

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

---

**Official Report  
of Debates  
(Hansard)**

F-74

**Journal  
des débats  
(Hansard)**

F-74

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

1<sup>st</sup> Session  
43<sup>rd</sup> Parliament

Thursday 9 January 2025

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

Consultations prébudgétaires

1<sup>re</sup> session  
43<sup>e</sup> législature

Jeudi 9 janvier 2025

---

Chair: Ernie Hardeman  
Clerk: Vanessa Kattar

Président : Ernie Hardeman  
Greffière : Vanessa Kattar

### **Hansard on the Internet**

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<https://www.ola.org/>

### **Index inquiries**

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7400.

### **Le Journal des débats sur Internet**

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

### **Renseignements sur l'index**

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7400.

---

House Publications and Language Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
Telephone 416-325-7400  
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400  
Publié par l'Assemblée législative de l'Ontario

## CONTENTS

Thursday 9 January 2025

Pre-budget consultations / Consultations prébudgétaires .....	F-2245
Ducks Unlimited Canada; Eastern Ottawa Community Family Health Team / Équipe de santé familiale communautaire de l'Est d'Ottawa; Queensway Carleton Hospital.....	F-2245
Ms. Marie-Paule Godin	
Mr. Sean Rootham	
Ms. Martine Whissel	
Ms. Jen Plant	
Dr. Denis Goguen	
Winchester District Memorial Hospital ; Greater Ottawa Home Builders' Association; Conseil scolaire de district catholique de l'Est ontarien .....	F-2254
Mr. Cholly Boland	
Mr. Jason Burggraaf	
M. Jacques Héroux	
Ottawa Real Estate Board; Algonquin College; L'Arche Ottawa.....	F-2265
Mr. Paul Czan	
Mr. Claude Brulé	
Mr. John Rietschlin	
Ottawa Inner City Health Inc.; Ontario Secondary School Teachers' Federation; The Council on Aging of Ottawa .....	F-2274
Mr. Rob Boyd	
Ms. Karen Littlewood	
Ms. Valerie Wright	
AdvantAge Ontario; Ottawa Salus; Clarence-Rockland Public Library .....	F-2283
Ms. Lisa Levin	
Ms. Megan Garland	
Mr. Mark MacAulay	
Ms. Catherina Moskau	
South-East Ottawa Community Health Centre; Cement Association of Canada; Ottawa-Carleton District School Board .....	F-2292
Ms. Sarah Kennell	
Mr. Adam Auer	
Ms. Lynn Scott	
Mr. Randall Gerrior	
Ms. Kelli Tonner	
Rothmans, Benson and Hedges; Canadians for Properly Built Homes; Mr. Jianfeng Wang.....	F-2302
Ms. Kory McDonald	
Dr. Karen Somerville	



LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS**

Thursday 9 January 2025

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Jeudi 9 janvier 2025

*The committee met at 1000 in the Sheraton Ottawa Hotel, Ottawa.*

PRE-BUDGET CONSULTATIONS  
CONSULTATIONS PRÉBUDGÉTAIRES

**The Chair (Mr. Ernie Hardeman):** Good morning, everyone. Welcome to Ottawa. I call this meeting to order. We are meeting to resume public hearings on pre-budget consultations 2025. Please wait until I recognize you before you start 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 seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members and two rounds of four and a half minutes for the independent member of the committee.

DUCKS UNLIMITED CANADA  
EASTERN OTTAWA COMMUNITY FAMILY  
HEALTH TEAM  
ÉQUIPE DE SANTÉ FAMILIALE  
COMMUNAUTAIRE DE L'EST D'OTTAWA  
QUEENSWAY CARLETON HOSPITAL

**The Chair (Mr. Ernie Hardeman):** Now we'll call on the first presenters. The panel consists of three: Ducks Unlimited Canada, Équipe de santé familiale communautaire de l'Est d'Ottawa and Queensway Carleton Hospital. I think we're all present, and as you heard in the remarks, we will have seven minutes for your presentation. At one minute I will say, "One minute." Don't stop; the punchline comes now. When that one minute is over, I will say, "Thank you very much," and move on, with no exceptions.

With that, we do ask that as you start the presentation you identify yourself to make sure we get the comments attributed to the right person. Secondly, I believe in each round we have participants that are going to be virtual—to make sure when they start to speak that they introduce themselves prior to speaking to make sure we can record that in Hansard.

With that, we'll start with Ducks Unlimited Canada.

**Ms. Marie-Paule Godin:** Good morning, MPP Hardeman and standing committee members. Thank you for the opportunity to appear before the standing committee for pre-budget consultations 2025 to share more about Ducks Unlimited Canada and the importance of wetlands conservation. My name is Marie-Paule Godin. I'm the manager of provincial operations for Ontario with Ducks Unlimited Canada. I'm joined remotely by my colleague Sean Rootham, a provincial policy specialist, who's in Barrie.

Ducks Unlimited Canada, which I will refer to as DUC going forward, conserves wetlands and other natural spaces for waterfowl, wildlife and people. For 85 years we've been Canada's leader in wetland conservation. Using sound science, DUC works to conserve, manage and restore wetlands through a range of programs that support government, landowners and other partners. Ducks Unlimited Canada is part of a continental-wide effort for conservation with Ducks United Inc. in the United States and DUMAC in Mexico. As migrating waterfowl use all three countries to breed, feed and raise their young, a continental effort is required.

In Ontario, we started protecting wetlands in 1975. We're entering our 50th year and to date we have over one million acres under our care. Our organization has extensive partnerships with like-minded organizations such as Alternative Land Use Services, Conservation Ontario, the Nature Conservancy of Canada and the Ontario Land Trust Alliance. Our capacity to bring in matched funding from the federal government, municipal governments, private sources, as well as US sources, allows us to enable impact on wetland conservation to grow exponentially in Ontario.

Wetlands are nature-based solutions, otherwise defined as actions to protect, sustainably manage and restore natural or modified ecosystems that address societal challenges effectively and adaptively, simultaneously providing human well-being and biodiversity benefits. The economic value and societal benefits of conserving wetlands and related natural habitats are well documented. Beyond flood attenuation, these include climate regulation, like carbon capture and storage; water purification; regulation of water flows; erosion prevention; waste and nutrient filtration; biodiversity and wildlife habitats; pollution; biological control; and flood.

Through Ontario's Wetlands Conservation Partner Program, or WCPP, from 2021 to 2024 DUC has complet-

ed 165 wetland projects, resulting in the restoration of nearly 2,000 hectares and a calculated \$9.8 million in avoided flood damages. These results show that investing in wetlands as a natural green infrastructure for nature-based solutions is one of the best ways to protect our communities while growing our economy.

I will now hand it over to my colleague Sean who will continue on to the province of Ontario's investments and successes.

**Mr. Sean Rootham:** The province of Ontario's investment through the Ministry of the Environment, Conservation and Parks Wetlands Conservation Partner Program has been a success for Ontario. The Wetlands Conservation Partner Program's impact has not only benefited the residents in the province of Ontario in terms of flood impacts on water quality, but it has also protected the hundreds of species, plants, birds, mammals and amphibians that live in wetlands across the province.

The Ontario government's \$30-million investment over the last four years has had a great return for the province. Ducks Unlimited Canada and our fellow partners in the program have been proud to celebrate and support your government's commitment to Ontario's wetlands. The \$10.5 million invested by the Ontario government for Ducks Unlimited Canada wetland restoration projects through this wetland program over the last four years doesn't end there. Ducks Unlimited Canada was able to match and leverage these funds with other partner funding sources, bringing our total combined financial commitment invested for wetland conservation to \$14.7 million.

But there is a need for more. Building on our successful partnership to date, continued provincial leadership and investment is needed to support the conservation and restoration of natural infrastructure and win-win projects that benefit all Ontarians. To that end, we are asking the province to renew the Wetlands Conservation Partner Program for three years, starting in 2025 with the provincial budget, including \$15 million for Ducks Unlimited Canada wetland restoration projects. With a proven track record, ready-to-go projects and key partnerships for leveraging additional funding, Ducks Unlimited Canada and wetland conservation are strong investments with outsized beneficial impacts and return on investment.

I'd like to share with you our tools that DUC uses to invest in wetland conservation. First are small wetlands. Small wetlands, restored strategically in southern Ontario, are critical natural infrastructure that effectively capture agricultural runoff nutrients and enhance water quality by reducing algae in our lakes and rivers. These wetlands also help mitigate floods in downstream communities as well, because wetlands act like sponges on the landscape. We've identified many projects with privately owned properties and landowners that are eager to participate in our small wetland program.

Second, infrastructure maintenance for large wetlands: DUC has conserved more than one million acres across the province and the challenge is maintaining them for the future. Effective conservation is a cycle that requires ongoing maintenance, monitoring and research. Through

our inspections in rural areas in northern Ontario, we've identified those large permanent wetlands that we have that have water control structures and require water management infrastructure renewal.

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

**Mr. Sean Rootham:** Refurbishment ensures optimal functionality, maintaining the value of these large wetlands to society and in general.

Third, land acquisition: Land securement in Ontario is a vital conservation initiative, dedicated to protecting and restoring wetlands and their associated habitats. Through strategic land acquisition, conservation easements and partnerships with other organizations, we're ensuring the long-term preservation of critical ecosystems that support a wide array of wildlife. Not only does land acquisition safeguard biodiversity, it enhances water quality, mitigates floods and provides recreational and educational opportunities for communities in Ontario.

Fourth, wetlands' natural infrastructure for municipalities: Through collaborating with Ontario municipalities and local conservation partners, DUC works to promote and identify constructed wetlands with municipalities to reconnect natural systems and provide best climate resilience and ecological benefits. As we identify potential wetland restoration sites—

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

We will now go to the *Équipe de santé familiale communautaire*, east Ottawa.

**Ms. Martine Whissel:** Excellent. Thank you for having me today. My name is Martine Whissel. I am executive director of the Eastern Ottawa Community Family Health Team—fière franco-ontarienne. Donc, je suis directrice générale d'une équipe de santé familiale communautaire située à deux sites dans la région de l'est d'Ottawa.

We are entirely funded by the Ministry of Health and our finance agreement is managed now by Ontario Health.

**1010**

My goal of my presentation is to impress upon you the value of primary care and how the lack of increased funding over the past several years is impeding our ability to keep people healthy and out of the hospital. Our health care system is designed so that people's point of contact is, or should be, primary care. If the problem can be resolved here then there's no need to escalate to other areas in this health care system. This is much better for the person or patient. It's much less expensive for the system overall.

Finally, it's important to mention that roughly half of the family doctors in Ontario are paid in a way that incentivizes prevention rather than cure, which is capitation in salary, and I'm happy to answer questions about that in the question period.

Most care is delivered outside of hospitals. When people think of the health care system the first thing that usually comes to mind are hospitals. That's where the emergency room is, that's where you have your surgeries, that's where you birth your babies. This graphic, however, shows what happens in the Ontario health care system over

24 hours. You can see in the bottom left—that is what has to do with hospital admissions. In the dark region you can see that family physician visits account for 141,200 visits per 24-hour period. As you can see, most of it is delivered outside of hospital, and, basically, if you think of health care as an iceberg, the hospitals are at the bit at the top that you can see that's above the water, and community care is 90% under the water.

Patients benefit from care in the community. This image shows our region right now. My clinic serves east of Ottawa, therefore people that live in the large hospital desert that you can see a bit to the right of the image, between Hawkesbury and Ottawa or Hawkesbury and Cornwall, that area. To put it in perspective, that's about 100 kilometres between Ottawa and the hospitals in either of those cities. So, added to that, it's important to know that of those 10,000 square kilometres in the hospital desert most of that population in eastern Ontario is francophone. Given the longer distance that these people have to travel to access hospital care, it's doubly important to make sure to invest right in their community, where they could get care quicker, faster—and, well, with free parking, to be honest.

Overall, community care is easier for patients and people, and it offers longitudinal care, so not just acute phases in their health care journey.

Also, health care in the community also benefits the health care system. According to CIHI, over one in seven visits to the emergency department across Canada were for conditions that could potentially have been managed in primary care. In 2023-24, Ontario had 6,430,184 ER visits at an average cost that's estimated at \$384 per visit. Eliminating one in seven visits would save about \$353 million a year. To give you some examples: If you went to the ER right now you would see a lot of people there for things like ear infections, urinary tract infections, issues with chronic pain, respiratory ailments, stitch removal after minor surgeries—things that are very easily dealt with in my clinic, as well as the other clinics in our region.

This is what the primary care home feels like right now. The government is clear, especially more and more now, that primary care is the backbone of the health care system, but unlike hospitals, we haven't received an increase in funding in over five years. Some base operational funding increases were given as one-time funding, but there's been no increases in salary, for example. This means that most health care workers working in the community have not even had a cost-of-living wage increase in five years.

I'll switch to French a little bit.

Il y'a une iniquité salariale. Donc, nous tirons du même réservoir de professionnels, mais les salaires des hôpitaux ne cessent d'augmenter alors que ceux dans la santé communautaire sont gelés depuis cinq ans. L'écart salarial actuel—un exemple de ça est illustré ci-dessous. Puis, à noter que les avantages sociaux des hôpitaux sont également plus généreux.

You can see here that, as a result of a lack of funding, the gap between community care and hospitals is very large and it keeps growing. This doesn't consider, again,

the fact that the benefits are higher in hospitals also, and that could add up to 20% more for the gap shown.

All of my colleagues and I struggle with recruitment. Several clinics and models, such as myself, have had open positions for more than a year, and I had one open for two years.

Imaginez la difficulté de recruter du personnel franco-phonique lorsque chaque organisation, incluant les hôpitaux, tente de recruter des gens bilingues.

Our request: The Association of Family Health Teams of Ontario recommends investing an additional \$500 million per year for five years—this is 0.6% of the province's current annual expenditure on health care. Investing in community care is also consistent with Dr. Philpott's vision and it makes good financial sense.

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

**Ms. Martine Whissel:** We recommend that we get this funding to address the health care human resource crisis so that we can invest strategically on targeted team expansion and contract modernization; so that we can strengthen governance of Ontario health teams and empower primary care networks to enhance digital health capacity and data integration; so that in the community we can advance and use technologies to be more efficient and deliver better, quicker care to our patients and the people that we serve, along with the capacity that the hospitals and bigger organizations have.

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

We will now go to the Queensway Carleton Hospital.

**Ms. Jen Plant:** Good morning, esteemed members of the provincial government. I'm Jen Plant, clinical director at the Queensway Carleton Hospital in Ottawa. I'm joined online by Dr. Denis Goguen, who is our chief of anaesthesia; Johanne Turcotte, a clinical director for surgical operations; and Wendy Lawson, associate vice-president and dean for the school of health at Mohawk College.

We're here this morning to propose a permanent regional anaesthesia assistant training program for the province of Ontario. This will serve Ottawa, northern and rural regions, and address crucial health care shortages within our province.

Innovation is essential to Ontario's long-term economic growth. To propel Ontario forward towards a stronger, more resilient and productive economy for today and the future, the health of its citizens is crucial. Timely access to surgeries can be improved by expanding anaesthesia care teams in our hospitals, and this requires more anaesthesia assistants. Our presentation will show you how we can support the government's mandate and how this program aligns with the investments already made, including those in budget 2024. This program builds on that success and also solves a skills shortage.

Ontario and Canada face a critical shortage of anaesthesia professionals. Nearly 60% of Ontario hospitals have closed operating rooms due to this issue, with 84% of chiefs requiring additional anaesthesiologists. Canada has only 12 anaesthesiologists per 100,000 people, which is far behind the US with 20 and Australia with 23. Urban

centres like Toronto urgently need more anaesthesiologists, requiring 31 next year and 78 over five years.

Additionally, 13% of Canada's anaesthesiology workforce is over 65, hinting at imminent retirements. Our regional anaesthesia assistant program aims to address these shortages and improve health care access, especially in underserved areas.

The program was developed from a successful pilot. Ontario currently offers two anaesthesia assistant programs at the Michener Institute and Fanshawe College. These post-diploma programs begin in September, and they lack the flexibility in a start date and location for learners from other parts of the province—namely, northern Ontario and rural areas. The accelerated program expands the offering to Ontario learners. With a flexible start date, it uses in-person and virtual online learning developed from a successful pilot of a 28-week certificate.

Our regional committee partnered with Mohawk College because of their proven success in aligning learning to the needs of the learners, the employers and their ability to deliver innovative programs. The program offers a flexible hybrid learning model. Experienced anaesthesia care team members provide instruction, ensuring current and relevant education. The curriculum covers essential topics and a 525-hour clinical practicum provides the hands-on experience required.

#### 1020

The program was really made possible because of strong collaboration with partners. Graduates were work-ready and came from various hospitals, serving both adult and pediatric populations. There is also interest from other hospitals for future intake, such as Hawkesbury, Cornwall and Timmins and District Hospital. This program is key to addressing critical labour shortages in anaesthesia assistance, improving health care access across the province. It can have a positive economic impact by keeping students in their communities and could significantly support rural health care by incentivizing graduates to work in underserved areas.

The program aligns well with Ontario's efforts to support critical infrastructure and community development in northern and rural areas. It also complements existing initiatives like the Rural and Northern Immigration Pilot program, which has successfully attracted new residents to northern Ontario. I've spent most of my life in northern Ontario, so I can certainly attest to the importance of having care and training close to home.

We're requesting that the Ontario government allocate funding for program development and implementation. We're also proposing financial incentives for students to have tuition covered as they undertake hybrid training, which will enable those from rural communities to stay in their community and live and work as anaesthesia assistants upon graduation. We suggest considering this program as part of the rural development program, which has already supported numerous projects across Ontario and was featured in the 2024 budget.

Expanding the anaesthesia assistant program through regional cohorting would complement the regular pro-

grams offered by Fanshawe College and the Michener Institute, which are the traditional training programs. This program aims to meet the demand for anaesthesia assistants in Ottawa, northern and rural areas. Increasing trained anaesthesia assistants will enhance surgical team capacity and reduce wait times. It could attract students, boosting local economic growth as well.

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

**Ms. Jen Plant:** By investing \$5 million over five years in this regional anaesthesia assistant program, Ontario can address the shortage of anaesthesia and contribute to economic development.

In summary, one of QCH's core values is innovation. You'll see a number of innovative partnerships on this slide. Partnership in innovation is key to addressing system challenges and significant operational funding gaps, while also delivering the best care possible to patients and families. On behalf of the regional partnership, Mohawk College and the Queensway Carleton Hospital, thank you for the opportunity to speak to you today.

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

We'll now go to the first round of questions, and we will start with the official opposition.

**Ms. Chandra Pasma:** Thank you very much, Chair, and thank you to all our witnesses for being here this morning. We really appreciate your input.

I want to start with the Queensway Carleton Hospital, which is of course a very important institution in my riding. I just want to be clear that the ask you're asking for for this program—that's the \$5 million over the next five years?

**Ms. Jen Plant:** Yes. That's clear. There is a surgical training fund that currently exists, and it's not always guaranteed. Having stability in funding will actually allow us to move the marker forward. We need a cohort to pull the program together, and that's why we work so closely with partners. The stable funding associated with the program over the next five years will help us really move the mark in health human resource challenges.

**Ms. Chandra Pasma:** Thank you. And the intention is that the training would continue at Fanshawe College? Or is this something that could be adapted at other colleges across Ontario?

**Ms. Jen Plant:** This model that we're currently using has been developed by Mohawk College.

**Ms. Chandra Pasma:** Yes, sorry—Mohawk.

**Ms. Jen Plant:** It has the opportunity to spread throughout the province. It doesn't need to live within Ottawa. Fanshawe College and the Michener Institute also offer programs and I'm sure they will continue to do that. This model is a little bit more flexible for employers who might have different needs.

**Ms. Chandra Pasma:** Do you have any numbers on what the pilot project has meant for hospitals in Ottawa, for the Queensway Carleton Hospital, for CHEO? How



many anesthesiologists have you been able to fast-track, who are now working at these hospitals?

**Ms. Jen Plant:** We have been able to graduate our first cohort, 15 anesthesia assistants across the region, and that extended down to Northumberland Hills Hospital. Though all 15 graduates graduated successfully, and in completing their credentialing exam, which is a national exam, the Mohawk cohort passed the exam with a higher average than the mean national exam, so we know that the accelerated program had the intended outcome of delivering work-ready graduates quickly.

**Ms. Chandra Pasma:** And what has that meant for Queensway Carleton? Have you been able to expand the amount of time that ORs are in operation?

**Ms. Jen Plant:** I'm actually going to pass that over to my colleague Dr. Denis Goguen. Dr. Goguen has been a champion and can speak to the impact of anesthesia assistants in the operating room.

**Dr. Denis Goguen:** Thank you for having me and thank you for allowing me to speak to this important initiative.

At the Queensway Carleton Hospital, we have had, over the years, a fluctuation of different numbers of anesthesia assistants who are tremendously helpful, both in the throughput of surgical volumes during elective daytime and ensuring patient safety on evenings and on weekends when all the emergency cases show up. It ensures a cohesive workforce, a sort of team approach.

Since we've had this last iteration of this program, we've been able to fill the gaps of anesthesia assistants that we needed to fill, the available funding for them. We've been able to enable further throughput, during the daytime, of surgeries. We have a high throughput of orthopedic surgeries and we've been able to now cover evening emergency work that would allow for better patient satisfaction, greater safety profiles.

This is in keeping with our Canadian standards. From the anesthesiology point of view, we have a national guideline, the Canadian Anesthesiologists' Society guideline, that outlines that hospital facilities are required to provide trained personnel when and where there is anesthesia provided. This occurs at our hospital on a 24-hour basis, so at this point we are inching closer to that standard of care.

Since this pilot project was under way, we've had tremendous gains in meeting the standards and had the support of the whole hospital: of the obstetrical group; of the surgical group; and, of course, of our anesthesia department. So it has been quite the success, and we're very excited to continue.

**Ms. Chandra Pasma:** Thank you, Dr. Goguen.

I can't have the Queensway Carleton Hospital here and not talk about the challenges with space; the long wait times in the emergency department; the number of patients who are admitted, but remain in the ER waiting for a bed; the need to have patients wait in the hallway while they're waiting for that bed to open. I've been at the Queensway Carleton so many times when there are five or six ambulances tied up outside, because there's no place to put those patients. The Queensway Carleton sees as many

patients as the General and the Civic do each year, but they only have half the number of beds—a catchment area that covers half the city of Ottawa, but not the right size for that catchment.

The Queensway Carleton, I know, has developed a detailed proposal to rightsize the hospital, to make sure that you have the capacity to provide the care that people in the west end of Ottawa deserve. Can you tell the committee a little bit more about that proposal and why it's so important?

**Ms. Jen Plant:** Yes. I think you've covered so many important points. The population growth, as everybody may know, in the west end of Ottawa has been so rapid. Despite many innovative ideas, including our ED excellence program, to really try to work with partners to off-load ambulances quickly, to find in-patient beds for patients who require it quickly, it is a struggle.

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

1030

**Ms. Jen Plant:** So the proposal will see us increasing our emergency department—doubling, essentially, in size—as well as increasing in-patient beds, and we're very excited to have the government's thoughts and feedback on that proposal.

**Ms. Chandra Pasma:** And if I remember correctly, the proposal is \$640 million, with 10% raised by QCH, but that funding needs to come quickly, or that cost is going to increase. Is that correct?

**Ms. Jen Plant:** That's correct.

**Ms. Chandra Pasma:** So I hope that the government is prepared to make that investment in health care for the 500,000 residents who live in the west end of Ottawa.

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

We'll now go to MPP Hazell.

**MPP Andrea Hazell:** Good morning, folks. Thank you for coming in and presenting to us today—much appreciation.

I'm going to start my questions off with Martine. I want to thank your organization for taking care of the francophone community, because a lot of times, we forget about the francophone community. I know you spoke about a lot of points on what your challenges are, and the funding that you are expecting and your proposals, but in a nutshell, can you describe for the record what is your organization's crucial pain point going into 2025?

**Ms. Martine Whissel:** Honestly, I must say that it is really the health human resource crisis that we are trying to address. I mentioned briefly that we are competing with the hospitals to be able to recruit high-quality bilingual francophone staff. It's really hard.

**MPP Andrea Hazell:** How is that going?

**Ms. Martine Whissel:** I had two social worker positions vacant for two years, unable—people very interested in working in the sector, but they could make \$30,000 more if they worked either in the hospital sector or the education sector. That doesn't even talk about just working for themselves. And it was heartbreaking, because we had great fits and we could have offered services like

key mental health services, preventing crisis and people from going to the hospital, because we just couldn't have people come in. Our salaries are not competitive.

My model, so a community family health team, is that it's a salaried model, so my physicians are salaried. I don't get any overhead. I have a fixed budget every year, and that's what I have to work with. It hasn't increased at all in five years. I'm a non-profit organization so I don't right now have a capacity of, I don't know, a "fundraising for your doctor's office to be able to offer more salaries" kind of thing. So it's just really difficult.

We have great retention. I don't know if it's my francophone team, that we're really tight-knit. People don't want to leave, but it's really hard to get them in, because we aren't competitive.

There's also, operational budget-wise, no increases, so we just figure out what we cannot do to keep the lights on—that kind of thing. But there is a lot of digital innovation going on. There is a lot. We're thinking AI scribes. We're talking e-referrals. We're talking e-booking of appointments. That costs money. It can cost me about \$100 a month per clinician to just get an AI scribe that is PHIPA-compliant and whatnot. But if I have—in total, with my nurse practitioners included, I have 14 of them. That times \$100 times 12 times 14 for the year—that's budget I don't have, and so we're missing out.

So we could be more efficient. We could see more people. We could diminish the administrative burden. I don't have the money. I'm not going to cut a position to be able to pay for a new technology to be more efficient, and I think that's what we're kind of all struggling with.

**MPP Andrea Hazell:** So without the funding, can you survive?

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

**Ms. Martine Whissel:** I won't close my doors, but I'll have to eventually close some services or get rid of some staff.

**MPP Andrea Hazell:** Can you use my one minute and say exactly what you want to say to the government, to get them to listen, to maybe say yes to fund your organization?

**Ms. Martine Whissel:** Yes. I think in order to make a big impact overall in the health care system, money has to be invested. The \$500 million a year for five years in community care, including primary care, will make a huge impact to address the health human resource crisis, the digital inequities with regard to hospitals and community, and be able to keep people out of hospitals, so that then there's less backlog. We need to keep them safe and healthy at home. We can do that in the community. We just need to be able to have the funding to be able to do it.

**MPP Andrea Hazell:** Thank you so much.

**The Chair (Mr. Ernie Hardeman):** We will now go to the government. MPP Hamid.

**MPP Zee Hamid:** I'd like to thank you all for coming and taking time out of your day. This has been very helpful.

Let's start off with Ducks Unlimited—great organization, by the way, and I love the name. You mentioned you received \$10.5 million in funding in the last round. I think

Sean mentioned the general work that was done. Can you talk specifically about what the funding was used for? And then you said you potentially were looking at asking for \$15 million, so about a 40% increase. Where would that additional investment go?

**Ms. Marie-Paule Godin:** The initial investment of \$10.5 million went for small wetland restoration, as well as large wetland rebuilds. That's where we divvied the money.

For the additional investment, we're looking to add the third and fourth tools that Sean was describing: land acquisition, so protecting lands that have wetlands on them, as well as municipal wetland restoration, so working closely with municipalities to implement wetlands to help act with flood mitigation etc. within the municipalities. The small wetland program, I should explain, is outside of municipalities on private land, with private landowners.

**MPP Zee Hamid:** Just to follow up with that, actually, that reminds me of another question. With all of your experience in wetland protection and wildlife protection and conservation in Ontario, how do you think we can better promote wildlife protection and conservation across the province?

**Ms. Marie-Paule Godin:** That's a good question. I really appreciate that question, too.

Sean, would you like to take that?

**Mr. Sean Rootham:** I think this kind of investment in these conservation programs is a great step. We're starting to see a lot more collaboration between environmental organizations, and I think that's also a great way to align resources and to promote environmental goals within Ontario. I view it from a couple of points: good partnerships on the ground and strong leadership from the government.

**MPP Zee Hamid:** How closely do you work with municipalities and other conservation authorities across Ontario, or at least in your area?

**Ms. Marie-Paule Godin:** We work very closely with the conservation authorities, because we actually partner on projects directly with them, and we also go through the permitting process to do the work with them.

Sean works on the municipal program.

**Mr. Sean Rootham:** Yes, I work directly with municipalities on their natural heritage systems, helping improve their official planning—a lot of engagement with municipalities, yes.

**MPP Zee Hamid:** Thank you for that.

Another question for Martine, actually: You mentioned additional funding. We're investing \$2 billion over the next three years in community care programs and health care. Could you speak to the impact that funding has had and where you see it going from there?

**Ms. Martine Whissel:** Yes. When you think of your family doctors—I was talking about the primary care home—it's like a hub and spoke. You have your family doctor who is your main point of contact when you are generally healthy. When things go awry or whatnot, and you need more services, you will probably go to your family doctor first. That is where things will start to change.

You'll have appointments, and you'll speak to your family doctor to talk about what the next phase of your health care journey is going to be like.

When you invest in home care as well, this greatly improves the primary care sector to be able to continue to support those people to be able to stay at home. Right now, if a family doctor has realized that someone has difficulty or their condition has changed, and they are either losing independence or for a period of time they need more support at home, it's difficult to find rapid care for them. Family doctors don't go and help people in their homes, but somebody needs to.

More investment, not only in home care but also in mental health, will help build care teams that are able to support people in their health.

**MPP Zee Hamid:** You had mentioned something—I can't remember the exact term you used, but I think you said technology disparity between hospitals and family health teams. Can you talk a little bit more about that? Are you finding any challenges to leverage technology, and what tools or technology do you actually use?

1040

**Ms. Martine Whissel:** Absolutely. Most family health teams, most clinics, are very small. I do not have an IT person. If something happens with a computer, they talk to me, the executive director. I'm clearly not an expert, and the smaller teams mean that you have to either do contract work or it takes a lot of internal—a small amount of resources. It's a big chunk of time to implement new technologies. Not having access to new technologies means that you're always kind of behind. So you're always playing catch-up and trying to get to be as effective and as efficient as large organizations such as hospitals.

I talked about AI scribe. There's those. There are e-referrals, so not having to fax. I don't know if you guys are aware that our organization sends hundreds and hundreds and receives hundreds and hundreds of faxes per day that we have to download as PDFs and then add in to charts manually. There are some technologies out there developing—again, not able to access those either, because we don't have the expertise, we don't have the financing. Hospitals are known to do lean management and make sure that things are super effective and efficient. They have teams to do this. In the community, there are maybe two or three people in management. Everybody else is clinicians. We're just trying to help people and stay up to par with all the technology.

I've worked in both hospital and community, and so I'm aware of the benefits of being associated to hospital and the challenges, and then vice versa in the community when you're like, "Okay, let's just implement this great new tool that's available"—don't have the money, don't have the resources and it just means that you're always waiting.

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

**MPP Zee Hamid:** That's a really good point. That seems less of a money problem than—I think there's an opportunity in there somewhere, probably better coordin-

ation with hospitals so we can leverage the training they're providing to their staff. I'm the IT guy in my—

**Ms. Martine Whissel:** This is big OHT work too. The Ontario health teams, the more that they become more formal and actually like a living organism, I do believe that that will facilitate the collaboration between hospital and community. I think it's growing. I think the hospitals are realizing it more and more, the benefits of collaborating, and being able to leverage maybe a small position or FTE in a hospital towards bridging the gap with community can make a huge impact in the community.

**MPP Zee Hamid:** It helps the hospitals by keeping people out of them.

**Ms. Martine Whissel:** Yes, absolutely.

**MPP Zee Hamid:** You guys can talk to each other.

**The Chair (Mr. Ernie Hardeman):** We will now go to the official opposition. MPP Harden.

**Mr. Joel Harden:** Hi, everybody. Good morning. Thank you for joining us. I'm very, very gratified to see, as always, such engaged advocates here in our city.

Because my colleague focused on our friends at the Queensway Carleton, I want to talk about primary care. This is the biggest issue we heard about in our community office, and I'm really glad we have a representative with us this morning who is making the case for primary care beyond the urban boundaries of Ottawa, particularly for high-needs folks in the eastern boroughs—small cities, small towns. I myself come from Vankleek Hill. I know exactly what you're talking about, particularly for seniors and persons with disabilities living in isolated circumstances.

I'm wondering if you could just reflect on a story we recently received. This is a story, Chair, I'm allowed to share by virtue of the resident's consent. Kathy Marshall: She just found out that she was going to be losing her primary care, and it covers not just her but her husband, her son, her son's partner and their 18-month-old baby. They just found out that the family medical team is closing their practice. Her husband, in particular, has two medications that have to be constantly monitored and adjusted, and she was wondering if she was going to be the next person ending up in an emergency room at the Queensway Carleton because of an ineffective ability to monitor those medications. As you said, one in seven visits to ERs could be prevented with an enhancement in community care.

I'm wondering if you could, just off the top, talk a little bit about the savings that you're proposing to the province by the expansion of your services.

**Ms. Martine Whissel:** That story resonates with us. We had a family doctor that had to close her practice, and we tried to carry the practice as long as we could and offer these people a bit more time because we're a group practice. We gave them an extra 90 days, which is not enough, but it's all that we could offer until we were able to recruit someone else. The impact of having people call and say, "But I need my prescription." "But what am I going to do? I have diabetes." "What about my heart medication?" "I have an appointment with my oncolo-

gist.” “I have a new diagnosis; how am I going to manage this?” That what we have to say eventually is, “Well, you’ll have to go to a walk-in clinic or an emergency room or an urgent care clinic,” is atrocious. It’s heartbreaking. It’s very hard for the teams. It’s very hard for the physicians to have to close their practice—sometimes life happens and they must, and it’s not easy for them.

So we’ve got aging clinicians, we have some family doctors that are getting older, about to retire. We haven’t necessarily trained as many doctors to be able to fill that gap yet, so we have to be innovative in how we address this. That’s why if we can invest in team-based primary care, as well as community care and mental health and whatnot, maybe if we have less family doctors, then we can have nurse practitioners that can take on patients. We can have nurses, social workers, mental health workers and a whole team of pharmacists that work within team-based so that family doctors can manage more patients easier.

If the physicians are trying to do this all by themselves, there are only so many hours in a day. Some of these physicians work in hospitals—so they have a family practice and they want to keep working in the hospitals, especially if we’re talking about rural areas where there’s a giant need. So they have to be at the hospital X amount of days or weeks a month, which means they’re not seeing patients, which means what happens when they’re there, all of their teams have to take care of them, so I think it’s just a cycle.

If we can invest in advance, like lower to the ground, closer to the people in the communities first, it might not be instant—it’ll take time to roster more patients and register them and be able to care for them—but investing now will make a bigger impact as time goes on, I think.

**Mr. Joel Harden:** Thank you for making that case.

How much time do I have left, Chair?

**The Chair (Mr. Ernie Hardeman):** Three minutes.

**Mr. Joel Harden:** I know the government has often made the case for more nurse practitioner clinics, and we have a new one that’s emerged in the market specifically for mental health and addictions treatment. We’re thankful for that clinic, but we need more of them and we certainly have a great case, based upon the evidence you’re providing this committee, for more of them.

I want to pick up again on the case of Kathy and have you react again. I found out in a more recent email from Kathy that she thankfully was enrolled, believe it or not, in a lottery. So 100 patients at this former clinic were enrolled now in a new family health practice by virtue of winning a lottery of a clinic willing to accept 100—only 100 folks.

I want to reflect on the fact this morning that we live in Canada. We’re proud of our public health care system. We pay taxes and we work hard as Canadians. But I just want to reflect on the fact that this particular constituent is, by virtue of a lottery, covered—her and her husband; however, her son, son’s wife and 18-month-old toddler, at a time of respiratory illnesses—really serious conditions when you have little ones and you want to get access to

that preventative care you’re talking about—I just want to reflect on the tragedy that we do not have coverage for the vast majority of this practice which is now closing.

What opportunities could you provide this family if you were given the resources that you’re asking the government to provide?

**Ms. Martine Whissel:** If the health care team had to do the lottery situation, it has to be a lottery—you can’t pick and choose, that’s not something that it can do. But what if you have a lottery and you get chosen, but your entire family gets enrolled, right? At our clinic, if we take on a new patient, we try to take the family as much as we can. We’ve always accepted one exception, no matter what—

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

**Ms. Martine Whissel:** —busting at the seams, but we’ll take the babies. We’ll take the children. Vaccinations, prevention: catching everything early is very important—

**Mr. Joel Harden:** You’ll do everything you can. If you don’t mind me interrupting, because we only have a minute left of my time.

On peut continuer en français parce que c’est une place bilingue.

**M<sup>me</sup> Martine Whissel:** Oui.

**M. Joel Harden:** Et merci pour être ici, parce qu’on a des besoins sérieux pour les Franco-Ontariens, parce qu’il n’y a aucun—il y’a une vraie croissance des services en français pour les personnes qui ont besoin des services de soins en santé, de médicaments en français. Est-ce que ça c’est une priorité importante pour votre clinique? On peut le mentionner pour le gouvernement, s’il vous plaît?

