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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
43rd Parliament

Thursday 5 December 2024

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

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1^{re} session
43^e législature

Jeudi 5 décembre 2024

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Thursday 5 December 2024

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Jeudi 5 décembre 2024

The committee met at 1000 in the Clarion Lakeside Inn and Conference Centre, Kenora.

PRE-BUDGET CONSULTATIONS

The Vice-Chair (Ms. Catherine Fife): Good morning, everyone. Welcome to Kenora. I'm calling this meeting to order. We are meeting here to resume public hearings on pre-budget consultations, 2025. Please wait until I recognize you before starting to speak. As always, all comments should go through the Chair.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes of the time slot will be for questions from members of the committee. This time for questions will be divided into two rounds of 7.5 minutes for the government members and two rounds of 7.5 minutes for the official opposition.

We're going to have a good day today.

WEYERHAEUSER
CANADIAN MENTAL HEALTH
ASSOCIATION, KENORA BRANCH
CITY OF DRYDEN

The Vice-Chair (Ms. Catherine Fife): Please go ahead. We'll first hear from Weyerhaeuser.

Ms. Madelaine Kennedy: Good morning, members of the standing committee.

The Vice-Chair (Ms. Catherine Fife): Can you just state your name?

Ms. Madelaine Kennedy: Madelaine Kennedy.

Good morning, members of the standing committee. My name is Madelaine Kennedy. I'm a registered professional forester working for Weyerhaeuser Co. Ltd. in Kenora. I appreciate the opportunity to speak with you today about the importance of Ontario's forest sector.

By all accounts, it was very unlikely that I would end up working in the forest sector, having grown up in Toronto and with no family connections to the industry. However, I've always had a passion for outdoor pursuits and a deep respect for the natural environment and especially Ontario's forests. These passions were stoked by the summers I spent in the Kawartha Highlands, attending and working at a summer camp. My first trip to northwestern Ontario was the day I moved into residence at Lakehead University,

and I quickly knew that I would remain in this region. I moved to Kenora shortly after graduating and I've worked here for the 10 years since. While I may not be able to officially call myself a northern Ontarian, I'm proud that my two children will grow up with that label and with an understanding of one of our foundational industries.

I have a passion for promoting the sustainability of the forest sector. The forest management process is painstakingly carried out by dedicated foresters who live and play in the forests they work in. Forest management plans are developed with an eye on the future and for the benefit of all Ontarians, including Indigenous peoples. Wood is a renewable resource and sustainably managed forests can mitigate the harmful effects of climate change, providing a secure resource for the people of Ontario into the future. Forestry contributes \$4.2 billion to the provincial GDP annually and the forest sector supports 148,000 direct and indirect jobs across the province. Over the last two years, the province collected over \$500 million from the industry in the form of crown timber dues. These funds support vital public services to the people of Ontario. Some of these funds are also redistributed to Indigenous and rural communities, sharing in the economic developments of our sustainable industry.

Ontario's forest industry not only has a rich history, it is also focused on continual improvement and innovation. Our facility in Kenora is proof of that. We are one of Kenora's largest employers with over 220 employees in our mill, plus an equal number of workers in our forest operations. Through advanced manufacturing, our facility produces an engineered lumber product called TimberStrand from the underutilized poplar and birch trees in this area. This is the first and only TimberStrand plant in Canada. It's a one-of-a-kind product that is only produced in Kenora, Ontario.

One item I would like to discuss with you today is public investment in the Forest Access Roads Funding Program. This program supports the infrastructure required to access forest resources, which is critical to the people of northwestern Ontario. Many of these forest roads are built by our Indigenous partners and their use far exceeds the business needs of the forest industry. These roads are used by the mining industry, First Nations communities, hunters, trappers, fishermen, recreationalists and tourist operators. They represent vital, multi-use, public infrastructure that support the livelihoods and leisure pursuits of countless northwestern Ontario residents. For every public dollar invested into this

program, the industry contributes three. When this program was introduced 15 years ago, the total funding was set at \$75 million. If this funding had continued to increase with inflationary pressures, it would be set at \$105 million in 2024. The current government has reduced this funding to \$54 million, which in real-dollar amounts is 51% of the original commitment. I am asking that this funding be returned to the original \$75 million, which is still 71% of the former funding value when accounting for inflation.

A second issue affecting the industry this year is the idling of two of Ontario's pulp and paper mills. This has had a ripple effect in the sector, as an outlet for pulpwood and chips is vital for the conifer market. The pulp and paper sawmill and hardwood markets are interconnected, and any major shift in operations disrupts the delicate balance that allows the forest sector to properly utilize the available fibre. It is therefore of high importance that the remaining pulp and paper mills in Ontario continue to operate and the idling mills receive the support needed to resume operations.

I also ask that Ontario continues its sawmill chip program, which allows the sawmills affected by the idling of their nearby pulp and paper mills to receive assistance to offset the high costs of sending their residuals a much longer distance. This is crucial as we anticipate a doubling of current tariffs.

Lastly, I would ask for the government's assistance in battling the misinformation that plagues our industry. Ontario has some of the most stringent forest management guidelines and legislation in the world. Our forestry practices are truly sustainable. Every block that is cut is meticulously planned for with consideration for multiple values. The harvest area is then regenerated and monitored for years afterward to ensure a successful growth. Our forest management planning process allows for constant improvements so we can incorporate the latest forestry research.

Eighty per cent of Ontario's crown-managed forests are certified to a PEFC-endorsed forest certification program, which means they are audited by third-party certification bodies as an extra assurance that our forestry practices are sustainable. All forest management units are subject to a rigorous monitoring program that includes compliance assessments on all harvested areas and independent forest audits in which an independent auditor assesses the performance of both the sustainable forest licence holder and the Ministry of Natural Resources in meeting their full management responsibilities.

Much of the Ontario public is entirely unaware of these systems that ensure forestry is practised sustainably in this province and how forestry contributes—

The Vice-Chair (Ms. Catherine Fife): You have one minute left.

Ms. Madelaine Kennedy: —to Ontario's economy. Instead, they are fed misinformation by those who seek to diminish our industry. It is imperative that the Ontario government acknowledges the significant role of the forestry community in contributing to a prosperous, sustainable, low-carbon economy for the well-being of all Ontarians.

Thank you for your time today.

The Vice-Chair (Ms. Catherine Fife): Thank you very much, Madelaine.

Next, we'll hear from the Canadian Mental Health Association. Please introduce yourself for Hansard before beginning.

Ms. Sara Dias: Hi. My name is Sara Dias, and I'm the chief executive officer of the Canadian Mental Health Association, Kenora. Thank you for the opportunity to address the committee.

CMHA Kenora proudly serves communities across the district, from the Manitoba border to Thunder Bay, including 64 First Nation communities in the Treaty 3, 5 and 9 territories. We work daily to provide our clients with accessible and responsive mental health and addictions services throughout their lifespan.

As part of the community mental health and addictions sector, we are a core part of the health and social service infrastructure of our community. Our services intersect with issues of homelessness, poverty, criminalization and food insecurity, all of which contribute to further deterioration of mental health. We work hard to help keep people in recovery and divert them from hospital and correctional facilities, which are the costliest forms of care, but as a foundational part of health care, we are starting to crack under the increased strain of our sector.

The elevated urgency, complexity and severity of our clients' needs are nearly impossible to manage with our current inadequate funding. If the province is committed to improving the mental health and addictions care of Ontarians, it needs to fund service providers appropriately. Our communities are in crisis. Every 2.5 hours, we lose a person in Ontario because of drug poisoning or overdose. That's almost 10 people per day. Here in the north, we are especially affected by the toxic drug crisis, with opioid-related deaths occurring at two to three times the rate of the rest of the province. Our staff are supporting increasingly complex clients struggling with psychosis, concurrent disorders or who are unhoused, whether because of incarceration, hospitalization or unsheltered homelessness. These clients need more support than those who have sought our services in the past.

At the same time, our staff are paid 20% to 30% less than their peers in other areas of health care. We can't do more or provide even the same level of service when we are not resourced properly. Our community will face longer wait-lists for programs, and services may run on reduced hours if we continue to lose staff. Without the ability to offer a fair wage, we are unable to recruit the talent that we need.

These challenges are echoed by many of my colleagues across the province. Some of them are having to cut positions and change their service delivery as they face deficits.

The government acknowledges the need for mental health and addictions care with programmatic investments, but they do little to address the core issues faced by our sector. It also keeps us from making investments in the technology we need to improve access to care. For example, CMHA Kenora has received just one 5% budget increase over the past 11 years. Inflation since 2013 has been almost 30%. So it's not difficult to imagine our precarious economic position.

We ask that the government invest \$33 million per year for four years to ensure CMHAs have the staff to meet the increased demand for our services.

1010

We have all seen and heard the concerns about homelessness in our communities. With many of the working poor now unhoused, people who were well now find themselves on the streets struggling with their mental health. The issue is visible in the rise in homelessness encampments in our communities, with an estimated 1,400 encampments across the province.

There are more than 500 people experiencing homelessness in the Kenora district alone. Our organization operates the Kenora Emergency Shelter, and we see the needs of the vulnerable population first-hand every day. We have strength in our ties with our municipal partners, including the city of Dryden, who is here today, and continue to work together to find solutions to the homelessness crisis that our community is facing.

More resources and supports are required to address homelessness, mental health and addictions. In the past year, we've seen a 13% increase in demand for housing services and a 34% increase in addiction-related referrals. Across the province, CMHAs are requesting an investment of \$60 million per year for two years to operate 5,000 more supportive housing units. Building and operating more supportive housing is the only way to ensure that this crisis does not continue to escalate.

Investments in our sector also serve to stabilize and strengthen the health and social service infrastructure system as a whole. Our sector reduces emergency and hospital care costs and decreases the burden on the legal and criminal justice systems. The Kenora mobile crisis team, in 2023, diverted 84% of individuals from our local emergency departments, and our Kenora district ACT team served over 350 individuals and reduced 80% of those clients from hospital admission. At 10 CMHA branches with crisis response models, we've saved \$7.5 million in hospital costs through diversion in the last two years alone. That's why we're recommending an additional \$20-million investment to expand our crisis services.

As you can see, we continue to put quality care for clients first, but we are facing significant challenges. We need immediate and significant investments in our sector to ensure workers are paid fair and competitive wages, or there will not be anyone to adequately staff our essential services—already under significant strain or over capacity.

I appreciate the opportunity to share the challenges and needs of our community during these dedicated consultations. Thank you very much for making time to hear from me today.

The Vice-Chair (Ms. Catherine Fife): Thank you very much, Sara.

Next, we'll hear from Mayor Jack Harrison. Please go ahead, Jack.

Mr. Jack Harrison: Good morning, everyone. As mentioned, my name is Jack Harrison, the mayor of the city of Dryden. Thank you for making the trek up to northwest Ontario. You've come at a very beautiful time.

I just wanted to talk a bit about the inequities around the city of Dryden. But before that, I do want to acknowledge my colleagues who are here, and I support their requests. As a professional forester myself, I grew up in a career in forestry. I see the huge benefit that the forest industry has. As well, now two years into my term as the mayor, I see the effects of what Sara was talking about.

Going to the city of Dryden, I'd provide some information for you. Northwest Ontario is unique in many ways. Partly it's that we're in a sea of wilderness, if you haven't noticed. We have millions of hectares of crown land that are being utilized in a sustainable way for harvesting timber, providing resources for the province with critical minerals being mined, providing for the economy of southern Ontario. But if you look at the geography, our cities are just little postage stamps in northwestern Ontario.

The other thing you notice is, outside of that, and particularly in the Dryden area, we have a lot of unorganized townships. If you look at the chart on page 2, Dryden has a population of about 7,500, but the unorganized around us is around 4,000—quite surprisingly high—and that's very unique to Ontario and even northwestern Ontario. So we see the effect of that in our city.

Page 3 just talks about who's working in Dryden. We have about 2,300 workers that are actually employed in our city, but we have 1,200 from the unorganized coming in daily to utilize our services for work.

The other inequity is, if you look at the way our tax system—and this is kind of new to me as a mayor. Coming from industry, I look at this from a business point of view, so I see who provides the majority of the support for the city. Well, it's the property owners. We have about 4,000 property owners.

Just to ensure that our city is sustainable, we developed tax rates. If you look on page 4, you'll see that inside the city, for every \$100,000 of assets, we are charging about \$1,600. But if you live just outside the border, it's about \$250 for \$100,000 of assets. So if you have a \$500,000 home, you'll be paying \$1,250 versus \$8,000. You can see these huge inequities.

Going back to our population, you'll see, actually, that the city of Dryden is declining and the unorganized is increasing. You can see that, "Well, why would I be paying \$8,000 in taxes when I could be paying \$1,200 and I'm only a short distance away?"

When I look at the inequity—I kind of put it in a picture because I live on the lake too and I can see across the lake where a group of probably about 500 residents live. In about a month from now, those residents, instead of taking the 20-to-30-minute drive around the lake, can just cross the ice road which we will put in place and take five minutes. They will be utilizing our road infrastructure that our taxpayers subsidize to a point of \$2 million a year. They'll be dropping their kids off at the arena to play hockey. We subsidize the community arenas and soccer fields—\$1.6 million. They can go to our library, which we subsidize to the tune of over \$500,000 a year. So you can see the benefit that our community provides to our unorganized neighbours.

We also see this in our firefighting program. We have very extremely trained, well-disciplined firefighting, but we're seeing the unorganized, because of all the increased training and expectations, getting less volunteers. With this program, we have mutual aid where we don't charge anything. We're going to fires that are called that nobody is showing up to from the unorganized, so we're the de facto fire team for part of the unorganized that really cannot meet the requirements. So we see this inequity.

