbon tax is the right thing?

Ms. Lyn Adamson: Yes, actually. People get it back. I've been an advocate for the carbon pricing, which I think should also extend more to industry than it does at the moment, because it motivates us to change our habits. If you are changing your habits, you get more back; 80% of people get more back than they pay in.

We also had a cap-and-trade system, which you guys got rid of, and now we have the backstop.

Mr. Deepak Anand: I don't know if I have enough time, but I wanted to talk exactly about this. When we are paying more at the gas—

The Chair (Mr. Ernie Hardeman): You're right about not enough time. Thank you very much.

We now go to MPP Fife.

Ms. Catherine Fife: Thanks to all presenters. It is a hot room. The world is getting hotter, I guess.

I'm going to start first with the Schad Foundation. Mr. Hendren, you're a private conservation organization, right? You focus on conservation, and I saw on your website that you focus a lot on youth education, nutrition and conservation, and so those grants go out in that regard. But you must have some understanding where the provincial conservation authorities are, as well. Is there any intersection between your work and then the provincial conservation authorities?

Mr. Mike Hendren: For the right projects, we'll work with any conservation groups, including conservation authorities.

Ms. Catherine Fife: Sure. The reason I reference it is that in the latest government's Conservation Authorities Act, some changes were brought in that weakened their ability to protect water quality, reduce the distance between development lands and wetlands, and eliminate the need to require permits before building certain structures. Notably, the new rules strip away some of their powers by authorizing Natural Resources Minister Smith to issue development permits without conservation authority review. There's a lot of tension on this, particularly in this place.

But the minister is now empowered to direct conservation authorities to issue or not issue permits for development. Is this something that you're seeing in other parts of

Canada, where conservation authorities have been protecting our wetlands and water resources for now 80 years? This is unprecedented direction to undermine conservation authorities. Do you have any concerns, given the mandate of the Schad Foundation?

Mr. Mike Hendren: Our focus is on creating new, protected areas with conservation partners, and we're not involved in regulatory developments.

Ms. Catherine Fife: Yes, and that's a great mandate, but we should also protect what we have, I think. I was interested to see if the mandate of your organization would also overlap, if you will, on the conservation authorities at the provincial level. I'm hearing that you sometimes work with them, but sometimes not, yes?

Mr. Mike Hendren: We wouldn't rule out working with any conservation group on the right project.

Ms. Catherine Fife: Okay. That's interesting.

I'm going to go over to you, Lyn. Thank you very much for the presentation. Climate change is not a word that we hear a lot around here these days. You did mention the importance of farmland and of preserving farmland, and I wondered if you were aware of the forced expropriation of 770 acres in Wilmot township for a large industrial site, which may or may not be an electric vehicle plant or a battery plant. There has been no transparency whatsoever. Farmers were given seven days to accept \$35,000 an acre, or their land will be expropriated for a provincially directed project.

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Some people regard this as greenwashing. I'm sure it's a great industrial project, but should it happen at the expense of class 1 farmland in Ontario?

Ms. Lyn Adamson: Absolutely not. No. We need that class 1 farmland. We need to eat. We need to eat first, even before we drive around or whatever we do next. It's fundamental, and there's very, very limited—if anybody looks at a map, they see the tiny little amount in red that's marked as class 1 farmland, and we cannot afford to give that up. The farmers want to keep there, want to do that, and so find—there must be other places, other sites that are more suited to industrial development.

Ms. Catherine Fife: Yes. We are losing 319 acres a day of farmland in Ontario, and that's from the Ontario Federation of Agriculture. So I just wanted to get that—because we support, obviously, EV projects. Our member MPP French I believe has a motion coming forward around embedding charging infrastructure in the building code because, as you point out, it's much less money, and it is the future. So I just wanted to thank you for your words today.

Mr. Mastin, we've heard from OSSTF; we heard from the Catholic teachers' federation. Clearly, everything is not okay in education today. I wanted to give you an opportunity to talk about the long-term impacts of Bill 124 on the culture of education, where we are right now, and around our ability to retain teachers. Also, it's hard to recruit into a broken system, so can you please extend that?

Mr. David Mastin: Yes, sure. Bill 124's impacts were far greater than just a three-year window of wage restraint legislation that was subsequently found to be unconstitu-

tional. Now, the government is on the hook for significant, significant pay—

Ms. Catherine Fife: Yes, \$13.7 billion.

Mr. David Mastin: Yes—significant pay to make right the constitutional violation that that was. But it's not just about the \$13 billion, and it's not just about those few years that were impacted. It was an incredibly demoralizing, challenging time. I think if we try to divorce that action of the government and the recruitment and retention challenges that we're experiencing right now, we'd be unbelievably naive.

Ms. Catherine Fife: Yes. I mean, young teachers are either choosing to go elsewhere or just not teach, and I've never seen this before, quite honestly. And the mental health is compounding it, but we sometimes don't discuss openly and honestly that our working conditions are learning conditions.

I was trying to think of a way—

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

Ms. Catherine Fife: —to get all three of you tied in, and it's on outdoor education. Waterloo region is looking at reducing their outdoor education. It's seen as something that is nice to have but not core curriculum. Maybe I can get all your thoughts quickly on that.

Mr. David Mastin: I'll just be really quick on that and save time for the other two. But when we talk about children's mental health, and we've got a government that focuses on back to basics and understands where that is coming from and understands the perspective on basics and the importance of that, what these are kids are missing is what is on the outside of that. What kids need desperately for their mental health are things that are outside of math, literacy and science.

Ms. Catherine Fife: Yes.

Mike, do you have thoughts on losing outdoor education programming in Ontario?

Mr. Mike Hendren: To be honest, I'm not well informed on the issue, but I do think that outdoor education is great, and I enjoyed some of it as a child myself. My kids do—

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

We'll now go to MPP Hazell.

MPP Andrea Hazell: I'm going to pass my time.

The Chair (Mr. Ernie Hardeman): You're done? Okay.

With that, that concludes the time for this presentation. We thank all the three presenters for the time they took to prepare for and to so ably come present your presentation. I'm sure it will be appreciated by the committee.

With that, that concludes the—yes, MPP Crawford?

Mr. Stephen Crawford: Yes, I have a motion.

The Chair (Mr. Ernie Hardeman): MPP Crawford has a motion. Okay, the floor is yours.

Mr. Stephen Crawford: I move that the motion enter closed session for the purposes of organizing committee business.

The Chair (Mr. Ernie Hardeman): Could you read it—

Mr. Stephen Crawford: I move that the committee enter closed session for the purposes of organizing committee business.

The Chair (Mr. Ernie Hardeman): Okay, we have the motion. Discussion? If not, all those in favour? Opposed? The motion is carried.

We will break for a few minutes to go into closed session.
The committee recessed at 1659 and later continued in closed session.

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