1050

**M<sup>me</sup> Martine Whissel:** Oui, c’est absolument important d’assurer que les services en français sont disponibles en soins primaires pour la population.

En ce moment, ma clinique et plusieurs cliniques dans la région de l’est d’Ottawa ont la capacité d’offrir des services en français. Puis ils ne servent pas nécessairement uniquement les francophones. Donc, être capable d’investir—

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

We’ll now go to MPP Blais.

**M. Stephen Blais:** Martine, merci pour être ici aujourd’hui. Vous pouvez continuer votre réponse.

**M<sup>me</sup> Martine Whissel:** Merci.

Je crois qu’investir dans non seulement les nouvelles équipes mais les équipes existantes qui ont la capacité démontrée, qui sont désignées pour les services en français, entre autres, puis cibler les équipes qui puissent faire une expansion—pas juste des nouvelles équipes. Des nouvelles équipes, c’est super. C’est très important. Mais aussi d’être capable de faciliter l’expansion des équipes existantes qui ont déjà le « backbone », qui ont déjà la structure en place et l’expertise en place pour être capable de faire une expansion et évoluer leurs services pour mieux répondre aux besoins de la population, ce serait incroyable.

Donc nous, quand il y a eu « l'expression of interest » pour « expansion of primary care »—je connais juste le nom en anglais. Quand on a eu, par exemple, la « nurse practitioner-led clinic » qui est arrivée dans la région de Vanier, entre autres, c'était une super bonne nouvelle. Mais il y avait pleines d'équipes qui auraient pu avoir moins de financement parce qu'elles n'ont pas besoin d'avoir une directrice, une DG, la gestion—mais juste vraiment de mettre les sous directement aux « front lines ». Les politiques et procédures, tout est en place.

Donc un peu d'argent dans ces cliniques existantes pourrait assurer, je crois, un meilleur « return for investment », disons, dans les équipes, surtout celles qui sont capables d'offrir—tout le monde, mais je vais parler du coeur, comme Franco-Ontarienne—des services pour des francophones.

Mon médecin de famille—je n'ai jamais eu un médecin de famille francophone de ma vie. Ça s'adonne que mon médecin de famille a pris sa retraite. Il a eu un remplacement; c'était un francophone. J'ai un médecin francophone pour la première fois de ma vie. Ça fait une différence. Les gens, quand on n'est pas bien, on n'est pas bien dans notre langue maternelle.

On parle aussi de nouveaux arrivants. On accueille beaucoup de nouveaux arrivants dans la clinique dans la région de Vanier. Oui, c'est multiculturel. Il y a beaucoup de langues. Il y en a beaucoup qui viennent puis leur langue première n'est pas le français ou l'anglais, mais la langue dans laquelle ils sont plus confortables à parler de leur santé est le français. Donc ça, aussi, c'est un besoin à adresser, qui peut être fait par des équipes qui ont déjà la capacité ou la mission d'offrir ces services-là en français.

**M. Stephen Blais:** Merci pour ça.

I wanted to make sure I understood a point that you made earlier. You mentioned that you haven't received any increase in your capacity to be able to pay employees more—and you are on a salary basis, not a fee-for-service basis. Have you received an increase in budgeting for rent and utilities and other operational aspects, or has it been a complete freeze?

**Ms. Martine Whissel:** It was a freeze until last year. They confirmed one-time funding twice. So we did get one-time funding that we could use for operational, which—we had been pulling, from HR, vacant positions to be able to pay for operational increases.

**Mr. Stephen Blais:** And when you say “they,” that's the Ministry of Health?

**Ms. Martine Whissel:** Yes, the Ministry of Health, through now Ontario Health, which manages our agreements.

**Mr. Stephen Blais:** And what is the relationship between your clinic and others like yours with—whatever the new term—I can't remember the new term for the LHINs. The LHINs we don't need to talk about—

**Ms. Martine Whissel:** Well, now it's Ontario Health.

**Mr. Stephen Blais:** How do you interact with them?

**Ms. Martine Whissel:** A lot of the same people from the LHINs are there. Right now, however, since Ontario Health has taken over, especially when we are talking

about contracts and targets and finance, we would go directly to the ministry. Our contact at the ministry had decision-making capacities. Now that it's Ontario Health, they don't have that. It's like a door: To share information, it has to go to the ministry. So it's actually—

**Mr. Stephen Blais:** So it's an additional step?

**Ms. Martine Whissel:** It's an additional step.

**Mr. Stephen Blais:** So it's kind of like red tape.

**Ms. Martine Whissel:** Correct.

**Mr. Stephen Blais:** So that would be a good place to maybe cut red tape.

**Ms. Martine Whissel:** Correct.

**Mr. Stephen Blais:** Excellent.

I'm wondering if they or perhaps some other organization might be the place where that coordination of IT services or perhaps some of your other kind of bigger-needed cross-functional services might be well located.

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

MPP Hogarth.

**Ms. Christine Hogarth:** I want to thank all the presenters for being here today. It's always very informative to hear from our stakeholders.

First, Ducks Unlimited, I just want to thank you for the work you do. I remember growing up in northern Ontario. There was an annual dinner that everybody in town attended, and I remember my parents always making sure they went.

In my riding of Etobicoke–Lakeshore, we have the Humber Bay Shores, which has numerous waterfowl in that area. You can walk down, you can canoe around, and a lot of people kayak around that area just to see the bird habitats. Since our weather is not as cold as Ottawa, we can actually go see some of our waterfowl all throughout the year.

Just wondering: What's your finding about the waterfowl conservation in Ontario, and are there any challenges you would like to see the government tackle?

**Ms. Marie-Paule Godin:** The challenges with the waterfowl in Ontario?

**Ms. Christine Hogarth:** Yes.

**Ms. Marie-Paule Godin:** In terms of our science, we have a science team that works nationally and looks at provincial issues. So I could defer to them if they were here to specifics on Ontario, like populations and specific species' challenges.

But overall, climate change is one of the biggest challenges as well as loss of habitat. Southern Ontario is so densely populated. There's more expansion on the development of housing as well as agriculture, which are both very much needed.

The biggest challenge I think the government of Ontario could help with in terms of waterfowl populations would be to implement working together with wetland conservation, within developments and within agricultural expansion—because we do work currently very well with agricultural producers, so more of that—as well as involving development communities to integrate wetland restoration within a naturalized stormwater pond, for example,

which Sean talks to municipalities all the time about. I think the government support there would be really valuable.

**Ms. Christine Hogarth:** Thank you for that, and I have to give a thank you to all the volunteers who also help, especially in my community. They're always making sure we keep our waterfront—see, my riding is on the lakeshore of Lake Ontario—making sure our waters are clean. We always have annual cleanup events, and they just do a really good job at bringing out everybody, especially since it's a highly populated area. It has grown over the last 15 years. Probably about 30,000 people are due to live in that area. There's about 20,000 now. So we have to make sure we continue to look after our water. We've got a lot of beautiful swans, we have the ducks and, of course, many different bird species, so I thank all the volunteers who look after them.

My next question is for the Eastern Ottawa Community Family Health Team. Now, the previous government, the Liberal government, cancelled 50 medical spaces, which has allowed us to have less doctors. We now have the opportunity to expand medical spaces. Our government has actually created more medical spaces, including in northern Ontario, Sudbury—which is obviously franco-phone—and Thunder Bay as well. So we have more people who can practise and maybe stay and learn at home.

You mentioned francophone services. My in-laws are francophone—I guess ex-in-laws. They provide their services in Sudbury, and they prefer it to be in French because Madame Demers is extremely French. She likes to have her services in French, which she does receive in Sudbury, which is great. I know we do a lot of good work in the north and, obviously, in the Ottawa area for our francophone members of our community.

I just wanted to ask a little bit about the Learn and Stay grant which our government brought in, and it includes a full tuition reimbursement for Ontario medical students committed to staying and practising in their community for two years. I'm wondering if that has helped you and if you can speak about the impact that has had on you.

**Ms. Martine Whissel:** Our clinic hasn't had the benefit of being able to benefit from that. However, this is incredible. Right now, family medicine isn't necessarily chosen as a preferred specialty sometimes, so it's excellent that there are more spaces for learning. More spaces for learning “en français” are very important, and collaboration between learning institutes and hospitals and franco-phone learning environments as well.

For example, I'm not an academic family health team. However, when our physicians have the capacity to be able to be preceptors for new students or medical residents, we do take them on and we have them with us to be able to learn and start practising family medicine.

**1100**

Being able to have tuition covered is a great incentive. Having them then stay in the community—because in my clinic personally, once the physicians are there and established and working, whether you're in Vankleek Hill or in Sudbury—they're beautiful communities. And so,

it's really great to have an opportunity or incentive for family medicine residents and students to learn there and then practise there, fall in love with the communities and then see the benefit of everything that they can offer to those communities and those people. So I think that it's fantastic. I think more of that is needed.

It does take about 10 years to prepare a family doctor, so we will see more and more of that benefit as time goes by and, in the meantime, be able to support the ones who are still here and make sure that the financing or the salary given to the family doctors right now gives them an incentive to stay and not close practice.

**Ms. Christine Hogarth:** Wonderful.

You talked about your retention. You said you had a recruitment struggle, but your retention is excellent. We hear from hospitals that they have a hard time retaining, so how do you keep your team in place?

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

**Ms. Martine Whissel:** Great question. We do try to favour, as much as possible, a work-life balance. We are very collaborative. Every member of our team is implicated in decision-making. I am not the content expert. Therefore, my medical secretaries are the content experts with regard to part of the workflow. My nurses are content experts with part of the workflow. My physicians are content experts with regard to part of the workflow.

Everybody is kind of treated equal in my practice and that is why I think everybody feels like they're on equal ground. We do put patients first but equally the team first. And so we have silly, small, cheap activities—it's just a great environment. We just try to foster and do what we can to keep people happy at work and give them the tools that they need. We'll even try to find spots in our budget for the new—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for this question. It also concludes the time for the panel.

We want to thank everyone for the participation and the time you took to prepare to come here and so ably present your request to the committee. I'm sure it will be of great assistance, so thank you.

WINCHESTER DISTRICT  
MEMORIAL HOSPITAL

GREATER OTTAWA HOME  
BUILDERS' ASSOCIATION

CONSEIL SCOLAIRE DE DISTRICT  
CATHOLIQUE DE L'EST ONTARIEN

**The Chair (Mr. Ernie Hardeman):** As the people at the table are changing, our next delegation will be the Winchester District Memorial Hospital, Greater Ottawa Home Builders' Association and the eastern Ontario Catholic district school board.

As they're coming forward, the direction will be the same as the previous panel. You will have seven minutes to make your presentation. At the six-minute mark, I will

say, “One minute.” At seven minutes I will say, “Thank you,” and we will move on to the next speaker.

We also ask everyone to introduce themselves as they start speaking to make sure we can attribute the comments to the right presenter.

With that, the first presenter in the panel is Winchester District Memorial Hospital. The floor is yours.

**Mr. Cholly Boland:** My name is Cholly Boland and I’m the chief executive officer of the Winchester hospital. If you’re not familiar with the geography, Winchester is a rural community about 45 minutes south of Ottawa. Thank you for the opportunity to talk to you today about our hospital’s financial situation and to ask for your help. But I’m also speaking for other small, rural hospitals like us that are in the same situation.

First, the good news: I’m going to tell you about Winchester hospital. We’re small—smallish. We have a budget of \$50 million, which is small. We have hospital programs like surgery and maternity that serve largely our local communities. We have chemotherapy and kidney dialysis programs that serve the entire region, and we also have very vibrant medical research and student teaching programs that have a positive impact on a larger population in the entire health care system.

We do this pretty well. We have 95% patient satisfaction, which is among the highest patient satisfactions in Ontario. Over the past 16 years, we’ve only received the very highest of exemplary ratings from Accreditation Canada, which compare us to and measure us against national standards for the quality of care for patients. At a time when finding staff is a challenge for many organizations, we are fully staffed in all parts of the hospital, we’ve never used a staffing agency and we’ve also never closed our emergency department.

Like many small, rural hospitals, we have numerous partnerships with larger, urban hospitals—in our case, in Ottawa—and we help to off-load and relieve some of the high patient volumes that cause congestion and long wait times in cities. For example, many patients come from the city to have their surgery done in Winchester, either by a local surgeon or maybe an Ottawa surgeon. So we impact things locally and regionally.

Now, to our finances: That’s the bad news. Over the past 10 years, apart from the recent funding specifically for Bill 124, our annual funding increases have amounted to about 2%. That’s much less than the inflation rates that drive up the cost of medical supplies, pharmaceuticals, union contracts, as well as other expenses like patient information systems and cyber security. This means we have to find savings every year, and that’s how it’s always been done in hospitals—and that’s fine. We’ve been pretty good at it because for 15 consecutive years, Winchester hospital balanced its budget through careful financial stewardship. Over that period, we found millions of dollars in savings and efficiencies by a variety of means. We reduced management administration; we only have two levels of management. We share administration with a long-term-care home. We’ve developed two rent-generating medical buildings. We provide IT services for

a fee to four other organizations. We’ve completely reorganized the hospital—actually, twice; we’ve got another reorg starting next week. We’ve closed 20%, one fifth, of all of our in-patient beds to save money. And, of course, we’re under very strict expense control.

However, in 2021, a few years ago, that well went dry, and we ran out of savings and efficiencies to offset the annual funding shortfall. That year, our first deficit in 15 years used up all of the hospital’s financial reserves. The next year, 2022, we continued in deficit, and we had numerous meetings with virtually every level of bureaucracy and political level in the provincial government. We were repeatedly told quite sympathetically that, while our situation was very challenging, other hospitals were in more difficult situations than us and we would receive no assistance. That year’s deficit of almost \$3 million put us considerably into debt. Last year, we received partial assistance, and our remaining deficit of \$1.5 million increased our debt even further.

This year, we’re projecting another deficit of \$3 million—pretty much the same as each of the last few years. That means we’re paying hundreds of thousands of dollars in interest when we have loans, lines of credit, which is money lost to care for our patients. We can’t pay our suppliers’ bills on time, which is affecting our reputation and credit worthiness. We have no reserves, no working capital to invest in projects. Our financial situation is literally risking our ability to operate as a hospital to serve all our communities and be an effective partner with city hospitals.

This is a downward spiral that’s putting us further into debt, heading toward the situation of many other hospitals that are apparently worse off than us. My understanding is that many, many other small, rural hospitals find themselves in a similar situation and have been for several years. We’re all doing what we’re supposed to be doing: providing superb care to our patients, contributing in many ways to the health care system and being very, very careful with all our resources. But we can’t continue to always be working on where we’re going to borrow several millions of dollars to keep operating. We can’t keep wondering if we can afford to continue to provide services to our communities and help to relieve the burden in the cities. As our patients are becoming older and sicker, with more complex health care needs, it only adds to our cost pressures.

There are 61 hospitals in Ontario that are classified as small hospitals. That’s out of a total number of 132 hospitals, so almost half are small hospitals like us. The entire portion of the hospital budget that we consume—half of us—is only a little over 5%, so the government is getting a big bang for the buck return on the 5% invested in half of these hospitals that serve our communities so well. And by the same token, it really won’t take much for the government to help us financially.

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

1110

**Mr. Cholly Boland:** This is to ask to provide us with some long-overdue financial stability for small hospitals.

Increase our budgets this year by 10%, which would amount to one quarter of 1% of the Ontario health care budget. It gives us stability for the next several years. It will help us get out of debt, so we can pay our bills and stop paying hundreds of thousands of dollars in interest and charges, so we can use all of our funding to operate our hospitals and care for our patients.

That's my request on behalf of Winchester hospital and other rural hospitals like us. I welcome the opportunity to answer any questions and thank you very much for your time.

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

Our next presenter is the Greater Ottawa Home Builders' Association.

**Mr. Jason Burggraaf:** Good morning, everybody. It's great to see you all. Thanks for the opportunity to be here. Welcome to all my Ottawa area MPP people.

My name is Jason Burggraaf, executive director at the Greater Ottawa Home Builders' Association. Again, it's much appreciated to have this opportunity. I have circulated a written submission that details our recommendations for the budget, and while, of course, I won't be able to touch on all of them in my remarks, I'd be pleased to answer any questions.

First, I'd be remiss if I didn't acknowledge and celebrate Tuesday's announcement of nearly \$11 billion over 12 years in new funding for energy efficiency, and especially the new Home Renovation Savings Program. GOHBA been a long-time advocate for incentives for renovation, and while I have brought that to this table before, I expect this new program to address our mutual environmental and climate change priorities. This program will improve the energy-efficiency performance of homes and reduce greenhouse gas emissions, while at the same time reducing hydro bills for residents and—somewhat unsung—reduce demands on the electrical grid, which is a bigger and bigger concern related to growth all the time.

And while of course we'd love to see a tax credit applied to all renovations across the board, there is a measure that the government could introduce that would boost the effectiveness of this new Home Renovation Savings Program, and that is to require energy performance labelling through the EnerGuide rating system for every home sold, both new and resale. Universal energy labelling would improve consumer choice by allowing home buyers to compare two similar homes by their energy performance, as well as their aesthetics and location.

Now, it would be odd for me to come to this committee and not speak about infrastructure, so I'm definitely going to do so, but you'll see from our submission that while it does ask to enhance housing-supportive infrastructure investment, we have two further recommendations. They really speak to focusing DCs on growth-related projects, ensuring DCs collected are actually spent on the projects they were collected for, and focusing provincial infrastructure investment on specific municipal projects, with re-

porting that shows the relative reduction in cost to homeowners and/or taxpayers.

Let me provide you with an example. One of the projects in Ottawa's DC background study is an Olympic-level swimming pool that's intended to draw swim meets and new tourists to Ottawa. It's estimated to cost \$55 million to build, and new home buyers are paying the majority of that cost of the project at \$30 million.

Now, there's no authority that says, "Hey, wait a minute. That's a pretty unreasonable cost to put on new home buyers that's really not related to growth," other than GOHBA putting in an appeal to the OLT, which, of course, we've had to do. But it is an appropriate role for the provincial government to make that determination, and that's the "focusing DCs on growth-related projects" aspect of our recommendation.

Now, let me continue on. While the city is collecting money for this pool, it can actually borrow those funds and spend it on other capital projects, which delays the construction of the pool, sometimes for years and sometimes into the next DC cycle, not to even mention the increase in the costs of them trying to build that pool 10 years later. And the city has no obligation to pay back the funds, only to keep a record that it has moved this money from one project to another, so DCs are sometimes not actually being spent on the projects they were collected for.

And then, finally, the city of Ottawa gets \$37 million, say, through the Building Faster Fund, that's supposed to be directed towards housing-enabling infrastructure and other direct costs for it to support community growth. Ideally, the province would then turn around and say, "Okay, here's the money for achieving your housing goals. Thanks very much, but we want to see proof of the equivalent reduction in your DC background study and a reduction in the subsequent rate." There's nothing wrong with Ottawa having an Olympic-level swimming pool. There is something totally unfair about putting the majority of that cost on the backs of new home buyers when they represent a quarter of the overall tax base.

So this would also show how provincial infrastructure investment is directly leading to more affordability and housing if you require this kind of reporting. Ottawa, like every municipality across the province, faces a pressing need for enhanced infrastructure and for housing to accommodate its growing population. While the full impact of provincial investments will be seen down the road, it's critical to invest in infrastructure today in order to facilitate the construction of housing in the future.

Our potential for growth and especially intensification, which is happening in communities of all sizes, hinges on the adequacy of our supporting infrastructure. Therefore, ensuring infrastructure is in place for new housing becomes imperative, and this will address critical aspects of our housing supply and affordability issues.

Finally, we have a series of recommendations related to planning, building code and red tape reduction, but the one I want to focus on is harmonizing and streamlining the approvals process and ensuring consistency and effectiveness in every municipality across the province. We have



taken a critical first step in standardizing municipal population and employment growth forecasts through the revised provincial planning statement. There's no reason why Ottawa and, say, Carleton Place, should not use the same criteria and methodology to project their growth and their future housing demand. In the same way, there's no reason why Ottawa or Carleton Place should have vastly different development application systems and processes for the same type of house. All this does is increase costs, increase construction timelines and impede the productivity of home builders, because they have to work through a different system every time they want to build in a different community.

There's a regulatory consistency to virtually every consumer good out there except for homes. Implementing this measure would not result in an expenditure or loss of revenue for the province.

Our recommendations today—some budgetary but, you'll see, mostly regulatory—illustrate the scope of measures that still can be utilized to support the construction of more housing and make housing more affordable across Ontario.

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

**Mr. Jason Burggraaf:** It's sound fiscal policy to improve the current housing stock through renovations to be safer, to be more energy efficient and to accommodate more people. It's sound fiscal policy to ensure DCs are collected and spent appropriately. And it's sound fiscal policy to have an efficient and consistent development application process across the province. Housing policy is fiscal policy.

With that, thanks again very much, and I'll answer any questions.

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

Our next presenter is the eastern Ontario Catholic district school board.

**M. Jacques Héroux:** Chers membres du Comité permanent des finances et des affaires économiques de l'Assemblée législative de l'Ontario, bonjour. Mon nom est Jacques Héroux. Je représente le Conseil scolaire de district catholique de l'Est ontarien, le CSDCEO, à titre de vice-président. Je remercie le gouvernement de l'Ontario de prendre le temps de nous entendre et de vous partager nos besoins et suggestions en matière de financement pour l'année 2025-2026.

Le conseil scolaire assure l'éducation de plus de 11 000 élèves répartis dans plusieurs centres de petite enfance, 25 écoles élémentaires, sept écoles secondaires et un programme d'éducation aux adultes. Le CSDCEO est le plus grand réseau d'écoles de langue française dans les cinq comtés de Stormont, Dundas, Glengarry, Prescott et Russell, et il est aussi le plus grand employeur sur ce territoire.

En tant que conseil scolaire qui garantit une éducation à la minorité linguistique, la crainte de l'assimilation de nos élèves demeure toujours un enjeu actuel. Les institutions scolaires ont un rôle crucial à jouer pour assurer une

éducation de qualité et offrir des services adéquats à la communauté scolaire des minorités linguistiques.

L'un des facteurs qui peut mener à l'assimilation de la minorité francophone est l'accessibilité aux ressources. Nous sommes d'avis que l'assimilation peut se produire si les élèves n'ont pas accès à des ressources et à des environnements conçus en tenant compte des besoins uniques des francophones. Ainsi, pour garantir cette équivalence, il est essentiel que le gouvernement de l'Ontario tienne compte des spécificités de ces communautés francophones et qu'ils reconnaissent les coûts associés à l'éducation de langue française qui, nous le savons, peut être plus coûteuse que l'éducation de langue anglaise.

L'article 23 de la Charte canadienne des droits et libertés, avec la jurisprudence du jugement Mahé de 1990, confirme le droit de gestion des établissements d'enseignement de la minorité linguistique et que « la qualité de l'enseignement dispensé à la minorité linguistique devrait en principe être, dans une mesure raisonnable, égale à celle de l'enseignement donnée à la majorité, sans avoir à être identique, et des fonds publics adéquats à cette fin doivent être fournis. »

Notre demande aujourd'hui est simple : nous demandons que les besoins des minorités francophones soient pris en considération de la prévision des finances et des affaires de la province.

Récemment, le gouvernement de l'Ontario a choisi d'opter pour des formules qui favorisent l'uniformité, en ne tenant donc pas compte des besoins des communautés francophones. Comme exemple : le ministère de l'Éducation a changé la formule de financement du transport scolaire pour l'année scolaire 2023-2024. Cette formule unique cause un financement insuffisant à notre conseil scolaire.

#### 1120

En absence d'un financement suffisant, mon conseil doit trouver l'argent ailleurs, causant ainsi un impact direct sur l'expérience éducative offerte aux élèves. Le sous-financement actuel met à risque le caractère réellement équivalent de l'expérience éducative offerte par le conseil aux enfants de la minorité francophone.

Dans un souci de conformisme, le gouvernement de l'Ontario encourage l'utilisation de ressources éducatives uniques tant en anglais qu'en français. Toutefois, bien que le processus d'appel d'offres, unique pour les deux langues, puisse être envisagé par le ministère de l'Éducation, cela s'avère nuisible pour les francophones.

En effet, les compagnies d'édition n'ont que rarement des ressources déjà produites pour le marché francophone, car il est beaucoup moins rentable pour elles de créer des contenus en français. Par conséquent, il y en résulte qu'il n'y a parfois que peu ou aucun soumissionnaire et il n'y a ainsi aucun choix de ressources disponibles pour les francophones. En outre, les ressources qui sont mises à disposition sont souvent inadéquates, étant principalement des traductions de l'anglais.

Il est essentiel de prendre en considération les besoins spécifiques des francophones et de ne pas opter pour

l'uniformité ou une formule « one-size-fits-all ». Il serait crucial de prévoir des fonds supplémentaires afin que les ressources soient véritablement conçues par et pour les francophones.

Mon prochain point est sur les besoins en immobilisation. Notre prochaine demande consiste à ce que le comité considère les besoins en infrastructure des conseils scolaires francophones. Les édifices de nos écoles ne sont pas de qualité réellement équivalente à plusieurs écoles de la majorité anglophone. Nous croyons essentiel que la province accorde une attention réelle aux infrastructures de ces écoles pour le bien-être de tous les élèves en province, plus particulièrement sur les francophones de l'est de l'Ontario.

Le Conseil scolaire de district catholique de l'Est ontarien n'a pas bénéficié de nouvelle construction depuis 20 ans. Pourtant, nos inscriptions sont à la hausse. Le conseil scolaire a présenté des demandes au ministère de l'Éducation pour des constructions dans le secteur de Stormont, Dundas et Glengarry. À Cornwall, nous avons fait une demande pour une école secondaire de remplacement à l'École secondaire catholique La Citadelle, qui se trouve présentement dans un édifice qui a au-delà de 70 ans, qui avait auparavant appartenu au conseil anglophone. Nous avons bon espoir que nos besoins soient entendus par le ministère de l'Éducation.

Il est aussi important de souligner que certaines de nos régions sont en croissance et que notre région comprend également des zones qui sont présentement mal desservies ou pas du tout desservies par des écoles francophones. Selon nos derniers recensements de Statistique Canada, il y aurait 2,880 jeunes de zéro à 18 ans dans les secteurs de Dundas nord et sud, et Stormont nord et sud, qui sont admissibles pour l'éducation en langue française mais qui sont présentement non desservis ou mal desservis en raison d'un manque d'écoles francophones et catholiques dans ces régions.

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

**M. Jacques Héroux:** Nous réitérons les besoins prioritaires en matière d'éducation francophone. Il faut que les spécificités des communautés francophones du territoire du CSDCEO soient considérées lors du calcul du financement de transport scolaire; qu'on reconnaisse que les ressources francophones sont plus coûteuses mais essentielles; et que le gouvernement investisse dans l'avenir de nos élèves francophones en leur offrant des infrastructures modernes et équivalentes qui répondent aux besoins éducatifs d'aujourd'hui.

Investir dans les écoles francophones et catholiques de qualité dans l'est de l'Ontario est une démarche qui bénéficie non seulement la communauté francophone, mais qui soutient également la diversité culturelle, l'inclusion sociale et la prospérité économique. Cela montre un engagement fort envers les droits linguistiques et la promotion d'une société respectueuse de ses minorités culturelles.

Au nom du CSDCEO, je remercie le Comité permanent des finances et des affaires économiques—

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

We will now start the questions, and we'll start with MPP Blais.

**Mr. Stephen Blais:** Thank you everyone for coming. I'm going to begin my questions with Jason. Thank you. It's good to see you. You beat me in from Orléans, so good for you.

I wanted to talk about first the pool that you mentioned. This is the pool at Carleton University?

**Mr. Jason Burggraaf:** Yes, it's not designated as such in the DC bylaw, but yes.

**Mr. Stephen Blais:** Sure, but we know that that's the pool.

It's interesting that a development charge is being used to pay for a facility at a post-secondary institution; that was the first point that caught me interested. Is this an area-specific charge to, say, Centretown or a certain part of Ottawa, or is this a city-wide charge?

**Mr. Jason Burggraaf:** No, this is part of the city-wide charge.

**Mr. Stephen Blais:** And the majority of growth in the city of Ottawa is not happening in the area near Carleton University—is that basically accurate?

**Mr. Jason Burggraaf:** Yes. No, the vast majority of growth is in the suburbs.

**Mr. Stephen Blais:** It's in the suburbs—east, west and south? Yes. So perhaps the development charge, if one is needed to build a pool, would be best spent to build a pool where people are actually moving into.

**Mr. Jason Burggraaf:** Again, for me, it's not a question of where the pool is, necessarily. It's just a matter of the allocation to new home buyers overall is at 55%, if you want to divvy it up, and that's a much smaller pool to have to pay from.

**Mr. Stephen Blais:** Sure. In the last DC bylaw, which I think was last year, what was the broad increase or the general increase on, say, single-family units or the total percentage increase?

**Mr. Jason Burggraaf:** When the DC bylaw came in in about May, the increase was at about 20%—just under, about 18%. But, subsequently, there's been two or three more increases based on intensification, a new master plan on indexation. So, in fact, a year-over-year analysis is now over 30% increase in DCs.

**Mr. Stephen Blais:** As I understand it, in Ottawa, there is going to be subsequent DC updates, because the infrastructure master plan and the transportation master plan have not yet been submitted or completed.

**Mr. Jason Burggraaf:** Infrastructure is done, but the transportation master plan and then yet another round of indexation—so, by the springtime, we're expecting two more increases again.

**Mr. Stephen Blais:** By the spring of this year?

**Mr. Jason Burggraaf:** Yes.

**Mr. Stephen Blais:** So that will have been, what, four increases in about 18 months?

**Mr. Jason Burggraaf:** Six.

**Mr. Stephen Blais:** Six increases in 18 months in development charges.

**Mr. Jason Burggraaf:** Yes.

**Mr. Stephen Blais:** What has that added to the typical price of a single-family home in Orléans?

**Mr. Jason Burggraaf:** A typical family home has easily seen their cost go up by \$30,000, close to \$40,000 on a single-family. It's a little less, obviously, on a townhome or apartment, but those are—and then much more multiples of production. The single-family home market is the smallest market in Ottawa at this point.

**Mr. Stephen Blais:** Just for the benefit of those in the room who aren't from Ottawa: Ottawa has a different development charge not just by unit type but per area of the city that the development is happening. We've divided the city into four zones?

**Mr. Jason Burggraaf:** Yes, so there's a bunch of city-wide stuff and then inside the greenbelt and then outside the greenbelt.

**Mr. Stephen Blais:** Yes, okay. And is the charge inside the greenbelt higher or lower than outside the greenbelt?

**Mr. Jason Burggraaf:** The charge inside the greenbelt is a little lower, but the growth has been bigger. And the reason for that is there's a tension—

**Mr. Stephen Blais:** The growth in the charge?

**Mr. Jason Burggraaf:** The growth in the charge—sorry—has grown more inside the greenbelt than it has outside. And the reason for that is there's really a tension in intensification infrastructure that really isn't acknowledged very often, is that it's much more expensive for the infrastructure inside the greenbelt in an existing community than it is to build in greenfield infrastructure. In fact, we've seen costs for that go up more inside the greenbelt.

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

**Mr. Stephen Blais:** So would that counter the point that it's cheaper to grow inside than outside, from an infrastructure perspective?

**Mr. Jason Burggraaf:** I think it's just as expensive to do—look, it's expensive to grow, no matter which way you end up doing it. It's just we don't recognize it in the same way.

**Mr. Stephen Blais:** Fair enough.

I do have some questions for the hospital, but I'm running out of time. On the debt that you said you have taken on: Is this debt that you owe to the province, or are you taking private debt through banks or other—

**Mr. Cholly Boland:** Private debt. We have a \$6-million line of credit that we're fully out on, and we also have about \$6 million in bills to vendors that we don't pay on time.

**Mr. Stephen Blais:** So about \$12 million in debt, and what would be your—

**Mr. Cholly Boland:** On a \$50-million-a-year budget.

**Mr. Stephen Blais:** So what's the—over 20%—

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

We'll now go to the government. MPP Clark.

**Mr. Steve Clark:** Through you, Chair, thanks to all of our presenters this morning. I appreciate your perspective for the Ontario budget.

I think I'm going to start with you, Cholly, and Winchester district hospital. First, on behalf of Minister Quinn and all of the eastern Ontario MPPs who are served by Winchester, thank you for not using staffing agencies. Thank you for not closing your emergency department.

But I do want to paint a picture about medium-sized hospitals. You work with a number of hospitals in eastern Ontario. When we became government in 2018, there was a real challenge. The previous government had a funding formula that was skewed against mediums and, I can argue, small hospitals as well. The mediums got together and did a funding formula, a proposal, a working capital proposal, and the government responded. We made those changes; we helped out some small hospitals. We appreciate that we had a global pandemic, and things changed.

**1130**

But I'd be interested in hearing your opinion—you know, we talk about increasing the budgets by 10%. Wouldn't a more pragmatic approach be, like what the mediums did, to get all the small hospitals together, talk about the funding formula and talk about the working capital deficit? Wouldn't it be easier to make that same presentation, using the same playbook that the government responded to in 2018?

**Mr. Cholly Boland:** Can't argue with that. Just a little bit of a distinction: The medium-size hospitals and the larger hospitals actually have a funding formula that relies on, I don't know, volumes and inflation and that type of thing. The reason for my recommendation is that historically and to this day, the small hospitals do not; they just have a year-over-year percentage. It was in that vein that I suggested the 10%. I believe work has been done in the past by this government and successive governments to come up with a funding formula.

Obviously, there are challenges. The health care system is very complicated, and as much as every hospital is different, there are more differences amongst small hospitals. We are the same category of hospital as Holtyre and Sturgeon Falls, and there is such a difference. I believe it's quite a challenge to try to capture it in a single approach.

**Mr. Steve Clark:** But, again, when you're paying that amount of interest, it's the same playbook that happened with the mediums. At some point, your working capital deficit is such that you can't dig your way out. I just think it's a good opportunity for you to put that into perspective and use the same playbook that the mediums did with the government. I do appreciate the work you do, and I do appreciate the services you provide to my riding, even though you're located in Minister Quinn's riding, so thank you.

I can't resist, Jason—I can't resist. I tried to resist but I can't. I want to pick up on what MPP Blais said. I don't mind if growth pays for growth, and that's what everyone says. You talked to every mayor and every councillor; they say growth needs to pay for growth. But you're saying to me that growth is paying for an asset, in this case the pool,

in an area where there is not growth. It's not like we're having tremendous growth in Barrhaven or—again, to give MPP Blais credit—Orléans. It's not like the city is building a facility with those development charges in Barrhaven or Orléans.

Is this a common practice with the city of Ottawa, that they'll take development charges from a high-growth area and use an asset in a totally different part of the community?

**Mr. Jason Burggraaf:** I'm trying not to get myself in trouble here. Again, it's not necessarily about where that asset is but the fact that it's on the books for new home charges at all, or at least certainly the proportion of it. If it was 10%, we wouldn't be having this conversation.

But this is a very illustrative example of something that, really, you have a hard time justifying as necessary for growth. If the city wants to build a pool, if it wants to attract more tourism and more swim meets, have at it. But that should be taxpayers across the board paying for that sort of thing, and not the majority of it on new home buyers. To that point, yes, the majority of those homebuyers will live farther away from that location.

**Mr. Steve Clark:** Yes, but this is a philosophical change at the municipal level, right? My council where I live in Brockville wants to build a new pumping station. There are no government programs for it, because there's not going to be one new house built because of it.

Yet the council—in my day, you would put a little aside every year for a number of years, so you'd be able to pay for it, but now there is this insatiable thirst for development charge revenue. It seems to have bypassed the traditional municipal budgeting process where you look at an asset—and they all do asset management plans, but you have to look at your asset and how you're going to replace the asset. Solely funding them through development charges and putting 30% onto a new home buyer, to me, is the wrong way. Do you not agree?

**Mr. Jason Burggraaf:** Yes, and that's the thrust of our appeal to the OLT regarding Ottawa's DCs in particular, is that there are a number of questionable projects that aren't growth-related, but the majority of it is paid for by new home buyers. That's why you get DC rate inflation to the extent that you have—at least, again, I can only speak to Ottawa's example; I'm not familiar enough with others, but I would assume you would see similar patterns in every municipality.

**Mr. Steve Clark:** Yes, and I appreciate some of the other points you made. The harmonization of the building codes: That's something the government has been committed to every year since we became a government, and I don't think the other opposition parties are against that concept.

I do want you to speak a little more in detail about the fees, and also the study.

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

**Mr. Steve Clark:** In the last minute, if you could talk about the proliferation of studies being imposed on you at the municipal level, I'd be very interested to hear.

**Mr. Jason Burggraaf:** Sure. So for any application you do—infill, subdivisions, tall towers, whatever—there is a list of technical studies that can be asked for. Ottawa is, relatively, pretty good, at only 45 technical studies to be asked for. Other communities across Ontario have well over 100 that can be asked for, and for each of those, then, you have to obviously pay for them and get them done. That's years added on, depending on what it is. But then the city, of course, gets that study, gets to make its own comments on the study and send them back to the proponent and say, “Hey, answer this question, this question and this question.” This back-and-forth on questions on reports can happen over and over and over again as part of the submission process. It just drags out the entire process—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That's the end of that question.