We're calling for provincial land tax reform. We know that that's going to take a bit of time to work.

We're also calling for, for example, some reform around long-term care. Another inequity is that in our area, municipalities run the seniors' long-term-care homes. We pay a levy into that—the municipalities do, but the unorganized do not. So municipalities are funding long-term care within our area.

We're asking for a similar set-up where unorganized pay into the KDSB, the Kenora District Services Board, to get ambulance service and have representation on the board. Why is it not the same in long-term care? Why are unorganized folks not contributing to the care of our seniors?

Another report came out recently—actually, a while back—around a task force that said these fringe areas are adding about 10% to 20% in costs to the municipality for servicing it. Our tax base is about \$15 million, so that's about a \$3-million contribution that we would ask.

The Vice-Chair (Ms. Catherine Fife): You have one minute left.

Mr. Jack Harrison: There's about a \$3-million contribution we would ask from the government to make us whole while they work towards provincial land tax reform.

Thank you very much.

The Vice-Chair (Ms. Catherine Fife): Thanks to all presenters.

We're going to start this round of questioning with the official opposition. MPP Kernaghan, please go ahead.

Mr. Terence Kernaghan: Thank you to our presenters here in person as well as those virtually.

I'd like to begin with Weyerhaeuser. You'd spoken about how the province has not kept up with its original commitments, and what you're asking is, I believe, 71% of their original commitment and promise.

But in particular, I was quite interested in your talk about sustainability practices. Can you please tell me a little bit more about the sustainability practices of the forestry sector?

Ms. Madelaine Kennedy: The forest sector is required by law to reforest the areas that we cut down, and that basic fact is unknown by a lot of people in Ontario. A lot of people think we're just in the business of cutting trees down, but forestry is a holistic practice. It's a regulated profession. Jack and I both mentioned we are registered professional foresters; you have to meet certain requirements to be able to practise your professional judgment in forestry.

1020

The goal of forestry—the end goal of how we practise—is to make sure that we're doing it in a sustainable way.

It's for everyone's interest that these forests continue to thrive. Like I mentioned, the people who practise forestry all got into forestry because they love the forest and they have a passion for it. I don't know anyone who works in forestry who doesn't care about the health of the forest and that it continues to thrive.

All of the legislation and guidelines that we follow in forestry are with that eye on sustainability, and it's continually evaluated to make sure that we are sustainable. Like I mentioned, any current forestry research is then reincorporated back into our guidelines, to make sure that we're continually improving on that metric of sustainability.

Mr. Terence Kernaghan: Thank you. You were also speaking in your presentation about crown timber dues. Can you let the community know a little bit more about what happens with these dues, including Indigenous communities?

Ms. Madelaine Kennedy: Yes. For every cubic metre that is cut down and brought to the mill, we have to pay a crown timber due on that. It depends on the species and what product you're making, so it varies. But the total funds of those crown timber dues go to the government for whatever services that you're providing; it's not specific to forestry.

In the last few years, there was a change where some of those crown timber dues are redistributed to the Indigenous communities whose traditional land use area is within the area that was harvested.

Mr. Terence Kernaghan: Thank you. Also, you briefly touched on tariffs. What is the impact for the industry, given the current threat of tariffs?

Ms. Madelaine Kennedy: The softwood lumber industry has been subject to tariffs and it has provided challenges to that industry for a while. Given that we're expecting an increase in tariffs, that will obviously affect the sawmills and the profit that they're making on their product. That may cause some sawmills to lessen their operations or idle or shut down mills. That not only affects that community, but if, say, the sawmill in one community is idling, then also the poplar and birch in that forested area won't be harvested, which would affect our wood supply as well. The forest industry is very interconnected, and any change in operations in sawmills or pulp and paper mills affects all of us.

Mr. Terence Kernaghan: Absolutely. Thank you very much.

I would like to move over to CMHA Kenora. Sara, thank you for your presentation. What impacts do you see for the community and people you serve if you don't receive the funding that you're requesting?

Ms. Sara Dias: Thank you for the question. It's going to be extremely difficult for us to keep afloat as an organization. We currently can't keep up with the increased operational costs. Just last week, we had increases not only in benefit costs, but insurance costs. Because of the remote geographic region that we serve, it has increased substantially. In addition, we're also seeing increases in water bills etc., and staff are unfortunately having to make the decision to move away from the community mental health and

addictions sector in order to support the increased costs of living.

In addition, our targets aren't reducing, so what's going to be the biggest impact is our clients and the outcomes for our clients in receiving services.

Mr. Terence Kernaghan: Absolutely. It's something that this committee has heard again and again, is the need to correct that wage disparity. I believe you mentioned that your workers receive 20% to 30% less than other areas of health care. What does it mean for workers in the community mental health sector when the province refuses to pay them fairly? How does that impact their morale?

Ms. Sara Dias: It impacts their morale significantly, because the sector relies on the people and the organizations to provide client care. Without sufficient funding to ensure and retain our qualified and high-valued workforce, we lose the capacity to be able to support and serve Ontarians who are suffering significantly from mental health and addiction issues.

For the retention component, the return for benefits to clients, we see the negative impact of outcomes, which reduces recovery and decreases the quality of care that individuals receive from us.

Mr. Terence Kernaghan: Understood. Where, in particular, are health care workers going when they leave CMHA because they're being paid so incredibly unfairly? What sector are they going to?

Ms. Sara Dias: We're seeing them leave our sector and moving into the hospital as well as public health.

Mr. Terence Kernaghan: Okay. Recently, in the news—

The Vice-Chair (Ms. Catherine Fife): You have one minute left.

Mr. Terence Kernaghan: —the Premier has decided to override the court and is going to allow municipalities to dismantle encampments and, at the same time, is refusing to build affordable housing and ensure that there are enough recovery beds for people who are battling addiction. Can you please speak to the importance of supportive housing and the government funding this properly?

Ms. Sara Dias: Supportive housing is extremely important. The first step in order to assist someone in recovery is housing, and then in addition to that, it's the wraparound services to support that. We see that with the delivery of our current programs that have housing support workers attached to individuals. The outcomes are extremely beneficial. They're positive and they reduce recidivism of contacts with the justice system, contacts with the emergency department and contact with emergency services, which all reduces costs to us.

Mr. Terence Kernaghan: Those are all incredibly expensive interventions that could be avoided with supportive housing, correct?

Ms. Sara Dias: Correct.

The Vice-Chair (Ms. Catherine Fife): Okay. Thank you very much.

We're going to move to the government side. MPP Dowie, please go ahead.

Mr. Andrew Dowie: Thank you to all the presenters today. I'd like to start with Ms. Kennedy, from Weyer-

haeuser. I was very intrigued with your mention of the conservation programs. I know industry has been showing a leadership role in Ontario in partnering with the government of Ontario on a number of initiatives. I wanted to get a good sense from you of how important that conservation piece is to your sector and how it helps grow your business.

Ms. Madelaine Kennedy: Sorry, are you referring to forest conservation and—

The Vice-Chair (Ms. Catherine Fife): Can you please move a little bit closer to your mike? For some reason it was working fine, and now it's really low.

Ms. Madelaine Kennedy: Can you hear me now? Oh, that's better.

The Vice-Chair (Ms. Catherine Fife): Yes, that's good. Thank you.

Ms. Madelaine Kennedy: With the conservation, are you referring to forest sustainability or—

Mr. Andrew Dowie: Yes, as a general corporate principle—so, you make the investments. You've cited them. How important is it to your company that you continue to engage in conservation efforts? If you could describe a little bit more as to what you engage in, that would be, I think, of benefit to us at the committee.

Ms. Madelaine Kennedy: Sure. It's really important to us that we communicate our story effectively about how we practise forestry in Ontario. The social licence to cut is very important to us, and a part of that is an understanding by the public of what exactly it is we're doing. We engage in a number of different programs to try to communicate what we're doing in the forest and how we practise forestry. One of those is getting into schools and presenting to students about forestry, about career opportunities in forestry. No one came to talk to me in my high school in Toronto to tell me about forestry, but it's a great career to get into.

We also engage with a number of different non-government organizations—Forests Canada, the Canadian Institute of Forestry—and their engagement efforts to communicate the sustainability of our industry.

Mr. Andrew Dowie: Thank you, Chair. I will pass my time over to my colleague.

The Vice-Chair (Ms. Catherine Fife): MPP Hamid, please go ahead.

MPP Zee Hamid: I'd like to thank all our presenters for coming out.

My question is for Mayor Harrison. Your Worship, it's good to see you again. We met at AMO earlier this year. At AMO, we talked about the same issue as well, but we also touched on OMPF funding that rural and smaller municipalities receive to handle these unknowns, because so many rural municipalities are so different. In the fall economic statement, we increased the funding by \$100 million over the next two years. What kind of support does that provide to Dryden?

Mr. Jack Harrison: Thank you for that. It was very nice to see the increase in funding this year and for the following year. That's about just over \$2 million for our funding. It has been helpful for—we put that more into infrastructure funding. In our urban area, we have—

The Vice-Chair (Ms. Catherine Fife): Mayor, can you please just move a little closer to the mike, please? Thank you.

Mr. Jack Harrison: We put a lot into infrastructure funding because we have 60 kilometres of 1927 water pipes that we really don't have the capacity or sustainability to fund. That's where we put most of it. Our infrastructure has a huge deficit. I think it's a \$300-million deficit that we need to try to address somehow. That does a small amount, but really not enough to make a dent in our infrastructure issue that we have.

1030

MPP Zee Hamid: In terms of the Ontario Community Infrastructure Fund, OCIF, which is also another fund for infrastructure programs, specifically for rural communities, is that something Dryden has taken advantage of or applied for in the past?

Mr. Jack Harrison: Sorry, for the infrastructure—

MPP Zee Hamid: Ontario Community Infrastructure Fund, OCIF. It's a formula-based grant that municipalities receive.

Mr. Jack Harrison: Formula and application, I believe.

Yes, we have applied to that. We weren't successful in the first round, but in the second round we put our application in. We hope to do some major infrastructure work with that funding if we are successful. But being application-based, it's not always guaranteed.

MPP Zee Hamid: And just a last question—I'm just trying to understand the whole situation. You mentioned people living in unincorporated areas and coming into the municipality and taking advantage of the services. I assume that they are paying when they're using the arena. Do you have user fees that you charge them?

Mr. Jack Harrison: Yes, absolutely, but they're very minimal, when you think about it. You can't charge enough; it would just be a deterrent. And we want them playing hockey in our rinks; we want them coming to our library. To charge \$300 or \$400—no, it's not going to work. That's why our property owners subsidize those facilities. It's very important for our culture and our community to maintain those.

What we do need is some sort of support from our unorganized for these activities to keep the lights on, keep the heat on and make our community what it is: wonderful.

MPP Zee Hamid: Thank you for that. Those are my questions.

The Vice-Chair (Ms. Catherine Fife): MPP Barnes, just two minutes left.

Ms. Patrice Barnes: My question is for Sara. You talked a little bit about the mobile crisis unit and the fact that those were working. I just wanted to ask if you had actually done an application, because we had a line of funding that was open for a mobile crisis unit. Did your organization put in for funding for that recently?

Ms. Sara Dias: Was that through SOLGEN or was that through—

Ms. Patrice Barnes: That was through SOLGEN.

Ms. Sara Dias: We did not apply through SOLGEN. Our current detachment did, and they applied for the youth

mobile crisis portion that is being offered through a separate organization.

Ms. Patrice Barnes: I'm just going to ask about some of the impact that we have seen so far. We had the Roadmap to Wellness that the government has rolled out. Have you seen an impact with that framework since the time that it's been rolled out, and what are some of the wins that you've gotten through that, or what are some of the challenges that you might have?

The Vice-Chair (Ms. Catherine Fife): You have one minute.

Ms. Sara Dias: While the commitment is greatly appreciated around the Roadmap to Wellness and the investment and commitment, the challenges that the sector is still facing are still around base increases alongside those commitments to the Roadmap to Wellness, because those are new initiatives and we have not seen any increase in base funding for existing programs over an 11-year span, which is where we're seeing the crumbling infrastructure of the sector.

Ms. Patrice Barnes: We had done a 5% increase for base. Was your organization not a part of that?

Ms. Sara Dias: We did, but that's the first in 11 years that we've received a base budget increase.

Ms. Patrice Barnes: This was recently though, right?

Ms. Sara Dias: As of April, yes—April 1.

Ms. Patrice Barnes: Okay. Thank you so much.

The Vice-Chair (Ms. Catherine Fife): Okay, thank you. That concludes your time.

We'll move now to MPP Kernaghan.

Mr. Terence Kernaghan: I'd like to move over to the city of Dryden. Mayor Harrison, welcome. We had the opportunity to travel to Dryden last budget tour. It's good to see you.

Specifically, I wanted to ask, is there a need for a new deal for municipalities? And what would this new deal look like for places like Dryden?

Mr. Jack Harrison: Thank you. Through the Chair—I usually chair, so it's hard for me to remember to do that—yes, we know that AMO is calling for a review. We look at the situation where property owners are paying the bulk of the cost within a city and we know that—our area is a bit unique with the unorganized; you don't see that in southern Ontario, so this is a unique ask that we're bringing to the government. But we see the cities are the core, where a lot of the businesses and the culture and the recreational facilities are happening. Whether you're even outside of that municipality or not, they're being utilized.

We're seeing that this is just not sustainable. Our town has been there over 100 years, so we have a lot of old infrastructure that needs to be repaired. Take sewer and water, for instance: We have an urban population, which has sewer and water, and we have a rural population. It's a user-pay system, so that's equitable because our rural folks shouldn't be subsidizing it, but it's challenging for our urban population to keep up with all the infrastructure.