We'll now go to MPP Pasma.

**M<sup>me</sup> Chandra Pasma:** Thank you to all the witnesses for being here this morning. We really appreciate it.

Je vais commencer avec une question pour M. Héroux. Je suis très heureuse que vous avez souligné l'importance de l'éducation en langue française en Ontario. Comme vous avez mentionné, ce n'est pas seulement un droit mais c'est un droit constitutionnel d'avoir une éducation équivalente en qualité à la majorité anglophone en Ontario. Je vous entends, absolument, qu'il faut avoir des ressources pour donner une éducation équivalente.

Je veux parler un peu plus du transport scolaire, parce que je comprends que la majorité des conseils scolaires en Ontario ont des difficultés avec la nouvelle formule de financement du gouvernement. Ils ont des déficits parce que le financement ne couvre pas les vrais coûts du transport scolaire en Ontario. Mais, je comprends que ça touche plus particulièrement les conseils scolaires francophones et je comprends que votre conseil scolaire en particulier a un très grand déficit pour le transport scolaire. Est-ce que vous connaissez le chiffre ou l'échelle du déficit?

**M. Jacques Héroux:** Merci pour la question. En effet, dans l'année 2023-2024, notre conseil a épongé un déficit de plus de 3,2 millions de dollars, et prévoit un déficit de plus de 2,8 millions de dollars dans le budget actuel de 2024-2025.

**M<sup>me</sup> Chandra Pasma:** Et pour les conseils scolaires francophones, ça a un plus grand impact parce que les régions sont plus grandes. Les élèves doivent voyager des plus grandes distances pour se rendre à l'école. Ça a un impact sur le droit à l'éducation francophone parce que s'il y a une école anglophone qui est plus proche et on doit être sur un bus pour une heure ou plus pour aller à une école francophone, les enfants vont aller à l'école anglophone et perdre leur langue. Est-ce que vous pouvez parler un peu plus sur l'importance du transport scolaire pour les élèves francophones?

**M. Jacques Héroux:** Merci. En effet, la réalité des conseils de langue française en Ontario est que la plupart des conseils sont ruraux et éloignés, sauf celui dans le grand Toronto, où ils ont du transport en commun. Dans

notre coin, l'est de l'Ontario—je regarde aussi Aurores boréales à Thunder Bay, je regarde dans Sault Ste. Marie, tout ça—ils n'ont pas l'accès au transport en commun urbain. Donc, avec l'augmentation de la distance de marche proposée dans la nouvelle formule, oui, il y a moins d'élèves qui ont été transportés, mais il y a encore des familles puis une communauté dans la périphérie des villages, à l'extérieur des villages, qui doivent être quand même transportées.

1140

C'est ça la réalité des conseils de langue française. On n'a pas l'option d'avoir tout le transport en commun, et nos élèves, ils ne demeurent pas à quatre coins de rue de leurs écoles respectives. Donc, le transport scolaire est quelque chose d'important pour nous, d'essentiel pour nous, et à cause de l'insuffisance dans le financement du transport scolaire, ça cause des enjeux, dont des déficits dans notre budget opérationnel. On a dû aussi faire des choix de peut-être réallouer des fonds d'ailleurs—plus souvent, c'était en salle de classe—pour éponger le déficit. Donc, à cause de l'insuffisance de l'enveloppe de transport scolaire, on doit couper des services essentiels dans la qualité d'éducation qu'on offre à nos familles et nos élèves.

**M<sup>me</sup> Chandra Pasma:** Merci. Et comme vous avez noté, les coûts sont plus chers pour les francophones aussi et il y a une pénurie de main-d'oeuvre qui est plus grande dans nos écoles francophones.

Merci pour cet aperçu.

Mr. Boland, I also have a question for you. The numbers that you've brought are quite shocking. We know that there's a crisis in small hospitals in Ontario because we're seeing emergency departments close or hospitals tell patients not to come overnight or for the next few days. We've had some hospitals—the Minden hospital—have to close entirely.

Seeing the numbers that you've put forward, \$3 million a year that you need to borrow at the cost of hundreds of thousands of dollars—so not only every year are you adding more to your debt, but because of that, every single year, you have to spend more and more on paying the interest on those loans. At what point does this become unsustainable for the Winchester hospital? How long do you have at this rate?

**Mr. Cholly Boland:** Well, you described the situation very accurately. I can't say how long it has. We're not at the point yet where we worry about making payroll. I know there are other hospitals in that situation.

But you can't keep doing it. As I mentioned, it's a downward spiral. Every year in deficit adds to our debt, every year in debt increases our interest charges, and as I said, it just goes on and on and on. So at some point, it does become unsustainable—completely unsustainable.

**Ms. Chandra Pasma:** And you've already cut to the bone to try to cover this lack of funding. Another really shocking thing was seeing that you've already closed one fifth of your beds. So what is the impact, then, on the patient population that you serve when you have 20% fewer beds? Are you seeing backlogs in the ER of patients

who should be admitted? Are you seeing surgeries delayed until a bed is available? What does that mean for patients at the Winchester hospital?

**Mr. Cholly Boland:** All of the above. There are backlogs in ER. There was a time when we never had a backlog in an ER because we always had an available bed. There was a time, seldom, if ever, we'd cancel surgeries. That does happen with some regularity. So instead of operating on average at, say, 80% occupancy or capacity, now, almost always, we're at 100%. So there's very little flexibility, and it does have patient impact.

**Ms. Chandra Pasma:** So then you also have no surge capacity because you're already operating at full capacity.

**Mr. Cholly Boland:** That's correct.

**Ms. Chandra Pasma:** What would it mean for the population of Winchester and the rural community around it if your hospital did have to close? What would that mean for them?

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

**Mr. Cholly Boland:** I'm not going to comment on that. Any hospital closing anywhere would be quite significant, and I hope we're not even close to that.

**Ms. Chandra Pasma:** Well, I would certainly share your hope that that never happens because I think people deserve timely access to care in their own communities. So thank you for delivering that, and I hope that you're able to continue delivering that for many years to come.

**The Chair (Mr. Ernie Hardeman):** MPP Hazell.

**MPP Andrea Hazell:** Thank you, everyone, for coming in and presenting to us. Again, much appreciation to each of your organizations and the great work that you're doing. With my minutes—I want to spend it with Mr. Boland, because we've been talking about the shortages of doctors, that 2.5 million across Ontario. We know that the hospitals, whether big or small, are not being funded properly. And I want to clue in to your conversations that you had with us during the presentations about your savings and efficiency, and I want to congratulate you on that.

I want to find out what happened between 2020 and 2021 and what got you into this in 2022. Because you said your savings are depleted. I want to ask, is this the first time you're presenting to the government committee because of the deficit and the lending challenges that you have right now? How were you able to spin off on COVID?

**Mr. Cholly Boland:** Okay, there are many questions there. Probably any hospital or public organization's budget is a reflection of what's happened in the many years before that, especially in our case where it's a certain percentage overrun. So, whatever our budget situation is this year, it probably started several years ago.

As I mentioned, on average, some years in the past, over the 10, we've got 1% and some years we've got 4%. On average it's about 2%. During that period, inflation for pharmaceuticals was anywhere between 5% and 15%, and the same thing for medical supplies. So there was always upward pressure.

As I said, what happens today—two years down the road, we're that much smarter and that much more experi-

enced. We can figure out how to do things better and more efficiently. We found those savings but there's a limit to those savings.

As I mentioned, we've gone through all these things to be able to raise revenue, cut expenses and make efficiencies, but over time the inflation just overpowers the funding shortfall. So that's where we were.

The Ontario hospitals' health care system was very fortunate during the pandemic. The government provided a lot of extra funding. That was great to help us deal with the pandemic. It was very artificial from a financial perspective because it covered a lot of sins and that type of thing. So, quite rightly, that's ended and here we are. That's the situation we're in from a financial perspective.

**MPP Andrea Hazell:** Do you still have an A+ credit report from the banks so that you can continue to draw on these loans? Because to me, that is where the challenge is going to be.

**Mr. Cholly Boland:** At this moment in time, we've maximized our lines of credit and that kind of thing. We've not gone to ask for more.

I will acknowledge the government does provide cash-flow loans on an annual basis, but you have to demonstrate that you've exhausted all your other lending capacity with banks.

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

**Mr. Cholly Boland:** So it's a double-edged sword because the more we ask from the banks the less we get from the province. And the more we ask from the banks, we pay interest on that, and we don't pay interest for the province.

**The Chair (Mr. Ernie Hardeman):** MPP Blais.

**Mr. Stephen Blais:** Just to follow up on that: You're saying the province limits how much additional money they will give you based on your ability to go out and get private debt financing?

**Mr. Cholly Boland:** Not quite. We can go to the government and say, "We're strapped for cash; we need a loan." And those loans are available only if and when you've completely exhausted your current lending capability with banks.

**Mr. Stephen Blais:** So the government wants you to go out and get in private debt at private debt rates versus borrowing from the government at presumably what could be and should be a much lower rate given the province's borrowing capacity?

**Mr. Cholly Boland:** It's 0.0%, yes.

**Mr. Stephen Blais:** So they won't lend you money at 0% interest until you maximize—

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

We'll now go to MPP Skelly.

**Ms. Donna Skelly:** Good morning, everyone. My questions are for Mr. Burggraaf. What is the average price of a single, detached and of a townhouse in the city of Ottawa?

**Mr. Jason Burggraaf:** My goodness. A single would be somewhere between about \$750,000 to about \$950,000.

A townhouse is right now at about \$650,000. It was as high as \$725,000 about two and a half years ago.

**Ms. Donna Skelly:** Where are you seeing most of the growth?

**Mr. Jason Burggraaf:** In housing activity, the vast majority is in suburban areas. We are seeing more intensification now through rental construction, which is happening more within the city, as every city is kind of urbanizing more. But right now, it's still in the suburbs.

**Ms. Donna Skelly:** You're seeing purpose-built rental units in the downtown core, in the urban part?

**Mr. Jason Burggraaf:** Yes, and really there are a few projects across the city as well. Again, this is the system being kind of repeated. We're seeing more investment in for-purpose rental across the city.

Ottawa has never had much of a condo market; it's not a Toronto or a Hamilton in that sense. It's a bit more diversified that way.

**1150**

**Ms. Donna Skelly:** Has the inability to retain or attract more workers back to the downtown core—first of all, is it continuing, and if so, is that having any bearing on the market?

**Mr. Jason Burggraaf:** So, yes, it is, we're still seeing that, and it does because, of course, there's less sales demand for housing downtown—less demand for rentals, less demand to convert office buildings into residential—which is a significant opportunity in Ottawa because we have so much federal government presence and they're going to diversify from so much of their properties, half of which are kind of in the core. So that demand is simply not there for that kind of lifestyle right now.

**Ms. Donna Skelly:** Is there enough available land to meet the projected demands within the current existing urban boundary?

**Mr. Jason Burggraaf:** It depends who you ask. If you ask the city, they would say yes, of course, because they have to base their official plan on that. If you asked us, based on the latest Ministry of Finance's numbers, we would of course say no. Ottawa's official plan is built on the idea of 400,000 more people joining by 2042—

**Ms. Donna Skelly:** Which would bring us to what population?

**Mr. Jason Burggraaf:** Say 1.45 million—but the latest projections from the Ministry of Finance is 660,000 people over that same time frame, so you have a planning deficit of 260,000 people. Again, roughly another 30,000, 40,000, 50,000 homes that we should be planning for today. That isn't happening because the planning regime we have today leads to housing that is five, 10, 15 years down the road for how long it takes to bring up a subdivision. It takes years and years to put up a high tower.

So all of these things that we're doing today, or not doing today, affect the housing opportunities that will be available a decade from now.

**Ms. Donna Skelly:** What is the average DC on both a detached and a townhouse?

**Mr. Jason Burggraaf:** That's about \$65,000 right now for a single, and I think it's about \$55,000 for a townhouse.

**Ms. Donna Skelly:** And if you included all of the other taxes, what would the new homeowner be burdened with prior to even putting a shovel in the ground?

**Mr. Jason Burggraaf:** Ottawa is a slight bit less at about, say, 20% to 25% of the overall purchase price. I know in Toronto, it climbs over 30%.

**Ms. Donna Skelly:** Infrastructure: In Hamilton, we have this ongoing debate about who is actually paying for infrastructure when it comes to new communities. There is pushback by many members of council who suggest it is simply too expensive to build either beyond the existing urban boundary or even to expand some of the current subdivisions that are outside of the urban core. The builders I'm hearing are saying it is even more expensive to build towers. I think they were suggesting it was over \$500 a square foot to build a condo in the downtown core.

What do developers actually cover when they build a new home in the burbs in terms of infrastructure? What costs do you cover?

**Mr. Jason Burggraaf:** Virtually, every cost of the development. They're basically sort of the cash-flow machine from the beginning, but everything eventually flows to the end-user. Every bit of cost for a fee from the municipality, every DC, everything flows to the end-user in the end, so they're kind of moving cash around.

So home builders are in a business; like any other business, they can't afford to absorb increases like this out of the goodness of their heart, otherwise they wouldn't be around to do anything afterwards. So everything is absorbed by the homeowner or the renter at the end of the day.

**Ms. Donna Skelly:** What is the intent of the DC? What is that supposed to be used for?

**Mr. Jason Burggraaf:** So it pays for the capital cost to build new infrastructure related to growth—

**Ms. Donna Skelly:** Give me some examples.

**Mr. Jason Burggraaf:** Roads, water, sewers—

**Ms. Donna Skelly:** Parks?

**Mr. Jason Burggraaf:** Parks too, yes—parks for growth. Again, things like that, it's supposed to be all related to what needs to be added to accommodate and have a proper community for the additional people you have on.

**Ms. Donna Skelly:** Is there much demand—you mentioned, probably not—for 500-square-foot condos in the urban centre?

**Mr. Jason Burggraaf:** We don't have any experience with that in Ottawa. That's simply not a market here.

**Ms. Donna Skelly:** Okay, so people still want foot-on-the-ground, driveways. What is the new, young homeowner looking for?

**Mr. Jason Burggraaf:** Everyone is still virtually looking for a ground-oriented home. It doesn't necessarily have to be a single-family home.

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

**Mr. Jason Burggraaf:** Townhouses are two thirds of construction in Ottawa right now. But the biggest thing we're actually seeing is people leaving Ottawa and going

to Carleton Place, to Arnprior, to Rockland, to Kemptville, because—

**Ms. Donna Skelly:** For a piece of land.

**Mr. Jason Burggraaf:** For a small piece of land and ground-oriented homes, for family-sized homes.

**Ms. Donna Skelly:** I have 30 seconds. I have to ask you this one question: Do heat pumps work in this climate here? Do heat pumps work in Ottawa?

**Mr. Jason Burggraaf:** It depends on which kind, but some have been struggling, for sure.

**Ms. Donna Skelly:** Okay, but would you recommend them?

**Mr. Jason Burggraaf:** I think the technology still needs—I'm not for or against—

**Ms. Donna Skelly:** Before I buy one, tell me: Do you recommend them?

**Mr. Jason Burggraaf:** It really does truly depend on where you live and the climate that you get, for sure, and then of course the quality of the pump that you get. If I could throw in: Ottawa is counting on 500,000 heat pumps to be implemented in the city over the next 20-odd years as part of its environmental goals moving forward.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That completes that question.

We'll now go to MPP Pasma.

**M<sup>me</sup> Chandra Pasma:** Monsieur Héroux, j'ai une question pour vous sur l'infrastructure pour les écoles francophones en Ontario, parce que je sais que, trop souvent, les écoles francophones doivent utiliser des vieux bâtiments qui ont été achetés à des conseils scolaires anglophones, et ça met en question encore une fois la qualité de l'éducation en langue française.

Vous avez mentionné que, depuis 20 ans, vous n'avez pas reçu de financement pour une nouvelle école, c'était ça?

**M. Jacques Héroux:** C'est exact. Notre dernière nouvelle école date de 20 ans, dans la région de Glengarry sud. Je pense que c'était à North Lancaster.

**M<sup>me</sup> Chandra Pasma:** C'est absolument choquant, quand même.

Et quelle a été l'augmentation dans le nombre d'élèves qui sont desservis par le conseil scolaire?

**M. Jacques Héroux:** Nous sommes contents. Je pense que dans les dernières années, nous avons eu une croissance d'à peu près 300 élèves par année dans notre conseil. C'est un conseil rural, tout de même—ce n'est pas un territoire urbain comme Ottawa—mais pour nous, 300 élèves, c'est beaucoup. Dans un conseil anglophone, une augmentation de 300 élèves, ça serait une construction d'école immédiate.

**M<sup>me</sup> Chandra Pasma:** Oui.

**M. Jacques Héroux:** Puis surtout, on a compté que dans la région de Dundas—Winchester, Morrisburg—nous avons déposé un projet de construction pour trois écoles dans la région de Dundas et de Stormont. Nos chiffres indiquent qu'à Winchester, Morrisburg et dans le coin de Avonmore, ce sont des régions non desservies et qui recherchent une éducation de langue française catho-

lique de notre côté. Je pense que c'est là qu'on va viser nos cartes.

**M<sup>me</sup> Chandra Pasma:** Oui. Donc, vous avez des écoles qui sont surpeuplées à cause du manque de financement pour la construction de nouvelles écoles?

**M. Jacques Héroux:** Pardon?

**M<sup>me</sup> Chandra Pasma:** Est-ce que vous avez des écoles qui sont surpeuplées à cause du manque de financement?

**M. Jacques Héroux:** Sous ou surpeuplées?

**M<sup>me</sup> Chandra Pasma:** Surpeuplées.

**M. Jacques Héroux:** En surplus?

Nous avons des écoles dans lesquelles nous avons dû amener des portatives en attendant que du financement se crée pour agrandir. Nous avons eu des agrandissements d'écoles, des rénovations d'écoles, mais pas de construction d'écoles neuves. Et c'est un peu là-dessus que je viens aujourd'hui : c'est de demander au comité de nous accorder peut-être le financement nécessaire pour notre projet, pour ouvrir l'éducation catholique de langue française dans la région de Dundas—Winchester, Morrisburg, Avonmore.

**M<sup>me</sup> Chandra Pasma:** Oui. Et je veux juste noter, avant que je donne le reste de mon temps à mon collègue, que nous avons une situation ici à Ottawa—c'est dans la circonscription de MPP Harden—où il y a le besoin d'une nouvelle école secondaire de langue française. Puisqu'il n'y a pas de nouvelle école, les élèves vont à l'école anglophone et, encore une fois, ils perdent leur langue. Donc il faut absolument qu'il y ait du financement, en particulier pour accommoder les besoins des élèves francophones en Ontario.

**M. Jacques Héroux:** Absolument. Une façon de contrer l'assimilation de nos élèves, c'est justement de leur offrir des écoles équitables, équivalents, modernes—un hub communautaire dans lequel les familles peuvent se rallier et ramener nos élèves qui sont présentement dans les systèmes d'immersion, dans le système d'écoles anglophones—les ramener dans des écoles purement franco-phones.

**M<sup>me</sup> Chandra Pasma:** Merci.

I'm going to turn the rest of my time to MPP Harden.

**The Chair (Mr. Ernie Hardeman):** MPP Harden.

**Mr. Joel Harden:** Thank you, MPP Pasma. Good morning, everybody. Thank you for being here with us. Because a couple of our presenters have had most of the questions, Mr. Burggraaf, I want to focus on some of the things in your report. Thank you for being here.

I note, in particular, with interest, your focus on the positive announcement, as you said, with renovations and the support the Minister of Energy was talking about earlier this week. We get a lot of inquiries from homeowners and building operators about being able to access these funds, precisely as you're saying. I note in particular, positively, the province of Prince Edward Island has had a very ambitious rollout of renovations for low-income families but also right up to about \$100,000—if I'm not incorrect, Chair—of family income to be able to switch over to electric heat pumps for homes.

I'm wondering if you have any advice for the government, because if the federal program was any indication, we have a lot of homeowners, a lot of building operators, that would have loved to have been part of the program, but it was rolled out with Enbridge and then kind of arbitrarily cut off. A lot of people didn't make that cut-off, so they're trying to figure out if they have the capacity to make that investment, which is good for them and their household budget, but it's also good for the planet.

Do you have advice for the government about how we can move forward with encouraging renovations that, as you say, meet some of our climate obligations?

**Mr. Jason Burggraaf:** Yes, I think a lot of the struggles that I see are people, like you say, trying to navigate systems, especially older clientele who have a very difficult time. Successful innovations here in Ottawa generally led by the city are by EnviroCentre, which is especially good. They especially offer what you would basically call a concierge service, and kind of do that work for you, almost act as a GC and carry you through. I've seen that to be very successful here. It's just a matter of having significant more capacity in order to do that.

**Mr. Joel Harden:** So the building owner or the home owner has an idea, they have an idea of their budget and then they say, "Who can help me find the contractor, find the plan, make it work within my budget so I can switch out my furnace, so I can change out my windows?" According to the latest report I'm familiar with from the city of Ottawa, a significant amount of our emissions are buildings. If I'm not mistaken, it's up to 40% of the city's emissions are buildings. So I think you're absolutely right in emphasizing this in your report.

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

**Mr. Joel Harden:** If the Minister of Energy wants to give homeowners, property owners, the opportunity to make these changes, they can have a huge impact on the quality of our air. But if I'm understanding you, it's good to have someone help you through that process, from the EnviroCentre's example.

**Mr. Jason Burggraaf:** Yes, they will be the type of service providers, and investment in more energy advisers, who could also then do the same sort of role as well and then execute some of the—the blower door test and things like that. We just need more of those.

**Mr. Joel Harden:** Yes, and as you were saying, a uniform standard of energy efficiency of things on the market, from a purchaser's perspective.

**Mr. Jason Burggraaf:** Yes, the nice thing about that is then you can sit and look at two homes. And they don't have to be a new versus a resale home; it could be two resale homes, right? But then you have an EnerGuide rating—one is set at 70, one is set at 80. There's a price difference. You know where that money is going to, right? It's going to a better energy performance.

The other nice thing about doing an ERS on resale is you don't have to do anything, but it will come—

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



We want to thank everyone for their presentation today. Thank you for the time you took to prepare it and so ably deliver it.

With that, thank you very much. The committee is now recessed until 1 o'clock.

*The committee recessed from 1204 to 1301.*

OTTAWA REAL  
ESTATE BOARD  
ALGONQUIN COLLEGE  
L'ARCHE OTTAWA

**The Chair (Mr. Ernie Hardeman):** Good afternoon, and welcome back. We'll now resume public hearings on pre-budget consultations 2025.

Our first panel this afternoon is the Ottawa Real Estate Board, Algonquin College and L'Arche Ottawa. I think we have all the people at the table. You will have seven minutes to make your presentation. At six minutes, I will say, "One minute," and at seven minutes, I will say, "Thank you," and we'll go on to the next one.

We also ask each presenter, particularly if they're virtual, to introduce themselves if they're going to speak. We want to make sure that all the conversation is attributed to the proper presenter.

With that, we will start with the Ottawa Real Estate Board.

**Mr. Paul Czan:** Good afternoon, Mr. Chair. My name is Paul Czan, and I am the 2025 president of the Ottawa Real Estate Board, otherwise known as OREB. I'm also a realtor with Keller Williams Integrity Realty in Ottawa. It's a pleasure to be here today to participate in the 2025 pre-budget consultations.

OREB represents over 4,000 realtors and brokers in the Ottawa and surrounding region. Our members have seen first-hand that Ontario is at a breaking point when it comes to housing affordability. Simply put, there are too few homes for too many people, which means that housing prices are continuing to increase. What was once only an issue in the greater Toronto and Hamilton area has now spread to all corners of the province. Unfortunately, the city of Ottawa is not exempt. Last year, the average cost of a home in Ottawa was \$680,000, a staggering 54% increase from 2019's average price of \$440,000.

The Ontario government set an ambitious goal of adding 1.5 million homes to the province's housing stock by 2031. The challenge is that provincial housing start projections are not keeping pace to achieve this goal. Ontario has set a bold goal to address the housing affordability crisis, and now is the time for continued, bold action. We cannot hope to improve affordability without addressing the need for increased housing supply, from purpose-built rentals to new homes. Ontario's economic and social futures are at stake if we do not take dramatic steps to increase housing supply and improve affordability.

Last year, the Ontario Real Estate Association released a paper that analyzed the 55 recommendations made by

the government's Housing Affordability Task Force. It found that 42 of the task force's recommendations had been fully implemented or are in the process of being implemented.

Of the 13 recommendations that have not yet been acted upon, there are two that Ontario realtors believe should be implemented immediately to address the housing crisis. First, zoning rules restrict development in many regions in Ontario, making it difficult to gently increase density along transit corridors and major transit hubs, convert commercial properties to residential and build missing middle housing where aging single-family homes currently stand.

To ensure that this happens, the government of Ontario must modernize provincial zoning by legislating commercial-to-residential conversions; overriding local bylaws that prohibit this conversion; re-zoning all land along transit corridors as mixed, commercial and residential use; and removing minimum parking requirements on any streets utilized by public transit. Modernized as-of-right zoning near transit would allow for greater density around transit corridors and hubs, increasing the supply of housing in urban areas. So that's the first recommendation that we really would suggest action on.

The second is, in many regions in Ontario, zoning rules restrict the development of middle housing such as low-rise apartments, duplexes and townhomes. All thriving communities need a mix of housing so that families can find homes that meet their needs at prices they can afford. Many municipalities, including Toronto, Guelph and London, have proactively changed their zoning rules to allow up to four units per lot as of right, allowing key missing housing to be developed without being hampered by red tape and lengthy approvals. The government should make this a provincial policy by implementing land use changes to end exclusionary zoning across Ontario, a step it could take in its next housing supply legislation.

Ontario is a fantastic place to live, grow, conduct business and raise a family, and yet many people are losing hope that they will ever be able to afford a home. The high cost of ownership and lack of supply is forcing many families to leave Ontario and move to other provinces to find affordable places to live. As the province continues to look for solutions to the affordability crisis, Ottawa realtors are also asking the government to close the loopholes that leave homebuyers and sellers vulnerable and raise the bar on realtor education and professional standards.

One of the greatest privileges we have as realtors is helping Ontario families find a great place to call home, but this privilege comes with real responsibility. Homebuyers and sellers expect that the agent by their side is held to the highest professional standard and can provide the level of service they deserve and expect.

In October 2024, OREA released a policy white paper with several consumer protection proposals for the government to implement in the third and final phase of the Trust in Real Estate Services Act. Some of the recommendations include eliminating a loophole that puts consumers at risk and allows auctioneers to transact real

estate without registering with the Real Estate Council of Ontario. Another recommendation is to introduce a more practical education to ensure that new realtors are better prepared and equipped to handle the market's evolving demands. It is our hope that the government of Ontario will take bold action to improve the industry for consumers and realtors by enacting these changes in 2025.

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

**Mr. Paul Czan:** Every day we wait is another day that homebuyers and sellers transact real estate without necessary consumer protections. Ontario's housing supply crisis will not fix itself. We need innovative solutions to tackle the problem, and we hope the 2025 budget will include ideas to bring more homes to the market and help address affordability.

Thank you, Chair and members of the committee, for your time today. I'm happy to take any questions that you may have at this time.

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

We now go to Algonquin College.

**Mr. Claude Brulé:** Thank you very much, Mr. Chair. My name is Claude Brulé. I'm the president and CEO of Algonquin College.

Algonquin College is a fine institution in the Ottawa region. We teach over 20,000 students every term. We have roughly 3,500 staff. We bring great impact to our region, both economically and the talent that we deliver for the region.

Algonquin College and other public colleges in Ontario are poised to deepen our partnership with the province and bridge the growing gap in skill and talent needed to meet Ontario's ambitious plans. We're at a pivotal juncture. As you know, in this region there are many large projects under way in Ottawa: the new Ottawa hospital; phase 2 of the light rail; the rehabilitation of the Parliament building; and the conversion, possibly, of federal government buildings to housing as part of the reimagined downtown core. Many of these projects, along with things like affordable housing which was just spoken about by the previous speaker, and new schools and intensive road-work—those are just some of the things that we need talent for.

**1310**

Our job-ready graduates deliver these skills that the province need. That's why we're supporting a request submitted by Colleges Ontario for \$100 million over four years into a proposed Ontario trades and skills labour fund that would grow the talent to get us there. This investment would expand and incentivize skilled trades training across the province, preparing up to 10,000 additional tradespeople to deliver what's needed for Ontario, while keeping more college graduates in their communities. As one of Ontario's leading providers of skilled trades training, Algonquin College is uniquely positioned to supply the skilled workforce necessary to meet our region's needs and the province's capital goals.

However, recent changes to Canada's immigration policies have introduced new challenges. As you know,

IRCC, back in January 2024, implemented a new international student enrolment framework, imposing a cap on the permits that those students need to study in Canada, as well as the eligibility for post-graduate work permits. These changes have significantly impacted Algonquin College's operations. In the first three quarters alone this year, we've experienced a 65% reduction in the number of international study permits compared to the same period a year ago, and we've had to suspend operations with our partner in Toronto.

These federal changes exacerbate a long-standing financial challenge caused by Ontario's post-secondary funding policy. In 2019, Ontario mandated a 10% reduction in tuition fees from 2018 and froze those fees indefinitely; this freeze will extend now to 2027, which means that a student in 2027 will pay the same fees they paid in 2015.

At the same time, the corridor model for funding that was introduced in 2017 further strains college finances. While the model provides predictability and stability, the grant amount is stagnant. It's the same, irrespective of how I grow within that corridor. And it's not cost-of-living-adjusted, so cost-of-living pressures continue to increase significantly: institutional costs such as goods and services purchased, employee-related expenditures and capital costs, for example.

I'll give you one example: For instance, in our practical nursing program, the tuition fees remain at \$1,700 per academic term, while in contrast, the salary of a teacher at Algonquin College—and throughout the province—went from \$88,000 to \$106,000 over that same time period, an increase of 21%, while our revenue is fixed.

Ontario continues to provide the lowest per-student funding for college and universities in Canada. Despite a blue-ribbon panel recommendation calling for substantial investment, funding remains inadequate. In February of last year, an announcement was made of \$1.3 billion over three years for the post-secondary sector in Ontario; Algonquin's share of that was \$4 million. It is great to have a little bit of relief on our operating grant, but insufficient to address years of chronic underfunding and rising costs. Our impact this year is a \$32-million loss in revenue this current year, and if we do nothing over the coming two years, we anticipate a deficit of \$60 million for the coming year, which will increase to \$96 million the following year in 2026-27.

We're taking urgent steps to address this abrupt change in fiscal reality; however, implementing those measures will take time, and it will leave Algonquin College in a precarious financial position in the interim. So in addition to supporting the ask from Colleges Ontario for a skilled trades fund of \$100 million, Algonquin College seeks long-term funding solutions to increase per-student funding, to bring Ontario public colleges in line with the national average and address years of chronic underfunding. For Algonquin College, this means an additional \$80 million annually to our baseline through a combination of general-purpose operating grants and an increased funding envelope designed to reduce deferred maintenance, as well

as a commitment to applying a cost-of-living adjustment annually to ensure the financial stability of this investment in public colleges. Thank you.

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

We will now go to L'Arche Ottawa.

**Mr. John Rietschlin:** Good afternoon, Mr. Chair. My name is John Rietschlin. I'm the board chair for L'Arche Ottawa. Thank you very much for this opportunity. I am joined by two colleagues who are on the Zoom screen: Louise Roberge is the treasurer for our board and Pascal Gagné is the executive director for L'Arche Ottawa.

Also, I'd just like to acknowledge two friends, Chandra and Joel, who have attended several of our events in L'Arche Ottawa over the past few years—good to see you.

L'Arche is an organization that has been serving people with intellectual disabilities for over 50 years in Ottawa. We're a small organization, but we represent a very important sector in Ontario. L'Arche is serving 26 people with residential services, 15 with day programs. If Pascal could flip the next slide, you'll see a picture of some of our people in one of our homes; we're all located in the west end of Ottawa and families and people with disabilities depend very much on these kinds of services. As I say, we're small, but we're trying to represent an issue that affects 300 agencies and tens of thousands of people across the province. Last night, I was at a meeting with six other agencies here in Ottawa and they are all experiencing exactly the issues that I am going to briefly describe to you. So this is L'Arche Ottawa, but it's not just L'Arche Ottawa.

If you look at the overall sector, we are in a funding crisis, not unlike what was just described for Algonquin College. Our revenues depend almost entirely on provincial grants—some have come directly to the people with disabilities, most of them come to us as agencies—but those grants have not increased essentially for the past 30 years. We're very grateful for a 3% increase that was given last year, the first meaningful increase in many, many years. But 7% over 30 years, versus the cost of living going up by 70% over that same space of time—and we just heard from Algonquin College how that affects, and the same story here. This creates huge risks for us, but most importantly, it creates huge risks for the people with disabilities and their families, who depend on us.

Our funding crisis plays out in a few ways and how we try to address that plays out in a few ways as well. Right now, when we get a subsidy from the ministry, it covers two thirds of our costs. So what happens with the other third? We have to figure out where that's going to come from and we're a not-for-profit charity, so we have limited sources for that kind of an increase or that kind of a gap.

One of the ways we have done this—L'Arche has done this across the country—is we use temporary foreign workers to cover some of our needs, which is fine: It gives these people a good opportunity to come into Canada; they provide wonderful services and care, but they're not trained for the type of work that we're asking them to do. That was okay when our people with disabilities were young and vital and so on, but many of them now are aging

and they have complex needs, so the temporary foreign worker solution to reduce costs is becoming less and less viable.

Every year, we start a deficit and then, at the end of the year, we come back with our hands folded to the ministry and say, "Please, could you cover some of our deficit?" And that's the way we've lived for many, many years. So what should we do about this? We've got some recommendations on a following slide. These are recommendations that would help L'Arche Ottawa, but they'll help the other 300 agencies in Ontario as well.

First of all, an adequate level of funding, so that we're not funded for two thirds of our costs.

Secondly, an increase on a regular basis and a cost-of-living increase—we're suggesting 5%; you may recall our campaign last year, #5ToSurvive. Well, another year, another 5% would be helpful. In fact, last year, we got 3%, for which we were grateful, but 5% would be better.

Another area, in terms of the workforce—as I say, we depend on temporary foreign workers, but many agencies don't. Canadians could be trained to do this work, but it costs money to be trained. Algonquin has a wonderful program; it costs money to go there. We think it would be good for the province to subsidize the cost of that training and make it more easily affordable for potential students.

#### 1320

Lastly, housing: We heard about housing just a moment ago too—affordable housing: absolutely key. One of the ways in which the provincial government could help would be to complement the grants that CMHC makes available for affordable housing to cover the special needs of people with intellectual disabilities.

Those are the four recommendations we're making. These are taken directly from a developmental services sector presentation, not simply from L'Arche Ottawa. That's the message.

I just want to say thank you. You'll notice at the bottom a hashtag that says #WaitingToBelong. That refers to the 50,000 people with intellectual disabilities in Ontario who are waiting for the services that agencies like us provide. Thank you very much.

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

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

**Ms. Donna Skelly:** Thank you, all three of you. I have questions for all three of you.

I may as well start with you. First of all, it sounds like a very interesting program. Can you clarify for me: The PSWs that you would be speaking of that you need to work with these adults, do they have a specialized skill?

**Mr. John Rietschlin:** Yes, in fact. It's DSW—development services worker—there is a program, as I said, at Algonquin that trains people specifically to work with people who have intellectual disabilities, often with other complex behavioural needs as well. So, yes, they do have specialized training.

**Ms. Donna Skelly:** Is L'Arche a building where these adults live? Maybe you can give me a 30-second explanation.

**Mr. John Rietschlin:** Sure. We have, in Ottawa, in L'Arche Ottawa, very specifically, we have six homes. They're neighbourhood homes. You would walk past one and you wouldn't know it was a home for people with disabilities. We do have an administrative office and a community centre where people gather. But we are six normal neighbourhood homes where a small number of people with disabilities live, and their caregivers. These are the temporary foreign workers. So we would have a home with perhaps five people with disabilities and three temporary foreign workers sharing the home together in a community environment.

**Ms. Donna Skelly:** I'm from the Hamilton area. Years ago, a group similar to L'Arche had put forward a proposal taking over a phenomenal site in the city. It worked in terms of it was a more efficient use of funding because each adult had their own room, they had their own properly equipped washroom facility, but they shared the common areas, and they were able to share the workers who worked with them. Also, if someone was ill, they found that when they were in smaller homes, the entire group would have to stay back. They couldn't go bowling, for example. They couldn't go on special trips. It was just because they didn't have the staff to take them.

Do you think that there is an opportunity to look at something like that, where you have perhaps more people living in a unit in a home or a facility so that you can offset some of the costs?

**Mr. John Rietschlin:** It's a good question. There are certainly some existing facilities that are like that. The big concern is around the numbers. We believe it's not appropriate to segregate, like, 20 people with developmental disabilities in a house. It becomes an institution, essentially, which, of course, the Ontario government has worked very hard to eliminate over the past 30 years. But certainly, the opportunity to share resources—very much so. Perhaps people may be in an apartment building, 10 people with disabilities in a building with maybe 100 apartment units and some staff who are shared across some of them—absolutely. That kind of model can work.

**Ms. Donna Skelly:** To the gentleman from Algonquin College: I'm trying to understand, for years a lot of our colleges did rely on foreign students. But as you know, we're also facing a housing crisis, so you're bringing in people and there is nowhere for a lot of these students to live. I know it's an extremely big problem in Hamilton and Toronto. How much of an impact is this having on your college?

**Mr. Claude Brulé:** Are you referring to the impact of—

**Ms. Donna Skelly:** Of the law—well, the changes in terms of the foreign students.

**Mr. Claude Brulé:** It's significant. I can't begin to spell out how detrimental this is. That reliance on international students has been one to produce the talent our communities need because we don't have the same growth

in our domestic population, so what talent is needed is made up in part by that recruitment of international students. The revenue they also bring was clearly needed because it was making up the shortfall from the revenues that we weren't getting from the province.

**Ms. Donna Skelly:** Mohawk in Hamilton is restructuring, and one of the things I was really surprised about was the number of support staff versus academic staff. It was quite high. What is your number of support staff and then the number of teachers at the college? Do you know offhand?

**Mr. Claude Brulé:** We have full-time faculty, but we also have partial-load faculty that are part of the same collective agreement. When we speak of teachers, we often only refer to full-time faculty, of which we have about 700. We have about 600 support staff. So I think they're about on par in terms of full-time faculty and full-time support staff.

**Ms. Donna Skelly:** What is the student population?

**Mr. Claude Brulé:** Almost 21,000 full-time.

**Ms. Donna Skelly:** Does that include Pembroke?

**Mr. Claude Brulé:** It includes Pembroke and Perth, yes.

**Ms. Donna Skelly:** And Perth?

**Mr. Claude Brulé:** Yes.

**Ms. Donna Skelly:** You have two satellite colleges?

**Mr. Claude Brulé:** Small, yes.

**Ms. Donna Skelly:** What does Perth offer?

**Mr. Claude Brulé:** Three programs of study: heritage carpentry, practical nursing and business agriculture.

**Ms. Donna Skelly:** And Pembroke?

**Mr. Claude Brulé:** About 21 programs. They tend to respond to community programming—for instance, early childhood, carpentry. They'll have electrical programs. They have a four-year nursing program, for instance. So they have about 21 programs. It's a much larger campus—about 700 to 800.

**Ms. Donna Skelly:** You mentioned that your ask, of course, today is for funding to expand your skilled trades programs. Is that the most popular area of study at Algonquin, or what is? Is it health sciences?

**Mr. Claude Brulé:** Popularity versus what the employment community needs, I would say, are two different things. We feel the community needs more skilled trades given the demand coming up.

In terms of popularity, I would say at the top of the list are IT programs, health, business.

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

**Ms. Donna Skelly:** Perhaps just building off of that, should colleges then reconsider the programs they're offering? If the community is saying, "We need these jobs," should we be focusing then, perhaps, more—

**Mr. Claude Brulé:** We are doing that.

**Ms. Donna Skelly:** You are? Are you eliminating any of these other programs? I looked at some of the media programs. There's a lot in there that look like they're—I know Mohawk has cancelled its journalism program, or its radio and television program.

**Mr. Claude Brulé:** Yes, and we're analyzing those offerings right now to determine which ones will remain in and which ones will not.

**Ms. Donna Skelly:** When do you think that you will be making those decisions?

**Mr. Claude Brulé:** This winter.

**Ms. Donna Skelly:** Those are our questions.

**The Chair (Mr. Ernie Hardeman):** We will now go to MPP Harden.

**Mr. Joel Harden:** Thank you to everybody for being here this afternoon. It's a pleasure to see you here.

Mr. Czan, I want to begin with you because you said something that I thought was really compelling. I hope you don't mind. It gives me the opportunity to bring up an adjacent conversation that I think you'll have an interest in, public transit. The case to not have parking minimums, as you said—and I have heard other real estate professionals say the same thing—is based upon the efficacy of public transit in our city. I think you know where I'm going to go.

I got my lift here, Chair, by bus number 7. I'm happy to use public transit in the city whenever I can. I'm thankful to the members of ATU 279, the conductors and the mechanics that keep those buses on the road and the administration that makes it happen.

But we have an issue in our city that our mayor has talked about frequently, and that is a \$120-million hole in our operational financing. I'm really happy whenever we can talk about a new capital project, Chair and Mr. Czan. I'm happy whenever we can talk about that, but what I know I can count on every single day is the fact that if I need the number 7, or if I need the number 6, or if I'm going across town, I can take a different bus.

Do real estate professionals, in your opinion, have an interest in making sure we have adequate funding to run our public transit system so we can build the kind of infrastructure you're talking about?

**Mr. Paul Czan:** Specifically—could you rephrase the question in that sense?

**Mr. Joel Harden:** Sure, and it's not an entrapment question. It's a genuine interest based upon what you said. Do real estate professionals—because you're making the case before the committee, and I think it's a persuasive one, that parking minimums that we have—and we've seen it on a case-by-case basis in the city, where a developer wants to build a building and says, "You know, this is on a transit line. Can there be any flexibility in the parking minimums?" For system-wide changes, if I understand you correctly to be proposing that, I think what's important if we're to consider those is that our transit system in our city is well-funded, because one can build a new building and bring housing into our city—particularly affordable housing, which we really need—but if the bus isn't going to come on time, what are people to do? We're going to be asking people to take Ubers. We're going to be asking people to take taxis. At a time when the cost of living is so high, it would seem to be difficult.

**1330**

So I guess what I'm just wondering is, from a real estate professional's perspective—I respect your sector—is there a case to make sure that we have adequate funding to operate our system? That's the money that's going in to make sure the buses are on the road, people can drive them and people can fix up those buses. Would you say, from a real estate professional's perspective, that it's important that we have adequate funding for public transit?

**Mr. Paul Czan:** For sure. With different levels of taxation on properties, where it comes down to municipal involvement in public transit or provincial involvement in transit, the land transfer tax is a pretty hefty tax, especially on first-time homebuyers. We're hopeful that some of that is able to translate into city infrastructure to build transit. Obviously, property taxes are extremely high as well, and they're getting higher. We don't necessarily have an input per se on how the city or the province utilizes those funds, but if we were able to be part of that conversation, we'd love to be.

**Mr. Joel Harden:** I appreciate it. And just so you know, to take the pressure off those forms of revenue, I actually think there's a persuasive case to go back to the era of one of the greatest Premiers of this province, Bill Davis, who said that we need to go towards a fifty-fifty cost-sharing model between the province and how it funds not new capital projects, but the existing operational budgets of our transit authorities. That's what Premier Davis's vision was. He was seen as a transit champion in 1972. A lot of the big pieces of infrastructure that were built later, like our Transitway we have in our system that goes behind Billings Bridge near where I live, were built in that idea.

But because of the new system we have where we get the funding for our transit from the gas tax cut, there's dramatically less funding that's coming into our city with OC Transpo. So you can imagine—people you represent want to build buildings, want to make housing offerings and want some flexibility across the board on parking minimums; I get it. But I'm sure the students who go to Algonquin College, the members of L'Arche communities who use public transit—we want to make sure—so if I understand you correctly, transit is important.

**Mr. Paul Czan:** For sure. Also, we're really happy to dive in and work with the provincial government on any of these kinds of initiatives. We have a provincial association, as well. I'm part of the local association, but the provincial association can work directly with your peers to come up with studies and white papers to really nail down any potential policy proposals that would allow the city infrastructure around transit to improve.

**Mr. Joel Harden:** The good news is we've got the model, and it comes from the government's history. So I would welcome going forward—and saying it in all seriousness, I think we have a big opportunity with transit to build housing. But the two go hand in hand.

How much time do I have left, Chair?

**The Chair (Mr. Ernie Hardeman):** Two point one.

**Mr. Joel Harden:** It is always a good thing, John, when I see people coming into this space who make not just a home, but a life for people with disabilities and their caregivers and their families. You mentioned that most of the L'Arche homes are outside the downtown. I'm not going to quibble with you in a public space, John, but I'm very proud of the day programs you run right here in Ottawa Centre. I was happy to see a lot of the neighbours who were taking advantage of the dance programs and the other activity programs when you did that open house recently.

I'm wondering if you could just comment on the joy that was in that room—I could tell from the amount of excitement those L'Arche members had interacting with those services—but also what that means for respite for caregivers, giving them an opportunity to take a break, do the groceries, do all the stuff they need to do. How do your programs in L'Arche not just help those participants, but help keep families together and give caregivers a break?

**Mr. John Rietschlin:** Thanks for the question, Joel. I mentioned 50,000 people on a waiting list. That's a waiting list for residential services, but it's also people who just want a break, families who need some space. You probably know that it's not unusual for people to live with a developmental disability with their parents until the parents are very old and no longer able to support them. Part of the time that they spend doing that is made possible because agencies like L'Arche provide activities, meaningful things to do during the day. We all need a reason to get up in the morning, right? So a person with disabilities, too, they want something meaningful to do, and by the way, it's possible for their parents to do something other than providing simply care for an adult child for many, many years.

So, yes, we are very small, we support about 15 people in our day activities, but there are many other activities around the city offered by other agencies, and they're all suffering from the same fiscal problems that I've tried to describe. But you're absolutely right about that.

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

**Mr. Stephen Blais:** Thank you all for coming today.

I have some questions, Paul, for you, I guess from a real estate perspective or home building perspective. As you know, Orléans is one of the fastest-growing parts of Ottawa, so it would, by default, make it one of the fastest-growing parts of Ontario. We have an enormous cost pressure on new homes. I think I've advocated to you and to others that one of the ways we can relieve some of that pressure, beyond simply just adding land to the boundary, is to encourage friends and neighbours who are perhaps my colleagues' age to sell their homes as they approach retirement, and open up those homes for young families to move into as they want to get smaller space. But the opportunities in our suburban communities don't really exist for that downsizing, to stay close to kids and grandkids and the neighbourhood where they lived their lives and raised their families.

So I'm wondering, how can we encourage that to happen? What policies can the province implement itself, or can they encourage perhaps the municipalities to implement, to encourage those downsize-able buildings, for lack of a better term, to be built in our suburban communities or our neighbourhood communities to free up those older, larger units for young families to be able to move into, to buy, without simply absorbing more and more and more farmland etc.?

**Mr. Paul Czan:** Yes, it's a good question. Obviously, I'm not on the home builders' side of things, but I live in a neighbourhood, I think maybe even in your riding, Beacon Hill North, or is that Lucille?

**Mr. Stephen Blais:** Just outside.

**Mr. Paul Czan:** Okay. Yes, so Beacon Hill North is a tremendous example of a neighbourhood where you have an aging demographic. Even some of my neighbours call on me for help. They're single people, living in a three-, four-bedroom, two-storey home, and they're just occupying their main level, right? We see countless examples of that. The problem is that many times, those people would be better situated in a bungalow or even a condo. But selling that property, sometimes it's not even a one for one; they're having to pay a premium to move into that property, and they're increasing their monthly costs, and they're not able to qualify for the next property. So it's a very tricky situation that we're in. Working with seniors is something that my team does, but it's a very lengthy process, like—yes, go ahead.

**Mr. Stephen Blais:** So I guess from your—and I appreciate you're not a home builder. Is the increase in costs they're going to face, is that as a result of the lack of supply? There's not enough of those 1,000-square-foot, 1,200-square-foot-type homes?

**Mr. Paul Czan:** Yes. We did a study about two years ago talking about the different types of properties that would be required in order to satisfy that demand. You know, semi-detached bungalows, builders don't build them anymore. Even townhome bungalows would be great, but it's just not a product that's offered by builders, because it doesn't produce enough revenue for them. So yes, that's that.

**Mr. Stephen Blais:** Are there either financial incentives or are there—perhaps it is the land transfer tax—ways to make it more affordable or economically viable for those people to sell their homes so that it changes the economics on that side a little bit?

**Mr. Paul Czan:** Yes, I mean, potentially, some sort of income supplementing coming into place if they're having to move into an old-age home where they're paying \$5,000 a month for that old-age home, or the income supplementation may be one thing.

On the builder side of things, I'm not sure what would further incentivize them. I think CMHC has a grasp on that front of things, but yes, I think—

**Mr. Stephen Blais:** Yes, okay. I appreciate it.

1340

Monsieur Brulé, thank you for coming. Algonquin is obviously an important part of our community. You do

amazing work. There have been a lot of changes in Algonquin over the last five, 10, 15 years—you described many of them. I'm wondering if you have enough space, you know? We had the police come and talk to us about the changes that you're making relative to their space that they have on campus. I'm not criticizing that decision or anything, I'm wondering what the college's needs are from a physical space perspective.

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

**Mr. Claude Brulé:** Space is okay. I think we're simply redistributing the assets we have and it's just rejuvenating the stock. We're using, for instance, our old fitness centre and we're building five new science labs out of it. The space that is currently occupied will be converted to a new paramedic program that is changing credential and is increasing its footprint, with simply us repurposing our footprint better.

**Mr. Stephen Blais:** Do you anticipate changes in the student body in terms of where they might live in Ottawa as a result of the light rail that's coming online—

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

We'll now go to the government: MPP Anand.

**Mr. Deepak Anand:** First of all, I just want to say thank you to all the presenters here for taking the time and for advocating on behalf of the residents of Ontario. It means a lot to all of us.

I want to start by talking with the Ottawa Real Estate Board. When we talk about housing and when we say we already know there is a demand—if you go by the economics, it's either demand or supply. We know there is a demand. What we don't have probably is the supply. That's one of the reasons the price is so high. If you really look at the supply side and do we have enough land? We live in Canada. Thank God, we have lots of land. Do we have labour? Yes, there's a little bit of a shortage. That's one area. Cost, there's the cost issue.

The reason I'm putting all this together is to ask you a quick question. We know there is demand. We know there is a possibility of having supply. Which is the missing link? What is something that is not there that we can do to help increase supply?

**Mr. Paul Czan:** Even just looking at the price of new homes, a very large percentage of that is soft costs for developers. We can bash developers, but ultimately they're running a business. Whether they're building affordable housing or whether they're building new homes, we have to take into consideration how much they're spending in soft costs. The price of materials and labour is obviously a factor, but I think soft costs for them is probably a big thing.

**Mr. Deepak Anand:** What is your suggestion through this committee? What should we do to help out residents?

**Mr. Paul Czan:** I think being able to build higher-density buildings around transit corridors would be a great recommendation. So removing any policies that prevent one from doing that in terms of zoning. I think that would be a great thing to start across the province because, across the whole province, there are so many different building

codes and so many different zoning bylaws within each city. Those are important, but if there was a standardized set that builders could follow, specifically around transit corridors, that could be a huge benefit.

**Mr. Deepak Anand:** Perfect. Thank you so much. Thank you for that answer.

One thing I want to mention is, Pascal, by the way, you won the best shirt award. You're looking amazing. I'm not sure if you can hear me or not.

A question to L'Arche is—we have a similar organization in Mississauga as well. There are multiple ways to help residents. One of them is to help through a rent subsidy. What is your opinion? Of course, we do talk about housing supply as a big issue until the time we can build houses. We do want to build houses. We want to encourage and thank government to keep doing the work in terms of reducing red tape and helping out, putting together the bills so that we can build more houses. But until the time we can build more houses, what are the other ways we can help those residents who cannot afford housing right now? What are your suggestions?

**Mr. John Rietschlin:** Certainly, as you mentioned, the rent subsidies. All of our residents, and I think it would be true for virtually all residents of any agency—their only source of income is the ODSP. The amount of money that they're receiving is essentially not nearly enough to pay for the kind of rents that one might face at this point in time. So increased rent subsidies within the ODSP framework would certainly be directly helpful.

We depend on a portion of their ODSP payment to cover some of the deficit that's not funded through our main transfer from the provincial government. So that would also be helpful if the residents had a larger ODSP allowance to cover the rent. I think that would be the main thing I would suggest.

**Mr. Deepak Anand:** Thank you so much.

Super quick, to Algonquin College: I've worked in the Ministry of Labour for the longest period of time, the best time I've ever enjoyed. The SDF, Skills Development Fund, was the best thing we had.

Typically, colleges and universities are not allowed to apply for it; it's usually the union. But have you reached out to the union to partner with you and do something on that? Because \$25 million a year, to me, is a very big—I won't say ask, but considering the number of colleges we have and the amount of funding envelope we have, it sounds a little bit big. So have you reached out to them to talk to them if they can join and partner with you and do something like that? Yes or no?

**Mr. Claude Brulé:** I would say, to date, it's very limited. We do have some partnership with some locals, but it varies from region to region, so it's something we can work on.

**Mr. Deepak Anand:** Thank you so much.

That's it from me, Chair.

**The Chair (Mr. Ernie Hardeman):** MPP Hamid.

**MPP Zee Hamid:** Thanks for the discussion and questions.

I'll go back to the Ottawa Real Estate Board because of the discussion about rent. I think it's a good point to talk about the housing costs. So based on your experience—and you had mentioned earlier about how developers are not building semi-detached and townhome bungalows, to quote you, I think—what are some of the things that we can do to keep the costs down for families, specifically those buying their first home?

**Mr. Paul Czan:** Expanding the land transfer tax exemption for first-time buyers would be huge. A lot of my clients are first-time buyers. That extra \$6,000, \$7,000, \$8,000 that they're spending when they're buying that first home takes away from the debt from the down payment that they could potentially have, and it delays their purchase. That's one quick, simple thing.

Ultimately, it's just getting more supply out on the market that's first-time homebuyer friendly. That would be key. So really incentivizing builders to pump out as much inventory as possible would be really, really key.

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

**MPP Zee Hamid:** Real quick: You mentioned supply. Now, earlier last year we passed the Cutting Red Tape to Build More Homes Act trying to streamline the process to get home approvals faster just to increase the supply. Are there other measures we can do that we can take back to eliminate more red tape in housing development?

**Mr. Paul Czan:** Right now, in terms of the zoning, transit corridors put higher-density zoning in those areas. Even single-family homes remove the zoning for single-family-home neighbourhoods and just allow up to four units on each lot.

Just a quick example: I was just in Tokyo with my wife for a vacation and they have a housing shortage. Their population is declining but they have a housing shortage. Looking at what they're doing right now, it's like every residential neighbourhood outside of downtown is allowed to build on top of one another and that density is increasing. So the single-family neighbourhoods that are there are being turned into higher-density buildings that provide a better community.

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

MPP Pasma.

**Ms. Chandra Pasma:** Thank you very much to the witnesses for being here today, including two important partners from Ottawa West–Nepean, L'Arche and Algonquin.

I'm going to start with you, Claude, because Algonquin is a cornerstone institution of Ottawa West–Nepean and, of course, a very important economic pillar of our city. We're already seeing some of the economic impact of the deficit and the lack of financial stability for our colleges here in Ottawa. Algonquin just made the decision to close the hairstyling and aesthetician program, despite the fact that they both had wait-lists and that they're a great opportunity for women in the trades to have a decent, well-paid position. I'm wondering, are there other programs that will be on the chopping block when you're talking about \$64 million next year, over \$94 million the follow-

ing year? What's the economic impact for people in Ontario, or in Ottawa, who are seeking the opportunity to get into a well-paid trade, and what's the economic impact for our city when that's happening?

1350

**Mr. Claude Brulé:** Thank you for the question, Chandra. Yes, there will be more programs that will be, using your words, put on the chopping block, but we're still going through that analysis. The challenge we have is that we have in Ontario a framework and a funding policy that does not allow us to deliver programs to domestic students and be financially viable. That should not be happening. We should have a policy—if we're speaking of Ontario, for Ontarians and domestic students, let's make policies that resonate with that frame of mind. Right now, that is not the case. The reason we all went into international students in part, in addition to increasing the supply of talent, is to make ends meet, and that is not happening right now.

What's happening with the decisions from IRCC is compounding what's already taking place provincially, and we're going to be making announcements. All colleges, all universities are going to be making announcements to fit in their new financial box, because we're all contracting right now. It's a difficult time.

**Ms. Chandra Pasma:** And it's a difficult time that's coming in the context of some economic threats, certainly the threat from south of the border of very high tariffs and the impact that could have on the Canadian economy and the need to ensure that we have a robust economic program here in Ontario to support our workers. When you say we are in last place in Canada for per-student support for post-secondary education, what does that mean for Ontario's economy when we are providing less funding to train workers here in Ontario than any other province in the country?

**Mr. Claude Brulé:** Ontario compared to the average of all the other provinces of what they pay for either tuition and/or grants, the combination is \$6,500 less per student per year, and that's just the average across Canada. We're below that average by that much. It's significant. It means that we cannot offer the quality programs that perhaps employers need because we don't have the ability to invest. We also don't have access to capital. The province will not fund capital programs for the colleges. So if I need to build, like I said, five new science labs, I have to set aside each year dollars to do this. It's costing me \$17 million to bring those labs together. That did not come from the province; it came from me making some savings each year to build that nest egg to build those programs. That deficit each year accumulates, and it's resulting in less choice of programming to get into and less quality. So this is something we need to take seriously.

**Ms. Chandra Pasma:** And we've already seen one post-secondary institution in Ontario declare insolvency, claim creditor protection. As you say, the deficit is accumulating year after year after year. It's not sustainable. At what point are we pushing other post-secondary insti-



tutions to consider closing or also seeking some kind of creditor protection?

**Mr. Claude Brulé:** We're an agency of the crown. We will make it work. I think what's taken for granted here is that we've always made it work. So there's this assumption that we will continue to do so. But we're eating into our reserves, we're eating into the savings that I just described that are needed. The province will need to seriously look at the model in the next year or two because the trajectory is exactly as you've described.

**Ms. Chandra Pasma:** Thanks, Claude.

I have a question for John that may also be a question for Claude as well, because it's particularly about DSWs. You mentioned that there's an opportunity and a need to provide training for Ontario workers to create more developmental services workers and provide that care to people with disabilities in Ontario.

What I've heard from agencies in Ottawa is that there's a lot of pressure because PSW tuition is covered, and DSW tuition is not. So people are more likely to go into the PSW program, and then when funding is frozen for the developmental services agencies, you're also not going to get any kind of wage increase once you go into that program. So is there an opportunity here to provide that training and make this field more enticing to workers by covering DSW tuition?

**Mr. John Rietschlin:** Absolutely, and in fact that's exactly what we said in one of our recommendations that we think there's an opportunity for the province to cover the cost of the DSW training programs so that individuals do not have to pay out of pocket for that training. And then, if we can couple that with the 5% and covering our deficits, we could increase their wages to make it more attractive. So you're absolutely right—bang on, Chandra.

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

**Ms. Chandra Pasma:** So one final question, then, quickly: John, you're talking about 5% for organizations to help keep the lights on. That doesn't provide a space for a single additional person in the province of Ontario. What would we need to make sure that those 50,000 who are on this incredibly long wait-list will actually get the support and the place to call home that they deserve too?

**Mr. John Rietschlin:** Our first recommendation was to close the deficits that we have that may put some agencies out of business, increasing the 50,000 wait-list. But yes, more investment: This is a very low priority, it seems, for the government's allocation of resources. There are people who are willing to do the work. There are people who are capable of doing the work, but the funding—

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

We'll now go to MPP Fraser.

**Mr. John Fraser:** Thank you very much, all of you, for presenting here today. I want to get questions to all of you, so I'll try to make it quick. I do want to say, though, starting out, that contrary to my colleague's assertion, I am ready to move out of my house; it's just that somebody else isn't—

**Mr. Steve Clark:** That's in Hansard.

**Mr. John Fraser:** There we go. Maybe I'll get sent out.

But I do have a question for you: I'm really interested in this consumer protection piece around auctioneers, because it's something that's become very—I wouldn't say "prevalent," but more prevalent in urban areas, and it is a risk for people. I thought we had this done; I thought it was fixed, and I'm looking at somebody else over there I thought fixed it, but maybe not.

So why do you think that is? Are there any reasons that the government hasn't done it?

**Mr. Paul Czan:** I'm not sure. It might have been overlooked. It was an old rule from sometime in the 1900s that was set in place to auction off farms. Now, during COVID especially, when we had multiple bidding wars and offers on everything, there were certain companies that were taking advantage of that loophole. It wasn't making the space more competitive; it's already a very competitive landscape when it comes to real estate. It was just taking away the rights of consumers to complain to the Real Estate Council of Ontario because they aren't a member.

So imagine you were offering on a property and there were 17 other bidders. You don't know whether those bidders are phantom bidders, just set up by that company to prop up the sale price of that property. That's why it's super important for us to have—those auction companies can exist, and you guys have made it accessible for us to disclose the next best offer to the consumer. But those auctioneers are still not regulated by our regulator, which is a huge red flag for consumers.

**Mr. John Fraser:** That's good to know. Let's encourage the government to do it.

And John, thank you very much for your presentation, but mostly for all the work that L'Arche does. To your point about the DSW training: I think that the government would be well-advised to do that, like they're doing with PSWs, and get a commitment from DSWs. Often, PSWs and developmental services workers are among the lowest-paid in the social services sector.

I do have a question for you that's totally off of what you said today: In terms of coverage for workplace injury, how do you cover at L'Arche? Do you know? Do you have a program that provides them disability insurance, or is it WSIB?

**Mr. John Rietschlin:** We certainly do have long-term disability coverage, privately arranged. I believe we are participating in WSIB as well, I think, if I'm correct.

**Mr. John Fraser:** That's a good thing. Often across Ontario in situations with residential care, people aren't covered when they're working for an organization like you, and that creates some problems, because often they work two or three jobs, which you need to be on WSIB to be covered. That's good. I just wanted to know that, and—

**Mr. John Rietschlin:** We do, in fact, have people working two or three jobs because they don't get paid enough in any of them too.

1400

**Mr. John Fraser:** That's it.

Thank you very much for presenting and for all the work that you do to support families here in Ottawa.

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

**Mr. John Fraser:** Claude, last but not least: Do you have a working capital deficit? In other words, do you have an amount of money that you pay interest on every year because you're not fully funded?

**Mr. Claude Brulé:** We have debt on some of our buildings. They're long-term mortgages like every other organization, but we do have what we call deferred maintenance. Deferred maintenance is about \$60 million right now, and it's going to grow to about \$250 million within the next five to 10 years.

**Mr. John Fraser:** Wow.

I know that there were capital projects that were done by the governments in 2010, 2020. When did that stop? I know there was—

**Mr. Claude Brulé:** Shortly after that.

**Mr. John Fraser:** Shortly after 2020?

**Mr. Claude Brulé:** Yes.

**Mr. John Fraser:** We were participating to help colleges build the facilities they need to train the people that we need so we can have a competitive workforce, but we stopped doing that in 2020.

**Mr. Claude Brulé:** Before that, yes.

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

Thank you all for the presentations and all the time you took to prepare and so ably present to the committee. We, the committee, appreciate your participation.

OTTAWA INNER CITY HEALTH INC.

ONTARIO SECONDARY SCHOOL  
TEACHERS' FEDERATION

THE COUNCIL ON AGING OF OTTAWA

**The Chair (Mr. Ernie Hardeman):** As we're changing the table, the next panel is Ottawa Inner City Health Inc., the Ontario Secondary School Teachers' Federation and the Council on Aging of Ottawa. As we're coming to the table, as with previous delegations, you will have seven minutes to make your presentation. At six minutes, I will say, "One minute," and at seven minutes, I will say, "Thank you," and it will be over.

We also ask that anyone that's going to speak start off by introducing oneself to make sure that we can attribute the comments to the right person.

With that, we will start with Ottawa Inner City Health Inc. The floor is yours.

**Mr. Rob Boyd:** Good afternoon. My name is Rob Boyd, and I am the CEO of Ottawa Inner City Health, an organization that provides integrated physical, mental and substance use health to individuals who are homeless and who have complex health care needs. We provide 24/7 wraparound health care for 126 beds within three shelters and 237 permanent supportive housing beds at six locations in Ottawa. In addition, we have a nurse practitioner-

led walk-in clinic for the homeless, a 24/7 supervised consumption and treatment service and a peer outreach program.

The emergence of fentanyl and other novel drugs in the unregulated drug supply has fundamentally altered the crisis we are now facing. While interventions like take-home naloxone, opioid agonist treatment and supervised consumption services have provided some relief, they are no longer sufficient to stem the tide of destruction caused by the toxic drug supply. The reality is that the current system is overwhelmed and without decisive action, we risk further toxic drug deaths and instability in our communities.

Fentanyl clears the body much faster than other opioids, requiring more frequent dosing to maintain its effect and to reduce withdrawal symptoms. This leads to a more rapid cycle of substance use, leaving individuals with little time for other pursuits. Fentanyl's high toxicity leads to more frequent overdose, injury and death, which creates an overwhelming demand on existing services.

People who use drugs have been shifting from injecting to smoking, and this is contributing to the rise in public consumption, particularly just outside of consumption sites. Since 2020, approximately half of toxic drug deaths in Ontario had evidence of inhalation.

Even beyond the deaths, the consequences are devastating: a rise in brain injuries due to frequent overdoses, a breakdown of social norms within the homeless drug-using community and an increasingly unsafe environment for everyone involved. The damage is not just physical but also social as community leaders are lost to disability and death, leaving no one to enforce community norms. Meanwhile, our workforce, those on the front lines, are exhausted, undervalued and increasingly stigmatized, leading to high turnover and further strains on an already overwhelmed system.

The Roadmap to Wellness is an ambitious plan aimed at ensuring Ontarians with mental health and substance use needs receive timely and appropriate care. While we support the framework's principles and objectives, we have serious concerns that the current toxic drug supply will undermine the effectiveness of this plan just as it has our previous efforts. Whether with new investment in existing services and development of new approaches, we are at risk of further eroding public trust and wasting valuable resources.

Fair compensation for front-line workers: Our community-based health care and social service workers are essential to managing the crisis. However, they face a significant wage gap compared to other sectors. As a community health organization, we have not had a base funding increase for wages since March 2020. It is vital to increase funding for these workers and invest in special support for front-line staff to prevent burnout and ensure high-quality service delivery.

Empowering those with lived experience: Engaging people with lived experience in the solutions to public safety concerns is crucial for restoring order in our communities. By giving these individuals meaningful roles in

tackling the crisis, we can foster a sense of purpose and reduce the stigma that exacerbates the problem. Our experience has shown that by involving the community in finding solutions, we can restore balance and encourage positive social behaviours.

Methadone and buprenorphine-naloxone remain the best pharmacological treatment available, but their effectiveness is limited with a large subset of the patient population. We must invest in expanded injectable opioid agonist treatment, which has shown promise for those who have not responded to traditional treatments. By offering supervised injections of high-dose hydromorphone, we can provide a safer alternative to help stabilize those most at risk.

Last year, our staff responded to 366 overdoses within our CTS and 960 overdoses outside of it, with 78% of the outdoor overdoses associated with smoking fentanyl. The demand for supervised smoking spaces is urgent. We must build smoking rooms to protect both staff and clients, while ensuring our communities are not put at further risk.

Over the past five years, we've seen increasing complexity of care needs among the unhoused population, including aging individuals and those suffering from brain injuries caused by non-fatal overdoses. We need more investment in health care services embedded within permanent supportive housing to ensure people can live independently and with dignity in the community.

The housing and homelessness crisis, the toxic drug epidemic and the health care workforce crisis are all reaching critical stages. The signs of system collapse are evident on the streets of communities across Ontario. It is essential that government leaders act decisively to address these challenges and to restore stability to our communities. We must provide real solutions to those struggling with substance use, prioritize safer communities for all and ensure that our front-line workers are supported so they can continue their vital work. By focusing on effective, practical solutions that empower individuals, encourage personal responsibility and build strong communities, we can begin to tackle the challenges at hand and work toward a healthier, safer Ontario.

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

The next presenter is the Ontario Secondary School Teachers' Federation.

**Ms. Karen Littlewood:** Hello. I'm Karen Littlewood. I'm a teacher from Barrie, but I'm also the proud president of the Ontario Secondary School Teachers' Federation, representing more than 60,000 front-line education workers, including educational assistants, psychologists, office staff, custodians, child care workers, university support staff, public high school teachers and occasional teachers who support Ontario students in classrooms and on post-secondary campuses across the province every single day. It's so nice to see you again, albeit in a different location, but I think you will find I have a similar message as compared to my previous presentations. Thank you for offering me another opportunity to present.

At past presentations, I have heard that funding for education is higher than ever before, but I want to talk about that and with everyone watching at home too. Since September, I along with my executive members and staff have been visiting schools and campuses across Ontario to reach out to OSSTF/FEESO members and hear from them directly. I'm just struck by how often I saw the big blue signs out front talking about plans to build and to renew. I understand that schools and school boards need to pay \$1,000 for each of those signs, but I'm not hearing a lot yet about the actual repairs that are happening in there.

I did watch the presentation from the Ontario Public School Boards' Association a couple of weeks ago, and I noted that while we didn't collaborate, it certainly seemed like we would have, because the message was very, very similar. They are also feeling the impact of shortchanging and underfunding of education, but I digress.

Back in December, the government's own non-partisan Financial Accountability Office released a report about good repair of Ontario schools, but they found that \$31.4 billion is needed over the next 10 years alone to address the repair, maintenance and capacity needs of the schools. Why is it okay for Renfrew county, a neighbour here just a little bit to the west, to go for two months this year without any buses? And how is it okay to download the responsibility of safe transportation of students to parent and caregivers? I know of some students who rode four-wheelers to meet carpools in order to get to school safely. That's really upsetting to hear. But if we look at investments in education in terms of per-student funding, in 2017, under a different government, the education budget was \$23.4 billion, and in 2024, \$28.6 billion. So the quick math: That's about \$5 billion more, but it's seven years later, and so I wonder about this historic funding when it isn't keeping up with inflation and we have increasing enrolment too.

#### 1410

Per-student funding that went from nearly \$15,000 in 2017 is now barely more than \$13,000 for this school year. That's about \$1,500 missing from every student in Ontario. Multiply that by a class of 30 students—and, of course, some classes are much bigger than that—you get about \$45,000 missing out of each classroom. Take \$1,500, multiply it by 1,000 students in a school, that's \$1.5 million less per school. Now, take that \$1,500, two million students in the province of Ontario, and that's \$3 billion less. So that is a significant deficit. Yes, that's historic, but not necessarily in a good way.

All we need to do is to pick up a newspaper to read about those missing dollars. School boards are speaking out, and that's not something that they typically have done. They're saying that they don't have enough money in order to provide the quality programming that their students need. In Windsor last month, the community came together to speak out about some drastic cuts to special education as well as the elimination of the international baccalaureate program. These types of cuts are happening across the province.

There's a mental health crisis amongst our youth in the province, yet the money to invest to have individuals to address those needs—the money is just not there.

I haven't even touched on the retention and recruitment issue for people working in education. They are leaving classrooms in droves, and you have to ask yourself why.

What about post-secondary? OSSTF/FEESO represents support staff workers in six Ontario universities, and not a month goes by that I hear about a world-class college or university that is running short and making cuts, as well. Ontario ranks dead last as far as funding for post-secondary, and you just have to look at OPSEU/SEFPO, who were rolling out the porta-potties to picket sites in order to deal with those drastic cuts. Thankfully, they came to a resolution there.

It's all very grim, but in OSSTF/FEESO, we like to come with solutions, not just talk about problems. We did that last year; we brought 38 consolidated suggestions. Unfortunately, none of them were put in the budget. But that's okay; I'm not going to give up. I will continue to be here to talk about this shortchanging and the negative impacts that it's having.

You will get a detailed submission from us by the February 5 deadline, so you can contact me for further clarification.

But this group here, you have power. It takes strong leadership and pragmatic choices to restore our world-class education system. I have confidence in this committee. I've been here multiple times. I keep coming back in an effort to work together. I know you will see more presentations from education stakeholders in the coming weeks, and I know that the students of Ontario are counting on you in order to make those tough choices.

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

**Ms. Karen Littlewood:** We know how to get things done. I hear that all the time in Ontario. We do know how to get things done, but we need to work together.

I want to thank you all for listening and providing me with this opportunity to speak with you today. I look forward to your questions and comments.

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

We now go to the Council on Aging of Ottawa.

**Ms. Valerie Wright:** Good afternoon, everyone. My name is Valerie Wright, and I'm the co-chair of the age-friendly housing committee at the Council on Aging of Ottawa. Thank you so much for allowing us this opportunity to speak to you this afternoon.

The COA is an advocacy and education organization that has represented the voices of older adults in Ottawa for almost 50 years, with the mission to advance the well-being of Ottawa's older adults. You do not need reminders of Ontario's housing crisis and the number of people who are struggling to find an affordable and adequate place to live. This is amplified for older adults, many on fixed incomes, as they have more unique needs for accessibility and access to social community services to remain independent and age in their community. There are also

very few affordable rental options for those of us who would like to downsize from stand-alone homes.

Today, we want to bring to your attention three actions needed to expand on the building of affordable and accessible age-friendly housing. But first, a few facts about Ottawa's older adult demographic:

—Ottawa's older population is expected to reach 25% by 2035—the grey tsunami is coming;

—25% of older adult residents, 65 and older, are renters, with 54% of those spending 50% of their income on housing, far above the recommended affordability index of 30%;

—the waiting list for social housing is over 12,000, with older adults making up about 40% on this list; and

—the city of Ottawa's 2021 point-in-time count found 17% of those who reported being unhoused were older adults.