Then, when you think about what our city does, especially in northwestern Ontario—we have the resources. We have the wood that's used to produce the houses in

southern Ontario. We're going to produce the critical minerals to furnish the battery plants. So I can see in northwestern Ontario, many thought, "Well, we just subsidize this." No, but we subsidize you folks. We provide those resources and without our communities to keep the culture and to be the centre and hub for all these areas that are working in the unorganized, it's really not going to work. You can see the decline in Dryden as people move out. It's only going to be exacerbated when we get, say, a mine—another mine opens up, like a lithium mine, outside. We can't tax it, although they're in our city all the time using our services. We have to clear the roads for them to come in. So you can see there's an imbalance there, especially in northwestern Ontario, that I think really should be addressed if we want to be equitable across the whole province.

Mr. Terence Kernaghan: Absolutely. At this time, municipalities have been struggling, and it's distressing and disappointing that Premier Ford and the government voted against lower taxes for municipalities, voted against building affordable housing and, at the same time, was giving \$2.2 billion to a broke Austrian spa. We see a great deal of focus on Toronto issues and Toronto needs, as well as some vanity projects.

What does it say to cities, places like Dryden, who have advocated for many years to address this disparity with unincorporated areas and the unfair situation you face?

Mr. Jack Harrison: Well, it's disappointing. We know that we're a small population up in northwestern Ontario, and there are a lot of needs in southern Ontario. I am encouraged that the current government has recognized that northern Ontario is important for our economy and needs to be invested in, in order for resources to be developed for the greater good of the whole province.

We are quite disappointed, coming on this file—one of the ones we picked up was long-term care. It kind of angers a lot of our people that there's not more support.

Mr. Terence Kernaghan: Absolutely. Thank you very much.

I'd like to move back to CMHA with Sara. I wanted to ask, with the recent news that Premier Ford is going to allow municipalities to clear encampments, when those people are cleared from these encampments, where do you expect that they will go?

Ms. Sara Dias: The expectation is that individuals will get involved with the criminal justice system or be entering into a shelter system, if there are beds available, and we know that in northwestern Ontario not all communities have access to an emergency shelter.

Mr. Terence Kernaghan: Sure. You also spoke about how your organization diverted, I think it was, 84% of cases from the emergency room. Right now, Kenora's ER is at a critical juncture. They're at great risk of closing, in fact. Without a robust, properly funded community mental health care sector, which is diverting patients from the ER, what do you expect could happen to Kenora's ER, if you don't receive the funding that you are requesting?

Ms. Sara Dias: If we don't see the funding we're requesting, we're going to see a greater need of individuals having to attend the emergency department, because our infra-

structure will be diluted and we'll have to look at closure of services. We also don't have a 24-hour crisis service, so we potentially could look at closures of emergency departments within our area.

1040

Mr. Terence Kernaghan: And I just wanted to also touch upon—you know, when community supports are available, such as supportive housing, how is this an upstream investment which realizes cost savings down the line?

Ms. Sara Dias: We know community supports is about \$72 a day per house per person versus a hospital, which is \$486 a day—to have somebody in hospital. So the savings are there. The information is available. We need to ensure we're providing investments in the right areas. That is less costly but provides better outcomes for individuals as well.

Mr. Terence Kernaghan: Absolutely. The math is pretty clear there, when you compare \$72 a day to 400-some-odd dollars.

The Vice-Chair (Ms. Catherine Fife): You have one minute.

Mr. Terence Kernaghan: I want to thank you very much for your advocacy.

I'd like to put my last question to Madelaine. I wanted you to unpack for the committee a little bit more about the idling of pulp and paper mills. Can you talk about these closures?

Ms. Madelaine Kennedy: The idling of pulp and paper mills—as I mentioned, everything is kind of interconnected. For the sawmills nearby to those pulp and paper mills, that's where they would send their residual chips and pulp wood. Without a nearby outlet for those things—a lot of these closures were in central Ontario, so a lot of these sawmills have to send their residuals into Quebec, which is a much longer distance than they would normally be sending it. It cuts into their profits, and then you add tariffs on top of that. You have sawmills struggling, pulp and paper mills struggling, and even our hardwood business would be struggling because we would not have the access to fibre that we have today.

It's all kind of a delicate balance. All of these—the pulp wood, the sawlogs, the hardwood logs—grow in the same forest and they need to be utilized—

The Vice-Chair (Ms. Catherine Fife): Thank you very much, Madelaine.

Next, we'll move to the government side. MPP Smith.

Mr. Dave Smith: Ms. Kennedy, I'm going to start with you. In your presentation, you talked about the Kawartha highlands forest which, of course, piqued my interest because I'm the representative for Peterborough–Kawartha and the Kawartha Highlands is in my riding.

We have a bit of a challenge right now. The Bancroft Minden Forest Company has logging rights there. The management plan is based on a 30-year renewal on it, and we have a number of individuals who are coming forward who suggest that we should stop all logging in that forest as well as everything in Algonquin.

One of the things that we saw this past summer was the fires in Alberta, and one of the things that they brought up on that was a great deal of underbrush is what caused it.

Can you speak to the sustainability portion of the management plans, and how cleaning out that underbrush actually makes for a healthier forest?

Ms. Madelaine Kennedy: Yes. The natural succession of the forest is driven by disturbance. A lot of that disturbance is destructive—for example, fire. Because fire is so destructive and because it gets close to values such as human assets and human life, we suppress fire. But fire is a natural part of the forest life cycle, and especially in the boreal forest, with the absence of fire, you need some other disturbance in order to renew the forest.

The purpose, and part of the sustainability, of the way we practise forestry is that we try to emulate natural disturbance. That's why you won't see a harvest area in a perfect square; it has those irregular lines and tries to emulate how fire would move through the landscape. We're kind of the replacement for the natural processes of the forest that we can't allow to fully happen because it would affect human life.

There's lots of other disturbances in the forest—wind-throw, insect damage. Disturbances are a natural part of forest succession, and forestry is just another disturbance that helps renew the forest and alleviate the load of fuel for fire.

Mr. Dave Smith: I appreciate that.

I'll switch over to Ms. Dias from CMHA. We have the HART hub program that was announced a couple of months ago, with over \$300 million—almost \$400 million—for it to have a comprehensive approach to homelessness addiction treatment and so on. Has Kenora applied for—have you applied for, on behalf of Kenora—a HART hub?

Ms. Sara Dias: Yes. We have applied through our All Nations Health Partners Ontario Health Team, and CMHA's Kenora branch was one of the leads in those applications.

Mr. Dave Smith: Is this one of the Indigenous applications, or is this a non-Indigenous application? The reason I ask is, there are 19 hubs in total; two of them will be Indigenous-led, and 17 would be non-Indigenous-led. Is this one of the Indigenous-led ones or one of the non-Indigenous?

Ms. Sara Dias: Indigenous-led.

Mr. Dave Smith: And we're expecting them to be around \$6.5 million to \$6.6 million, on average. Are you asking for the full amount?

Ms. Sara Dias: Yes, we are.

Mr. Dave Smith: How many service providers are you working with as part of that process? Because applications where there are multiple service providers coming together to collaborate are more likely to be successful.

Ms. Sara Dias: We're collaborating with multiple service providers and partnerships through our Ontario health team and All Nations Health Partners. We have over 12 representatives currently, and more that we're engaging on a day-to-day basis, because we do operate a clinical service hub model through our Kenora emergency shelter, and our partnerships change month to month based on patron needs.

Mr. Dave Smith: Thank you very much.

I'm going to turn the rest of my time over to my colleague MPP Saunderson.

The Vice-Chair (Ms. Catherine Fife): Thank you very much. MPP Saunderson, go ahead.

Mr. Brian Saunderson: Thank you to all our presenters this morning for your helpful input on our budgeting process.

I did want to ask you, Mayor Harrison, some questions. My understanding is you're a single-tier municipality.

Mr. Jack Harrison: Yes, that's correct. There's no regional in our area.

Mr. Brian Saunderson: But you participate in a service-delivery corporation for water and waste water?

Mr. Jack Harrison: In a corporation? No, the city of Dryden runs both the sewer and water treatment and all the infrastructure.

Mr. Brian Saunderson: Okay. How do you cost-share, then, on that important service? That's big infrastructure as well.

Mr. Jack Harrison: Well, it's funded by the user pay. For every property there's fixed infrastructure, and then we have meters on all our facilities to help reduce water flow, so there's also a variable rate there.

Mr. Brian Saunderson: Most of the residents, then, of the outside, unorganized townships, presumably they're on their own services, well and septic.

Mr. Jack Harrison: Yes. Their own septic system and wells, and also a large area of our municipality is also rural.

Mr. Brian Saunderson: With the recent growth pressures we're seeing across the province, infrastructure has been a big issue in making sure the communities can grow responsibly. Did you or Dryden—were there any applications from this area for the HEWSF funding to assist with offsetting those costs?

Mr. Jack Harrison: Yes, we have put applications in. We haven't been successful to date, but we're hoping that we will be in the future.

We have some undeveloped area within our urban core that doesn't have sewer and water; we just happen to have no funds to expand it. We do need to start thinking about growth. We see that NWMO has site selection, so we know that's going to be a long process. But they've said 300 households could be expected in Dryden, which we don't have the infrastructure for, so that's something that we're talking to NWMO about. We don't have an agreement. We're considered a significant other, a significant neighbouring community. We don't have development charges in our region like southern Ontario, so we're expecting growth is going to have to pay for growth.

The Vice-Chair (Ms. Catherine Fife): One minute left. Go ahead.

Mr. Brian Saunderson: One minute left.

I come from the municipal sector as well. I served as the mayor of the town of Collingwood for a while. While many Torontonians think Collingwood is north, I know that's not the case. And I know that of the 444 municipalities in Ontario, probably 75% of our population lives in 15 or less of those municipalities. So your comment about making sure that we work with all our municipalities to make sure that the smaller areas thrive, because you are the stewards of our valuable natural resources, I think, it's a very important comment.

I know you've talked about your concern that people are leaving the city to move to the unorganized areas because of the tax break. Do you see that as a process that's going to continue? And you also mentioned growth happening in your community, so what are you seeing as the net effect?

Mr. Jack Harrison: Well, I think the growth will continue—

The Vice-Chair (Ms. Catherine Fife): Thank you very much. I'm sorry. We've concluded our time. Thanks to all presenters.

I will say that we are still missing two delegations for 11 o'clock. We are going to recess until 11 o'clock so we can ensure that everybody is here.

The committee recessed from 1050 to 1107.

KENORA PUBLIC LIBRARY
CITY OF KENORA
SUNSET COUNTRY FAMILY HEALTH
TEAM

The Vice-Chair (Ms. Catherine Fife): Good morning, and we're glad that our two delegations made it safely on the roads.

We are going to begin with delegations from the Kenora Public Library. I just ask that you please introduce yourself first for Hansard. You will have seven minutes, and then we will move to questions after we hear from all three delegations. So, please go ahead, from the Kenora Public Library.

We can move onto the next delegation if you want to get more organized.

Ms. Marj Poirier: I can do it.

The Vice-Chair (Ms. Catherine Fife): You can do it? Okay. Please state your name for Hansard.

Ms. Marj Poirier: My name is Marj Poirier and I'm the chair of the Kenora Public Library. I am also the chairperson of the Ontario public library association, and a member of the Ontario Library Association board. I am a long-standing member of the Kenora Public Library. I joined the board during amalgamation and have served on many committees. I'm also a retired French immersion teacher.

I've come to speak to you today about two main priorities: the first one is the need for more provincial support for the creation of an Ontario digital public library; the other is for an increase in the Ontario Public Library Operating Grant, affectionately known as the PLOG.

First of all, I'd like to tell you a little bit about Kenora and our branches here. We have two branches. The main branch is in downtown Kenora, and I'm proud to say that it's one of 63 Carnegie libraries left in Canada that is used as a functioning library. Our other branch, located in Keewatin, has been closed since June, because the building was deemed unsafe to enter by engineers. This has meant that our small staff of eight people has had to come up with creative options for book delivery and pickup in Keewatin, which they have done twice a week since June.

The Main Street branch, like many other public libraries across the province, is bustling with patrons of all ages.

It has also become a safe hub for the disadvantaged citizens in our area. The library has become a front line for the homeless during the day, when the shelters are closed. As temperatures continue to drop, they are coming, seeking refuge in a warm space which has public washrooms, comfy chairs, water to drink and so on. This, of course, brings new problems into our library spaces: drug use, alcohol consumption and mental illness, to name a few. Our library cannot afford to hire social workers or security to help with this new reality. Many of our staff don't have adequate training to deal with a person suffering from untreated mental illness or drug addiction. However, our staff works closely with the OPP to ensure that everyone is safe.

I'm not sure how many of you here use the public library in your community, but if you don't, I really encourage you to do so. It's a wonderful place, and if you go to visit, you can borrow a book or you can go online and get a book or an e-book.

Public libraries have long been bookends, if you will, in communities. In fact, they are essential to thriving local economies and economic growth. For example, families who are considering moving to a community are going to be looking to see what services are available. Is there a library? Is there a recreation centre? Are there parks and walking trails? Ontarians across the province rely on public libraries to work, to play, to learn, to connect to the community and government services, to find or train for a job. However, there are gaps in the service models that currently exist in our public libraries. That's what I am here to talk to you about today.

That brings me to my first priority: the creation of the Ontario digital public library. This would provide critical e-learning support and access to modern digital resources to all Ontario public libraries. In particular, this would contribute to student success and lifelong learning as well as towards entrepreneurship and job readiness. These include:

- in-depth job and career skills training;
- language training;
- live tutoring and homework help;
- health information;
- resources to support vulnerable residents, such as seniors or adults living with developmental disabilities; and
- life skills and interests.

A proposed Ontario digital public library would provide a core of highly impactful digital resources accessible to every Ontarian through the local public library. Equitable access of digital resources would be possible by leveraging the province's significant purchasing power to give all Ontarians universal and high-quality e-learning and resources.

Since 2021, the government has made investments to Ontarians that would benefit in the creation of the Ontario digital public library. There's been upgrades to high-speed Internet in over 100 rural libraries and First Nation libraries across the province as well as—last year, there was a huge amount of money, \$1.25 million, that went to help fund First Nation libraries in particular; not quite enough, but we were so happy to see that, and we're very, very appreciative of that.

What we are suggesting is that the designated delivery partners such as the Ontario Library Service, would work closely with the Ministry of Tourism, Culture and Gaming and other agency partners to determine the appropriate mix of resources that would be the best for the province. Just as an example, a large library like the Toronto Public Library has access to a lot of subscriptions. If you go online and look, you can see there's a huge, long page—

The Vice-Chair (Ms. Catherine Fife): One minute.

Ms. Marj Poirier: What?

The Vice-Chair (Ms. Catherine Fife): One minute.

Ms. Marj Poirier: Okay. The other thing that we are looking at, then, is we are also looking at the PLOG, the Public Library Operating Grant. This has not changed in 25 years. Ladies and gentlemen, that is a generation that this has not changed.

Our librarians across the province are stretching their money to the extreme. Most of our money does come from the municipality, but the extra money that comes from the government has decreased by 60%—staying the same, there has been a decrease of 60% just because of inflation and so on. So we are really looking for an increase in the Public Library Operating Grant, which would help us to deliver even better programs to those who need it: our vulnerable and most high-need people in our community as well as our other communities—

The Vice-Chair (Ms. Catherine Fife): Thank you very much. You'll get to some of your other points, I think, through questions.

Next, we're going to move on to the city of Kenora. Please go ahead. Please introduce yourself as well.

Mr. Andrew Poirier: Good morning, everybody. I'm Mayor Andrew Poirier. This is my better half here; I apologize for our tardiness.

Welcome, everybody, to the great city of Kenora. We are the city—I believe I'm the third mayor to advocate in front of this committee about bridges. We love bridges because they connect us and all the parts of our community. But we have 21 of them, and nine of them were downloaded from the provincial government years back, so I'm the third mayor here advocating for steady funding in order for us to repair them.

I can tell you right now, we have one closed down as of a month ago. We do our regular audits on the bridges, and we had it on our capital plan for 2026-27. When we started doing the specs for the project, the engineer shut the bridge down. It's a critical link within our community, and I'll get into that a bit later.

Some 15,000 people—our net tax levy is about \$35 million; a 1% increase in taxes is about \$310,000. We could all do the math and see the math; it doesn't work for hundreds of millions of dollars in bridges. We do what we can to repair them, and follow all of the guidelines and regulations that we have to, but we cannot afford to—even the bridge we're looking at, a replacement of that bridge, which is not a large one, is probably going to be in the \$30-million to \$40-million range, which means the city has to leverage that money, which means that we can't work on roads, that we can't provide more funding to the libraries

and our other soft services. When we take everything within our budget and look at what our external commitments are for agencies, this is not sustainable.

Again, I am repeating what Mayor Dave Canfield—some of you may know him—said years ago. We talk all the time and he says, "How are you doing on bridges?" It's a real big issue for us, and, as I say, we're now staring down a bill of \$30 million to \$40 million. We do put substantial amounts of money into capital, but we have a large geographical area made up of water, rock, and more water and more rock, and that costs lots of money.

So, again, I'm here today to advocate, first of all, for the connecting links. That would help us immensely if we could get that back. We actually have a bypass now around the city that has been designated or determined as the main highway, but Highway 17 still runs through the city of Kenora.

I'll give you an example: We had several accidents last week on the bypass which shut the bypass down. All of the traffic was diverted through our city, which is fine, but they have to go over about six or seven bridges when they're detoured, and those bridges are critical. They connect our hospital to our community. They connect commerce from one end of our community to the other. If we have another hit like this, I don't know what we're going to do. We've talked about the worst-case scenario where we would have to shut bridges down, which means we could shut traffic down through Canada. If the bypass is down and one of those bridges is down, nothing moves unless you go through the States. So it's critical for us. It's critical for not only the economy of our community but the economy of Canada, and it really boils down to that.

1120

What we have been advocating for—and I think we have for years; I'm not the only mayor in northern Ontario that's talked about this—is a dedicated infrastructure fund for northern communities. Whether it's an extension of NOHFC—that would be my preference, but we do need more funding that we can count on to do this, because if you give us a million dollars, we will spend the million dollars and we will leverage that million dollars, because we have the ability to do that, to do some of these critical projects.

That is the first one I want to advocate on, because I know we're under time constraints.

The next one, and I believe there's a package in front of you, is on long-term care. I'll try and lay all of this out for everybody on the committee because you may not be aware, but our district homes for the aged are partially—it's a different set-up than in most of the rest of the province. There's four or five of us, I think, left in the province of Ontario, mostly in northern Ontario. We contribute over \$2 million to the district home for the aged. That supports one in Kenora, a long-term-care home. It supports one in Dryden, in Red Lake—

The Vice-Chair (Ms. Catherine Fife): You have one minute, please.

Mr. Andrew Poirier: Yes. Anyhow, what we would like to see is—and we've put this forward and we've talked to

finance, to long-term care, the ministers. We would like to see, where our unorganized territories who pay taxes directly to the province of Ontario, because we refer to the Minister of Finance—he's the mayor of the unorganized territories, and that's the title we give to him because he controls the money that's submitted. We would like to see a portion of that money that's submitted on their behalf go directly to helping fund the district home for the aged or long-term-care homes in our district. For Kenora, it's \$779,000. We've even laid out funding formulas and how it could be distributed amongst all the municipalities in the Kenora district. It's about \$2 million we're asking for the government—

The Vice-Chair (Ms. Catherine Fife): Thank you very much. Hopefully, you can get to some of your other points through questions.

For our final delegation, I'm going to ask Sunset Country Family Health Team. Please introduce yourself for Hansard.

Ms. Colleen Neil: Good morning. My name is Colleen Neil. I'm the executive director of the Sunset Country Family Health Team here in Kenora, but I'm also here today representing my colleagues from the other northwestern family health teams in the Red Lake, Fort Frances, Dryden and Points North family health teams. Thank you for the opportunity today. You've got quite a contingent here, which is unusual for us.

Today, I want to highlight the urgent need to strengthen Ontario's primary care system, particularly northwestern Ontario. While our province faces significant challenges in health care, the unique social and health disparities in the north amplify these issues, requiring immediate and targeted attention.

In northwestern Ontario, the staffing crises are felt more acutely than in other parts of our province, and we know they are province-wide, and we have national disparities in health human resources. However, the wage disparities already are felt more deeply in the north, where recruitment and retention are complicated by our region's remoteness, lack of infrastructure, housing and higher cost of living. Our wages for our interdisciplinary primary care providers have not kept up.

Primary care teams are the lifeline for many of our rural and remote communities. With the lack of physicians in many of our communities, our providers in these multi-disciplinary teams are reaching well beyond their scope of practice to meet the community health needs. Yet our wages lag far behind other sectors, and we are facing increasing vacancies and burnout among our skilled professionals like nurse practitioners, our nurses and our mental health providers as such. Patients must travel hundreds of kilometres already for care, and if we are not able to provide the care close to home due to vacancies, this case will become even more dangerous for people that are seeking it across the highways of northwestern Ontario.

We urge the government to commit to a \$500-million annual investment over five years to close the wage gap that is now being advocated by our provincial Association of Family Health Teams of Ontario. Addressing this disparity is critical to ensuring the sustainability of our primary care

in our regions, where the need is very great and the resources are very few.

In addition to the gap, northwestern Ontario faces profound health and social disparities that are compounded in our health care challenges. Communities in our region experience disproportionately high rates of diabetes, heart disease, substance use disorders and mental health conditions. Our social determinants of health in the northwest, such as food insecurity, housing instability and limited access to clean drinking water, exacerbate these problems.

The long distance between our communities, combined with winter road closures and unreliable transportation, makes accessing and providing quality of care close to home—a significant hurdle, additional costs and it devalues the provincial government's strategy of care close to home.

Many of our communities in northwestern Ontario are predominantly Indigenous. Historical injustices, systemic barriers and a lack of culturally safe care have created health outcomes that lag far behind the provincial average. Strengthening our primary care in this region is essential for advancing reconciliation and addressing these disparities.

In smaller communities, primary care teams often act as the only point of contact for health care, taking on roles typically filled by specialists in urban settings. This requires additional training, resources and flexibility to meet the complex needs of our patients. The funding for training does not often come with the necessary additional costs for travel to that training, which would support the equitable inclusion in training of our providers.

In northwestern Ontario, the number of unattached patients is growing. The underserved communities are facing significant gaps in access to care. Expanding primary care teams in our region must be a priority to ensure equitable health care access for all Ontarians. Our area is not just facing the same pressures as other areas in the province when we were never at an equitable place to begin with.

Funding flexibility is particularly crucial in the north. Local teams need the ability to respond to their communities' unique needs, whether deploying outreach teams to First Nations communities or expanding mental health services for our youth at risk. Northern primary care providers are seeking support for creating reliable data that could be trusted to drive funding allocations, as opposed to the disconnected and unreliable data currently driving funding decisions. However, how we deliver primary care in the northwest is not reflected in the current data that is collected, causing even more significant disparities.

Strengthening Ontario health teams and our primary care networks: The success that we've seen locally of our Ontario health team depends on empowering those primary care networks, especially in regions like northwestern Ontario. Local governance structures must reflect our region's unique challenges, focusing on addressing the health inequities and improving access to culturally appropriate care. Formalizing governance roles for our primary care within our Ontario health teams will ensure that the voice of the north is heard and that the resources are allocated where they are most needed.

Digital health solutions are also a lifeline for our rural and remote communities in northwestern Ontario. Investments in broadband expansion and integrated digital tools are critical to overcoming geographic barriers that separate patients from providers. For example, virtual care has been transformative for many of our patients in our region, but it requires reliable infrastructure and support to be effective. Centralized vaccine registries and shared patient records would further enhance committee care and patient safety and reduce administrative burden. However, funding for such systems cannot be expected to come from small, northern, rural family health team budgets.

Embedding mental health and addiction services, alongside or within primary care—

The Vice-Chair (Ms. Catherine Fife): You have one minute left.

Ms. Colleen Neil: Perfect—resources will help with the long wait times and with social determinants like poverty and housing instability that exacerbate all of these issues across the north.

To address the growing demand for mental health and substance use disorder in our region, we need sustainable funding. And I know you heard that as I came in today, speaking to some of our mental health providers.

Primary care providers in northwestern Ontario are committed to partnering to develop solutions that address staffing shortages, expand services and improve access to care. Our challenges in the north are immense, but we can make that meaningful progress if we're given the targeted investments and the care and control over that funding to make those changes.

We call on the members of this committee and the MPPs that are here today to urge you to advocate for that wage equity, the targeted investments, the digital infrastructure, culturally safe care, the mental health services. What northwestern Ontario deserves is a health care system that reflects the resiliency and strength of our communities. Together, we can build on a primary care system that meets our unique needs for all the north while contributing to the health and well-being of all Ontarians.

1130

The Vice-Chair (Ms. Catherine Fife): Thank you very much.

Line of questioning: We'll start with the government side. MPP Hogarth, please go ahead.

Ms. Christine Hogarth: First of all, thank you, Your Worship, for hosting us in your beautiful community. I think we ordered the beautiful snow so we can have a little bit of Christmas, because in Etobicoke we really don't get the nice snow. We get a little bit of slush, so thank you.

You mentioned an old friend, David Canfield. I have worked with him probably for about 27 years. Please say hello from me and a merry Christmas. Pass that along. I know he worked very hard for Kenora to get it where we are today.

All three of you, thank you very much for being here and sharing your comments with the committee. I'd like to start with Colleen and chat a little bit about primary care systems. Back when I worked in government, many, many

years—25, 30 years—ago, we came up with the idea of the northern Ontario medical school, which is in Thunder Bay and in Sudbury as well, which really made a difference of bringing doctors to stay in communities.

You mentioned, when we were chatting earlier, that people move for two reasons: love or money. You fall in love with a community, you fall in love with somebody else or you find a great job. That's what you want: people to love the community. Especially in northern Ontario, there's so much to offer. But you want those people who are going to come here, stay, raise their family and invest.

We added extra seats to that medical school to ensure that we have more. Unfortunately, the Liberal Party before us cut 50 seats, which would have created 500 extra doctors, if everybody was successful in passing their tests at the end of the day. We have actually grown our medical schools. We are building three in southern Ontario and we're adding seats in the north. Can you tell us a little bit about how that has affected primary care here in your community?

Ms. Colleen Neil: We have seen [*inaudible*] a return on investment with NOSM when local people attend NOSM and come back to our community. I don't know that we've seen the return on investment of outside sources. I think we're seeing a lot of people that use—and thank goodness; we do need to see an increase of physicians across the province, across the country. But for us, we're not seeing the return on investment of people staying here. We are seeing an increase in our physicians to proctor, mentor, whatever the language is, for those students who are at NOSM. There is an increased pressure for our existing physicians who are here to make that, but we're not seeing people stay, I'll be very honest.

We do see a lot of young, willing people in our community who would be willing to make that investment here, to stay here, but are not getting into those spaces. I do think there needs to be a review of that system to see how we're selecting those people, what the criteria are on selection and what are we doing to ensure the training that we are investing in—because we are investing in that training. We have people embedded in our family health teams; we have them embedded in our primary care clinics. But how are we ensuring that that investment that we're making is able to stay here in the north? I think we're still missing that piece.