Numerous studies show that older adults would prefer to stay in their homes as long as possible and out of institutionalized settings. The Council on Aging calls on the province of Ontario to address the following specific housing needs for older adults:

(1) Make significant ongoing yearly financial commitments to the Ottawa region to create more available and affordable non-market housing options such as public, non-profit and co-ops. This should include a provision that rental units match the older adults' demographic place in our urban and rural areas.

(2) Invest in and provide grants and incentives for programs and innovative housing options that allow older people to age and live in the community such as naturally occurring retirement communities, co-op housing, inter-generational housing, affordable assisted/supportive living and retirement homes.

(3) Fund the coordination of public health services with health teams, community organizations and stakeholders to expand the range of home and community care support services to promote and protect the health of older adults.

How can we do that? Oh, no problem. With call number 1, increase funding: It's time to commit to real funding amounts to achieve affordable and accessible housing in age-friendly neighbourhoods. Increased provincial funding for both capital and operational funding for affordable and deeply affordable housing is urgently needed. Scaling up of non-profit purpose-built rental units should be a priority. Rents should cost less than 30% of before-tax income, be in walkable and connected neighbourhoods and near amenities such as transportation and community and health services. We are also suggesting the building of two-, three- and four-bedroom units.

The province can address the affordability crisis through several other financial strategies, including the waiving of fees and charges; increasing rent-geared-to-income subsidies and allowances; and providing refundable tax credits for needed repairs and accessibility modifications.

Call number 2: Innovation includes both innovative construction models and materials. Innovative materials such as pre-fab models and modular units can be very cost-effective for the province and can be built very rapidly.

I would like to highlight one innovation that is rapidly gaining popularity: that of a NORC-SSP, a naturally occurring retirement community support services program model. A NORC is a geographical designation for an area such as a rental or condo building that just so happens to house a high density of older adults. A NORC-SSP includes a supportive services program such as health, social and recreational activities.

A proven NORC-SSP model which is expanding to communities is the Oasis project, which has been sponsored by Queen's University for more than 10 years with impressive social and health outcomes. With relatively minimal core funding, the Oasis program is ready and able to expand across the province.

And call number 3: The province must increase its funding to community-based organization supports that enable older adults to remain in their homes and communities of their choice—home care.

The Aging in Place program, which already exists in Ottawa, has been instrumental in enabling seniors to remain in their homes longer and reducing the need for premature long-term-care admissions. We highly recommend the expansion of Aging in Place to serve all of Ottawa's older adults, helping them in navigating the health and community resources they need to age in place.

The benefits: There are immense benefits to our province in providing high-quality, appropriate, adequate, accessible and affordable housing for older adults by including the full spectrum of options from aging in place to congregate living in long-term care. Age-friendly housing creates a healthy, more vibrant and more equitable city, inclusive of diversity, in which all residents enjoy an excellent quality of life. Evidence shows that enabling older adults to live in their own community is at least a third of the cost of institutionalized care and certainly better for the health and quality of life of older adults and their families. Supportive housing for older adults will affirm and respect the equal place that older adults have in our society.

1420

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

**Ms. Valerie Wright:** Housing is a basic human right. We urgently need a human rights approach with a clear vision and a committed plan. We call on the province to increase funding in this budget (1) for affordable and accessible age-friendly housing, (2) towards innovation and age-friendly designs and (3) for supportive health and community services for older adults.

As we enter 2025, we need to think big and plan strategically. This means creating visionary policies and allocating funding to address age-friendly housing needs while setting up for long-term success. It's not just about seniors, it's about building an Ontario that works for everyone. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much, and that concludes the presentations.

We'll now start with the questions. MPP Pasma.

**Ms. Chandra Pasma:** Thank you to all the witnesses for being here this afternoon. It's very nice to see you—

very compelling presentations on three very different but very important areas. I wish I had seven minutes for each of you to ask questions because of that.

Let me start with you, Karen. Do you feel a little bit like this was “rewind, hit play again” after last year?

**Ms. Karen Littlewood:** February 2 is coming soon. That's Groundhog Day, where we get to do everything over and over, right? It does feel like that at times. But I think it comes from our commitment as OSSTF members to the students of the province, to the future of the province, that we keep coming back, because we know there are some simple answers and I'm sure there are some areas where we could collaborate. I'm sure there are some areas where we could agree needs need to be met. It's just that we need the willingness, so I really hope that the government is listening and that they are willing to do what the students of Ontario need.

**Ms. Chandra Pasma:** Absolutely. I completely agree.

You mentioned that the government is always talking about historic levels of funding. I don't know about you, but I'm spending historic amounts at the grocery store, but I'm not coming home with more groceries compared to five years ago. In hopes of making this more tangible and concrete for the government: When we're talking about \$1,500 per student less under this government, for a mid-sized school of 600 students, we're talking about \$900,000 that's not there, when we have large class sizes, mental health challenges, a violence crisis, crumbling ceilings, floods, lead in the drinking water. For this school of 600 students, what difference would that \$900,000 make? What tangible outcomes would we see if that funding were there?

**Ms. Karen Littlewood:** I'll give you a really concrete example. Last fall, I was in Thunder Bay. The group—we call them 6B, but it's Superior-Greenstone; that's Highways 11 and 17, and the north shore of Lake Superior—were in Thunder Bay for their meeting and somebody reported that they had an area of the school, a hallway, that was closed off because of a severely leaking roof. The staff member who was with me at that meeting is also one of our health and safety experts, so he arranged to go. This was in Geraldton. He went and visited the school, and agreed that, yes—he filled out the paperwork. When I met with them again in the spring, I said, “So what's happening with that area of the school.” They said, “Oh, we fixed it.” I said, “Excellent. What did you do?” “We got a bucket.” That wing of the school is still closed.

That amount of money, the \$900,000, could buy more than a bucket. It could repair the roof. It could ensure that the students have a safe learning environment. When we talk about the spring—I know it's cold outside today, but it's going to get hot again and our schools are going to be sweltering and not only the workers will be suffering, but the students will be challenged to be able to learn under those conditions.

We don't have textbooks. We have some Chrome-books. We don't have all of the tools that we need, and I challenge all of you to ask friends with children in

elementary school how many boxes of Kleenex you've been asked to send in, because it's innumerable.

When I started teaching in 1991, in elementary, we had a full-time guidance counsellor. That's not someone who was picking out course selection; that was someone who was addressing the mental health needs of students, who was organizing small groups. Those types of positions do not exist anymore in elementary schools, and it's our students who suffer because of that.

**Ms. Chandra Pasma:** Absolutely. I spoke to a principal recently in Ottawa West–Nepean who said, “Every year, I think we're at rock bottom and then every year I discover we can actually go lower.” I think parents are incredibly shocked at what we've seen over the past year with regard to the state of our education system. Buses were literally not running for the first two months of school in two school boards, actually.

Within special education, more than half—in fact, for elementary schools, two thirds of principals have had to ask parents to keep their kids home because there is nobody to keep their kids safe at school, let alone teach their child.

In the TDSB, the Auditor General said for one in five days that a teacher is sick, they are not being replaced. We can't even put teachers into the classrooms. And the other days, there's no guarantee that that teacher is qualified. So we now have an education system where we can't guarantee kids can get there, we can't guarantee they will be kept safe, and we can't guarantee that they will be taught anything by a qualified person.

What happens if we continue down this path that we're on now?

**Ms. Karen Littlewood:** We're already putting Band-Aids on the Band-Aids, and the parents have to donate the Band-Aids for us as well. That's the state that we're in.

I can't believe—and I watched the government side as I mentioned the buses in Renfrew. I just want to make sure everyone understands. That was students who went for two months without any transportation provided by the school boards. If you've driven through Renfrew county, there's not a lot of walking schools. It is very remote, not a lot of sidewalks, and everybody was coming up with a plan to try and figure out how to get their kids to school because they didn't want to learn remotely. They want to be in person. They want that education that they remember from when they were in school.

You're right. We've hit rock bottom, but we just keep digging the hole, and it's getting deeper and deeper. The unfortunate part is the recovery doesn't come as quickly as the cuts come. A cut that happens one year takes five years to recover typically. I can see that from my experience in education. In 30-plus years, I've seen this happen over and over again. Why are we allowing the public education system in Ontario, from early childhood education to post-secondary, to be continually degraded?

**Ms. Chandra Pasma:** Thanks, Karen.

Very quickly, a question for Valerie: I know that renovations are an issue for seniors, especially older women.

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

**Ms. Chandra Pasma:** In my riding, we have the attempted renovation of a very large apartment building, Aspen Towers. I've spoken to multiple seniors there, including one 70-year-old woman who said, “I thought I was secure now that I retired, and if I get kicked out of this apartment I will be living in my car.”

What would the Council on Aging like to see to prevent these kinds of renovations of seniors so that seniors can not only find an affordable and accessible place to live, but once they have it, hold on to it?

**Ms. Valerie Wright:** I think we'd like to see an anti-renovation policy, and we're very disappointed to hear that Ottawa has declined promoting an anti-renovation policy as of this week.

I understand ACORN is doing a protest on Tuesday. We attended their last protest and I wore a green T-shirt. I don't know if we'll be there in green T-shirts at this time of year, but we certainly are keeping an eye on that and would like to see an anti-renovation policy.

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

We'll now go to MPP Fraser.

**Mr. John Fraser:** Thank you to all for being here to present today and taking the time out of your busy work schedules to be here. I don't have as much time as everybody else, so I'll try to get through this as quickly as possible. I'll start here and work my way down.

Karen, thank you for your presentation. There is something I've been thinking about for a long time. I have a family member who does work in schools—not a member of OSSTF, but as an EA. I hear anecdotally about the level of violence in schools. I know that some of that relates to staffing issues but there's a larger problem at hand. It's not just the violence against teachers and the EAs; it's what happens to learning in the classroom and what happens to other students.

So if you have some comments on that—I understand it is a staffing issue. I think it will be more than that, though. That's my take. If I'm wrong, let me know.

**Ms. Karen Littlewood:** In order to allow my co-presenters to answer questions too, I'll be very brief.

When I read in the paper about an incident happening in a parking lot, whether at a high school or in a subway, that is not something that happened in isolation at that moment in time. That is something that needed to be addressed years before.

When I mention a guidance counsellor in an elementary school, those are the types of supports that could help. It's unqualified people filling in. It's the inconsistency. It's the uncertainty of the education system but it's also that we're desensitized to it.

**1430**

I was doing a media report, and they asked if I had been injured and I said, “Yes, you know, I'd had my hair pulled and my finger broken,” and my husband said, “Yes, but your toe was broken, too.” Like, you totally forget that. Why are we normalizing the violence in the classroom?

**Mr. John Fraser:** It is a big concern. It's like it doesn't—there's a callus there now, right? And it's

something that we have to address because the downstream problems that we're going to get from that, as you just said, are going to be more serious. There's more violence in general, and so I think, again, any recommendations that you have for the government at the elementary panel—look, we all want our schools to be safe. I just think unless you have someone you know closely or you have a child in school, you don't realize the frequency with which violence is happening in our schools. That's not to point a finger and say it was anyone's—it's not a partisan problem. It's a problem. And we need to do some things to address that, and I appreciate you taking the time. It's a very, very serious issue. Thank you.

Rob, I have—Rob, and then I'll get to you in a second, Valerie. How much time do have?

**The Chair (Mr. Ernie Hardeman):** One point three.

**Mr. John Fraser:** Okay. I'll get to you in the second round—don't worry, I have one more round.

Thank for all the work that you do around addictions. The recent changes that the government's made, how has that affected your ability to deliver services, safe consumption services, to people?

**Mr. Rob Boyd:** First of all, I think recognizing that things shifted very rapidly in Ontario just as the sites were getting opened up and, really, were quite overwhelmed in terms of what the demand was for services.

Changes: Here in Ottawa, one of our consumption sites is scheduled to be closed by March 31 of this year. We are concerned about the impact that that's going to have on the local community, the neighbours and the businesses, in addition to people who were using that site. We've been working very hard with Somerset West around the HART hub application and with the really implicit goal of making sure that the service is accessible and meets the needs of the people who are being displaced by this decision, because the traditional addictions treatment system is actually set up to exclude people who would use the sites, such as the one at Somerset West, due to their marginalization. We really need to be focusing a lot more on the social determinants of health, getting people into housing, getting people employed, getting people actively involved, integrated in their communities, and then we can start talking about treatment for these individuals. Doing it right now, putting them right back in the environment, would not be helpful.

**The Chair (Mr. Ernie Hardeman):** That concludes the time.

We will now go to MPP Smith.

**Mr. Dave Smith:** I would like to ask all three of you questions. I'm not sure I'm going to have time in seven minutes to get to that.

I'm going to start with age-friendly Ottawa, if you could? The reason I'm asking this, you asked for an increase in funding for accessible and affordable housing for seniors. Obviously, this is a committee for finance and we're going to make recommendations to the Ministry of Finance on what we should do.

I need a number. And the reason I'm going to say that is, I could be a jerk and say I'm going to increase it by a

dollar and that would meet the baseline of what you've said. I recognize that that is not something that is going to actually work. How much would you like to see invested in that to make it easier for some of our seniors?

**Ms. Valerie Wright:** First of all, I'd like to say that I don't work in the field. I'm a senior citizen that is engaged in a volunteer position at the Council on Aging and is very passionate about housing for all. I feel that the voice of the older adult is not being voiced a lot in our society. A lot of us have gone to Florida and places like that.

A number—you know, I struggled about putting a number in my presentation because I did not want to limit the number to say, "If you give us this, we'll be good." I know that we're supposed to receive a number from building back better, and I looked at that number and I went, "Gee, that's not enough. It would be nice to have more."

Housing is a complex issue. I don't think that you're just giving us money without saying "How do we build partnerships? How do we work with the development sector, the home builders' association? How can we leverage this money to make the most possible?"

So I'm not going to give you a number; I'm going to say we want more than is in building back better.

**Mr. Dave Smith:** Okay. I can accept that.

You made a request for adults to be able to age in place, because it gives better results for them. I'm going to give a very specific example, because this is obviously going to be very close to my situation. My mother has the beginning stages of dementia, and my father is the caregiver for her. He has terminal cancer, so we're going to be faced with some really tough decisions in the upcoming months, but we want to have them stay as long as possible in their home.

If I don't look at the numeric side—because you're going to say, "No, I can't give you a dollar value for it"—how do we put together a plan, then, at the provincial level that allows for something like this: for people like my parents, who are in that situation, to age in place? For my mother to be taken from my father at this stage, to be put into a long-term-care home, would be devastating for both of them.

When my father passes away, and he will, it's going to be devastating for my mother. She's going to have to then move to a long-term-care facility, if we can get her into one in a quick time period. How can we then develop something that can allow for those supports in-home for other families who are going to be experiencing something similar to that? Because I cannot be the only person in Ontario who has parents who have these complex cases.

**Ms. Valerie Wright:** No, and I've dealt with that myself personally, so I certainly can identify with you on that, taking care of my mother at home until she passed away and trying to find resources to meet her needs. This was 10 or 15 years ago.

We need more home care and more organizations that offer home care. A lot of the older senior adults are saying, "I don't know where to go. I don't know where to find this. How do I find help with this? How do I find someone to

help me with shovelling my driveway? How do I find someone to help me figure out an exercise program, or help with this or help with that?”

I think we need a centralized area where there's someone who can help the older adult navigate the system and find the help they need, but we also need the province to step up on home care and community services to fill that gap. The benefit to that is that if we do so, we're keeping people out of institutionalized settings, families are better off having their families together and it's going to cost the government an awful lot less to keep people out of emergency hospital rooms and long-term care. That's a whole other issue that our committee doesn't really deal with: We're dealing with how we keep adults in their homes as long as possible, living a high-quality life.

**Mr. Dave Smith:** Thank you. I appreciate that.

I'm going to pivot, if I could, to Mr. Boyd from Ottawa Inner City Health. I'm going to throw some statistics out. I was in the Ministry of Mental Health and Addictions for a period of time as well; we had 712 unique users using the injection sites that will be closed down. From that, it was \$32 million that we were spending to operate it. That \$32 million would have put about 6,500 people through a rehab program over that same period of time.

The statistic from Portugal is that 15% of the people on it who are forced into a rehab program are successful with that rehab program. If I look at the 6,500 and 15%, that's more than 900 people that would have been served for that \$32 million, rather than the 712 that were served through the injection site.

You mentioned the number of overdoses from inhalation drugs that your organization—I believe it was 960 who overdosed outside of your own facility on it. So those were users who were not going to be going into it, because they were using inhalation drugs and you weren't in the position where you could allow for the inhalation drugs to happen inside—a whole host of reasons why, and I get it. Of those 960 overdoses, how many unique users was it?

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

**Mr. Rob Boyd:** We do know that we have some people who are high-frequency overdoses; that's a common experience that we have within our site and we are investigating that.

But there is also a trend towards a more generalized experience of overdose toxicity within the site as well, so that means that it's spreading out further. So yes, there are some people who are frequently—on a daily basis, on a weekly basis—coming in and they're overdosing, and we're doing the interventions.

1440

For the ones who are outside, I would have to do that investigation because we track that very separately from how we do the internal one in terms of—that's through instant reports.

**Mr. Dave Smith:** The reality is those 960 didn't receive any funding for it. They simply were outside, and you happened to see that someone had overdosed and someone intervened.

**Mr. Rob Boyd:** That's part of the reason why people are hanging out around these sites. It's because they know that we will intervene if they overdose, so it is actually kind of an adjacent, unsanctioned, unfunded consumption site that's happening.

**Mr. Dave Smith:** Do you have a mass spectrometer on site?

**Mr. Rob Boyd:** Yes, we do.

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

MPP Harden.

**Mr. Joel Harden:** Thank you, everybody, for being here this afternoon.

Rob, I'd like to start with the perspective from Ottawa Inner City Health, because the picture you paint is one I know very well. In our community, we have so many neighbours who are really struggling and it's really rough to see. It's really rough to see, in a society as wealthy as ours, people struggling because we do have the capacity, we do have the riches. Even in the city, with so much vacant space, given the trend increasingly of folks working from home, we do have the capacity to help. I think part of what you've accomplished—and not just you; you're a part of a network of folks in mental health and addictions in our city—is humanizing this.

I want to ask you in particular about a neighbour we lost this week. His name was Roger, and he was found on Elgin Street at 4:30 in the morning by paramedics, deceased. As I understand it—and please elaborate, because I understand you knew Roger; he was someone you knew. Roger was someone who had a significant amount of trauma and lived with a significant amount of trauma from an Indigenous perspective, and he didn't have a lot of trust for the support networks.

So, I guess, in Roger's memory, Rob, if you wouldn't mind telling this committee how we can make our emergency services programs—because they are first responder programs that we're talking about here. It's not just paramedics, but all the harm reduction workers you're talking about. How can we do better so we do not have the tragedy that we saw with Roger this week?

**Mr. Rob Boyd:** Thank you and thank you for mentioning Roger. I knew Roger in my previous job at Sandy Hill Community Health Centre. He was part of our Housing First program, and he was successfully housed for a number of years in that program. He wasn't well known to Inner City Health, and part of the reason is that we are working with institutions that are not perceived to be friendly to Indigenous people in general. Institutions in general are not.

There's a lot of good work that we do with our shelter partners around bringing traditional medicine into the shelter system and healing circles and country food and things like that. But I think that we really need some investment in terms of traditional medicine in these spaces so that they are more welcome and open for Indigenous people, and they can see themselves. We practise Western medicine primarily, but we really try as hard as possible to integrate traditional medicine in the work that we do.



Roger was a wonderful individual. I remember him walking around with his guitar all the time and it's such a tragic way to see somebody lose their life.

**Mr. Joel Harden:** Thank you for that.

The thing that also occurs to me, Rob, as I heard you recount your knowledge of Roger, is that I'm also thinking about the paramedics who found him. I'm thinking about the harm reduction workers who have worked with him. When I have the occasion to speak to first responders, and I've spoken to many, I remember not only the sacrifice of what they do, but the trauma they see every single day—police, fire, paramedics, but people who work in your sector as well. It's not a vocation people take for money. It's a vocation they take because they passionately want to make our city safer and more inclusive.

I guess I'm wondering if you could elaborate for this committee: What could the province do in the upcoming budget to make sure that for people who work in this critical sector, we have their back as well? Those folks, after they see really challenging things all day long, want to go home to their families and be present for them. We want to make sure they're well compensated. We want to encourage people into helping professions.

How could we do right, how could we do better for people who work in your sector?

**Mr. Rob Boyd:** In addition to the compensation and recognition of the value of the work, I think that we do need special psychological services for people who are working on the front lines. There's a recent investment for other first responders, but that didn't extend into the community health and homelessness field.

Imagine a job where you watch people die in front you and you resuscitate them, and you're dealing with constant pressures around throughput and stuff like that, and you're also beginning to deal with some political backlash and some neighbour backlash. It is a very, very challenging job to do. People do it very well. They're very passionate, but it does wear on them a lot.

A lot of the staff are casual staff who are generally not eligible for benefits. Traditional employment assistance programs do not work with this; they do not understand this work. Typically, when people call in, the advice is, "Well, you should quit your job. It's harming you." That's not good advice to give to somebody who is doing such valuable, meaningful work. We would love to see a big investment in this area.

**Mr. Joel Harden:** How much time do I have left, Chair?

**The Chair (Mr. Ernie Hardeman):** Two point three.

**Mr. Joel Harden:** Before moving over to the Council on Aging, Rob, I just also want to acknowledge this for the record. I've spoken about it in the House before. There's a wonderful network created by harm reduction workers themselves called Soul Space, and this is an organization that provides respite, training opportunities to people in this sector. I know they've made a public appeal for support, and that could be easily extended into public schools, into seniors' homes, people who live and see trauma all the time. There's a lot of good work we could

do when we go right to the grassroots of the folks providing the help.

The Council on Aging, thank you so much for being here. First of all, thank you for being part of the movement in our city that stopped doubling of the bus pass for seniors. Thank you for raising your voice. That made a difference. That means we can keep our free-transit Wednesdays and hopefully our free-transit Sundays, and the people who built this country get to rely on a reliable fare.

I'm wondering if you could talk for a moment about seniors and people with disabilities getting around in the wintertime, and the unique problems we have in our city and what the province could do to make that better or easier.

**Ms. Valerie Wright:** I wish I could talk a lot about that, but I'm on the housing committee and not the transportation committee and the sidewalk committee. I know we have our moles that go and check the sidewalks. I think that's a really good program. I will speak personally. I find it has really improved in the past two years. Our sidewalks are better, but—

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

**Ms. Valerie Wright:** —I can't—

**Mr. Joel Harden:** Well, then, let's switch to housing. Sorry; I was unfair to you there. I didn't mean to be, Valerie.

**Ms. Valerie Wright:** I'm good—

**Mr. Joel Harden:** What haven't you been able to say yet on housing for seniors? I heard you make a passionate case for more non-market housing. I wholeheartedly agree. Use 40 seconds as you will.

**Ms. Valerie Wright:** I've reached my 70th-and-over years, and the conversation in my group is, "Should I go, or should I stay?" I'm one of those seniors that's living in a great, big house that needs to move on to the next generation. But the conversation in my community, and my friends are saying, "Where do we go? We have no place to go." We can't afford \$6,000, \$7,000, \$8,000 a month at a retirement home, and I feel that we should be finding ways to invest in retirement homes that don't cost \$6,000 a month.

Also, I really like the NORC model where I can move in, have a community. We run our whole system. It just needs minimal funding. It's been proven to keep people out of—

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

We're now going to MPP Fraser.

**Mr. John Fraser:** Rob, I want to finish off with you and thank you very much for your answer. This is off of the topic you raised. I know that you provide some services to Diane Morrison Hospice. I'm actually just using this opportunity to put a plug in because it's a hospice that's not funded as hospices are funded; it's cobbled together with help from Ottawa city health, some housing money and some other money. I know there's a need right now for them to fund about seven beds that they've got an application in for. These are people who are homeless. These are people who don't have family, who

need a place when they're at the end of their lives and they're suffering.

I just thank you for being here so I could use that opportunity to put this out at committee and for the work that you do to support those people. Because I know it's just—and I can remember back to when everybody was doing stuff off the side of their desk. They were cobbling together this thing so people who would not have access to the things that we have access to would have access to them. Thanks, Rob.

**Mr. Rob Boyd:** We're really proud of the work done at Morrison hospice. It's actually 21 beds that we don't have base funding for there. We have a lot of one-time funding. It's 14 palliative care and seven chronic palliative care beds. We're really looking forward to getting that as base funding.

**Mr. John Fraser:** They're looking for the seven, which should be a good start. We could get them all done, but I think there's a call out for about seven. Yes. Thank you very much again for the work you do.

1450

Valerie, I think my colleagues have already asked a question that I want to ask. I want to tell a little bit of a story. I called my pharmacist—they've been my pharmacist for 30 years. The pharmacist's assistant, a woman who has been working there—definitely over 65—was on the phone in tears: "I'm getting kicked out of my house. I've got no place to live. I don't know what to do." She's saying to me, "What do I do?" It's a pretty serious topic. And, actually, after that conversation, I think I saw her once, and I haven't seen her since. She had to go somewhere else.

So housing is a critical thing for seniors, and what you've asked for today I think is reasonable. All of us, we care about our moms and dads and our aunts and uncles and the people—our seniors. We have to find a way to make sure that—and my colleague mentioned renovictions, the fact that we've lost rent control. There's no throttle after 2018.

If you want to make some comments on that, that would be great, if there's anything else you'd like to add.

**Ms. Valerie Wright:** Well, it's not just seniors that are facing the problem of not having housing. There are so many of every age group that are having difficulty finding housing.

We need to find ways to build non-market affordable housing. Part of the fear of moving into rental units as well is: I'm going to stay in my house because then I can predict what the costs are going to be for the next five or 10 years. If I sell my house and move into a rental, there's no guarantee that I'm going to be able to stay in that place without being shipped out or whatever.

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

**Ms. Valerie Wright:** I know the building back funding is more for new builds, but I think we need a lot more rental—not just postage-stamp apartments but two-, three- and four-bedroom units that meet the needs of a variety of people in our community. Larger intergenerational families, immigrant families coming in, kids coming out of university can share a three- or four-bedroom apartment

until they're ready to move into their own place. I can move into a three-bedroom apartment and have a caregiver move in and stay with me and help me stay at home longer.

I think we need to put more emphasis on building rentals in Ontario, affordable rentals and deeply affordable rentals—a whole range of rentals that meet the needs of every income bracket in our province.

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

We'll now go to the government. MPP Hamid.

**MPP Zee Hamid:** Thank you all for coming out and sharing your thoughts with us. I'd like to start with Rob. It just so happened yesterday I had a pre-budget consultation with Associate Minister Michael Tibollo, who's our Minister of Mental Health and Addictions. I'm pretty sure it's the case that we're the first government in the history of Ontario to create a portfolio specifically to deal with mental health and addictions. It's been a historically marginalized aspect of health care.

Based on your experience, how important has that portfolio been and that role? Has it helped get attention that mental health deserves?

**Mr. Rob Boyd:** I sit on the centre of excellence substance use advisory committee, so I'm fairly aware of what's happening in the background. I think there was a bit of a slow start to it, but certainly, looking at the systems and the priorities that have been put in place and the desire to do better outcome measures for the system I really truly do appreciate. We often treat substance use as an episodic type of a care thing when we know it's a chronic condition that a lot of people have, so this idea of thinking of it more systemically is really important.

But we do also, though, need to see this investment in terms of existing services as well as the expansion into other areas like injectable opioid agonist treatment, as I've mentioned, because these sectors also are experiencing a lot of challenges related to staff retention.

I think that there's a lot of promise. I think that it took a while to get things going because of the pandemic. But like I said, I think the Roadmap to Wellness we agree with in principle.

**MPP Zee Hamid:** You mentioned Roadmap to Wellness. It was in 2020 that we announced \$3.8 billion in funding over 10 years to rebuild the Ontario system of mental health care. Have you seen an impact of it in your area, and for the remaining of those 10 years, what advice would you leave us with?

**Mr. Rob Boyd:** I think the advice is thinking about it in terms of long term. The problems of mental health and the problems of substance use are really complex and complicated. I think there needs to be a lot more focus on the social determinants of health and the barriers that people are experiencing to wellness that are being created by that. So investments in housing, investments in low-barrier employment opportunities for people—people need places to go and things to do. These are the types of things that we should be investing in—and thinking about that as treatment for mental health and addictions. Those

things, in and of themselves, we see as treatment within our organization.

**MPP Zee Hamid:** That's actually a good one. Thank you for that.

So, Valerie, I have a question for you. I think you mentioned downsizing or having to move out and having another family move into your home. We removed the provincial portion of Ontario's harmonized sales tax on purpose-built rentals, including seniors' residences built specifically for long-term rental accommodation. Has that helped at all, in your view? Where else can we take it in the future?

**Ms. Valerie Wright:** I think that's a very good move and action by the provincial government. It's just that I think we need two million homes by, I forget what the date is—sorry, getting older.

We need to find ways to move faster, and one suggestion I had in my presentation was to use materials that may be factory-based materials such as modular units or pre-fab, because we were able to save this problem way back in the 1950s, when none of us were around—some of us weren't around—but we can solve that problem now too if we just find faster ways to get faster builds for people who need it now, not five or 10 years from now.

**MPP Zee Hamid:** Yes, I won't go too much into that. That's been a challenge.

Now, we are making progress in our plans to build more long-term-care homes. I was blessed to have an announcement in my riding just last month. It's a planned investment of \$6.4 billion since 2009, and we're making progress towards building 50,000 new and upgraded beds across the province in 2028. What impact do you see these investments having on the population of seniors as they grow, as the population grows itself and as the seniors age with the population?

**Ms. Valerie Wright:** I wish my health expert was here, but we're very concerned about that plan just to build more long-term-care homes that are for-profit, because we're finding the level of care in some of those homes or the respect for the dignity of the older person may not be there. We'd like to keep people in their homes as long as possible. We realize long-term care is necessary, but it does need an overhaul in terms of how people are cared for, in giving them a quality, loving, compassionate environment.

**MPP Zee Hamid:** I'm asking you questions that I've actually literally asked my parents, because they're at an age as well—just trying to learn more.

One of the things we're doing is investing in seniors active living centres. I think it's \$17 million of investment that Minister Cho announced recently. We're investing—I think it's 100 senior activity centres across Ontario, to just get seniors more active and independent and engaged in their communities. It builds on our regular annual investment of \$15 million. Can you speak to some benefits of these seniors active living centres?

**Ms. Valerie Wright:** I think they're wonderful because they meet the social needs of older adults and keep them

engaged in their communities, and with building friendships and meaningful lives.

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

**Ms. Valerie Wright:** I'm a bit concerned about the costs of some of the programs in some of these active living centres because they're geared—I know, in my community, if I want to go to the Churchill community centre, I have to spend \$175 for a six-week program or something, on yoga or whatever. I can afford it, but a lot of older adults can't.

1500

So I think if you're going to build active seniors centres, you need to consider the people and make it affordable for everyone of every income level.

**MPP Zee Hamid:** That does seem high. It's not that bad—

**Ms. Valerie Wright:** Well, I'm not sure it's not quite that bad, but it is high. I know of people who say, "I can afford one program, but I can't afford anything else." And so, they only go once a week, so they're not taking full advantage of a holistic sort of program at one of these seniors' centres. They're very good.

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

I want to say thank you all for the presentations and the time you took to prepare. I'm sure it will be of great assistance as we move forward on our deliberations.

## ADVANTAGE ONTARIO

### OTTAWA SALUS

#### CLARENCE-ROCKLAND PUBLIC LIBRARY

**The Chair (Mr. Ernie Hardeman):** Our next panel is AdvantAge Ontario, Salus Ottawa and Clarence-Rockland Public Library. I believe that that one is going to be virtual.

As we're approaching the table, again, the rules are the same. You'll have seven minutes to make your presentation. At the end of six minutes, I will say, "One minute," and at seven minutes, I will say, "Thank you," and move on to the next presenter.

With that, we will now ask the first speaker, AdvantAge Ontario—the floor is yours.

**Ms. Lisa Levin:** Good afternoon, Mr. Chair and committee members. I'm Lisa Levin and I'm the CEO of AdvantAge Ontario. I'm joined remotely today by our interim board chair Megan Garland, who is also the director of long-term care and senior services for the county of Bruce. She is going to co-present with me. We greatly appreciate the opportunity to be here to participate in the pre-budget consultation.

We are the only association that represents the full spectrum of seniors' care in Ontario. We have over 500 members that include not-for-profit, charitable, municipal and hospital-led long-term-care homes, seniors' housing, supportive housing and community service agencies. Right here in Ottawa, we have 18 members, and we represent many more in the greater Ottawa area. Our mem-

bers include Perley Health, Bruyère Health, Hillel Lodge, the city of Ottawa and more.

As you know, the seniors' population in Ontario is dramatically rising, which has put a strain on the seniors' care system unlike anything that has come before. These pressures are made worse by an ongoing health human resource crisis that impacts the ability to retain and attract staff. That's why we're here today, to request that this committee recommend to the Minister of Finance that the province invest to sustain and protect the gains made in recent years and ensure we can care for an increasing number of seniors requiring complex care.

There is an urgent need for action. We sent the committee Clerk our detailed pre-budget submission, and Megan will now provide you with a brief overview of our recommended targeted investments, which fall under three categories.

Over to you, Megan.

**Ms. Megan Garland:** Thank you very much and I'm pleased to be here today.

Mr. Chair, over the last several budgets, the province has continued to increase funding towards seniors' care. We want to thank you for your support and highlight those critical investments that have occurred. New long-term-care homes are being built and older ones are being redeveloped. More staff are being hired and the number of hours of daily, direct care has increased. Recent investments are helping improve the quality of care being delivered to our seniors. This is progress; however, it's fragile and at risk.

Our recommendations are to invest in stability. Staffing continues to be a challenge along with also the increasing complex-care needs of our residents. The province has worked hard to address these issues through the previous rounds of investment towards targeted staff and direct hours of care. These investments have been very impactful, and we must keep up the momentum to maintain and improve resident care.

The province must invest to ensure that residents continue to receive the high-quality care they deserve. These investments should include an 8.8% increase to the level of care funding. This would cover essential services to meet the needs of our residents, such as nursing and personal care, recreation programs and food. Additionally, the province should make the investment to harmonize wages across the other parts of the health care system.

Our second recommendation is to look at rebuilding and building. Not-for-profit long-term-care homes do not have the same access or capital as large, for-profit corporations. Because of this, not-for-profit homes require additional and specialized supports to develop and redevelop their homes. The province should ensure that all existing and future not-for-profit development projects can move forward by extending the supplementary \$30-per-bed construction funding subsidy, and providing homes that are redeveloping with one-time \$250,000 upfront seed funding that helps cover the costs of project planning.

Our third recommendation is in regard to capacity. More than nine out of 10 Ontarians prefer to age at home for as long as possible, but sadly, many seniors are placed in long-term-care homes not necessarily because it's medically necessary, but because of the lack of supports in our community. To make matters worse, unlike other parts of the senior care continuum, the assisted living and supportive housing sector has not seen a significant investment in many years. The operators are finding it extremely difficult to operate under the current inflationary pressures.

The province must ensure that more seniors have more choices about where they live by increasing funding for supportive and assisted living by 7%. Creating a separate stream of capital and operating funding for seniors, affordable and supportive housing to expand the capacity is extremely important to our sector.

I hand it back over to Lisa to take us into our conclusion.

**Ms. Lisa Levin:** Mr. Chair and members of the committee, building a high-quality system of seniors care requires ongoing commitment to invest, collaborate and grow. Recent budgets have demonstrated a commitment to seniors, and with the population of seniors projected to skyrocket, we can't stop now. The momentum must continue. The not-for-profit sector looks forward to continuing to expand its supports and working with you to ensure that Ontario is the best place to grow old. Thank you very much.

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

Next is Salus Ottawa.

**Mr. Mark MacAulay:** Good afternoon, Mr. Chair and committee members. My name is Mark MacAulay, and I want to thank you the opportunity to speak on behalf of Salus Ottawa.

Did you know that Ottawa Salus is over 47 years old and is the first supportive housing in Ontario? It was the first place here in Ontario. We support persons with persistent mental health and substance use health disorders. We focus on independent living and transitional support programs. Our clients come directly from the shelters, from community wait-lists and from hospitals like the Royal Ottawa and the Ottawa Hospital. In addition to the almost 300 tenants that we have in 15 buildings, we support another 700 via private landlords and through Ottawa Community Housing, Veterans' House and, most recently, the upcoming HART hubs.

Demand for mental health and addictions services is at an all-time high, and for those in need of supportive housing, the wait-list may be years. For example, at Salus, it's four years to get a case manager and three to five years to access housing.

I'm here today to ask for two investments: first, \$300 million over the next three years to address the wage disparities, reduce turnover and close the service gaps in the mental health and addictions sector. Wages are our biggest barrier to recruiting and retaining skilled mental health and addictions staff. Without comparable wages to

our peers in other sectors like the hospital and education sectors, community mental health providers risk losing talent and jeopardizing the sustainability and quality of care we provide.