Ms. Christine Hogarth: We also have a program, the Learn and Stay grant, which includes full tuition reimbursement, but you're committing to stay in the underserved area for two years. Hopefully, that will help, with that new program, because, again, we want people to stay and invest in their community for the long term.

Another question: We know the unique challenges in northern Ontario of getting bodies. We have a challenge all across the province. We're investing money, \$2 billion over the next couple of years, for community care. But we've also hired Jane Philpott to come in and help with communities. She has a mandate to connect people with primary health care over the next five years. How do you see yourself

working with Dr. Philpott in the future to try to share the northern experience?

Ms. Colleen Neil: I'm a big fan of Jane's. I've read her book. I've listened to her speak. I've followed her career over the years, and I think she has some very good insights.

My other hat—I'll be transparent here—I'm also the executive lead of All Nations Health Partners Ontario Health Team. I do wear two hats. We are very fortunate to be one of the accelerated 12 OHTs. We work very closely with our colleagues, with Ontario Health, and also our other Thunder Bay Ontario health team as well, to really take a regional approach on this. There are some nuances that I hope our voice will continue to be elevated, about how we offer care here that does need to be created a little different. Even myself, I'm exhausted at saying it's different here in the north, and I encourage my colleagues for us to actually stop saying that and start saying not why we can't do that but how we would like to do that. So I'm really hopeful that Jane taking on this approach for primary care will have an ear for why we feel we know what we need and help us get there.

Ms. Christine Hogarth: Well, I thank you for that. I certainly hope that she taps your resource because it sounds like you have a credible knowledge to help move this file forward.

Ms. Colleen Neil: Thank you.

Ms. Christine Hogarth: I will pass the questions over to my colleagues.

The Vice-Chair (Ms. Catherine Fife): You have two minutes left. MPP Dowie.

Mr. Andrew Dowie: I thank everyone for being here.

My question is to Ms. Poirier at the library. Just so you have the awareness, I spent 12 years on my local library board and have been to the super conference and proudly use my library card—actually I have three: Chatham-Kent, Windsor and Essex county.

So with that, most utilization is, in fact, the digital resources, so I can totally understand the acquisition cost, the scale, the ability of pushback on publishers. I have a fulsome understanding of that and why it's being proposed. I'm hoping you might be able to elaborate a bit as to the existing Ontario Library Service Consortium and the work that they do to help smaller libraries bundle together in the present day, and further, with any remaining time, if you can see the future, what new services you'll be providing—

The Vice-Chair (Ms. Catherine Fife): And you have one minute to elaborate.

Mr. Andrew Dowie: Okay. Wonderful.

Ms. Marj Poirier: I have one minute to elaborate? So there is a consortium and they do get together on some conferences and working with JASI, which is a computer program that they use for taking books in and out and also for book ordering right now. But this digital public library would be—the consortium is more northern and rural libraries. The digital public library would be across the province, to make it more equitable for everyone across the province to be able to access these things.

For instance, live tutoring would be a great one. Students are really struggling post-pandemic and something like that

would be a wonderful thing to have, and to have the ability to have this province-wide and have the province and maybe either the Ontario Library Service or the Ontario Library Association—

The Vice-Chair (Ms. Catherine Fife): Thank you very much. Hopefully, we can get to more of those answers in the next session.

Now we'll go to MPP Kernaghan of the official opposition. Please go ahead.

Mr. Terence Kernaghan: Thank you very much to our presenters for being here.

Mayor, thank you for hosting us here in your beautiful city once again. In your comments, you specifically mention the downloading from this province, the nine bridges which have effectively been dumped on municipal taxpayers to finance and rehabilitate. In my city of London, we're facing a 30% tax increase because this government is not paying for its responsibilities. Many are actually calling this the Ford tax.

But I wanted to ask: AMO and the official opposition have brought forward a plan to create a new deal for municipalities by listening and acting as true partners with municipalities, bringing their concerns forward and funding those projects that have been downloaded historically. Ideally speaking, what would a new deal look like for the city of Kenora?

Mr. Andrew Poirier: I fully support what AMO is doing, and I think that extends back. I'm a board member of NOMA. That's the Northwestern Ontario Municipal Association, and then, from there, we break it down into districts. I'm also an executive member on the Kenora District Municipal Association. We've advocated on behalf of those organizations to AMO, because we do have some cross members on both.

To me, what it comes down to in that is, my background with budgeting and that—I like to budget. I'm already looking into 2026-27 operating budgets myself, even though we're grappling with a terrible one for 2025. It's all about a stable funding stream or access to funds, that we can start looking out into those with these larger projects.

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I'm just going to lay a couple of ideas out—and I'm not being critical of the government, because the government has been very supportive of the city of Kenora and the district. We've done well. We have very good working relationships, and I think we have with other governments over the years. Having said that, we're grappling with about—we're at 9% right now for next year for a tax levy increase. We've already passed our water and waste water. It's at almost 9%. As everybody knows, these are unsustainable. You can't continue on. My question is, what do we do when we hit that wall when we can't do any more, when we can't raise any more and take any more out of people's pockets?

How the government can help the city of Kenora right now—I'll give you a figure here: \$12.4 million that comes out of our \$35-million operating budget for external agencies. Everybody is aware of the OPP and that, and we were right at the top with the increases, and we've come to an agreement with the government, so there's help there. We

need a better funding formula. There's a start right there. Going up a million or \$2 million every year is absolutely insane for a city of 15,000 people. A \$9-million bill for policing is not going to make the city grow any further than that.

I go back to public health and that: Why is the municipal taxpayer paying for anything to do with public health? That's a provincial matter.

Take some of these things away, then we have the ability—again, speaking for Kenora, not for some of my other colleagues. We have a healthy enough tax base where we could fund all these infrastructure projects that I'm here begging money for. But \$12 million—when I first started in municipal politics, in 2003, it was around five-point-something million dollars. Well, where do you think the \$7 million came from? Out of the local tax levy, which takes away on an annual basis from the things that we really need to do as a municipality to grow and to maintain what we have.

It's all about give-and-take. I'd be more prepared to give something over here to get something over there. But having us fund programs that we should have no part of is not workable anymore in Kenora and probably in most parts of the province, from when I talk to my colleagues around the province. So that would help a lot.

And again, back to steady streams of funding for infrastructure—because that's the biggest cost and the biggest unfunded liability for all municipalities across the province, is the infrastructure.

Mr. Terence Kernaghan: Most definitely. I think municipalities deserve a fair, reliable and predictable partner with the province. The Premier has often said that there is but one taxpayer, yet seems to forget this when it comes to expecting municipalities to foot the bill for what are provincial responsibilities. I think, as well, given the news from the Auditor General that the Premier is spending \$2.2 billion to help a financially struggling Austrian spa set up shop in Ontario—it is especially jarring when we consider the needs of municipalities.

I wanted to know, would you give me the opportunity here, Mayor—

The Vice-Chair (Ms. Catherine Fife): You have one minute left.

Mr. Terence Kernaghan: Can you speak about paramedic funding for the city of Kenora and any concerns with that? You've spoken about long-term care, about public health. Are there any concerns about paramedic funding?

Mr. Andrew Poirier: Again, through the Kenora District Services Board, a portion that we pay towards land ambulance, or EMS—but again, it's something that is exponentially increasing year in and year out. I'm speaking strictly on the costs here and that. I'm not suggesting it's not—it's a well-received service. I know they have challenges, from time to time, filling vacancies and spots, but again it's another one that's got a creeping effect year in and year out. I've seen it because I've been around long enough to see the effects of some of these services that were downloaded years and years ago on the municipalities and exactly what—

The Vice-Chair (Ms. Catherine Fife): Thank you very much, Mayor. We'll get to more answers later.

Back to the government side. Go ahead please, MPP Smith.

Mr. Dave Smith: Thanks, Chair. I appreciate that. First, I'm going to start with Colleen, if that's okay. If you don't mind me calling you, Colleen.

Ms. Colleen Neil: It's okay.

Mr. Dave Smith: I'm curious, what percentage of the patient loads that you have is Indigenous?

Ms. Colleen Neil: I mentioned data earlier, and we have a very difficult time. So the new model, especially for Ontario health teams, was population health management. Many of our service providers and the way we collect data or the way others collect data is through OHIP billing data. The problem with that is not all of our models of service are billable. Nurse practitioners, our family health teams, our multidisciplinaries—we don't bill, so that's not reflected, and then how we create our patient registries and how we collect patient data within our electronic medical record may be duplicate. You may have an Indigenous person who is receiving services at their Indigenous primary care organization; we may also be serving that person. So how we count is not clear.

We both know that we have an over-representation between what is the population, what the province says we're funding and what our electronic medical chart records—and then what we also know who we're both funding. So it is a difficult way or a difficult task to nail that down, but I would say that probably closer to 60% is our Indigenous to non-Indigenous patient ratio.

Mr. Dave Smith: Are you receiving any federal funding?

Ms. Colleen Neil: No.

Mr. Dave Smith: So section 91.24 of the Constitution says that the federal government is solely responsible for the health care costs of the Indigenous community across Canada. If you're not receiving any federal funding at all, that to me would be a huge oversight on their part. That's probably something we need to be going to the federal government and knocking on their door and saying, "Hey, how come you're downloading that cost to the taxpayer in Ontario?" That seems like a logical place for us to start with it, as well, since it is their responsibility to fund it.

Ms. Colleen Neil: I would say that's an oversimplified way, and I would say that it has created problems for us on the ground. Our organization sees people in this community.

Mr. Dave Smith: Absolutely, and I'm not suggesting that you shouldn't. I'm simply suggesting that perhaps part of the problem with funding is that we need to find a way to get the feds to actually meet their constitutional obligation on that.

Ms. Colleen Neil: Yes. Again, I would say that it's like a lot of our slogans: right time, right place, right provider. I would agree that that perhaps is your argument to make. I hope it never trickles down to our level where we have to decide based on how someone self-identifies how we provide care.

Mr. Dave Smith: You should never be in a position where you are saying no to someone else because of that.

Your organization shouldn't be the one who's worried about how the bill is being paid. This is something that obviously we're going to have to be knocking on the federal door to say, "Hey, pick up your socks," as well.

Ms. Colleen Neil: Our Indigenous primary care organizations and Indigenous health care organizations do a great job of that advocacy for the work that they strongly feel remains and should remain in their community and that is self-directed, that they have governance over their communities.

I would say they've been very generous with us. We have two Indigenous primary care providers that sit at our Ontario health team, and when we come together and work collaboratively, we have done some very remarkable things, including that we're about to roll out a new—brand new, nowhere else in the province—physician compensation model that was driven based on equity so that we could allocate physician resources into those First Nations communities on an equitable basis. How we behaved during COVID when, again, resources were scarce and how we all came to the table with all of our resources out in front—we did amazing work. So, from a supportive way of what you're saying, absolutely.

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Mr. Dave Smith: Okay. Chair, much time is left?

The Vice-Chair (Ms. Catherine Fife): You have two minutes, 56 seconds.

Mr. Dave Smith: I will turn it over to my colleague.

The Vice-Chair (Ms. Catherine Fife): MPP Saunderson, please go ahead.

Mr. Brian Saunderson: I want to thank each of the presenters for coming today to share your input on this important process.

I'm going to start with you, Mayor Poirier. Coming from the municipal sector myself—I was the mayor of the town of Collingwood for a number of years and know first-hand the budget constraints and how much you have to take care of in terms of municipal infrastructure and, yes, that management planning piece. So I appreciate your comments about the pressures there.

I understand you've been a municipal councillor going back to 2003?

Mr. Andrew Poirier: Three terms as councillor.

Mr. Brian Saunderson: Three terms—and you're still sane. That's impressive.

For a long time, then, you've seen the pressures in the municipal sector. Since this government has come in since 2022, the work we've been doing on infrastructure across the province is quite dramatic. You'll be familiar with the \$1.2 billion for the HEWS funding; the \$1 billion for additional infrastructure, which could include bridges; and on top of that, increasing funding by about 10% annually since 2022, so over 40% now. Have you seen the impacts of those increases in your town?

Mr. Andrew Poirier: Yes. One of them you're referring to is OCIF funding. Yes, that's had a huge impact for

us on our budget because that's less money that we have to get from net tax levy or reserves. It's increased substantially. I know originally it was a five-year pilot program, I believe, and I think we might be mid-point now [*inaudible*] or going into the third year—

The Vice-Chair (Ms. Catherine Fife): You have one minute left.

Mr. Andrew Poirier: That would be nice to continue. For us, that's in excess of \$1 million a year more. Again, we can take \$1 million and leverage that into \$4 million or \$5 million and still be able to absorb those additional debt costs. A million dollars goes a long way, speaking for the city of Kenora. We can get a lot done with that. If that could become more permanent, there's one of your solutions to more stable funding.

Mr. Brian Saunderson: Right. I think you told us that 1% on your tax bill is about \$310,000, so \$1 million would be 3% tax implications.

You mentioned the Connecting Links Program. I know we have some connecting links in my municipalities as well. Have you been able to leverage some provincial funding to make sure that the connecting links are maintained for the provincial highways?

Mr. Andrew Poirier: It's not designated as Connecting Links—

Mr. Brian Saunderson: It's not, eh?

The Vice-Chair (Ms. Catherine Fife): Thank you very much. That concludes the session.

We'll move over now to MPP Kernaghan. Please go ahead.

Mr. Terence Kernaghan: I'd like to move on to Colleen now. Colleen, I just want to thank you for advocating so strongly and so effectively for health care professionals to make sure that they're paid fairly and that they're paid justly and they're paid equitably. I think it's incumbent upon this province to make sure that people are paid what they deserve. I look forward to them listening to their conscience and finally addressing wage disparity. Many people presenting in this committee have done the very same thing.

You mentioned that wage disparity is felt more acutely in the north. You also spoke about vacancies and about burnout. I wanted to ask: How is it for health care professionals? How are they facing and dealing with the moral injury of not being able to provide the care that they know they can because of vacancies and because of the burnout they're feeling?

Ms. Colleen Neil: We have to be very careful, again, amongst our partners and who we work with, because it's easy to point fingers during these times when you're in a deficit, when you're in hard times and you're up against it. I think one of the things for health care workers, I know many of our family health team staff will also work at the hospital or also work in long-term care. I, myself, have two jobs. Many of us don't have the luxury of having "a" job, just because there's work that needs to get done. So they are tired, and it's those that are still in the arena and still coming and showing up every day that take the hardest hit. And they keep showing up.

The primary care nurses are paid significantly—it's not a little bit; it's significantly less than their counterparts at the hospital, which is in the same parking lot. And they're still showing up every day. Then they go over and work over there, beside—now we've brought in agency nurses, who make double. We understand. We're trying to do everything we can to do that.

I'm not sure if any of my colleagues were calling in today, but we do have a family health team executive director who called me not that long ago who said their front desk staff are utilizing the food bank because, based on the wages that we pay—we have a wage fee structure from, now, Ontario Health for what we can pay for administration staff too. We need them to show up too. They take the biggest hit. Those front-line staff who answer the phone every day, who people are demanding to find them a doctor somehow, they take the biggest hit, and these are the people who are using our food banks across, because we do have higher rates of food costs, we do have higher rates of gas, we do have higher rates—everything costs more here.

If our wages aren't keeping up to even the people in our community, never mind across the province—I mentioned this earlier: Sometimes we're not all starting at the same starting line. To use a golf analogy, there are the men's tees and there are women's tee boxes. We never got to be at the same starting line as everybody else, and when we're feeling provincial pressures across the way, we feel those deeper.

Mr. Terence Kernaghan: Understood. I think, from a committee that is hearing this from the front line, from people who are having to use food banks, I don't think it should be difficult for them to listen to their conscience and address wage disparity and make sure that people are paid fairly.

I was also looking at CBC news coverage of the Kenora hospital, the ER department that faces closure and the moral injury that people, as you've said, are also facing with that. The quote was, "As a rural ER doctor, I feel guilty cutting back my hours. But it's the only way for me to keep working.... While this is happening in our rural hospital in Kenora ... I've seen similar experiences" in other "emergency rooms across the country.... I learned that patients and their families often don't know that doctors are working themselves into the ground; they just expect the ER to be open.... it comes with a high personal cost."

Would you like to discuss the potential closure of Kenora's ER department if the province doesn't step in and fund health care properly?

Ms. Colleen Neil: Respectfully, I don't work in the hospital sector, but I'll wear my Ontario health teams hat, because we do work so closely together.

I think what folks need to realize too is that our community doctors that are still here—we don't have specialty services here. So when they have a referral for a heart failure patient, they are that physician, unless they're sending them in to Manitoba. Again, this is why our data is skewed. But they're also the doctor who is working in emerg. They're the doctor who is the hospitalist. They're

the doctor who is in long-term care. And then they're the doctor who leaves that rotation and goes into people's homes for MAID or home care or all these things. Again, none of us get to have one job.

I think we're down to 12 physicians in our community. We need 33 just to keep the doors open. So these physicians that you're seeing—at any given week, we have nine unfilled shifts. We rely heavily on locums, on physicians that get flown in. We have a locum who was in our clinic last week who was from London, England. That costs a lot of money to bring that person in. Ontario Health is funding their travel here while our doctors are not being compensated properly for the many roles that they play within the community, including travelling out to First Nations communities to ensure good, collaborative care close to home for those people.

Some of our First Nations communities are three hours away. Our clinic doctors, most of them work one day a week in those communities. Again, on a day like today, travelling down—not highways, not those kinds of roads; worse roads than that—into these communities one day a week, that's the level of commitment that these physicians still have—and keeping the emerg open.

Mr. Terence Kernaghan: Good hearts shouldn't hold up a crumbling system, should they?

How much time do I have left?

The Vice-Chair (Ms. Catherine Fife): You have a minute and a half.

Mr. Terence Kernaghan: Okay. I would like to go back to Mayor Poirier. I wanted to question a little bit about northern infrastructure. Last year, when we visited for pre-budget, we heard local organizations say that the high proportion of road fatalities occur on rural, northern and remote roads, and that 55% of fatalities occur on these roads.

We see a province that is hoping and praying for the best. We saw that, today, there were multiple collisions on 17 and 17A. Can you comment on the significant cost to municipalities and to the city and to health care with these fatalities and this lack of infrastructure development?

The Vice-Chair (Ms. Catherine Fife): You have one minute.

Mr. Andrew Poirier: I want to cite some positive examples. We've started to twin the highway at the Manitoba border. I believe we're 6.8 kilometres into Ontario now, and it's basically done, that leg.

I remember in 2008, I think it was—I might be off. I think Stephen Harper was the Prime Minister and Dalton McGuinty was the Premier. They were here. They had to meet with us on a day's notice. They came in here, announced they're going to twin the highway from the Manitoba border into Kenora. You know, 12 years later, it started, whereas in Thunder Bay, they were able to get going on it, so the money was—

The Vice-Chair (Ms. Catherine Fife): Thank you very much. I'm sorry. That concludes our time for this morning and for questions. I'm sure conversations will continue to happen.

This committee is recessed until 1 o'clock.

The committee recessed from 1201 to 1259.

KEEWATIN PATRICIA DISTRICT
SCHOOL BOARD
MANITOULIN HEALTH CENTRE
ONTARIO PUBLIC SCHOOL BOARDS'
ASSOCIATION

The Vice-Chair (Ms. Catherine Fife): Good afternoon, everyone. We're going to start the last group of delegations for this afternoon. We want to thank everyone for making the time to be here.

Just so committee members know, of course, we're going to hear from the Keewatin Patricia District School Board. Chair Roger Griffiths is with us. The other two presenters are going to be online. They're going to come online very shortly.

With that, please introduce yourself for Hansard. You will have seven minutes to present, and then you will have two sets of questions from opposition and government members. Welcome.

Mr. Roger Griffiths: Thank you very much. So I can start now?

The Vice-Chair (Ms. Catherine Fife): Please.

Mr. Roger Griffiths: Great. I'll give you a little background about myself. I'm Roger Griffiths. I grew up in Oxdrift, a small crossroads in the centre of the Cloverbelt area just outside of Dryden. I'm a third-generation farmer on the only remaining operating century farm in our district. My wife, my family and I—my three daughters—raise beef cattle and chickens.

My educational background: I have a degree from Guelph; I'm an Aggie. I've been part of the AALP program, the Advanced Agricultural Leadership Program.

I've got a lot of family from my mom's side down all across southern Ontario. I've got 11 first cousins down there, so I'm well versed with the whole of the province, I guess you could say.

The opposition might like to close their ears, but I'm also proudly a long-standing member and a part of team Rickford. We've worked together on a lot of things for a lot of years.

I would like to begin by thanking the committee for coming to the very west end of the province. I know it's always a real challenge, knowing the vastness of it, but it's very much appreciated. I'm here today representing the Keewatin Patricia District School Board, as I am currently the chair.

For our board, we have about 4,800 students on average and 1,000 staff. We serve a huge area of northwestern Ontario, an area that spans over 75,000 square kilometres. We also serve students from over 41 First Nations communities. Many of these students must travel to our communities where we have schools to attend and get their secondary education. We have a stable student population and have had for a number of years. An interesting fact: Our student population is over 50% self-identified First Nations, Métis and Inuit students.

While truth and reconciliation and First Nations issues and studies are one of the pillars of our strategic plan in our

board, I am leaving that to Elaine Johnston, who is speaking this afternoon, because she is the absolute educational elder relating to that issue, so I'm leaving that topic alone.

I recognize the challenges facing this committee and the government as a whole, with limited resources and an awful lot of asks. It's always the thing, and that's why you're having budget consultations. Saying that, at KPDSB, we're also having challenges budgeting. I guess the biggest thing over the last number of years is that since 2018, the inflationary pressures affecting our school boards are massive. Adjusted for inflation, our funding is down over \$775 a student.

I realize it's a tough one—right? It's a tough one, trying to balance this all out. But what it does in our small schools—we have a lot of small secondary schools. What I mean is that the biggest school we have is in the 500-student range in a secondary setting, where we're offering trades pathways and trying to do an academic pathway also. It's very tough.

An example of this is trying to teach face-to-face calculus or face-to-face physics, because we don't have it. When I took those courses, our school population was a little higher. If I had to do it virtually, I don't think I would have succeeded and got where I went, to be able to succeed at Guelph in a university setting. This reverberates through our communities, as these are prerequisites, for example, for medical professionals. I'm sure you've heard about the struggles of attracting medical professionals to the north.

An example of this in my local community: I've got a friend who's a medical professional, and they lost an employee back to southern Ontario, despite paying almost double the wages they would get in southern Ontario. It's a lifestyle, in a lot of cases, to be in the north. You have to enjoy the outdoors, and we really, really need homegrown professionals. Our students need them. We need specialists. We need pediatrics, we need speech and language, and we need mental health experts, especially in this day and age.

Recruitment and retention of qualified staff at our school board: We're constantly having a challenge recruiting staff at every type of job in our board. It's a real challenge and part of it can be financial. It can be the financial aspect of it.

The other challenge is six years to become a teacher, which I think is a little antiquated—but anyway, that's not the topic for this committee.

Another pressure that's attracting staff to our communities is that there's absolutely no housing. Picking on one community in particular, which is Sioux Lookout, there's no housing. There's nothing. It's zero. It doesn't matter what you want to pay; there's nothing to buy and nothing to rent. We see the ads all the time. Professionals looking for—they're looking to work down into my area an hour and a half away—

The Vice-Chair (Ms. Catherine Fife): One minute.

Mr. Roger Griffiths: Okay. Sorry.

Transportation funding: We're having the same issues on that. We're having a real problem with transportation—getting bus drivers and maintaining them. We're having trouble with safety on our roads as we have 520 kilometres of Highway 17.

Mental health is being a real challenge, and I'm sure you've heard that from other presentations, like when Henry Wall presented. We're having real trouble with addictions and these things in our area. We're expected to increase attendance, EQAO scores and graduation rates. It's something we strive to do every day, but without the mental health supports, the wraparound services and the removal of siloing and collaboration, we can't do it.

The Vice-Chair (Ms. Catherine Fife): Moving on now, please. Manitoulin Health Centre: Welcome. You're online. Ms. Fields, if you can just introduce yourself for Hansard—and then you'll have seven minutes. Please go ahead.

Ms. Paula Fields: Hi. My name is Paula Fields. I am the president and CEO of Manitoulin Health Centre. Thank you very much to the committee for having me here today to speak to the pressures that small rural hospitals are facing.

Manitoulin is a two-site rural hospital, serving the Manitoulin region population of approximately 13,000 residents year-round, and then in our tourist season we triple in number. We serve seven Indigenous communities. There are three family health teams, a medical clinic and three Indigenous health authorities. Two of the family health teams provide emergency and hospitalized coverage for our facilities.

Health Sciences North in Sudbury is our tertiary referral centre, and from one tip of the island it's approximately a four-hour drive one way. From the hospital facilities, it's two and a half hours from one and two from the other, and that's during good weather conditions. You couldn't travel here earlier this week, so you probably understand the pressures that we're facing.

At each site, we provide 24/7 emergency department coverage with approximately 13,000 visits annually to each emerg and growing; in-patient units; hospice suites; supportive services, such as physio, social work and diagnostic imaging. We also provide community outpatient lab services for the region.

We've always prided ourselves on being fiscally responsible in running lean, accountable operations. Since the pandemic, increased costs with the supply chain; health human resources challenges; funding uncertainties and the means of one-time funding; minimal increases to base; and a modest global funding envelope have created challenges that appear unsurmountable in our ability to sustain our current operations and be innovative in meeting the needs of our community.

We span—Manitoulin Island—about 2,766 kilometres and we serve a population who have significant health challenges related to systemic inequities, geographical isolation and unique socio-economic and cultural factors. This includes high rates of chronic disease, mental health and substance use disorders, not to mention housing and food security challenges. We strive to provide care close to home through visiting specialist programs, virtual critical care, a satellite chemotherapy program and through the provision of core urgent emergency and in-patient care to our population. We also provide leadership across the spectrum of health services on the island and leadership at our local OHT table.

Hospital cost pressures are even more challenging for small, rural and northern hospitals. Unique challenges include a lack of economies of scale, reduced resources, reliance on locum nurses and physicians, and disparities in foundation support, given smaller community size and limited fundraising capacity. Furthermore, a global funding model has little correlation to volumes. Infrastructure sustainability is not possible with the current allocation, and equipment purchases is challenging from a small donation base. These factors, combined with geographical isolation, put additional strain on already limited budgets and resources.

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We're the only local health care facility providing certain services, such as diagnostic imaging and community lab services. We've been asked to put an improvement plan to balance our budget. One of the first things that comes to mind is a tough operational decision to possibly cut outpatient lab services and inviting in a private model onto the island, which we know is not cost-effective and will be more costly to the system.

So the total margin of small hospitals as opposed to large demonstrates the small hospital reliance on global funding models and operating in low-volume, high-cost environments with little to no opportunities for revenue-generating activities.