Second is \$110 million to create 1,000 new supportive housing units and help preserve the existing supportive housing stock over the next three years. This is based on the AMHO scan that was conducted earlier this year where we figured out that we could introduce as many as 1,000 more supportive housing units in this coming year by investing as little as \$80 million. This would be a first, tangible step towards the estimated 40,000 units needed. Additionally, this investment will help organizations like Salus to repair and maintain its existing stock.

#### 1510

Now, on one of the slides, slide 5, that you have in front of you—we all know that Ontarians want access to the right care in their communities. But as you can see in the photos there, when someone is struggling with persistent mental health and substance use disorders, without the support that we normally take for granted, things like cleaning and cooking can be overwhelming. That's the situation where we run into risk issues of pest control and people being at risk of being evicted.

Our clients would say, though, that they really enjoy their experience at Salus. Decent investments here have real implications for real people—constituents in your communities. At Salus, we evaluate our programs, and our programs demonstrate that for someone like Sheryl, who you see on your slide deck, who was homeless previously, it drastically improved their quality of life. Evidence-based tools show that they went from very low to average quality of life, and that's consistent with all of our clients going through.

This is not because of any one employee at Salus, like a case manager, but rather because it's a team effort. It takes a village to stabilize tendencies, increase resilience and support the independence of our clients.

While staff in our sector love to make a positive impact in their communities, they are facing very difficult decisions between the careers they love and the lives they want to build for themselves. You see an image of our maintenance staff because they're often the ones who are at the front line, who notice what's going on with our clients and they let us know.

Simply put, our workforce needs your help. Addictions and Mental Health Ontario—of which I'm a board member—notes that 90% of its members have identified wages as a significant barrier to recruiting and retaining employees. If mental health and addiction providers cannot compensate their employees fairly, we will continue to see an exodus from our sector. In 2023, our sector had a 1.53% salary increase, compared with nurses in the hospitals that got 11%, and increases in emergency medical services workers was 8%. Closing the gap is not an option, it's necessary.

The good news is that when the investments are made across our sector, we know that it works. We went back from 2022, when we received the first 5% base funding

increase—that was the first in 10 years—and we looked at the impact. Across Ontario, our sector was able to provide an additional 70,000 Ontarians with additional supports and services.

The \$300 million that we're asking for today would be broken down with a 7% base funding increase in 2025, 4% increase in 2026 and 4% increase in 2027. Sustainable and predictable funding is absolutely necessary for workforce recruitment and retention. Investments in our workforce will reduce the strain on the province's hospitals and emergency services. For example, the average cost of mental health-related visits in the community is about \$160, whereas if you go to the emergency department, it can be upwards of \$750.

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

**Mr. Mark MacAulay:** So why is supportive housing so critical? Without this, and you will see on the slide with that circle is that we get this loop of continuous care where clients are going in and they're going to the hospital, police, paramedics, only to be released and recycled back. Supportive housing can do that in a different way.

Overall, at the Ottawa Hospital, we have one example there of six patients who are in their beds and take up, on average, each year, their use of the beds—182 people could go through those same beds. Ultimately, supportive housing costs about \$72 a day, whereas the hospital is \$572 a day. Supporting this investment into supportive housing for 1,000 new units is a great first step, and that's something that we would appreciate within that investment. Thank you for your time.

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

Our next presentation is the Clarence-Rockland Public Library. This is virtual. The floor is yours.

**Ms. Catherina Moskau:** Thank you for the opportunity to participate in today's pre-budget consultation. My name is Catherina Moskau. I'm the CEO at the Clarence-Rockland Public Library. I'm also on the board of directors of the Federation of Ontario Public Libraries, and I'm here in the capacity as both.

Public libraries are critical to communities across Ontario and they're essential to thriving local economies and economic growth. Millions of Ontarians rely on local public libraries in their communities to work, to learn, to connect to community and government services and to find or train for a job.

Over the last year at the Clarence-Rockland Public Library, we've been offering numerous English-as-a-second-language conversation classes due to the huge influx of newcomers we've had to this area. A lot of these classes have been booked, they've had waiting lists for them, but a lot of these newcomers are finding jobs, so it is coming to fruition. It's a testament to our mission of service and inherent flexibility to respond to what our community needs, and this is one of those cases.

On behalf of public libraries across Ontario, we're advocating for targeted critical investments that will capitalize our public libraries and ensure that all Ontarians, no matter where they live or learn, will continue to have

access to modern, cost-effective resources and services they've come to rely on through their local public libraries.

Many of you have already heard about the Ontario digital public library—the ODPL, it's called fondly. Recently, the government actually paid a lot: They made a \$4.8-million investment to install or upgrade broadband connectivity at over 100 public libraries across the province. Digital resources now need to be used on this broadband, and a lot of libraries can't afford to buy a good suite that would be useful to their communities. So these e-resources would provide capabilities including in-depth job and career skills training, language learning, live tutoring and homework help, health information and resources to support vulnerable residents such as seniors and adults living with developmental disabilities.

These resources are expensive, especially when purchased on a patchwork, library-by-library basis. Each library buys what they can afford. Unfortunately, this becomes very much an issue of haves and have-nots: Larger libraries can afford more; smaller libraries, such as in the Prescott-Russell area, we cannot afford that many. For example, our library, which has a population of just over 25,000 for our community, we can afford three or four a year. That's it. Where this becomes interesting for the area of Prescott-Russell and other smaller areas in northern Ontario, or around, is that in all of these small neighbourhoods, people can walk out their door and they have farmers' fields most of the time. Whereas if you're in a large city, you can walk out the door and have access to a number of services that smaller towns and cities do not have. So having this suite of e-resources would give access to a lot more services, and what this would mean is every person in Ontario would have access to the exact same services just by using their library card and going online at home or within the library itself. So something like this, an investment of approximately \$15 million a year for the Ontario government—and this would be so everybody across Ontario has equitable access, everybody has the same. So for hundreds of libraries across Canada, they would be able to offer all these digital resources they never would have been able to afford before.

In addition, Ontario public libraries are continuing to emphasize the need to increase provincial funding for Ontario's public libraries to address critical shared priorities and community needs. Unlike most sectors in Ontario, Ontario's public libraries have received no increase in provincial operating funding for over 25 years. During that time, the value of the province's investment in public libraries has decreased by over 60%. While the majority of public library budgets are municipally supported, the provincial portion of funding is critical.

So in addition to maintaining the current provincial operating fund, which is called the PLOG—that's our Public Library Operating Grant—for public libraries, Ontario public libraries are proposing a targeted annual investment of \$25 million in addition to the current operating funding. This would specifically address critical areas of shared community and provincial priority, including supporting economic recovery through job training

and skills development; addressing the community impacts of mental health and addictions; providing services and resources to assist with high-needs members of the community such as seniors, newcomers, working families and all vulnerable members; and supporting early literacy and kindergarten-to-grade-12 success.

**1520**

The partnership between the Ontario government and public libraries is vital, and that's never been at question. We have to work together. So providing these critical supports are needed for us to continue to work together to deliver important government services, locally relevant resources and economic development close to home and in communities where people live. In other words, what I'm asking for is two things: the Ontario digital public library, which is \$15 million per year; and an addition to the Public Library Operating Grant of an additional \$25 million per year. So those are two separate asks, and we've mentioned it to a lot of deputies in the past.

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

**Ms. Catherina Moskau:** One thing I do want to take a moment is to say thank you for the addition to the First Nations public libraries grant that was given most recently, and I just want to give my profound thanks for that. That has been a godsend.

Thank you, and I welcome the opportunity to answer any questions that might come up.

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

We now will go to the first round of questioning, and we'll start with MPP Fraser.

**Mr. John Fraser:** Thank you all for being here to present today. I don't have quite as much time as everybody else, so I'll try to get through everybody. I do have questions for everyone.

I'll start with you, Mark, and thanks again for presenting here today. As you know, Karen's Place is in my riding of Ottawa South. It's quite an incredible place. I've had a chance to visit it—not for a little while, but the kind of work that is done there and the sense of belonging that people have and the fact that they have a place that's nice, right? It's not a rooming house. I remember before we rebuilt the Royal Ottawa, it was hard to understand how people could get well in a place that was not nice, that was dark. It's a very bright place and great people are working there.

So just in terms of Salus specifically, in terms of your recruitment challenge, how many open positions would you have on an ongoing basis?

**Mr. Mark MacAulay:** We would have approximately five to 10, depending on that and the length of time it would take could be anywhere from two months to eight months, and that's even a manager position. This past year, one took us almost a year to hire for.

**Mr. John Fraser:** Wow. And that is driven by, really, the salary?

**Mr. Mark MacAulay:** The salary.

**Mr. John Fraser:** Across the people services sector, we've heard that pretty consistently. We have it in long-

term care; we obviously have it in support for people with mental health and addictions needs. And so I just would encourage the government to take a look at that. You can't compete when you're giving two, and someone else is giving 11. I don't care what you're doing. And it's not an easy thing to do. I think that the asks that you have there are reasonable in terms of trying to find a way to get there over some time. But it does need to be addressed.

More specifically again for Salus—I know there's a larger provincial issue—what are your needs, or what do you have in the pipeline from a capital perspective? I know your needs are great, but what are some of the projects you're trying to deliver here, or you would like to deliver here?

**Mr. Mark MacAulay:** There are two things. There's maintenance of existing projects. I can give you a \$3-million building that we have. We have a \$500,000 renovation that we have to do to maintain a 70-plus-year-old building. So that's one thing that is immediate.

But the capital projects that are under way is—there are several things. Number one is transitional housing. There's a huge need for transitional housing. Our hospital partners—I've been working with the Ottawa Hospital, the Royal Ottawa and Queensway Carleton Hospital. All three have a need, I would estimate, in excess of 200-plus people that, tomorrow, if I had the transitional housing, they could take out of their current beds and bring them into the community.

**Mr. John Fraser:** And in terms of investment—so those are largely patients with mental health and addictions issues.

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

**Mr. Mark MacAulay:** Mental health and substance use disorders.

**Mr. John Fraser:** Substance abuse, okay.

**Mr. Mark MacAulay:** Yes. And then the other area is aging in place. We have the first-in-Canada building that we are growing up 54 units specifically for people with mental health and substance use disorders. I could triple that building, easily, in size and fill it.

**Mr. John Fraser:** Yes, because it starts to enter into—we're going to talk about it later on with long-term care, which is, how do you actually support people with mental health and addictions aging? And then their needs change as well, too. There are real risks, as we heard earlier today, for seniors in our community of becoming unhoused or having—just struggling to get by.

Thanks very much for your presentation. I will turn it over to my colleagues.

**The Chair (Mr. Ernie Hardeman):** MPP Clark.

**Mr. Steve Clark:** Chair, through you, I want to thank Lisa, Megan, Mark and Catherina for their presentations. I've got questions for all of you, so I will keep it in the order that you presented.

To Lisa and Megan—very impactful, the conversation you started with about investment stability and the fact of complex care. I'm lucky, in my riding, we've had five announcements for long-term-care expansion, which is fantastic. Both my hospitals are very happy because of the

amount of ALC patients that are there, are looking with a lot of anticipation for the next two to open. We've got one that's opened in North Grenville, in Kemptville, a state-of-the-art facility, and two that are under construction. The two that are actually under construction, one is a municipal home in Athens, Maple View Landings, and one is—to speak to your point, Megan—a non-profit home, Sherwood Park Manor. We've got two that are proposed, one in Prescott, one in Gananoque, that are privately—but I want to focus on the non-profit because this is something where I've had ongoing conversations with Sherwood Park Manor the entire time I've been an MPP. They have looked at different models to become sustainable—to use your concern number two about building non-profits and about having that \$30 tag to make sure that they're sustainable. Sometimes they have looked at having a campus of care to make it more profitable.

I would really love to hear your feeling about non-profits, because this is something real that I deal with all the time. To pick up on something that MPP Fraser had when the Royal Ottawa was redeveloped, the Brockville Mental Health Centre, the old Brockville psych, was wound up. So part of the future of Sherwood Park Manor is going to be that land and acquiring some of that land from IO, which is a whole other story that I don't want to get into right now. I will be triggered.

I just would love to hear more about your view about the future of non-profits, because I think it's really, really important in the mix of long-term-care homes in the province.

**Ms. Lisa Levin:** I can answer that question for you, and thank you for asking it, because there is a difference between non-profit and municipal long-term care and private, for-profit long-term care in terms of building. There's less expertise and less equity and it's harder to secure upfront funding and it's harder to secure financing for those projects.

That's why we are asking for upfront seed funding of up to \$250,000 for not-for-profit long-term-care homes. And we're also asking that the construction funding subsidy that went up on a time-limited basis continue, because what's been happening is—we're really happy to see a lot of our members are building now, and you mentioned two of them. But having it stop and start—in March, it's like “Okay, everybody you have until November,” and not everybody, particularly municipalities, can be that quick. We think it could make a difference if you could extend that.

The other thing that we want to talk about is that if you're a new operator of long-term care, you have to have a management company, and all the management companies, except for one, are for-profit. It's just the way the market has developed. So we have been working with our members. We've developed, out of our own expense, a playbook to help them start a business of helping other members through non-profit management. Many are interested, and so we are asking in our pre-budget for seed funding to enable them to move forward with that, because otherwise you have for-profit homes and not-for-profit

homes in Ontario who are going to be run for many years by for-profit companies. Particularly when you have cultural communities, it can be a bit problematic. So we're hoping that can change.

1530

**Mr. Steve Clark:** Thanks so much.

Mark: Great presentation. Obviously, I'm going to focus on the \$110 million to add, support, preserve, protect. I don't know a lot about your organization, but I appreciate the slide deck. The one thing I'm always interested in is, when the government provides more dollars for housing, normally they look to the service manager—so in this case, the city of Ottawa. What I don't ask enough of is, what's your relationship with the service manager? How have you been able to work with the city to take some of the dollars that the province—whatever government, ours or previous governments—provide to incent housing development or housing redevelopment?

**Mr. Mark MacAulay:** Thank you. Excellent question. I would say the relationship with them is excellent, and what I would say is there's also been a significant shift in strategy from focusing on incremental growth to exponential growth. What I mean by that is, with the current building we're doing, you get the funding, and everybody races to the finish line to build 50 units and then you wait to do it. Typically for a build, it takes seven to eight years from the time of inception of thought to completion. That's what's the norm in the sector.

I've been working with three other community-based providers and Ottawa Community Housing to look at a way in which we could exponentially scale instead of reacting to building to look forward and plan and have things shovel-ready. What we have right now, and we have done the numbers, is that for each build, the 20, 40, 60 units—replicate them. On those builds, when we follow the format that we're bringing forward, we will save anywhere from \$750,000 to \$1 million per build just by simply changing how we're thinking about building. The city is fully supporting that, and that's the innovative thinking of taking what we're normally doing instead of a reactive and proactive approach.

**Mr. Steve Clark:** Beautiful. Thanks for that.

How much time have I got?

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

**Mr. Steve Clark:** Catherina, thanks for the First Nations grant shout-out. I've got the same with my libraries in my riding of Leeds–Grenville–Thousand Islands and Rideau Lakes. Thanks for your comments about the Ontario digital public library—a really great program. I've heard a lot from my local libraries.

Tell me, in 40 seconds, what a targeted investment of \$25 million will do for the Clarence-Rockland Public Library. What do you hope that would do for you?

**Ms. Catherina Moskau:** Our portion would be small, obviously. But that will just increase what we're able to offer, especially with programming. We haven't been able to increase our budget in years for our programming, which is becoming a big deal, like with the ESL classes.

Mostly it's to go directly towards our clientele. It's services directly towards them.

**The Chair (Mr. Ernie Hardeman):** We will now go to MPP Harden.

**Mr. Joel Harden:** Thank you, everybody, for being with us this afternoon.

Mark, I want to begin with you. As my friend from Ottawa South just said about Karen's Place, you had taken me there recently, and I really enjoyed not only meeting with you, but one of the development workers there—manager of development workers, if I'm not mistaken.

I just want to refer to the slide deck page and the two pictures which you called “the impact of” mental health and addictions “on housing stability.” You've got two photos there and they're remarkable photos. When I think about that, I think about what happens when we try to provide housing to folks who urgently need it—taking people out of shelter; taking people out of situations where they are carrying around a lot of trauma that's not just recent, but it could be lifelong. We bring them into a congregate care facility, but you only have the support, perhaps, to find somebody in there maybe once a week, or, as you said, maybe they're waiting for three and a half years to find someone.

For someone who has lived outside for a long time, someone who's been in and out of shelters, I'm wondering if you could just talk about the challenge you grapple with, perhaps, in making sure you can provide that housing for folks. When the province makes that investment, when the municipality makes that investment, when you make that investment, how challenging is that for you, when you see someone come in and we don't give that new neighbour in that building—it might be the first housing unit they've had in their life—a chance to succeed?

**Mr. Mark MacAulay:** Great question. Imagine yourself: Just go back to your days whenever you first got an apartment. Day one wasn't easy. Typically, it takes you a year to get settled in. Layer on top of that mental health, substance use disorders, alienation from the family, being alone from another country, trauma and then the limited amount of supports.

In our buildings, we have better independent living. A person may have access to a case manager from the community, but the wait-list is there, so typically it's a community developer who is there from 9 to 5 and they have access to them. It's very difficult for them, is what I would say. The hard part is, the client typically will struggle that first six months; they're trying to get resources in the community, and they're at risk of losing that.

Our staff know that. They are so committed to their work. They're putting in all of their time and effort, and the wear on the staff is incredible. I think you heard our program manager, that that wear—because it's not just a simple conversation: “You need to do this to get this. Let's go and get your furniture and pick it out.” It's everything that's layered on top of it. That picture demonstrates that a simple thing—just cleaning your cupboards—no, it's not that simple. It takes work and it takes time.



**Mr. Joel Harden:** Routine and engagement and energy.

**Mr. Mark MacAulay:** Routine, yes.

**Mr. Joel Harden:** Let's look at it from the other perspective for a second, because when I was there at Karen's Place, it was also really heartwarming to hear the perspective of a community development worker saying, "Joel, imagine a job where you give somebody a set of keys to their own place for the first time in their life. And imagine the look on that neighbour's face to see that transaction, and that's your job. You get to do that all the time." What I remember from that experience was thinking, "What a wonderful occupation to have." That could be your life, seeing people make that turn into some stability.

So I want to think about the generation of community development workers we're trying to bring into the field, and I'm thankful for your \$300-million ask so we have some wage parity for those folks. I mean, money isn't everything, but it certainly is important if we're trying to get social workers into your sector, right? Is that a fair assessment, Mark?

**Mr. Mark MacAulay:** It's a very fair assessment. Quite frankly, some of our community developers—they haven't said it, but they have said that they are close to being in the shelters themselves.

**Mr. Joel Harden:** Wow.

**Mr. Mark MacAulay:** Because we didn't get any increases in wages, they said, "Could you give us gift cards instead of a salary increase as a way to do it?" I had several staff approach me and ask me if I could do that, which I can't. But that's the challenge.

**Mr. Joel Harden:** Again, just for the committee's benefit, Chair: Just to reflect on something you said, Mark, the cost of supportive housing through the Salus model is \$72 a day. The cost of that through the hospital system—an ALC patient—is a \$572 cost today. I mean, this is a fantastic saving for the province. I understand you've got requests for the provincial budget, but I would just encourage us, Chair, to look at this as a massive saving opportunity, a massive staff recruitment opportunity for people who work in the care sector and do really impressive, meaningful work that could change your life, and most importantly, giving neighbours somewhere to live.

How much time do I have left, Chair?

**The Chair (Mr. Ernie Hardeman):** Two point one.

**Mr. Joel Harden:** Thank you for all the work you do. You mentioned Hillel Lodge, we talked about the Glebe Centre—we could talk about so many places. What I really liked that you mentioned, and you've mentioned it before, is the cultural appropriateness of care and how powerful that is. I'm familiar with the Glebe Centre, with the Chinese Canadian programs that are overenrolled, with massive wait-lists, and how meaningful that's been for people to get care in their language that's culturally appropriate.

People feel like, when they move into assisted living, they have to leave their culture behind. So is it fair to say that investments in your sector could be put directly

towards that, so people don't feel like they're leaving a really integral part of themselves behind when they're moving into an assisted living home?

**Ms. Lisa Levin:** Absolutely, and a lot of the new builds that are going on right now are for cultural communities, and we thank the government for that. We have a number of new members, including in the Milton area, who are building cultural long-term-care homes, cultural campuses of care. They are so critical for seniors when they age, because they often revert back to their mother tongue. They feel more familiar with the cultural traditions and food etc. So yes, at the Glebe, they have a special unit for the Asian community and it's really critical.

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

**Mr. Joel Harden:** And this costs money to recruit and find staff; to be able to experiment with models like the butterfly model, which some of your members have done. At the end of the day, as we heard from Mark, from the supportive housing perspective, this comes back to making sure that there's proper investments, is it fair to say, to make sure people can do this?

1540

**Ms. Lisa Levin:** Absolutely. The government actually just announced an investment in emotion-focused models of care for a number of homes, and we are thrilled about that, because those models of care are transformational.

**Mr. Joel Harden:** Great. Thank you.

**The Chair (Mr. Ernie Hardeman):** We will go to MPP Fraser.

**Mr. John Fraser:** Lisa and Megan, thanks for being here today. I want to follow on with regard to capital funding. To start with a little bit of a story: In another iteration about 20 years ago, I worked on St. Pat's home, which was doing a rebuild. I don't think you would have been with AdvantAge then, but they were doing a rebuild and a new build. It took about two and a half or three years to get the ministry straightened out. At the same time, I realized just how difficult it was for somebody who had not built a home ever, or in 40 years, to build that. So your request for \$250,000, I think, is very reasonable and thoughtful.

The thing is the predominance of private care in long-term care does create a disadvantage. It's easy if you build things all the time, and if you're in the business of building, to be able to build. But now that those companies are becoming less and less attracted to long-term care and getting out of it, we're going to have to rely on you. We're going to have to rely on communities. I just want to say that I think that the ask to make that funding stable and permanent is reasonable and it's not excessive because we're going to need you going forward.

Let me know when I have one minute, because I want a little bit of time to ask Catherina a question.

I'll just turn it over to you.

**Ms. Lisa Levin:** Megan, do you want to make a comment on that one? I think she's waiting for me.

**Mr. John Fraser:** Did she hear you?

**Ms. Lisa Levin:** I think she's waiting to—is she unmuted?

**Mr. John Fraser:** Oh, yes, they have to—

**Ms. Lisa Levin:** Megan, can you hear me?

**The Chair (Mr. Ernie Hardeman):** I think we've lost her.

**Ms. Lisa Levin:** Okay. Anyhow, yes, it is really critical. We are here to fill whatever gaps. I know that there are a number of homes closing, particularly in the Toronto area. Many of our members have been able to redevelop, but we need as much support as we can get. We're hoping through the Building Ontario Fund, for example, it can help us get some financing in our member homes, and in urban areas we need special strategies. We're here and we're ready to go.

**Mr. John Fraser:** I think that it's important that this committee recommend the simple things that you're asking for, because we are going to rely on you. They are not impossible asks: They are asks that can be done.

When you have a home that is closing in downtown Toronto, you've got to build it somewhere relatively close, because that private company—they're not going to be a long-term care anymore; they're just going to get rid of that property. They might rebuild and get the licence, and they might not, and then we're in trouble.

I wanted to make that clear to the committee: That's a big risk for our long-term care right now, with our reliance on private companies. When they don't see the equity there that they want to get, they're out, man. They're out. Thank you very much for being here and presenting.

Catherina, I am going to pay a compliment to the government. I think the funding for broadband in rural libraries is important and it was a good thing for them to do.

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

**Mr. John Fraser:** We need to put some gas in the engine, though, so again, your ask for \$15 million for resources is a reasonable one. I don't know if you want to say anything about that; I'll leave you the last 30 seconds.

**Ms. Catherina Moskau:** I agree 100%. It's all good and well to give us a vehicle, but we need gas to drive it.

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

**Ms. Christine Hogarth:** I want to thank everybody for being here today. As we've said, we learn a lot from listening to our stakeholders, so I thank you for your documents that you've shared and your deputations here today.

My first question is actually for Catherina, with the Clarence-Rockland Public Library. Welcome. I always think of the history of libraries, and it's kind of changed over the time. I remember as a little girl, my mom would take us to the library for something to do and there was a lady in a rocking chair that used to read us stories. She went around, and I guess that was her free time or her respite, leaving us with the library lady to read a story while she went and searched for books.

I know the government did commit more than \$27 million in funding to the library sector in Ontario. I know the member opposite mentioned broadband, which is obviously helpful in rural and northern Ontario, where they don't have that access like we do in Toronto. I'm just

wondering: What do you see as the future of libraries in Ontario? What are your thoughts on the future?

**Ms. Catherina Moskau:** The future is much like it's going right now. A library right now and into the future is somewhere where communities could come together. Obviously, it's one of the last places that doesn't actually cost something out of your pocket. We get a lot of children, we get a lot of seniors, we get a lot of new people coming from elsewhere, outside of Canada or elsewhere in Canada. They're places where people can gather and make community, and I think that's going to continue that way.

Obviously, we're not just books, and we'll never be just books again, like in the olden days. It's just so much more. It's a place where you can gather, where you can have more things available in one spot.

**Ms. Christine Hogarth:** Almost like a community centre-type environment.

**Ms. Catherina Moskau:** One thing to very much emphasize is, sports are fabulous, but not everybody is into sports. We have the other groups too, and that's where the library comes into place. Our fellow nerds, I guess you could call us, they're growing, and they need someplace to go, someplace where they feel at home and where they can learn and grow.

**Ms. Christine Hogarth:** I've seen that in a lot of communities. At one point, I did a project, when I worked for the city of Toronto, looking at community centres all around the city. Libraries were part of the community centre because—you're right—someone might like to swim and someone might like to read, so it's a place where families can grow.

Do you see locations of libraries changing in the future so they are part of a community centre, or do you think stand-alone works?

**Ms. Catherina Moskau:** Personally, we're actually part of a community centre.

**Ms. Christine Hogarth:** There you go.

**Ms. Catherina Moskau:** We're part of the YMCA connected with us. I think it's a great idea to have multiple things in one space. Like you said, it brings the whole family in. You can have one child who's into the swimming and one child who's into the reading, and you're still in the same building. I think it's fabulous.

**Ms. Christine Hogarth:** You mentioned a suite of services. I'm wondering if you can expand upon what that means.

**Ms. Catherina Moskau:** The suite of services would be more like—it's not e-books. E-books are a separate issue. This is more services of how to get jobs. It's studying. It's learning new languages. It's government—ways to deal with even legal issues or ways to deal with different services that the government has. It's facilitated all in one spot.

There are health services that are available that way as well. Especially when I see what the other two presenters here today are dealing with—we've got mental health and we've got long-term care, and a lot of those things are also available. Assistance for people in those kinds of situa-

tions is available in these e-resources, so it's kind of complementary. It's very helpful.

**Ms. Christine Hogarth:** Would ServiceOntario or Service Canada be part of the suite of services?

**Ms. Catherina Moskau:** It could be.

**Ms. Christine Hogarth:** I guess it depends on the location and space available.

**Ms. Catherina Moskau:** Exactly.

**Ms. Christine Hogarth:** Anything else you want to add about libraries? Because then I'm going to move on.

**Ms. Catherina Moskau:** One line: We're more than you think.

**Ms. Christine Hogarth:** That is true. I remember at one point, you couldn't eat or drink, and now they offer coffee in some of them when I did the library tour in Sudbury. Yes, it is very different than, as I said, when I was young and going to the library, plus when—

**Interjection:** Sh.

**Ms. Christine Hogarth:** I'm not supposed to tell my age.

**Ms. Donna Skelly:** No, not that—

**Ms. Christine Hogarth:** Yes, you're supposed to shush when you're in a library.

**Ms. Donna Skelly:** You can tell your age.

**Ms. Catherina Moskau:** Not anymore. We're very loud now.

**Ms. Christine Hogarth:** Now we're loud and play games. Anyway, thank you very much for keeping our libraries alive.

My next question—actually, I just really wanted to touch on with Salus. You had mentioned \$110 million to add new 1,000 new units of supportive housing. Do you have a partner to build these homes? Is there a partnership?

**Mr. Mark MacAulay:** Yes. As I mentioned, I'm part of Addictions and Mental Health Ontario, which is comprised of 150 different organizations. Those 1,000 units would be representative of what we could do. We surveyed all of our members together, and Salus is part of that. It's immediately, tomorrow, if you had the money, put it on the table—"I have 16 units that I can build tomorrow" type thing.

1550

**Ms. Christine Hogarth:** How does that work? Once you're building the units, is there a list that people go on to get into these homes?

**Mr. Mark MacAulay:** Yes. Typically, it's a centralized list through the city and then they come off that—

**Ms. Christine Hogarth:** Okay, so then it ends up being owned by the city. So it's part of that. Okay. Thank you for clarifying that for me.

We talk a lot about our Roadmap to Wellness. I was really proud when we took over office and we had our first minister for addictions. That was important. We need to talk about mental health and addictions, and to make it its own portfolio I think was important. I know Minister Tibollo does a wonderful job with the work he's doing.

Just wondering: How has the \$3.8-billion investment over 10 years been able to help mental health, the work you do, and where do you find it most impactful?

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

**Mr. Mark MacAulay:** That's a good question. I think where we've seen a lot of investment is in the substance use health area. It's early days. We need to do more.

I think the impact has been there. A quick example: We have clients who have to go to Hamilton for withdrawal treatment, and they have to stay in Hamilton after treatment, after they go through the program, because they can't find any supportive housing in Ottawa to help them transition back.

**Ms. Christine Hogarth:** Thank you so very much, and thank you, everyone, for being here.

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

**Ms. Chandra Pasma:** Thank you to all the witnesses for being here this afternoon. We really appreciate it and appreciate you taking the time to share your perspectives on the budget.

Mark, I want to start with you. First of all, I'm really looking forward to the new Salus development on Capilano Drive, not far from my office, and seeing that open to serve residents of our community.

With regard to the \$110-million ask to expand the number of beds in Ontario, do you know what the wait-list is, the number of people who would be in supportive housing if a bed was available?

**Mr. Mark MacAulay:** Right now, the wait-list across Ontario is 40,000 for supportive housing, very much supportive housing.

**Ms. Chandra Pasma:** Yes. That's quite shocking in and of itself. But I think you've actually understated the cost a little bit about having people not be in supportive housing, because you've compared the cost of being in the hospital at over \$700, and then the cost of being in supportive housing and having that case management and the services around you, it was \$160?

**Mr. Mark MacAulay:** It's \$72 a day.

**Ms. Chandra Pasma:** Oh, okay. Sorry.

But it's not just the hospital cost that people experience if they're not in supportive housing, because it's also police and paramedics and other emergency services who have to be involved. So we're really talking about a cost that is more than 630 times the cost daily of what it actually costs to have somebody not be in supportive housing.

**Mr. Mark MacAulay:** Yes, I would agree. I think what I would say to that is that the numbers make sense. The silos and structures within our government and community systems have to change, and the Roadmap to Wellness has really laid that out clearly on how and what we can do. But we have to actually challenge ourselves, and, I say, at all levels of government and within our community organizations, including ourselves, to think about how we do business differently, because those numbers will only make sense when the desire to make the change in a system of the way the things used to be—and I think that that's the opportunity we have, to line those up, because there are incredible cost savings that we can turn around tomorrow and bring to the larger system. But it's working

together, and I think we're on that way, and I challenge everyone every time I talk every day: Let's think about doing it differently.

**Ms. Chandra Pasma:** You remind me of a witness at last year's pre-budget hearings who talked about waste through poor planning. That's what it sounds like this is, where we could be saving literally hundreds of dollars per resident, per day if we invested in the spaces for them. But by taking this siloed approach, we are basically wasting money that could be used on any of the other many urgent priorities that have come before this committee today.

**Mr. Mark MacAulay:** Thank you for saying that. I can tell you right now with confidence, if someone said, "Go ahead. Build as many as you can," I can say we can do 250 units a year here in Ottawa in supportive housing starting tomorrow, because we already have that plan in place to action it, and we could probably bring it up to 500 very shortly. That's not an exaggeration; that's an actual fact that we've done the numbers on, and we have the plan.

**Ms. Chandra Pasma:** Thank you for the leadership that Salus has shown in that regard. Are there increased challenges in housing someone when they spend three to five years on the wait-list for housing? Does it become harder, then, once they actually have a unit that they can move into?

**Mr. Mark MacAulay:** Incredibly, because first off, oftentimes it's trust and fear of going back to the shelter. As you know, last year, or a couple of years ago, we had a building that flooded. The first thing that came out of our tenants' mouths wasn't, "Where are you going to put me? In a hotel or something?" It was, "Am I going back to the shelter?" They live in constant fear that they're going to lose their home.

Our job in supportive housing is not just to go there and fix someone, our job in supportive housing is to believe that they have the skills and ability and to provide the foundation of trust so that they can grow in their lives, and that is through the different times. That's the essential part.

**Ms. Chandra Pasma:** Thanks so much, Mark.

Lisa, I have a question for you, because I was really struck by what you said about long-term-care homes being required to have a management company, but all of the management companies except one being for-profit. The whole point of a not-for-profit long-term-care home is that the funds go to care, not to profit, and now here we have this end run where not-for-profit care funds are ending up going to a private, for-profit company.

In my riding of Ottawa West-Nepean we have the Villa Marconi, which is an Italian long-term-care home that is very beloved by the Italian community in Ottawa. They're very proud. But we've seen in the past few months some challenges at that home, with staff saying that they don't have the supplies that they need to provide proper care, so they are washing residents with pillowcases. They are using paper towels to dry them. They're so short-staffed that they can't afford to take breaks. The workers are owed \$400,000 in back pay. I don't think that reflects the values of the Villa Marconi board or the Italian Canadian

community, but it's this for-profit company that is making the actual on-the-ground, day-to-day decisions.

I think we urgently need to create those opportunities for not-for-profit homes to have management that reflects their values; that is not diverting money into profits. So if you were to receive that seed funding to bring not-for-profits together, what would that look like? What kind of alternatives would you be advocating for?

**Ms. Lisa Levin:** Well, we already have a group of homes that are interested in doing this. There are over 12 of them from across the province—municipal homes and local homes, non-profit homes—and with seed funding they could get started and they could do this kind of management service.

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

**Ms. Lisa Levin:** They could also do other kinds of consultations and back off the supports as well. So they could literally be one of these operators, and we already have a couple that are moving forward quite quickly with this.

**Ms. Chandra Pasma:** Well, I hope you're able to reach that goal.

Just quickly, because there's probably about 40 seconds left: There are many benefits to investing in not-for-profit care as opposed to for-profit care. We saw some of them during the pandemic with mortality and infection rates. There's the support for cultural communities. Can you quickly say what you see as the biggest benefits of not-for-profit care?

**Ms. Lisa Levin:** Oh, wow. I would just say that it's where people want to be. So 68% of people on the wait-list want to go into not-for-profit long-term care. So the people are asking for it; let's give it to them.

**Ms. Chandra Pasma:** Thanks. Well done.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time for that question and for this table, so we thank all the participants again for the time you took to prepare and the time you ably came to present your position.

SOUTH-EAST OTTAWA COMMUNITY  
HEALTH CENTRE  
CEMENT ASSOCIATION OF CANADA  
OTTAWA-CARLETON DISTRICT  
SCHOOL BOARD

**The Chair (Mr. Ernie Hardeman):** With that, our next panel is going to be the South-East Ottawa Community Health Centre, the Cement Association of Canada and the Ottawa-Carleton District School Board. You will each have seven minutes to make your presentation. At six minutes, I will say, "One minute." At seven minutes, I will say, "Thank you." As we complete the three delegations, we will then go to questions from the committee.

So with that we will start with the South-East Ottawa Community Health Centre. It's virtual.

1600

**Ms. Sarah Kennell:** Good afternoon, distinguished members of the committee. It's wonderful to be with you today. My name is Sarah Kennell and I'm the chair of the board of directors of the South-East Ottawa Community Health Centre. I'm joined today by our executive director, Kelli Tonner, who has worked with the centre for 26 years in a variety of roles. She has seen first-hand the impact that care close to home can have on people's well-being. Kelli is available with you in person today to answer any questions you may have.

The South-East Ottawa CHC is one of six CHCs in Ottawa, and one of 75 across the province. We're all not-for-profit, community-governed organizations, with a primary focus on improving the health and well-being of populations who have traditionally faced barriers in accessing health services, including those living on low income, new immigrants, people with complex mental health issues and individuals who don't have health insurance. Core to our mission is making a positive difference in the lives of people who face inequities by providing them access to primary care, community health and social services.

In the history of our centre, we have never before seen our community in such dire need. The pandemic exacerbated an already tenuous situation for those we serve. We've seen first-hand spikes in mental health concerns, food and housing insecurity and racism and discrimination. We have also seen further reductions in access to primary care and an increase in the number of unattached patients. This has resulted in higher demand placed on emergency departments, food banks, shelters—all with mounting costs to the public purse. Community health centres, though, are well positioned to respond to these challenges while saving costs to the system and achieving positive results by keeping people out of hospital, reducing emergency department visits and supporting their transitions back into community.