Health human resources: We're currently facing a shortage of 11 physicians, and this is going to grow over the coming year. Most of our physician groups are funded under a rural and northern physician group agreement providing rural generalist care to our population. Ministry programs such as the temporary locum funding need stabilization and a long-term plan to recruit physicians to the north. We're dependent on travel agency nurses to continue to operate core services such as our in-patient and emerg department. We have called a closure and were able to call it off within a couple of hours, but by month we're leaning on closing many days.

Incentives are required to attract experienced locum physicians and travel nurses to settle in northern communities. We don't have the resources to provide large sign-on bonuses nor do we want to contribute to the Hunger Games model this has created across the province. Long-term financial investments in rural-specific workforce recruitment and retention is required.

A commitment for Learn and Stay: The ministry needs to commit these programs beyond the 2026-27 year.

And I must say, we're grateful for the most recent announcement of the northern top-up and relocation grant, and also the learn and stay for physicians.

Violence at our hospital has increased 61% in 2024 compared to 2023. The number of acute mental health and addictions patients who are displaying aggressive and violent behaviours to our employees and physicians is like never before. Our EMS and police are also reporting unbelievable volumes. Small hospitals are often staffed with four to six nurses on nights, leaving them vulnerable to what might show up at the door. My nurses are afraid to come to work. It's truly a retention issue. We've invested a lot in the safety

and security of our employees, and I'm proud to report that our board of directors—

The Vice-Chair (Ms. Catherine Fife): One minute.

Ms. Paula Fields:—approved for us to go approximately 700,000 further into deficit position and hire 24/7 security for both sites. We need funding designated for security.

So, the recommendations:

- tailor funding for rural hospitals' operations and infrastructure;
- health human resources;
- recruitment and retention education programs targeting rural areas;
- investments in violence prevention and 24-hour security; and
- develop equitable funding formulas for rural facilities.

Addressing these challenges is essential to maintain equitable health care access, so we urge the committee to prioritize rural hospital funding and support in the upcoming budget.

Thank you very much. Meegwetch.

The Vice-Chair (Ms. Catherine Fife): Thank you. Right on time, Ms. Fields.

Next, we will have Elaine Johnston from the Ontario Public School Boards' Association.

Elaine, it's good to see you. Please go ahead.

Ms. Elaine Johnston: Aanii. Boozhoo.

Remarks in Indigenous language. I just told you my spirit name is Flower Woman, and my English name is Elaine Johnston, of the Turtle Clan of Serpent River First Nation. The Turtle Clan's responsibility is for truth-telling.

I'm here as the chair of the Indigenous Trustees' Council of the Ontario Public School Board Association, also known as OPSBA. I'm also the vice-chair and the Indigenous trustee of the Algoma District School Board, whose board office is located in Sault Ste. Marie, also known as Bawating, within the Robinson-Huron and Robinson-Superior Treaty territory.

Thank you for the opportunity to speak today on behalf of the Indigenous Trustee Council, also known as the ITC, of the Ontario Public School Board Association.

As an association, our member school boards together include nearly 1.4 million students, approximately 70% of Ontario's K-12 student population. Our members include all 31 English public school boards and 10 school authorities.

Unfortunately, I'm unable to join you in person as I'm in Ottawa, attending the Assembly of First Nations Special Chiefs Assembly.

Like many trustees, I also have other important roles in my community. As the ITC chair, I represent Indigenous trustees at the OPSBA executive council and board of directors. The ITC is composed of First Nation trustees appointed to school boards and other Indigenous trustees elected throughout the municipal electoral process.

Last month, OPSBA submitted its annual education funding consultation document to the government, entitled Healthy Schools, Thriving Communities. This document was shared with all parties in the Legislature and will be shared with this committee. It is also publicly available on

our website. Our submissions reflect feedback from trustees across the province, with recommendations to help support and build healthy schools and thriving communities. The overall areas of focus in our education funding submission supported our four strategic priorities, which are student success, equity and well-being, local school board governance, truth and reconciliation, and effective relationships and sustainable resourcing. Today I will focus on the funding priority of truth and reconciliation.

Both my parents went to the residential school in Spanish, and I, too, attended an Indian day school. We believe education is the foundation of a Canada built on mutual respect between Indigenous and non-Indigenous peoples. This is why we strongly support the calls to action outlined in the Truth and Reconciliation Commission final report. Reconciliation will not happen in the absence of truth. Indigenous communities are diverse, with unique and distinct cultures, languages, histories and experiences. Core education funding for Indigenous education must be protected and used exclusively for its intended purposes. Too often, we see this funding reallocated to cover other expenses. Our written submission includes more than I have time to share with you today, so I would like to focus on these three funding requests.

The first one: Indigenous languages are at a critical state and immediate action is required to ensure their survival for the next generation. School boards need support to hire and retain Indigenous language teachers. This requires creating an alternative process for certifying Indigenous language teachers.

Second of all: prioritizing Indigenous voices in school board governance. Professional development for all trustees should emphasize cultural awareness and why reconciliation involves us all. As Justice Murray Sinclair once said, "We should never forget ... it's part of who we are as a nation. And this nation must never forget what it once did to its most vulnerable people." Indigenous student trustees must be supported with opportunities to network and build their leadership skills.

Three, Indigenous staffing: Indigenous student achievement and well-being are enhanced when Indigenous staff are visible and active in schools. This means hiring and retaining more First Nations, Métis and Inuit teachers and administrators, Indigenous language teachers, Indigenous graduation coaches and Indigenous education student support staff. It also means funding to expand access to meaningful mental health resources for students, parents and caregivers who deal with the trauma experienced at residential schools. We need innovative ideas to recruit qualified education assistants to meet the needs of our complex students, as they deserve and are entitled to education.

I want to say meegwetch for you listening to me. As Justice Murray Sinclair has stated regarding the importance of the residential school system, "Education is what got us here and education is what will get us out." I, personally, have hope and confidence that education has a key role in the reconciliation of our great country.

Thank you. I will welcome your questions. Meegwetch.

The Vice-Chair (Ms. Catherine Fife): Thanks to all presenters.

We're going to move now to the official opposition for your line of questioning. Please go ahead, MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to our presenters here in person as well as those virtually.

I'd like to start off with the Manitoulin Health Centre. Paula, I was hoping you might add to the record some comments about wage disparity. Many presenters here at the standing committee have spoken about how individuals working either in the family health team model or in the community mental health sector are paid far less than their peers in other domains of health care. Would you like to comment on that?

Ms. Paula Fields: Yes, I could add to that. In northern rural communities, the cost of living and everything else associated with it—there are definitely funding disparities for our health care professionals. The increased cost of housing, of travel—we really need to come up with a northern model to support people moving to the north. It's not desirable. In southern Ontario, you have every opportunity at your fingertips and the cost of living is much more reasonable.

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Mr. Terence Kernaghan: Understood. You also spoke about how the health centre had no other option but to close on a number of days. What happens during these closures and what happens to patients who are seeking assistance?

Ms. Paula Fields: We did close for an hour on one day but were able to call it off. What happens is we have to divert to the closest facility, which is in Espanola, through treacherous hills and weather conditions, or to our other site. It really puts our entire community at risk as well as our EMS ability to respond to these calls, because their deployment plan changes. So it creates huge risks to our community.

Mr. Terence Kernaghan: Absolutely. Given the recent news here in Kenora about Highway 17 and 17A having a number of different accidents on them, it should not be taken lightly.

I wondered if you could also speak about the family health team model and the quality of care that is able to deliver for people in Manitoulin.

Ms. Paula Fields: Our RNPGA contract has been effective and is an old model of care that was effective—to have a physician provide primary care, long-term care, emergency care, to be it all, go out to the Indigenous communities, that model. No one wants that lifestyle anymore, right? There has to be a real focus into these rural communities and the type of physician models that are being funded to attract physicians to the north. We have an amazing group of docs, but this is their life. They have very little life outside their work; they are very committed to keeping the organization open and serving the community.

Mr. Terence Kernaghan: Understood. You spoke about the increased violence that people are facing in the hospital;

I believe you said it was a situation like never before. Would you like to expand on that for the committee?

Ms. Paula Fields: Yes, we are seeing a huge increase in mental health and addictions. In a two-month span, we lost 25 people within our region and those are just the people that were dying in community. Those aren't the ones being revived on a daily basis by EMS, police or the ones that make it to our facility to be revived. We are seeing increased mental health presentations. It is a huge challenge, so there needs to be more focus on mental health and addictions and supporting the facilities like ours that are vulnerable. We are trying to do all we can to support this community.

Also, capacity for schedule 1 beds—HSN is always full. At times, we're having someone in our facility in five-point restraints for up to five days, being medicated, in a holding pattern, waiting to go to see a psychiatrist at HSN. That is unreasonable and inequitable, the type of care that we're able to provide in the north.

Mr. Terence Kernaghan: Spending five days in restraints seems really hard to imagine. I wanted to know, what would happen to that patient? What would happen in terms of their mental health exceptionality? Would you see a pattern of regression or of escalation or of any further decreased positive outcomes?

Ms. Paula Fields: Yes, definitely. We often see them decompensate or decline or get more aggressive when they are in the restraints. We are calling in police to help toilet the patients, to help administer medications in a safe manner.

I also have to speak to the moral injury that creates for our team. We specialize in trauma care, palliative care, pediatric care—we deliver babies. We do all that. We're not mental health specialists. We try and keep them as safe as they can, consulting with specialists on how to medicate them before they go to get the care, but it's a really terrible situation for caregivers and the patient.

Mr. Terence Kernaghan: How many individuals do you see in the health centre who are struggling to find housing, to have affordable housing or supportive housing?

Ms. Paula Fields: Oh, many. We were able to secure a nurse practitioner to one of our family health teams and she won't be coming until the summer because she couldn't find housing. We recently got a physician through the PRO model—a physician from another country who came—and he's unable to find housing for himself, his wife and his three children. It's a huge challenge. Then, in the hospital, we have to provide housing for these locum travel nurses. We've been very grateful that the community has opened up its doors just because it's the hospital, but it has been a huge challenge.

Mr. Terence Kernaghan: It's quite an upsetting thing to hear that someone such as a nurse practitioner or a physician is unable to find housing. These are resources that are desperately needed, and yet—

The Vice-Chair (Ms. Catherine Fife): One minute.

Mr. Terence Kernaghan: Would you like to speak to the value of providing wraparound supports to patients with housing and how that helps with health outcomes?

Ms. Paula Fields: Oh, most definitely. Wraparound supports, social supports and housing are key. We have a safe-

bed program here at MHC, and we often have patients in there that have no housing. Locally, there are absolutely no options. Our shelters are full. There's no temporary housing. We see them refuse to stay. They're back on the streets. They come back in with greater addictions issues or health problems than they had previously because they can't secure food, housing and the social supports required for success.

Mr. Terence Kernaghan: Do you struggle with encampments in Manitoulin, and do you think it's appropriate that the Premier is overriding the charter to break up encampments when people don't have housing available?

Ms. Paula Fields: We don't struggle with encampments, but we have a lot of couch-surfing and people trying to find safe places to sleep.

The Vice-Chair (Ms. Catherine Fife): Thank you very much. That concludes that session.

We're going to move over to the government. MPP Hamid, please go ahead.

MPP Zee Hamid: I'd like to thank all the presenters for coming out.

My question is for Chair Griffiths. Your school board seems really—you mentioned over 50% First Nations students, and you also mentioned some of the programs that are very unique compared to other school boards. Can you elaborate a bit further and tell us what some of these programs are that serve your community, that are unique, that are not as common elsewhere in Ontario?

Mr. Roger Griffiths: In our school board, we have some programs for our First Nations students. We have graduation coaches in all our schools. We have resource rooms like this for them. We're working on having smudging rooms and culturally appropriate spaces. We were one of the first schools to start—it's the grade 11 English course, turning it into the First Nations language course, looking at First Nations authors and trying to incorporate some different, more culturally relevant programming to our students. We've been really trying to be leaders on this type of thing and working with a lot of Indigenous, First Nations art and art programs. Even my daughter, who is not First Nations, just loved taking First Nations art programs and learning how to be. She thought that was a great thing to do, so yes.

MPP Zee Hamid: That's incredible. Do you have any advice on how some of these programs can be brought up to scale throughout the north—and the rest of Ontario, for that matter?

Mr. Roger Griffiths: I think through Elaine and through our public school board association, we do the best job possible at dispersing our good ideas and good best practices to everybody. Again, it comes up to a matter of money, right? It comes back to the funding of the whole thing at the end of the day. That's the challenge with all these things: If you want to have the program, you have to figure out a way to fund it. We have to be creative in our funding models now.

MPP Zee Hamid: Thank you for that. Yes, you guys are doing an incredible job.

If I could also, I have a question for Chair Elaine Johnston as well. A similar question to you as well: What are some

of the unique needs of schools in your region that differentiate you from the rest of Ontario?

Ms. Elaine Johnston: So you asked about the type of programs. I know in our school in Blind River, I just went to the school where they developed a partnership with the Mississauga First Nation. The school itself had the mayor of Blind River there and York University. They were looking at an engineering program where high school students could look at culture and language and how it relates to what they are doing in an engineering program. Basically, they say, "Culture—so, tanning hides and doing teepees." And they said, "If you don't build it right, it will fall." So it's an engineering program. I thought it was a unique relationship, because you had the mayor there, you had the school board, you had the First Nation there and then York University. It's partnerships and looking at that.

Also, in Chapleau, which is one of our northern schools, they worked with the local First Nations and got funding to do a cultural roundhouse that the First Nation students use, and so I think we have to look at innovation about how we can coordinate between provincial funding and other funding pots, so that we can try and achieve what we need to do.

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We talk about education and looking at STEM, for example—science and technology—but there are ways to use our culture to meet those needs that the province is putting forward, so that's what I would say to you.

MPP Zee Hamid: That's wonderful. Thank you for that. Do you have any suggestions of other avenues that the government can explore to promote these programs more?