That's why we're asking the government of Ontario to commit to investments in two core areas. The first is an investment of \$430.9 million over five years in interdisciplinary, inter-professional primary health care teams. Community health centres are well-established models of care of team-based interdisciplinary care that fit with Dr. Philpott's vision and can meet the health needs of Ontarians—a system where we're guaranteed access to a primary care team and the supports necessary to maintain well-being. But we know that primary care is so much more than access to a family doctor, especially for those with complex health care needs.

Community health centres serve populations with complex health care needs—68% more complex on average than the general population. Despite this, our clients visit emergency departments far less than expected, saving the health care system over \$27 million annually. By focusing on team-based care, we can reduce burdens on hospitals, save taxpayer dollars, ranging from \$10 to \$90 per patient each month.

Take, for example, Ms. June, a 95-year-old immigrant who has been in Canada for about 25 years. For nearly two decades, Ms. June has received community home support from our centre following a brain aneurysm. Initially, this included help with meal prep, home maintenance and personal care services. When staff noticed that she was becoming frailer and more confused, she was referred to our primary care outreach team for seniors, and through which she received in-home care from a registered nurse and community health care worker, who provided co-ordinated access to a range of other services. Together, they worked to ensure that she had the necessary supports to be safe at home. Over time, we worked with Ms. June to plan for her transition into long-term care, which successfully happened, and despite illness and memory loss, she is engaged and happy in her new home. This is just one example of how we work to keep seniors aging well at home for as long as possible, and out of hospital.

A well-resourced, fully staffed primary care system ensures that patients stay in the community and receive proactive care, rather than relying on expensive emergency services. By investing in prevention, including community development and health promotion, we can increase health literacy, break down barriers to access and support the mental health, physical and emotional and social well-being of Ottawa's residents. This is why, like many of the 114 other community-governed primary health care organizations across the country, we provide not only access to a medical clinic with doctors, nurse practitioners and nurses but also deploy teams that respond to the most difficult and traumatic situations in our community.

For our centre, that's meant responding to a tragic femicide in a community park, where a young mother was murdered in front of her two children. It has meant responding to a house fire that sent a single mother and her three children, two with disabilities, to the hospital, as well as supporting the displaced families in the adjoining units. Sadly, it's also meant responding to gun violence on more than one occasion in several of our high-priority neighbourhoods.

These events don't just impact those directly involved, they impact everyone. Our staff are there before, during and after to support rebuilding—one person, one family, one neighbourhood at a time.

That's why our second recommendation to the committee is an investment of \$33.7 million in community health care base funding. Healthy people support a healthy workforce, a healthy economy and a healthy province. Community health centres help solve the problem of hallway health care and keep people well.

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

**Ms. Sarah Kennell:** To preserve our capacity to serve Ontarians and continue providing high-quality care, we need adequate, sustainable funding. Health care human resources in community-based organizations like ours have been underfunded. Like many centres across the province, our organization has only seen a 6% increase over two decades, and this has contributed to a significant

wage gap. Research shows that our sector is over \$2 billion behind in wages compared to hospitals and other health care centres.

Despite the complexity of patients that we serve with multiple chronic conditions, our community health care workers earn significantly less. At our centre, we struggle to retain nurse practitioners and nurses given the wage gap, which, for some positions, exceeds \$15,000 a year. This funding shortfall means that we can't provide the full range of services and continuity of care that our communities need. So without immediate action, we will have no choice but to cut vital services.

In conclusion—

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

We will now go to our next presenter: the Cement Association of Canada.

**Mr. Adam Auer:** Good afternoon, Chair and committee members. My name is Adam Auer, and I'm the president and CEO of the Cement Association of Canada. Thanks for the opportunity to appear before you today to discuss how our sector can help address the pressing issues facing Ontarians.

To begin, I want to acknowledge the significant challenges many Ontarians are grappling with: affordability; finding secure, well-paying jobs; and access to essential infrastructure such as affordable housing, schools, hospitals and transportation systems. The cement and concrete sector is central to tackling these needs and an integral part of the infrastructure and construction value chain that underpins Ontario's economic prosperity. Our industry supports 62,000 direct and indirect jobs across 358 locations, contributing a total of \$26 billion to Ontario's economy.

Beyond our domestic contributions, approximately 40% of Ontario's cement production is exported to the United States, fulfilling nearly a third of US import requirements. This underscores the importance of maintaining open and fair trade agreements, as well as a competitive investment landscape to sustain our shared prosperity.

Our industry is undergoing profound changes, driven by global consolidation and an unprecedented innovation cycle focused on sustainability. As companies decide where to allocate capital, they prioritize regions with strong economic conditions and policies that support innovation in areas like energy efficiency, lower carbon emissions and circularity. Ontario has a unique opportunity to position itself as a global leader in attracting this capital.

To achieve this, several factors are essential to our industry's competitiveness:

- continued investment in housing and infrastructure;
- access to affordable, clean energy, skilled labour and reliable supply chains;
- availability of critical raw materials such as limestone aggregates and supplementary cementitious materials; and

—a predictable regulatory environment that incentivizes cleaner production while addressing trade and competitiveness risks posed by low-cost, high-carbon imports.

When capital flows into Ontario, it strengthens domestic supply chains, sustains local employment and creates new export opportunities. Additionally, it ensures that Ontario communities and infrastructure projects benefit from Ontario-made cement, supporting local economic development and innovation.

Today, I want to draw attention to the transformative potential of public procurement in enhancing Ontario's competitiveness and driving sustainable investment. Public procurement is one of the most effective tools governments have to influence markets. It supports local manufacturing, creates local jobs and attracts investment in modernization, decarbonization and productivity improvements. To harness this potential, we encourage the government to integrate low-emissions incentives into procurement processes.

#### 1610

One promising approach to this is adopting a carbon-budgeting framework for construction projects. Similar to the Treasury Board of Canada Secretariat Standard on Embodied Carbon in Construction, this framework would incentivize the use of cleaner, lower-carbon materials, creating strong market demand for investments in innovation and productivity across the economy. This aligns well with Ontario's strengths, as many of the province's heavy industries already produce lower-emission products compared to their international competitors.

Concrete is a critical material in construction designed to meet specific performance criteria such as strength, durability and workability. Importantly, it's now possible to measure and report the carbon footprint of concrete products. The Canadian concrete industry has already developed regional data on carbon emissions for its production, including those products produced in Ontario, and we're the first industry to have that level of detail on our carbon footprint.

A carbon-budgeting approach would establish a baseline for emissions and require that the total project emissions from concrete be reduced by at least 10%, relevant to this baseline, while still meeting all other relevant performance requirements. This reduction is achievable using existing solutions and is supported by robust data and guidelines developed by our industry in collaboration with the National Research Council Canada.

Importantly, this system would be performance-based, allowing project teams to collaborate with engineers, architects and suppliers to select the most suitable low-carbon solutions while meeting all applicable codes and standards. By integrating carbon budgeting into procurement policies, Ontario could stimulate innovation across the supply chain and translate research into practice. Many of these technologies are already being developed in Ontario and procurement policies can help ensure they are adopted at scale.

While public procurement is a powerful tool, it must be part of a broader, coordinated strategy. This includes funding for research and development, incentives for early adopters and clear regulatory frameworks to support long-term investment. In this context, we commend the government's recent initiatives to advance carbon capture utilization and storage. In particular, these efforts are critical to the cement industry's future, enabling safe, efficient and economically viable carbon management solutions.

As you consider priorities during these pre-budget consultations, I urge you to reflect on the transformational potential of procurement. By prioritizing low-carbon criteria in public infrastructure projects, Ontario can drive the investment in innovation needed to decarbonize the cement and concrete sectors, which provides not only environmental benefits but also a tremendous economic opportunity to create a more sustainable, competitive and prosperous future for Ontarians.

Thank you for your time and attention. I welcome your questions and look forward to discussing how we can work together to achieve these important goals.

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

Our next presentation is the Ottawa-Carleton District School Board.

**Ms. Lynn Scott:** Good afternoon. I'm Lynn Scott, chair of the Ottawa-Carleton District School Board. With me virtually is Randall Gerrior, associate director for business operations, who will assist with answering your questions.

Our 76,000 OCDSB students come from many different backgrounds and circumstances. About 20% have individual education plans to address a wide range of special needs and about 13% are English-language learners. Last year, the board initiated a massive project to transform our elementary programs to improve student outcomes by making more efficient use of our existing funding to support student achievement and well-being for implementation in 2026.

Over the last three years, the OCDSB has run deficit budgets. We're not unique in the province, as more than half of Ontario's school boards are also running consecutive deficit budgets. The transformative changes we can make to our elementary programs will improve quality, equity and consistency. They will not, however, fix our budget challenges, and I'd therefore like to highlight three areas of education funding that pose significant concern.

First is the cost of replacement workers, related to the centrally bargained sick leave policy, when staff are ill or on short-term disability. We can't leave classrooms full of children unattended when teachers and early childhood educators and educational assistants are off sick. Our average absenteeism rates are below the provincial average, but replacement staff still cost us \$33.5 million last year, not including the pay raise impact, which was \$16.9 million more than we were funded through the funding formula.

The board approved a balanced budget for 2023-24, which was duly submitted to the minister. We knew that new collective agreements were coming, and we accrued funds for that purpose, but we had no reasonable expectation that Bill 124 would be repealed with prospective retroactive payments to workers. We therefore had no reason to accrue funds for a Bill 124 remedy and we certainly did not expect that provincial funding would not cover the full cost of those retroactive payments, including all of the replacement workers we had needed between 2019 and 2022. The pay raises caused an additional \$19 million on the school board over funding we received from the ministry. Going forward, please, we need to be fully funded for replacement staff at a minimum for those working directly with students: teachers, early childhood educators and educational assistants.

Our second concern is special education. We are one of a handful of districts with a renowned children's hospital that draws families of children with special needs to the area for additional support that our community can provide. We're also seeing a sharp increase in independent residential facilities dedicated solely to managing children with exceptional needs that their families can't accommodate. In addition, we're seeing a significant increase in dysregulated behaviour with students, partly due to increasing numbers of students with complex needs like autism spectrum disorder and partly attributable to conditions during the pandemic.

The funding formula has not kept up with the costs required to meet our obligations under both the education and the human rights acts. We have consistently seen special education funding deficits in the \$5 million to \$10 million range. With the reduction in special equipment revenue, this situation is only forecasted to get worse. In particular, we need to give our teachers more educational assistants to work with students with special needs in the regular classroom.

The last thing I want to raise—something with which all of us are only too familiar—is inflation. Inflation is impacting every part of our district, from software to snow removal at school sites. Although the ministry has provided some adjustments to the funding formula for inflation, it doesn't come close to covering the true impacts on the ground, where real costs for non-discretionary items like utilities and snow removal or cleaning supplies and toilet paper have risen over 30%. Indeed, our cost for toilet paper is up 62%. We continue to reduce the quality and the quantity of services, supplies and equipment that we need to keep our schools running, but that means we're absorbing a \$10-million to \$12-million increase in operating costs by making sacrifices that impact our students on a daily basis.

Over the winter break, I read through regulation 348/24, as we were advised it had been revised to reflect the changes required by the new collective agreements in the Bill 124 remedy and I wanted to make sure I understood it. When you announced the new funding framework for K to 12 education, you said it would make funding more

transparent, and the new funding categories were indeed an improvement.

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

**Ms. Lynn Scott:** But I have to say that it's impossible for any ordinary person reading the regulation to have any understanding of how their district or their school is funded. I strongly recommend that that regulation become required reading for all MPPs.

In conclusion, I can only say that the Ottawa-Carleton District School Board, together with all other Ontario school boards, is struggling. Our budget pressures have been in the range of \$50 million to \$60 million over the last several years. The current K to 12 education system, based on sound principles and excellent curriculum to support student achievement and well-being, is unsustainable without funding increases to address the real costs of meeting students' needs in today's schools, especially for replacement workers, special education and—

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

1620

That concludes the time for the presentations. We will start the first round, and this is with the government. MPP Skelly.

**Ms. Donna Skelly:** Thank you, everyone, for your presentations.

I would like to start with the Ottawa-Carleton District School Board. You mentioned replacement workers, and I want to go back to absenteeism. As you're probably aware, it was a big issue in the Toronto District School Board, to the point where they actually had people that were hired to track staff who were taking time off and had two people investigating fraud. They also—and I thought this was really interesting—were able to identify that the bulk of the absentee days were Fridays. So it was very interesting. Have you investigated why your absentee numbers are where they are?

**Ms. Lynn Scott:** We have a strong attendance management program. We put it in place a number of years ago. We do keep track and when people are consistently absent on Fridays or Mondays, there is follow-up. When there are absences that are longer than a few days, there is follow-up. And we also do a lot of work to make sure that those who are off on short-term disability are supported, so that they can come back at least part-time and then gradually full-time. That's why our rates are below the provincial average for absenteeism.

**Ms. Donna Skelly:** What are your rates?

**Ms. Lynn Scott:** It's about 14.4% overall, and that applies to workers of just about every category. I will look to Associate Director Gerrior for confirmation.

**Mr. Randall Gerrior:** Yes, I'll confirm with Chair Scott that in just about every category except for one, we were below the provincial average. There's not one number across the board. They track it by elementary teachers, secondary teachers, ECEs, EAs, custodial staff. So there's not just one number, but we're running about 10 to 12% below the provincial average, and that was just

based on us strengthening our attendance management, because we used to be above the provincial average.

**Ms. Donna Skelly:** You mentioned a percentage, but what is the number of days per year?

**Mr. Randall Gerrior:** Like I said, for each category it's different, but it runs about 12 to 14 days per year.

**Ms. Donna Skelly:** In a 10-month school year?

**Mr. Randall Gerrior:** In a 10-month school year, but some of those numbers do get skewed, because you do have some folks who are on long-term disability who fall into those numbers.

**Ms. Donna Skelly:** What percentage?

**Mr. Randall Gerrior:** You can have one teacher who's on 121-day absence that would skew the numbers. So those numbers are about 30%.

**Ms. Donna Skelly:** When you said you follow up on this, what does that mean?

**Mr. Randall Gerrior:** We work with OSBIE and other folks across the province to find ways to reduce sick leave or the main causes for folks to go out on either short-term or long-term sick leave.

For one example, we noticed that there were a lot of EAs who were going out injured. So we took a risk, and we invested half a million dollars into behavioural management training programs, which better prepared our EAs to work with our students with special needs. We saw, after the course of two cycles of running those programs, a two-to-three-day change in that category of employee going out on sick leave.

Another example would be that ball strikes in the playground were a big issue for teachers who were doing lunch and recess monitoring, so we've taken a project forward to paint certain high-risk areas with yellow lines. Just simple things like that help reduce injury, and then reasons for teachers and students to be out short- and medium-term.

**Ms. Donna Skelly:** I noticed—and I'm not that familiar with your board—that the enrolment is down significantly this year, as opposed to—

**Mr. Randall Gerrior:** We're not down. What happened was we didn't get the forecast that we anticipated, but our actual enrolment is still slightly above last year's enrolment figures.

**Ms. Donna Skelly:** So the media reports are incorrect?

**Mr. Randall Gerrior:** The media reports say that we were off our forecast—

**Ms. Donna Skelly:** Enrolment is down. It said that the Catholic board was up.

**Mr. Randall Gerrior:** The Catholic board is above their enrolment forecast, yes.

**Ms. Donna Skelly:** The projected forecast? Okay.

This is one of the things that I struggle with, and that is—we meet with so many educators, and we all want to do what's best for our children: “Where is the money going? Where is the money going?”

Then you start looking at administrative costs and the number of, for example, superintendents in the boards. I'm just curious: I think in your board, you have a superintendent of human rights—what is it? Human rights and—



**Mr. Randall Gerrior:** A human rights equity adviser.

**Ms. Donna Skelly:** What does that mean, and why a full-time, sunshine-list supervisor of human rights and equity?

**Mr. Randall Gerrior:** That particular position is a special project from the ministry. They are funding that position, and it's a program where larger school boards that have diverse populations would receive some additional funding to hire that position. So that's not coming out of our regular, core school board funding, but it's a special—

**Ms. Donna Skelly:** But all funding comes from the province, so it's—

**Mr. Randall Gerrior:** It comes from the ministry, though, absolutely. But it was a ministry initiative that we're participating in.

**Ms. Donna Skelly:** And you have six superintendents of education?

**Ms. Lynn Scott:** We do have six.

**Mr. Randall Gerrior:** We do, but we have 147 school sites, so each one of those superintendents are managing 20 to 30 schools each. Some school boards within our province have a director managing as many schools as some of our superintendents are managing.

**Ms. Donna Skelly:** And you have principals and vice-principals and a Ministry of Education and a director of education.

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

**Ms. Donna Skelly:** There's a lot of administrative costs that don't touch the students. We don't see it actually—

**Mr. Randall Gerrior:** Absolutely. I think any organization that's \$1.2 billion large is going to have a certain component of it that's tied to administration.

**Ms. Donna Skelly:** There was one other position I was curious about. What is the superintendent special assignment?

**Mr. Randall Gerrior:** With that particular position, Chair Scott had alluded to the fact that we're going through an elementary program review. Our organization hasn't done an elementary program review since amalgamation, so it's a fairly significant undertaking.

We did temporarily dedicate one executive member to lead the team on such a complex project. Because it's going to impact so many students, it involves ministry consultation, it involves community consultation—

**Ms. Donna Skelly:** So it's just a temporary position?

**Mr. Randall Gerrior:** It's a temporary position, yes.

**Ms. Donna Skelly:** That funding and that person—

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

We'll go to MPP Pasma.

**Ms. Chandra Pasma:** Thank you to the witnesses for being here.

I want to start by following up on something that a government MPP said, which was language that we hear frequently from the government accusing workers in the education sector of absenteeism. It is incredibly disrespectful to the work that our teachers and education workers do every day to support our kids, and the condi-

tions in which they've been forced to work by this government and their cuts to education funding.

Because we have a violence crisis and injuries among teachers and education workers are increasing, teachers are now second only to police officers and firefighters in WSIB claims. We are seeing teachers with incredible mental health challenges because they're trying to support children every day whose needs aren't being met because they're in larger class sizes because we've got special education cuts. Then we have rampant infectious diseases circulating in our schools. So it's no wonder, between these physical health challenges and these mental health challenges, that teachers and education workers are taking sick leave. It is a symptom of the crisis that the government has pushed our system into.

Then they don't fully fund that sick leave, which they know perfectly well the school board doesn't set the compensation rate for. That's done through central bargaining, but they don't fully cover the costs.

So what happens? Where do you take those funds from when you have to cover the cost of sick leave that the government isn't covering?

**Ms. Lynn Scott:** A lot of it, unfortunately, comes out of things like supplies, operating funds. That's one of the challenges, particularly when you add the inflation onto that. But we do as many creative things as we possibly can to stretch our dollars to save money here, to save money there.

In the end, we really do need to do that, because there's nothing worse than getting an email from a parent to say, "I really am worried, because my child had to stay home today because the school was not able to get a replacement teacher."

1630

**Ms. Chandra Pasma:** So we are making the working conditions for the teachers worse by not fully covering the sick leave costs, because then there aren't the resources; there aren't the supplies that teachers and education workers need to be able to support our kids. It's absolutely nonsensical, and sadly, it's not the only area in which there's a structural deficit being created by government funding.

I have to talk about transportation funding because we're here in Ottawa, where we saw our school boards struggle with inadequate funding last year—the leading edge of the wedge for the whole province. Even the government's hand-picked consultant, Deloitte, came to the conclusion that the problem with student transportation in Ottawa was a funding shortfall, although instead of recommending that the government fill the funding shortfall, they recommended cutting bus service even further.

I can tell you, my kids' bus is regularly cancelled or it's coming 20 minutes late. We're right next door to Renfrew county, where the buses didn't run at all for the first two months of the school year.

School boards do not get to set the transportation cost. It is small businesses, private operators, who actually provide the transportation, who have costs that they need

to cover because that's how you make a viable business. And then the compensation rates are set by the government and school boards are stuck in the middle. So what happens when the government isn't providing you adequate funding to cover the real cost of student transportation?

**Ms. Lynn Scott:** And on that: The board does not have a direct role in that because it is managed by our student transportation consortium for Ottawa, together with the Catholic board.

What we can do, when we are designing school boundaries, when we are looking at where programs are located, is to try to put as many things into community schools as we possibly can. That's part of our elementary program review, which I think will create some transformative changes across the whole city.

But in terms of the transportation funding, we're trying to be as efficient as we can. That can be challenging sometimes, but I will say that the province did provide us with some additional funding last year and that has certainly helped.

The changes in distances—we were already on longer distances for students' eligibility, and so that has not affected our students.

**Ms. Chandra Pasma:** Although I would note that last year's additional funding was one-time that covered one third of the gap, and so you still have an ongoing structural deficit for transportation.

But I want to talk about special education because I think this is the area that is most shocking with regard to the government's cuts to education funding, because it is our kids who are most vulnerable who are paying the greatest price for their underfunding: 71 of 72 school boards in the province of Ontario are spending more on special education than they're getting from the government. That total shortfall right now is \$528 million. So that's \$528 million that the school boards are spending on special education that they're not getting from the government, and that's for a system where parents of kids with special needs are sending their kids to school right now, not even knowing if they will be safe at school, let alone if they will be supported in their learning at all.

I hear constantly from parents that the safety plan exists on paper only because the school simply does not have the resources to actually make that safety plan a reality. Kids with IEPs—again, it exists on paper only.

I know that this is not what the Ottawa-Carleton District School Board wants to provide children with special needs in terms of education, so what would it look like if you were able to have that shortfall covered, if you were able to have more funding that actually met the needs of kids with disabilities, with special learning needs in Ottawa? What would that look like for the OCDSB?

**Ms. Lynn Scott:** One of the things that would be really good with additional funding would be to have more inclusive education for our students with special needs, because right now, we have a modest number who are in specialized program classes; most of them are students with very high levels of need.

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

**Ms. Lynn Scott:** And so if we can have more of those students integrated in regular classrooms—they will need support in order to be there, but they will also thrive because they will have the opportunity to develop the social skills and to learn with their peers within a regular setting. From a point of view of achievement, it would be better. From a point of view of well-being, it would also be better. But when you look at it carefully, you know that these children are going to need additional educational assistance to support them in that regular classroom, and that would be a really good thing for kids.

**Ms. Chandra Pasma:** Thank you.

**The Chair (Mr. Ernie Hardeman):** MPP Fraser.

**Mr. John Fraser:** Thanks to all the presenters for being here today. I know all of you. We've all met before. I will get to all of you, but I want to start with Chair Scott.

I just want to thank you for being here and thank you for the years and years and years of service you've put to the Ottawa school board. I know you're not doing it to be rich. I know you care about our schools and what our kids learn. I appreciate all your answers.

I appreciate, Randall, the answer with regard to administration. I would like to suggest that if we were going to direct questions with regard to administration, we could start with the Premier's office, which is double the number of people on the sunshine list and almost double the budget. Perhaps we could look at the largest cabinet in Ontario history and twice as many parliamentary assistants. That's a heck of a lot of administration, and I don't think we're seeing the results that go with that. Sorry for my little diatribe, but I sometimes get a little impatient.

*Interjections.*

**Mr. John Fraser:** Chair, I didn't interrupt the member.

School area review: I know that had been frozen. Is it still frozen?

**Ms. Lynn Scott:** We've always been able to do accommodation reviews. The current Pupil Accommodation Review Guideline, however, has restrictions on how many students can be moved as a proportion of a school enrolment and, of course, the provincial moratorium on school closures is still in effect. In our elementary program review, we are not looking at closing schools, but we do want to make more efficient use of the schools that we have.

**Mr. John Fraser:** Those factors are impacting your ability, your budget, right? Both of those—

**Ms. Lynn Scott:** It does impact our budget to some extent. When you have a building that is not filled, it still costs the same amount to heat the building, to keep the lights on and so on. You still also have the costs of the principal for the school, whether there are 100 children or whether there are 800 children. But overall, the objective for us is making more efficient use, particularly so that more of our children will actually be able to go to the schools for the programs they want in their own community, which means also less travel for them in order to get to school.

**Mr. John Fraser:** The other question, and you don't have to provide the answer for me right now, or maybe Randall can provide it: In terms of the number of special education students per capita of your student population, do you have some numbers to show us the fact that you have a higher incidence of special education amongst your student population?

**Ms. Lynn Scott:** Approximately 20% of our students are on individual educational plans; that includes some students who don't have ultra-high needs that require a lot of support because that includes gifted students and it also includes some students whose specific need has not been identified because there has not been an identification placement and review process, but it also includes significant numbers of students.

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

**Ms. Lynn Scott:** We have two schools, for example, that exclusively serve severely developmentally delayed and other very high-needs students, in Clifford Bowey and Crystal Bay. We are seeing enrolment pressures for those schools.

**Mr. John Fraser:** Are those the only two schools that service that population in the English panel?

**Ms. Lynn Scott:** We have as many schools as possible of those students who are in regular school settings as well, but in terms of schools that are dedicated specifically and only to very high-needs students, yes, I believe those are the only two in Ottawa.

**Mr. John Fraser:** They're the only ones in Ottawa, right? Okay. Thank you.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the government. MPP Hamid.

**MPP Zee Hamid:** I might as well start with you. I wasn't going to, but then questions reminded me. What's your per capita student funding in your 2024-25 budget? Do you know?

1640

**Ms. Lynn Scott:** On a per capita basis? I'll look to the associate director for that.

**Mr. Randall Gerrior:** I don't have the exact figure, but it's approximately \$14,000 per student.

**MPP Zee Hamid:** I couldn't get the exact number of students, which is why I asked, because looking at the approved budget and 77,000 students, which is what it said as the exact number, that comes out to over \$15,000 a student. If I do the same math, in the 2022-23 budget, \$1.046 billion was 76,831 students—which was the revised number, by the way, not the budgeted number, which was lower—which comes out to \$13,623. That's a 14% increase in funding. That doesn't seem like the cut that my colleagues here pointed out. I also found in your budget that funding to support students with special education needs went up by \$18.2 billion this year. That's an 11% increase over last year.

Do these measures not help with the growing costs, inflation and everything else you mentioned? Because inflation hasn't been 11%, so an 11% increase does seem like a substantial increase, and a 14% increase in per-

student funding over two years also seems fairly meaningful.

**Mr. Randall Gerrior:** There are a lot of factors that go into the technical papers, which is one of the comments that Chair Scott had made. It's not every student we receive that we get \$14,000 of allocation for, so there's a variety of factors. For some students, we get \$4,000 of allocation, and for some students—it's all based on class sizes, so those figures are for an average classroom of 28, where our special-needs students are in average class sizes of between six and eight. There are really a lot of factors that go in to it.

But I can tell you that predominantly, any increases that we received in funding have been dedicated to wage increases approved by the province and through the collective agreement processes, and not actual new money to help us hire more staff to service those students.

You might see growth in some of those areas, because we see a growth of the number of students in special education, so there's more funding coming for that envelope to support more students, but not necessarily more money to support the same number of students.

**MPP Zee Hamid:** Sorry; I do see an increase in staff. I saw an increase of 91 full-time-equivalent staff this year compared to last year, so there is an increase in staff. There is also \$158.4 million to support students with special needs, which is also an increase from last year.

**Mr. Randall Gerrior:** You're talking across the province, not the OCDSB.

**MPP Zee Hamid:** No, I'm talking about specifically your budget. I'm not talking about—

**Mr. Randall Gerrior:** Specifically my budget? We didn't receive \$158 million—

**MPP Zee Hamid:** Sorry. The full-time equivalent is your budget though, right? Like, from your budget, the number for staffing went up by 91.18 to—

**Mr. Randall Gerrior:** Right. That would be a direct result of student enrolment, so it wouldn't necessarily be that we had the same number of students and hired 92 more teachers to service those same students. Student ratios—

**MPP Zee Hamid:** I'm sorry to interrupt. That confuses me, because the number of students actually went down, so enrolments didn't go up.

**Mr. Randall Gerrior:** Our enrolment didn't go down. Our enrolment has increased. We were only down from our forecast. But different grade configurations require a different number of teachers to support them based on the collective agreements. So it's tied to collective agreements, as well. As you have more elementary students, the ratios are lower; in junior and senior kindergarten, they're even higher. It's a very complex formula that would be based on the number of teachers that we can hire. We're not getting more teachers to support the same number of students at all, for sure.

**MPP Zee Hamid:** Okay. Thank you for that.

Let's just change the channel. Adam, a couple of questions for you as well: You mentioned cement produ-

cers add \$26 billion to—is it Canada’s economy or Ontario’s economy?

**Mr. Adam Auer:** That’s Ontario.

**MPP Zee Hamid:** Oh, wow. That’s pretty cool.

We’re making historic investments in infrastructure and highways and housing deficits, especially as the population continues to grow. What role do you think cement producers or your organization in general can play and what impact do these developments have in your membership or whatever?

**Mr. Adam Auer:** The simple answer is cement, which is the active ingredient in concrete. Concrete is the end building material. It is the most used building material. Twice as much concrete is used than all other building materials combined, and more impressively, it is the most used material on the planet after water. So I think that kind of answers the question of where we fit in the infrastructure equation. There is virtually no project that doesn’t require some amount of concrete. Whether you’re talking about traditional or renewable energy infrastructure, waste water management, hospitals, schools, community centres, bridges, tunnels, highways—you name it—it’s going to require some amount of concrete.

Cement in Ontario: Ontario is in a strong position in that sense because, as I mentioned in my remarks, about 40% of our production goes to the US so we have strong capacity to fulfill Ontario’s needs. Ontario is the most-cement-producing province in Canada. Our focus on the procurement side is really to try and leverage the level of investment this province is making in infrastructure to help support modernization of our sector. I think the formula would work equally well for other sectors and, certainly, in the construction sector to achieve multiple goals.

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

**Mr. Adam Auer:** We have a productivity crisis; modernization is part of the solution to that crisis. That modernization, as I mentioned, is being driven largely by the global push towards sustainability and lower emissions, and cement is a high-emitting commodity. So the integration of those types of provisions into decisions that the province is making around housing and infrastructure is an opportunity to both provide those emissions reductions that the province and the world needs, while doing it in a way that’s driving productivity and attracting investment into the province.

**MPP Zee Hamid:** That’s awesome. Thank you for that.

For the little bit of time that I have, I’ll come to you real quick. The presentation mentioned that the issues you deal with are 68% more complex—that number just stuck out. So where expenses for children, community and social services sectors are projected to increase by \$100 million, primarily to address these operational costs for organizations that deal with—

**The Chair (Mr. Ernie Hardeman):** Thank you very much, and we’ll leave no time for the answer.

I will now go to the official opposition: MPP Harden.

**Mr. Joel Harden:** Thanks again to all the presenters this afternoon.

I think we haven’t had enough of the health care perspective on this particular panel. I appreciate the passion folks have shown for public education, but I just want to thank Ms. Tonner and Ms. Kennell for being here this afternoon. I also want to note, just for the record, that we are always having this conversation, it seems, in a context of scarcity, and what I mean by that is you’ve talked about having a 6% budget increase over two decades. Let’s reckon with that for a second: A 6% budget increase over two decades, despite the fact that you’re working with many neighbours—a diversity of neighbours—but many neighbours who are in very difficult circumstances, and it’s often staff-intensive work. You mentioned the recent femicide, which was absolutely tragic, and how your members were there on the ground to comfort the community members. You mentioned people in mental health distress.

So I want—if I can, Chair—just to escape that scarcity mindset for a second, and I want you to imagine that you had a government that was prepared to fund you to keep us preventatively well. Either of you can start: What would be the first couple of things you would like to say to this government that would give you the adequate resources you need to keep people preventatively well, instead of dealing with crises in a scarcity mindset defunding your sector?

**Ms. Kelli Tonner:** I can take that. Thank you for your time this afternoon; I know it’s been a long day, and it’s right before dinner.

I think the first thing that I would say is exactly what you said: Let’s think upstream; let’s think prevention. Not to age anybody, but we all know the old adage grandmothers said: An ounce of prevention is worth a pound of cure. We want to ensure that people have access to primary care. We want to ensure that people have access to mental health supports. A lot of the populations that we’re dealing with need us to go to them, need us to be able to build the relationships, to be in the community, to be able to provide service in their language, to be able to address some of the barriers—some of the social determinants of health—before they’re prepared to talk about some of the more acute circumstances that they’re under.

Investment in interdisciplinary teams, not just clinicians—investment in the mental health workers, in the community outreach workers, the community developers, the health promoters and the folks that are on the ground in the community, walking alongside people who are facing inordinate health challenges right now.

**1650**

**Mr. Joel Harden:** Thank you for that. To develop and build on this point, something that’s occurred to me as I’ve spoken to a number of you in our city—the community health care centre folks—is because we’ve lived in a scarcity mindset, we just don’t have the time or the resources to design our programs always with the direct input of folks with lived experience. I know many of the staff have lived experience. Many of the staff have lived with family members with lived experience, and that’s driven them passionately into the work.

But I'm wondering if you could comment again, for the benefit of the committee: When we think about the homelessness crisis in particular, what would community health centres be able to do if we built our respite centres like—up at Bank and Catherine, we've got Centre 507 run by Richard LeBlanc and other folks. We've got the Shepherds. We've got the mission. We've got any number of community kitchens, faith-based organizations doing this stuff. What could those folks do if they were not only responding to people with overwhelming need who are queuing out the door, but what could they do if we in fact wanted to create spaces that were based upon input directly from the homeless population so they could help us program it? What might that look like?

**Ms. Kelli Tonner:** Thanks for asking that. I'd like to start by saying I'm thrilled that the community health centre leaders and the staff are already working in partnership with our housing staff.

My colleague Mark, you heard from earlier. Mark and I have developed an entire integrated service plan that would wrap primary care and mental health supports in the supportive housing environments that he has spoken about, so leveraging everybody's capacity, ensuring we have the right worker at the right time, with the right scope of practice to be able to manage. You don't always need a doctor; sometimes you need a social worker.

I think we as a community health care sector have been inordinately exceptional at working and co-designing service with populations, as have some of our supportive housing providers in the city. We are able to be nimble and adjust how we deliver service as the environment changes over time, as populations change, as needs change. We've been exceptional at prioritizing and identifying where we would have best and most impactful interventions to be able to support people but also to support the system.

**Mr. Joel Harden:** How much time do I have left, Chair?

**The Chair (Mr. Ernie Hardeman):** Two point one.

**Mr. Joel Harden:** I want to mention for the record, again, focusing on the health care conversation, because we've discussed—and I'm very thankful that our public education leaders and folks from the cement industry are here. But I want to mention a particular program uptown I know you must be familiar with. It's called the Block Leaders program, that directly employs people from the drug user community. The vision there was to form a partnership between small businesses, neighbours, community health programmers and the drug user community to try to re-establish a social contract that communities of which I'm familiar have said has really evaporated, given the toxicity of the drugs that are in supply in the illicit market. As I understand it, this was the Sandy Hill Community Health Centre, this was Ottawa Inner City Health, this was the drug user population that worked collaboratively to help make sure that anti-social incidents were reduced. Does this suggest a model that we could follow if we weren't thinking in a scarcity mindset and we involved people directly instead of having to always go, it would seem, around the end, through other strategies?

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

**Ms. Kelli Tonner:** Absolutely, and perhaps I can give you another example: During the COVID pandemic, we recognized there were equity-deserving populations who were experiencing more disease burden with the COVID pandemic and poorer outcomes. The South-East Ottawa CHC has actually had a community ambassador resident leader program for 20 years, and we initiated an entire model of service across this city to reach those populations of people, wrap them with supports so that they could be well and make decisions for them and their family, wrap them with information that was culturally appropriate, that was readily available in their languages, to encourage testing, to encourage uptake, to encourage isolation and to ensure that they didn't lose their livelihood or their home in the process. So there are decades of examples of leveraging community and lived experience to design service that capitalizes on people's willingness to uptake and support their own well-being.

**Mr. Joel Harden:** This is terrific. I will just say, in my five seconds: Thank you for that work. I think it suggests a way forward.

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

**Mr. John Fraser:** Kelli, it's nice to see you again. Thanks to both of you for being here today and for your volunteer work and for your years of service too. You've been doing it for a long time, at least as long as I've been around. I really appreciate you mentioning primary care today because, as we know, 2.5 million Ontarians don't have access to a family physician. In Ottawa South, it's 21,000 people—that's the area that you serve. That's almost one out of six people. That creates a lot of pressure on our health care system.

So my question is specifically about your proposal for \$430 million, I think it was—exactly what will that get us that's new?

**Ms. Kelli Tonner:** I think that increased access to primary care is on the minds of Ontarians and is, in particular, on the minds of our seniors' population, whose clinicians have retired or aged out. We recognize that many of those 21,000 people, at least in the south end of Ottawa, and many Ontarians across the province that don't have access to primary care, are our more vulnerable populations that aren't connected, that aren't accustomed to navigating how to get connected.