Ms. Elaine Johnston: I do. One of the things that we always encourage in every school board is to work with their local Indigenous communities, whether it's First Nations, Métis, or Inuit, to get those ideas. But also, that's why we were saying that we wanted funding that was targeted to programs—because under the GSN, it was envelope, but now, with the new core funding, it is not, and so we wanted to protect that funding that is there.

I think there's always learning from best practices, and what we're trying to do at OPSBA is provide those learning opportunities for other school boards to learn what we're doing. We need to explore that more, and if there's any way—you know, the ministry is also quite interested in those opportunities to explore and share those ideas.

MPP Zee Hamid: Thank you for that, and once again, I'd like to thank you all for everything you do.

Thank you, Chair.

The Vice-Chair (Ms. Catherine Fife): Who else? MPP Barnes, you have two minutes and 20 seconds left.

Ms. Patrice Barnes: Thank you.

Elaine, it's great to see you. I finally made it north, so it's awesome to have you on for this discussion. I just wanted to talk a little bit in regard to the funding. The government has continued to invest, but is there something that we can do specifically towards the north that would change the equity piece that you're flagging between you and the grant?

Ms. Elaine Johnston: Sure. This is the issue that I see: Under the GSN, there was more consultation with us in

regard to how we could use that spending of the money. That didn't happen with the core funding.

So I would encourage more consultation with Indigenous groups, especially ITC, because the trustees are in the schools. We hear the Indigenous student trustees, and this is why we were saying—I've been really pushing for school boards to have an Indigenous student voice, and so we're starting to hear from them about what their needs are. This is where the consultation is really critical, because we're hearing from the students.

This is where I talk about mental health. We're hearing from the students that they need more mental health resources. We're also hearing about the issue of education assistants, because we have some students who have very complex needs, but we don't have enough education assistants in the schools.

The Vice-Chair (Ms. Catherine Fife): One minute.

Ms. Elaine Johnston: We're also getting calls from parents that are saying, "Do you know what? I can't get my Johnny or my Susie to stay in school, because I don't have a one-to-one EA or somebody to help them in school," so that's why I'm saying that more consultation needs to occur.

Ms. Patrice Barnes: In regard to consultations, we had talked about maybe a different or faster way to grow human resources. Is that one of things that have been talked about before?

Ms. Elaine Johnston: Yes, it is, especially in regard to language, because that is a huge issue for us. We can't find qualified language teachers. We have language teachers, but they're not qualified under ministry guidelines, so we need to look at possible solutions—

The Vice-Chair (Ms. Catherine Fife): Thank you very much.

We'll move on to the official opposition. MPP Kernaghan, please go ahead.

Mr. Terence Kernaghan: I'd like to move over to the Ontario Public School Boards Association. Hello, Elaine. I wanted to ask, in terms of some of your recommendations, 1 through 3: What could the province do to support protecting Indigenous languages? And how can we get more elders to share their knowledge and their teachings within the classroom?

Ms. Elaine Johnston: So the first thing is—and that's why I was saying that there was no consultation on the GSN, and then core funding came about. We wanted to see enveloping, where it is protected, because right now it's not protected, and so the school boards can use it for other programs within the school board. We would like to see it enveloped, and then we would like to see us looking at solutions to hiring our elders. Right now, some boards are looking at solutions of, "Okay, can we pay them an honorarium," but then how do we make sure that they're qualified?

There are a number of solutions. We're working with the elders to say, "Okay, who is qualified and what are the criteria for their qualifications?" We have been looking at that—or even with the college of teachers. Is there something we can do with the college of teachers to recognize them?

Mr. Terence Kernaghan: Absolutely. It makes a great deal of sense. In worst cases, one would hate to see people come in, sharing their knowledge and their experience and not being provided with anything whatsoever. But you're right: Qualification and making sure that there is a standard program in place would make a great deal of sense, as would enveloping.

I wanted to turn my comments and ask if you'd like to comment more broadly or generally about per pupil funding across Ontario?

Ms. Elaine Johnston: Well, I do believe that part of the issue is that per pupil funding—again, it's going to be different in the north and the south, and I heard your previous speaker speak to that.

We have issues with school bus transportation. That's been an issue. When you're talking about attendance for children, when you can't get to school, then it's going to affect your attendance. When you don't have teachers because they don't have places to live—because I also heard this from Paula in regard to health care. The same thing applies for teachers.

When you're talking about per pupil, there are issues in the north versus south, and I've heard the northern boards talk about that. We kind of look at equity as "Everything is the same across the province," but it's not the same when you're looking at geography, looking at access to resources, those kinds of things.

Mr. Terence Kernaghan: You're absolutely right. The different areas of Ontario need to be treated and respected as unique places. It is unfortunate that we've seen a downward trend in education funding due to and because of this government.

You mentioned, Elaine, not enough educational assistants in schools. What happens when these resources are not available to students? What is the impact on not only the student but also the broader school?

Ms. Elaine Johnston: It has a big impact, especially for children with special needs, because they can't attend school. We've gotten phone calls from parents. We have Jordan's Principle, for example, which is a federal program that we can access for funding, but we don't have assistants in the school. This is the problem, that there are no assistants.

What happens is they get asked not to return to school until their behaviours are de-escalated. The issue is that many of our kids that have complex needs are not in the school system, and so it has an impact in regard to attendance, in regard to their learning. The parents are quite concerned about this, because they've been contacting me and also other trustees in regard to this.

Mr. Terence Kernaghan: Absolutely, and access to education is a protected right. When the province is not providing the adequate supports, that falls upon the province as not providing that to students.

I did want to also ask—earlier this week, MPP Sol Mamakwa, the MPP from Kiiwetinoong, introduced legislation to reflect one of the Truth and Reconciliation Commission's recommendations to recognize September 30 as a statutory holiday across the province and to reflect on Canada's colonial legacy. As a former educator myself, I

don't see this as a day off, as some might suggest, because educators prepare students for important days of significance and recognition, even when they don't necessarily fall within the weekly class calendar. Unfortunately, this government voted against that legislation. Do you think this day should be recognized across the province?

Ms. Elaine Johnston: I do think it needs to be recognized, like the Holocaust, because I think that there are still people, Canadians, that believe that it never happened. I have heard comments of, "You need to get over it." I think that we still need to look at—we are the First Peoples of this country. This did happen. As I said, my parents went to residential school. I went to Indian day school.

In my work, because I'm working for a child welfare agency, I see it every day—the impacts of trauma from Indian residential schools. You've heard from Paula in regard to the hospital situation. Mental health issues are huge, and I think that if we're going to talk about reconciliation, it's two ways: The country needs to acknowledge what happened, and we as Indigenous people need to heal from that. So I do believe that that day needs to be recognized.

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Mr. Terence Kernaghan: Thank you very much. Chair, how much time do I have?

The Vice-Chair (Ms. Catherine Fife): It's a minute and 30.

Mr. Terence Kernaghan: Thank you.

I want to thank you, Elaine, for sharing your story about being a residential school survivor. Actually, MPP Mamakwa is one as well. Are there any other aspects that you haven't had a chance to touch upon that you would like to have the remaining time to discuss with the committee?

The Vice-Chair (Ms. Catherine Fife): Just one minute, Elaine.

Ms. Elaine Johnston: I just want to say that my father went to residential school, and he said to the teachers, "I don't blame you for what happened to me, but I do expect"—just like was said by Murray Sinclair: It happened in the schools, and that's where we're going to get reconciliation to start. I really think that education is the key here.

Mr. Terence Kernaghan: Thank you very much, Elaine. I appreciate it.

The Vice-Chair (Ms. Catherine Fife): Moving on, final round to the government side: MPP Hogarth, please go ahead.

Ms. Christine Hogarth: First of all, thanks to all our presenters today. We certainly have learned a lot on our tour, and I thank you for participating in the finance process.

My questions are actually going to go to Paula from the Manitoulin Health Centre. First of all, thank you for the work that you do. Our government was one of the first governments who built a medical school in northern Ontario. It might not be this government, but it was a Progressive Conservative government back in the day. We opened up that school, and it's in Sudbury, about three hours away from you, and also in Thunder Bay. When the program came up—I was working in northern development and mines at the time—the reason for that was hoping that people will stay in their communities.

As I think somebody mentioned—and I'm not sure if it was this group or earlier—you have to love the north to be here. We don't just want anybody—not just anyone is going to come, because you've got to love it. You have to love the winter and what the beautiful north has to offer, coming from a northern girl myself. I was born and raised in Thunder Bay, so I get the snow and I get the outdoors. Now, living in Toronto, we just have to use a broom to sweep our snow away; we don't have to get the big shovel out.

Just a question with regard to the medical school not being too far away from Manitoulin—we have the Sudbury school—we've actually increased the seats. The past Liberal government, 13 years ago, actually decided to take away 50 seats, which means we trained less doctors—not the right way to go, as our population is growing and we have more health care issues. We are now opening three new medical schools and increasing the seats here in northern Ontario in the two schools.

Your thoughts on that program—and we've also announced a Learn and Stay program, where we're going to actually pay for the tuition if they stay for two years in the area that they are serving, underserved areas. Any thoughts on the new program, the Learn and Stay, or the northern Ontario medical school?

Ms. Paula Fields: We have a lot of NOSM students that come to Manitoulin for a lot of their placements, and many of our positions are associate professors. We are very grateful to see, most recently, that they are actually enrolling people from the north and not people from the south who are going to go back to the south. I went to the recruitment fair, and the furthest south was Huntsville. We were very happy when we met these students.

I think NOSM is moving in the right direction in increasing membership. I was very happy to hear about Learn and Stay. It needs to be longer than two years, though. We're even seeing that with our nurses, the tuition reimbursement. The Learn and Stay, if you're not from the area, you stay two years and you're gone, unless you buy a house or you find a spouse. That's—you know, we do a celebration.

Ms. Christine Hogarth: Love or money, we say.

Ms. Paula Fields: Yes. I think they're heading in the right direction. The top-up for the relocation and the top-up that was just announced in the last two weeks we're very grateful for as well, because we think that will attract more nurses to the north.

Ms. Christine Hogarth: That's wonderful to hear. We love to hear when our programs are working.

I just wanted to know if you heard or applied for the Ontario Anti-Hate Security and Prevention Grant. That may help you in your hospital. The deadline was December 2, which was just three days ago. Was that something that you applied for? It's through the Ministry of Citizenship and Multiculturalism. It might help with some of your security issues.

Ms. Paula Fields: I had no idea. And that's one of the problems: Not all of the opportunities reach us. We're under a hospital service accountability agreement, and it was a real challenge to get recognized as multi-sector. So now we can apply for mental health funding to help support

us, not for security. But, no, that's one of the issues; we don't always hear about it.

Ms. Christine Hogarth: Okay. Well, keep taking a look. It's been going on since 2021. It's a one-time grant, and it helps with security—because you had mentioned that you were concerned about some of your staff. We want to make sure people are safe everywhere they go, where they are praying, where they are going for wellness—we just want to make sure. So just look at that. It falls under the Ministry of Citizenship and Multiculturalism. As I said, the deadline just passed three days ago, but fingers crossed that that program will be brought back.

Another question I want to talk to you about is the DSSAB. Do you participate in the community paramedics program?

Ms. Paula Fields: We do. We have an excellent relationship with DSSAB and with the community paramedics. They're actually going, in the near future, to be integrated into our rounding. We send referrals to them for patients when they're discharged, those that we readmit frequently. Yes, we're very grateful to have them as partners in our local collaborative and OHT.

Ms. Christine Hogarth: Thank you for sharing that. That was an initiative by this government. It was started in the north to help out. It was piloted, and now we're bringing it to other parts of the province. It's a great program to make sure—especially with wound care, sometimes it's easier to go to the seniors than to have them get out of the house and go to this facility. It just saves money all along the way. It's just another innovative way in health care, and in the health care situation we're in, we have to think outside the box: What can we do better?

The other thing: We brought on board in the last couple of days Jane Philpott, who is going to help create—her mandate is to connect every person in Ontario with primary health care within the next five years. What I've heard is we really do need a northern perspective, because we need people to—it's retention, and it is a unique circumstance. So how do we work with her to make sure that

we look outside the box and we make it happen here? I'm hoping that you will participate and share your dialogue with her and your experiences. Have you heard about this program, of Dr. Philpott coming on board?

Ms. Paula Fields: I heard about Dr. Philpott coming on board and I was very excited to hear that someone with her expertise and knowledge—I've read her book that she published, and she presented at the OHA. We would love to have Dr. Philpott come to the north, come to our area and hear our unique perspective on primary care and the different models and what would work in the north.

The Vice-Chair (Ms. Catherine Fife): Last minute. One more minute.

Ms. Christine Hogarth: Do you want to ask a question—

The Vice-Chair (Ms. Catherine Fife): MPP Anand? *Interjection.*

Ms. Christine Hogarth: Sorry, I was supposed to pass this off to my colleague and I got too excited asking these questions. Again, all I want to do is say thank you all for the work you do. I know the dialogues will continue, especially when we talk about excellence in education and health, and as I said, as a northerner I understand your unique geographical distances, and our government is here to help you.

Thank you very much, all three of you, for being here today.

The Vice-Chair (Ms. Catherine Fife): Seeing there's only 20 seconds left—

Mr. Deepak Anand: Meegwetch.

The Vice-Chair (Ms. Catherine Fife): Meegwetch. Very good. Okay.

Thank you very much to everyone. Thank you to all of our presenters. As a reminder, the deadline for written submissions is 7 p.m. eastern time on Wednesday, February 5, 2025.

The committee is now adjourned until Monday, December 16, 2024, in Stratford, Ontario.

The committee adjourned at 1349.

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