The investment would stabilize the sector. As you know, over the past several years, there has been an exodus. We applaud the government's efforts to bring in and facilitate foreign-trained professionals to join our health care system. We applaud the initial investments in primary care. We applaud the appointment of Jane Philpott. With the \$430-million investment over five years, we would stabilize. We would, particularly in the community health care sector, be able to hopefully recruit some of the retirees or some of the part-time clinicians back into service, because they'd be in a salaried model and they'd be part of a team—not like a solo doc with a shingle having to run a business.

We would be able to attach more Ontarians to primary care—not necessarily a family doctor. It could be a nurse practitioner, it could be another member of the interdisciplinary team provided at the right time. The CHCs in Ottawa, the six of us, had indicated that with a modest \$30-million investment to the six CHCs, we could almost immediately attach another 11,000 people just by increasing FTEs of clinicians that we have now and teams that we have now. Then, over time, with the recruitment of new clinicians and team members into service, we would be able to attach another 20,000 after that—

**Mr. John Fraser:** So 30,000 people?

**Ms. Kelli Tonner:** Through the six CHCs in Ottawa, with an investment, that's what I'm saying. There is capacity and there is opportunity, but it does require additional investment.

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

**Mr. John Fraser:** Thank you very much. I want to get to Adam so I can get to everybody. I appreciate you mentioning that.

Just for the committee's sake, it's 166,000 people here in Ottawa who don't have access to a family doctor or a nurse practitioner or primary care. And there's another almost 192,000 people whose doctors are set to retire, and most of those people are seniors like me. My doctor's not retiring, though. Thank you.

Adam, thank you for your presentation. I'll try to make this quick. I'm just trying to understand the procurement policy that you're asking for. Is that something you want applied through municipalities? Is it a standardized—

**Mr. Adam Auer:** It's a great question. Thank you for asking it. We are trying to advocate for a standardized approach at all three levels of government. There is already an approach in place federally. We would like to see a mirror of that applied to provincial investments in infrastructure. But, of course, municipalities are where the lion's share of those projects are managed. So, ultimately, we're trying to reach the municipal sector as well.

**Mr. John Fraser:** Are you suggesting we try to mandate that through the province?

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

I want to thank the panel for taking the time to prepare and to come here and present your presentation to us. We very much appreciate it.

ROTHMANS, BENSON AND HEDGES

CANADIANS FOR PROPERLY  
BUILT HOMES

MR. JIANFENG WANG

**The Chair (Mr. Ernie Hardeman):** We are now going to have the panel that we've all been waiting for all day. It will be Rothmans, Benson and Hedges, Canadians for Properly Built Homes and Jianfeng Wang.

1700

With that, as they're coming to the table, we will again repeat that you will have seven minutes to make your presentation. At six minutes, I will say, "One minute." Don't stop, because you have one minute left to get your punchline in, and at seven minutes, I will say, "Thank you."

The first presentation will come from Rothmans, Benson and Hedges.

**Ms. Kory McDonald:** Thank you, Mr. Chairman, committee members and guests. On behalf of the team at Rothmans, Benson and Hedges, I want to extend my sincere thanks for the opportunity to meet with you this evening here in Ottawa, right before the dinner hour. Ottawa's a city that I also call home. My name is Kory McDonald, and I'm the head of external affairs for RBH.

I think we can all agree that the tobacco industry looks much different today than it did when RBH was first established in Canada in 1956. We can see this clearly through our most recent transformation whereby RBH has made a distinct shift towards embracing potentially less harmful alternatives to cigarettes with the goal of creating a smoke-free Canada. But we cannot do this alone, and we need government to take action to help move Ontario's tobacco industry into the future.

Today we're putting forward two recommendations to this committee for consideration in the upcoming budget.

Firstly, we ask the Ontario government to take steps towards stopping the continued growth of the contraband tobacco market in Ontario, to keep Ontarians safe.

Secondly, we ask the Ontario government to support responsible, common-sense policies that enable access to legal, smoke-free nicotine products for adult smokers across the province.

Contraband tobacco represents between 39% and 50% of the total tobacco market in Ontario. This means that potentially one out of every two cigarettes sold in our province is illegal. As a direct result of the proliferation of the contraband tobacco market, Ontario lost between \$990 million and \$1.7 billion in potential tobacco tax revenues between 2019 and 2022.

It's a well-documented reality that organized crime is heavily involved in the contraband tobacco industry and, given current discussions with the United States around border security, the growing contraband problem can no longer be ignored. The government's recent announcement about increased enforcement through operation deterrents is a welcome step towards addressing some of these border issues, and we applaud the commitment to increase border security. But more needs to be done to target some of these efforts at those involved in the contraband tobacco trade.

As the epicentre of Canada's contraband tobacco problem, Ontario must establish itself as the national leader and bring other provincial governments to the table to create a plan to address this growing pan-Canadian issue. To take action against contraband and stop the growth of the contraband market, RBH recommends the following:

(1) amend regulation 585/17 under the Tobacco Tax Act to expand the scope to include all components that could be used to manufacture cigarettes, requiring anyone in possession of these products to also have a tobacco manufacturer's licence;

(2) mirror a recent amendment to the Cannabis Control Act by amending the Smoke-Free Ontario Act to also prohibit advertising promoting the sale of illegal tobacco, both in-person and online;

(3) maintain appropriate taxation levels to avoid pushing consumers toward the illicit market, where products are not taxed; and

(4) create pathways for law enforcement responsible for cannabis-related enforcement to work alongside those responsible for tobacco-related enforcement.

While Ontario has reached its goal of a smoking rate of 10% of the population, the federal government is seeking to further reduce smoking rates across Canada to 5% by 2035, an objective that we fully support. This would mean transitioning roughly 750,000 current Ontario smokers away from cigarettes. To close this gap, frankly, there's a lot of work to be done.

At RBH, we have a saying: "If you don't smoke, don't start. If you smoke, quit. And if you don't quit, change." We need responsible, common-sense policies that enable access to legal, smoke-free nicotine products for Ontarians who would otherwise continue to smoke cigarettes.

At the same time, we also need to continue to vigorously protect youth from the risk of consuming nicotine products. To do this, RBH recommends the following:

(1) amend the Smoke-Free Ontario Act to ensure that all legal vaping products are treated equally in age-gated, licensed tobacconist and vape stores;

(2) create a non-combusted alternatives product category in the Tobacco Tax Act that is taxed at a lower rate compared to combusted products to incentivize adult smokers to switch to potentially less harmful alternatives; and

(3) launch an education campaign targeted at adult consumers which makes clear the rules around purchasing legal tobacco products and outlines the risk of contraband products while also increasing enforcement to ensure that only legal products are available to consumers.

A responsible approach to modernizing current tobacco and nicotine regulations would send a clear message to consumers who would otherwise continue smoking: that switching to potentially less harmful alternatives is a better choice when compared to cigarettes.

By considering these two recommendations—first, to stop the continued growth of the contraband market and, second, to support responsible common-sense policies that enable informed choices for adult smokers—the Ontario government can fulfill its commitment to keeping Ontarians safe and to ensuring that consumer choice remains a priority. With deliberate actions, RBH is confident that Ontario can be Canada's leader in achieving a smoke-free future.

I'd like to thank the committee for your time and attention today, and I look forward to continuing this important discussion.

**The Chair (Mr. Ernie Hardeman):** Our next presenter will be Canadians for Properly Built Homes.

**Dr. Karen Somerville:** My name is Karen Somerville. I'm with Canadians for Properly Built Homes. Thank you for the opportunity to meet with you today.

A January 3, 2025, headline in the Ottawa Citizen was: "Why Is It So Expensive to Build a House? Report Says Don't Blame the Developers." That's the headline. Indeed, affordability is a key concern for many of us, and there is a continuous finger-pointing process by different stakeholders for the high cost of housing in Ontario.

Today I'm going to focus on a stakeholder group that doesn't get much attention when it comes to the cost of housing but adds to the high cost of housing in Ontario, and that stakeholder group is Ontario's delegated administrative authority group, DAAs.

Through our discussions we've learned that most Ontarians, including a number of Ontario MPPs, have no idea what DAAs are or where they came from. DAAs are non-profit corporations created by the government of Ontario that often take over functions previously handled by government. They're not accountable to taxpayers and fund operations through licences and fees. They emerged in the United Kingdom under Prime Minister Thatcher in the 1980s. There are currently 13 DAAs in Ontario. Several DAAs are involved in Ontario's new home construction, and I will highlight the following two: Tarion and the Home Construction Regulatory Authority, HCRA.

Regarding the cost of these DAAs, there are obvious concerns. For example, annually, Tarion and HCRA, with only approximately 400 employees combined, spend approximately \$6 million on compensation for their board of directors and executives—imagine, 15 executives at Tarion and HCRA for about 400 employees. That's about 27 employees per executive. Have you seen that executive-to-employee ratio anywhere else? We haven't.

Even though Tarion was stripped of its responsibilities to regulate the building industry in 2021 when HCRA opened its doors, Tarion's eight executives' compensation was not reduced. How is it possible that after losing a large portion of their responsibilities Tarion needs the same number of their executives with no pay reduction even though there was a significant decline in Tarion's responsibilities? Further, each of those eight Tarion executives earned more than a quarter of a million dollars in compensation in 2020 before Tarion was stripped of those responsibilities assigned to HCRA, and this compensation has continued to increase since 2020.

At HCRA's 2023 annual public meeting, HCRA's leadership said that HCRA was at a "steady state." But in 2024, compared to 2023, HCRA's bottom line took a negative swing of almost \$6 million. How is this possible, given that it was in a steady state the year before?

Finally, the oversight fees that these two DAAs are forced to pay to the Ministry of Public and Business Service Delivery amount to about another \$1 million a year.

Ironically, the Auditor General of Ontario has found considerable problems with the oversight of DAAs. Further, the AG has noted that “the ministry does not believe it has the mandate to oversee how cost-effectively the delegated authorities are operating.”

1710

Now, returning to the Ottawa Citizen headline, “Why Is It So Expensive to Build a House?” Obviously, there are many, many components and players in building a house, but the costs of Tarion and HCRA increase the cost of the housing in Ontario, and no one is overseeing those costs. This is in the midst of a housing affordability crisis. It’s unacceptable that the Ministry of Public and Business Service Delivery is not overseeing how cost-effectively these DAAs are operating. Citizens are paying the price.

We fully expect that a full review of the cost-effectiveness of the 13 DAAs would find considerable annual savings that could help to reduce the cost of housing and other costs in Ontario. We submit to the government of Ontario that it has an opportunity and a responsibility to fix this problem and help reduce the costs in Ontario.

How can this be done? For most DAAs, assign those responsibilities to objective, capable public servants who would be subjected to the regular checks and balances of the public service. For Tarion, end the monopoly and introduce the multi-provider warranty model that much of the rest of Canada enjoys and that Justice Cunningham recommended in 2016.

But the excessive costs are only part of the story. These DAAs that are supposed to be protecting Ontario’s consumers are failing Ontario’s consumers in many cases. Ontario’s DAAs are structured by industry, and they have been captured by the industries that they’re supposed to regulate, leaving Ontario’s consumers without adequate consumer protection.

Ending Ontario’s DAAs would largely solve another important issue as well: public safety in private hands. Dr. Mark Winfield of York University has published research on Ontario’s DAAs, and we credit him with the phrase “public safety in private hands.” Dr. Winfield was primarily concerned with the DAA Technical Standards and Safety Authority, TSSA, but his findings extend to other Ontario DAAs as well.

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

**Dr. Karen Somerville:** He has concluded that the main reason for the Ontario government retaining the TSSA as a DAA appears to be keeping budgets and personnel off the books as government staff and expenditures. Dr. Winfield went on to say that these political advantages don’t justify the non-government status. We agree with Dr. Winfield.

By ending Ontario’s DAAs, the Ontario government would:

- (1) make Ontario more affordable;
- (2) help to take public safety out of private hands; and

- (3) improve consumer protection, governance, accountability and transparency.

That would be a significant win for the Ontario government and for the citizens of Ontario.

Thank you for the opportunity to speak. I welcome your questions.

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

We will now hear from Jianfeng Wang.

**Mr. Jianfeng Wang:** My name is Jianfeng Wang. I’m not a CEO or a policy expert, I’m a sales clerk at a retail store. And I’m here today as an individual, representing not only myself but also countless workers and young teenagers like me who form the backbone of Canada’s economy. We are really concerned about the employment prospects in Canada.

Now, before diving into my main points, I’d like to lighten the mood with a quick question: Is everyone here today? I think someone who seems to be here even when he’s not—it’s Donald J. Trump, because of his threats that it’s a great idea for Canada to become the 51st state of the US if it is not willing to accept the 25% tariffs on exports hung over us like a dark cloud that refuses to drift away.

I’m not here to talk about trade wars or foreign policy. Instead, I want to use this example to highlight something crucial: Tariffs are one of the most powerful tools countries use to stimulate their economies. This isn’t just a strategy employed by the United States. Another country, recently seen as its biggest competitor, China, has also used tariffs extensively in its own economic development.

So why are tariffs so important? It’s because they directly influence supply chains, which, in turn, impact employment rates and, ultimately, the everyday lives of citizens. From the cost of the clothes we wear to the food we eat and the homes we live in, tariffs shape the economic landscape in profound ways.

Let me reveal my recommendations up front:

- (1) Canada should uphold the principles of a free market economy;

- (2) Refuse to increase and refuse to accept all unreasonable tariffs; and

- (3) Launch a nationwide initiative to stimulate consumer demand through policies and incentives, focusing on green and sustainable products and services in order to drive economic growth but also create large-scale employment by supporting industries capable of meeting this demand.

The importance of free market principles: Let me ask you why the US, the birthplace of free-market economics, now embraces tariffs and trade barriers. Isn’t this a betrayal of their long-held economic values? The answer lies in their desire to rebuild their industrial base. But does following their lead serve Canada’s interests? I believe the answer is no.

History provides a cautionary tale. Consider Bombardier Aviation: When Bombardier tried to compete globally with its CSeries planes, it faced relentless legal challenges from Boeing in the US. Despite Canadian government support, Bombardier was forced to sell a majority stake in



the CSeries to Airbus. Today, Investissement Québec only own 25%, and by 2026, even that will be gone. This example shows that when Canada pursues policies contrary to US interests, we face retaliation, not co-operation.

Increasing tariffs on goods will not rebuild Canadian industries. Instead, it will isolate us, increasing costs of living and business, and damage our economy and harm Canadian workers. The real impact of tariffs lies in how they influence employment. A disrupted supply chain can lead to job losses, particularly in countries like Canada, where many industries depend on global trade.

Let me provide a personal perspective. Finding a stable job in Canada's current economic climate has been incredibly challenging. When I finally secured my position in downtown Ottawa, I realized I wasn't alone. Every day, people walk into my store asking if we're hiring. This reflects a broader issue: a lack of opportunities caused by economic policies that fail to consider their impact on workers.

Tariffs, when misapplied, exacerbate this problem. They disrupt industries and reduce the availability of jobs, making it even harder for ordinary Canadians to make ends meet. A better path is expanding consumer markets. So what should we do instead? I propose focusing on expanding our domestic market by creating demand. Employment rates are determined by real wages, rather than nominal wages. Simply raising the minimum wage only increases nominal wages without improving employment rates and may instead lead to inflation.

What we need to do is increase the marginal productivity effect. If the profit an entrepreneur gains from hiring 100 employees significantly exceeds that from hiring 99, they will certainly hire the additional person. Increasing marginal productivity means boosting consumer demand, expanding market size and strengthening market confidence.

We need to empower Canadian consumers and businesses by fostering a thriving domestic market:

(1) Support green and sustainable consumption—offer subsidies or tax rebates to encourage Canadians to purchase locally made sustainable products. Create demand for green technologies, which can drive growth in manufacturing, services and innovation;

(2) Invest in job creation—focus on industries that have the potential to employ tens of thousands, such as cheaper energy, advanced manufacturing and AI technologies. Strengthen vocational training programs to help Canadians transition into these industries;

(3) Enhance accessibility—make Canadian-made products more affordable and accessible to the average consumer through targeted policies. Ensure that businesses can thrive by connecting them with a larger customer base, both domestically and internationally.

By creating demand, we can foster a self-sustaining economy that benefits both workers and businesses. In conclusion, we must prioritize policies that align with free-market principles, resist unnecessary government intervention and focus on creating opportunities for all Canadians.

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

**Mr. Jianfeng Wang:** Increasing tariffs will only harm our economy and workers. Instead, let's invest in expanding consumer markets, supporting industries that can truly drive employment and prosperity. Thank you all.

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

We now will start the first round of questioning with the official opposition. MPP Harden.

**Mr. Joel Harden:** I appreciate the folks who always come last. It's challenging to be last, but I wanted to make sure I was paying attention. I certainly was, and I saw my colleagues were. Thank you very much, all of you, for being here this afternoon.

Before I begin, Chair: Because of the presentation, Mr. Wang, you just made, you've reminded me that I have yet today—and I think I speak on behalf of all of us—to thank the workers of the Sheraton Hotel for the wonderful care that they've provided to all of us today. It's a great place and thank you very much, just for the record, for the administration and for the workers who helped us out today.

1720

Ms. Somerville, I have had occasion, as you know, to watch your advocacy and I appreciate it. I think part of the reason why Tarion has been compelled to respond has been not only you but a movement of folks who really feel there are some structural problems with the way in which we allow the supposed referees of the system by which home builders and homeowners should be regulating and weeding out rogue actors. You pointed out consistently in the six-and-a-half years I've been privileged to serve some major problems and today you're taking direct aim at DAAs and the ending of them.

I'm wondering if you could just reflect, for the benefit of this committee, on where you started in this advocacy when I first ran into you in 2018, the improvements that may have been made and, in ending DAAs, the opportunity that not just the government but Ontario has to bring the market to a more honest place so people can see all sides of the transaction and be held accountable for the transaction.

**Dr. Karen Somerville:** Thanks for that, MPP Harden. Our organization last year celebrated our 20th anniversary. You've been familiar with our work for a few years; we're into year 21 now. You asked, if I recall correctly, that I reflect on what progress has been made in that period of time. I wish I could say more progress has been made when it comes to consumer protections and newly built homes. We have seen, unfortunately, relatively little impact of the changes that have been enacted. If I go to the last five or six years—I've referenced HCRA and Tarion here primarily. I wish I could say that HCRA was a big improvement compared to what we saw when Tarion had responsibility for both the regulator of the industry and the warranty side of it. Unfortunately, I can't say that because we don't see it. Consumers don't tell us they see it and we watch it pretty closely.

What I tried to bring out in my presentation today was that what we've seen is increased costs. We have split that DAA called Tarion into those two, and really the big impact that we see is increased cost and increased bureaucracy. Focusing in on those two, which I'm most familiar with, I can't really say that there's been much progress there. I'm sorry.

**Mr. Joel Harden:** No, you needn't apologize. I appreciate the clarification.

If we were to restructure this particular DAA, which, as you've said, has an eye-popping \$6 million of compensation for 15 executives doing work that, in your view, I think you persuasively say isn't good enough—I know in my colleague's riding, there have been cases of alleged fraud for folks who have made significant down payments in homes. I know I visited with you, in communities like Cardinal Creek, improperly built homes. These are the biggest transactions people make in their lives, in good faith, and they hope that there's actually some accountability when there is a rogue operator, and there doesn't appear to be some.

In the past, when I've heard you advocate on this, you've made the case for something drastically different. We've seen in—and I take your point, you've been here for 20, 21 years doing this work for the Canadians for Properly Built Homes community. We've seen the splitting of responsibility but no accountability for that. By ending DAAs, how do you see that marking a new fork in the road for the government and for the sector itself?

**Dr. Karen Somerville:** Because of the lack of progress that we have seen, we really have gone back into how this has happened. That's why, in the past year or so, we've been looking at DAAs. We've been talking to other provinces as well. We've researched the history—I told you little bit about that today. I've outlined in my presentation some key problems that we see with industry capture and that kind of thing.

I started off by talking about affordability. I'm an accountant. We don't have access to all of the numbers. There's not sufficient transparency. But from what we do see, we do think that there would be significant cost savings with the approach that we have advocated for here.

Public servants: That's where it started with Margaret Thatcher in the 1980s, taking public servant jobs and putting them out into the private sector. I gave you the quote from Mark Winfield. And I've spoken with Dr. Winfield. He's saying, from his research, government wanted to get these employees and get these numbers off the books. His conclusion was this isn't good enough, this isn't appropriate. It's the wrong reasons. It's a political solution; it's not one for protecting the citizens of, in this case, Ontario.

As I said, I think that from what we see in our research, in our conversations, it's around that cost. Obviously, this committee is focused on cost, and the presentations I've listened to so far today say that they need more money. Here's an opportunity, we think, to get more money that could be used for health care or education or something else.

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

**Dr. Karen Somerville:** Somebody would need to do that deep dive into the books. We don't have access to those numbers except at a very high level in published financials.

So increased cost savings, increased consumer protection and bringing the public safety component back into government jurisdiction and responsibility, rather than farming that out to the private sector.

**Mr. Joel Harden:** Fair, fair. And is it accurate to say then that, absent that work, prospective homeowners are taking a massive risk?

**Dr. Karen Somerville:** Yes. We see this every day. And I want to emphasize, MPP Harden, there are good builders in Ontario.

**Mr. Joel Harden:** For sure.

**Dr. Karen Somerville:** Right? We know that. Ontarians don't know who those good builders are, and that's a whole other discussion around the builder directory. But yes, there are all kinds of risks, and those are the people we hear from, literally every day, as volunteers. We are all volunteers; 21 years of doing this as volunteers. Many of our volunteers have been with us from the beginning. We do this because of the need. The people—

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

MPP Fraser.

**Mr. John Fraser:** Thanks to all the presenters for being here today. I'll try to get a question to each of you, but I'll start with Karen.

You have been at it for a while. I keep my emails forever, so I probably have some that are 20 years old, and I just appreciate your work.

I just want to give a little story for the benefit of my colleagues. I have a constituent who had a terrible situation with a builder, a custom builder, who led people to believe he was with Tarion and wasn't. He would have bankrupted these people if they had not had families who could help them.

Fast-forward about a year later and that same builder is building a house somewhere else in the city. So they alert HCRA to this and HCRA says, "Yes, we're going to look into it. There's going to be an investigation launched." September; January—radio silence. These aren't people who were trying to do something for themselves. They're trying to say, "Somebody else is going to have the same problem that we did."

We change things in government—and this is not a criticism of the current government, all sorts of governments have done it, had DAAs. Often the times that governments get into trouble is because there's a DAA that is not governed well, that doesn't have the right oversight. I just want to put that out there, that at the bare minimum we need more oversight.

I wonder why, if the way that we are warranting housing and regulating building houses is costing the people who are buying houses money, we would not put competition in there, like almost everybody else does across Canada. Again, that's not a—I was part of a government that didn't

change that. But I think it's a legitimate question. Why don't we do that? What is the reason that we don't do that? I don't fully understand.

**Dr. Karen Somerville:** When I referenced Justice Cunningham's work and said that that's the model that most of the rest of Canada enjoys, a competitive model, that's what Justice Cunningham recommended to the Ontario government in late 2016. Many people supported it, but it didn't happen, and we continue to be in touch with people who continue to advocate for that. But yes, competition will help to bring down prices. It will help to improve service etc.

1730

**Mr. John Fraser:** So as part of a government that didn't change that—but what were the reasons they gave you for—did they give you any reasons? It was radio silence?

**Dr. Karen Somerville:** Silence from your party, the government at that time, and—

**Mr. John Fraser:** Okay, no, I understand that. And it's been continued silence?

**Dr. Karen Somerville:** Well, no, not quite. There has been some discussion. In 2018, when the change happened, there was a consultation. Before the 2018 election, the official response that we had from the Ontario PCs was that they supported Justice Cunningham's recommendation. We have that in writing—before the election. But then, after June 2018, the Ontario government changed its mind and did not follow through.

**Mr. John Fraser:** I think if we're looking at affordability in housing, maybe this is a small measure that might help. I suggest this is something we should put in our committee report.

**Dr. Karen Somerville:** Absolutely.

**Mr. John Fraser:** Thanks very much—appreciate it. How much time?

**The Chair (Mr. Ernie Hardeman):** Nineteen seconds—and not so much anymore.

**Mr. John Fraser:** I'll get you on the second round, guys.

**The Chair (Mr. Ernie Hardeman):** MPP Clark.

**Mr. Steve Clark:** Chair, through you to the three presenters: Thank you for being here today. It is a tough act when you're the last three of the day.

I'm going to ask a couple of questions to Rothmans, Benson and Hedges, and then I'll allow my colleagues to jump in and ask their questions. One of your recommendations—I'd like you to elaborate. It was the recommendation to prohibit advertising and promotion on illegal tobacco products. So my question: Isn't that redundant?

**Ms. Kory McDonald:** You would hope that it would be. Let me just maybe start with a bit of a stat: Within RBH, we have an online monitoring program where we actually actively look for online ads for illicit tobacco and try to get them pulled down. Since 2022, we've removed 10,000 online advertisements for illicit tobacco. About 45% of these, over time, have been in Ontario, but since 2023, we've seen an uptick in Ontario. Right now, it's

about 49%. So these ads are still there. Print ads, online ads—it's still happening.

Now, the change to the Cannabis Control Act was really to explicitly make it illegal for anybody who is selling illegal cannabis, who's not authorized to sell cannabis, to advertise it. So really, it gives another tool for law enforcement to pull down this advertising. You would think it's redundant, but it's a great tool.

What we see is that often illicit cannabis and illicit tobacco—we see them in parallel—same kind of shops, same kind of places where they're being advertised. So to us, it just makes a ton of sense to use this same tool and port it over to tobacco so that we can regulate it appropriately.

**Mr. Steve Clark:** Yes, and I appreciate your comments about Operation Deterrence. I think, as a border MPP, we've been talking a lot about things we can do, and Operation Deterrence, to me, is similar to your conversation about what Quebec did in terms of increased police enforcement. So is that where you hope Operation Deterrence ends up with on the contraband tobacco side as well?

**Ms. Kory McDonald:** Yes. I think what we'd love to see is just an explicit focus around contraband tobacco, because I think we've really, really seen—and I can send you articles where you see the tobacco busts, and it's not just cigarettes, right? You're seeing cigarettes, you're seeing fentanyl, you're seeing guns. The same folks that are moving contraband tobacco, organized crime, they're moving people—you name it. It's about organized crime. So we really think that tackling contraband tobacco is a super important part of any type of anti-crime border control initiatives, so we're really pleased to see more of a focus and really would love to see it explicitly include contraband tobacco.

**Mr. Steve Clark:** Excellent. Thanks so much.

Chair, I'll hand it over to one of my colleagues.

**The Chair (Mr. Ernie Hardeman):** MPP Skelly.

**Ms. Donna Skelly:** My questions are for Karen. I want to follow up on my friend from Ottawa South's comments. Your last comments were about the justice's recommendations. Can you backtrack and share that story again and the recommendations?

**Dr. Karen Somerville:** Sure. In, I think it was, 2015, the Ontario government at that point retained Justice Cunningham to conduct a Tarion review. Justice Cunningham and his colleagues—he had a team—studied this for about a year, went across the province and had all sorts of consultations with consumers as well as with builders. He ended up making, I don't know, 30 recommendations—a large number of recommendations.

Many people's interpretation was that the number one recommendation—he didn't number it number 1—was to do exactly what MPP Fraser asked me about, which was that multi-warranty model provider like BC has, like Alberta has. That came from the Tarion review, as well as many others, including his recommendation to spin off what is now known as HCRA. That was part of that review as well, and that was followed through, and it was imple-

mented. But it has turned out, as I've been saying, to be, from our perspective, quite disappointing.

There were many recommendations made by Justice Cunningham, but the number one recommendation that many people referred to is introducing competition into the warranty side of things in Ontario.

**Ms. Donna Skelly:** How would that work? What does that look like?

**Dr. Karen Somerville:** He didn't get into a lot of details in his report—it was a very lengthy report. But if you take a look at what's going on in BC and in Alberta, in a nutshell: The builder decides what government-approved insurance company they want to align with to provide the warranty for their homes. So it's the builder's choice, and the government approves. I think that there are eight right now in BC, for example—don't quote me on that. But I think that there are eight government-approved warranty insurance companies. The builder aligns with one, and then when you buy a home from that builder, that's who is going to be providing your warranty.

**Ms. Donna Skelly:** And today, it's only Tarion?

**Dr. Karen Somerville:** Tarion has a mandatory monopoly in this province. They were founded in 1976. You have no choice: If you want to legally purchase a home in Ontario, you must have a Tarion warranty through Tarion. Tarion doesn't provide the warranty—let me be clear on that. Tarion backs the builder's warranty, but it's a mandatory monopoly.

**Ms. Donna Skelly:** When you say, “If you want to purchase,” what you mean is if you want to build a new home, there's a Tarion warranty. Because you can purchase any home at resale that doesn't have a Tarion warranty.

**Dr. Karen Somerville:** Correct. But a big issue in Ontario that you may know of is illegal builders who don't sign up with Tarion. That's a whole other discussion, a whole other set of issues. But in Ontario, you need to have that Tarion builder-backed warranty.

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

**Ms. Donna Skelly:** And you were also mentioning that you believe that this opportunity to have more than one person to align with could possibly lower the cost of a house?

**Dr. Karen Somerville:** For sure. If you just take a look at the fundamentals, obviously, this is part of the cost of a house. As I said earlier, it's complex. But if you take a look—and you maybe know about competition—one of the benefits of competition is that it tends to lower costs and improves service. We need that, definitely—both sides of that—when it comes to backing the builder's warranty.

**Ms. Donna Skelly:** Thank you.

**Dr. Karen Somerville:** You're welcome.

**The Chair (Mr. Ernie Hardeman):** MPP Pasma.

**Ms. Chandra Pasma:** Thank you very much to the witnesses for being here this afternoon—into the evening now.

Karen, I want to ask you a question. I was pretty shocked to see in your information here the \$6 million in

compensation to Tarion and HCRA executives, because I have a situation in my riding, which I have spoken with you about before, where constituents purchased homes, or they put down the down payments for the homes, in 2018 and 2019. We are now in January 2025 and those homes still do not exist. They have not been built. I actually live near where this development is, so I go past it regularly and I can tell you the ground is untouched.

Nothing has happened in this six-, now going on seven, year period. These people have basically been priced out of the market. Even if they were to get their deposit back, home prices have escalated considerably. They're not going to be able to buy a new home in Ottawa at anything remotely like the price that they paid for these homes in 2018 and 2019.

1740

My constituents complained to HCRA. That complaint was submitted in July 2021. We're now in January 2025, so we're talking three and a half years. Nothing has happened—literally nothing—and so we're paying \$6 million in compensation to executives who are overseeing an organization that can't resolve a case where homebuyers have paid deposits six years ago. They can't resolve that case in three and a half years. So what are we paying compensation to these executives for, and what can we do to fix this HCRA that is so incredibly broken that they can't resolve a situation like this in three and a half years?

**Dr. Karen Somerville:** Yes, we're obviously following HCRA very carefully. We attend their annual meetings. We submit questions and correspondence. The lack of accountability there in many cases is shocking. You've got one example. I drive by where you're talking about; I've been there with homeowners. I know what you're talking about. It's going on across the province.

When you look at HCRA's annual report, of course they have what they see as their accomplishments for the year. In fairness to them, they all have an annual report and we can all read it. We can all go to that meeting. But the people that we hear from have similar complaints to yours and your constituents' and others'—it's accountability; it's transparency. It's those things that are clearly not working, but the costs continue to increase.

The \$6-million swing in one year that I referred to in my presentation: We don't understand that, for the “steady state” operation of HCRA. That's why we submit that this model is not working—the DAA model. There is not enough transparency, not enough accountability. We need to bring that back in. And this is with government oversight, right?

**Ms. Chandra Pasma:** Yes, I absolutely hear you on the lack of accountability. Every time I've raised this with the Minister of Public and Business Service Delivery, both the current minister and the previous minister, they always point to HCRA: “The HCRA has to resolve this.” Well, HCRA is not resolving this and so my constituents sit and wait for their homes to be built.

What would that accountability look like? How would it be different if it was actually taken in-house, if it was actually a public service instead of a private DAA?

**Dr. Karen Somerville:** It would be subject to those checks and balances that government organizations have, that public servants have, right? That's a good question, but it's a complicated one. But bring it in, get rid of all the layers of oversight that clearly aren't working adequately, have more direct accountability and reduce those costs, and hopefully see improved performance. That's what we expect.

**Ms. Chandra Pasma:** You alluded briefly to some issues with the business directory. I do not believe today, if you went and looked up this builder, that you would have any idea that people who previously purchased homes are waiting six years for those homes to be built. Can you elaborate on what you see as the concerns and the challenges with that business directory?

**Dr. Karen Somerville:** The building directory, we feel, has gone in the wrong direction over the past four years since HCRA was split out. At least before, when it was all with Tarion, we could go to Tarion and say, "Tarion, we need some answers here." We knew where to go. Now it's finger-pointing between the two DAAs. It is more uncertainty around all of that.

The right factors, in our view, are not being reported in that builder directory. Even just take a look at what Justice Cunningham recommended there. It can be quite elaborate and deep, but we see that the technology has improved—there are more, fancier icons and maybe a quicker response time—but the fundamental information that many consumers need isn't there. Many have raised concerns around it actually being misleading.

Again, I don't want to be unfair to this organization—to these two organizations now—but it's just not working adequately. It's not there. We can't go to it to get the kind of information that you're raising that we see around code violations etc. It's very concerning.

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

**Ms. Chandra Pasma:** Speaking of homebuyers and consumers not having access to the information that they need to actually make a good decision, we are seeing increasing use of NDAs by developers, both to address scenarios where there were challenges in building the home, an improperly built home, people not getting what they expected, and then also, issues around the contract, developers making changes to the contract unilaterally and then making homebuyers sign the NDA if they want to get it back, telling a homebuyer, "You can only get your deposit back if you sign an NDA." In some cases, that even supposedly precludes complaining to Tarion or HCRA. What would you like to see happen around NDAs to make sure that every consumer has the information they need to make an informed decision?

**Dr. Karen Somerville:** Very fundamentally, we don't think NDAs should be used in these cases. There is a movement that says NDAs shouldn't have a place in our society at all; you'll see that online. Certainly, when it

comes to the largest purchase—and it's not just the money; it's the possibility of negatively impacting health, disrupting families etc.

Financially, it's one thing. We're hearing from an increased number of people—

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

We'll now go to MPP Fraser.

**Mr. John Fraser:** I'd let you answer the question, but I want to get some questions in. I do want to add, again, for the record, that with delegated authorities—and I've seen this across the board. We get into trouble when we delegate governance and then we don't govern the governance. It causes problems not just for us as governments but for people.

I just wanted to make a point of that and try to quickly get to Kory on—you suggested a regulation change. Can you explain that to me?

**Ms. Kory McDonald:** Yes. There were a couple. One of them was the specific one where I said 585/17. That's probably the one. Currently, there is a regulation saying that certain components to manufacture cigarettes can only be possessed by someone with a tobacco manufacturer's licence, but it's really limited. What we're suggesting is that you include all the components to manufacture cigarettes. Again, this makes the upstream enforcement on contraband tobacco easier. Right now, it's really just a component called acetate tow that goes into the filters, but if you included the wrapping papers, things that are specifically used to manufacture cigarettes, requiring that somebody actually have a manufacturer's licence to possess those, that would make it easier in terms of enforcement.

**Mr. John Fraser:** That's good to know. Regulations are a bit easier than legislation. That's a good suggestion for the budget, something we can get done, even not having to do it inside the budget. I appreciate you taking the time to be here and talk to us again about contraband. We've been talking about that for a long time. I know all of us have heard there's still a lot of work to be done.

Mr. Wang, thank you very much for being here. I agree: Tariffs are a bad idea. If there's anything else you'd like to say or add to what you said, now you have an opportunity. I don't know how much time you have.

**Mr. Jianfeng Wang:** I think we can do something or we can not do something against Trump's policies. This is a choice to refuse to accept all unreasonable tariffs and refuse to increase, especially for China, electric vehicles. Because if you adopt a 100% tariff on China's electric vehicles, only Tesla or other countries' brand of electric car benefits from us. Our local electric car manufacturer won't benefit from this. Some will say it's a very, very bad idea. This is a way against Trump policy. You know, we don't hurt a US relationship with Canada, but we need to warn Trump, "Stop threats to Canada."

This is what I'm trying to say. This will help Canada's economy. It will hurt employment rates if the US really

increases the tariff by 25%. That will be a huge disaster. So this is a top authority.

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

1750

**Mr. Jianfeng Wang:** This is the only thing we should do first.

Tariffs influence our society in many, many ways, and we need to boost consumer markets, because the US has an \$18-trillion consumer market and we only have a \$530-billion consumer market. That's why they can say, "We can have tariffs; otherwise, you cannot earn money from our market." But we only have a \$530-billion consumer market, so it's a very, very little market.

Sorry about this, and thank you.

**Mr. John Fraser:** Thank you. Thanks very much for being here today.

**The Chair (Mr. Ernie Hardeman):** We will now go to MPP Smith.

**Mr. Dave Smith:** I'd like to go to Kory, if I could, please. You mentioned the contraband market. We're losing somewhere between—I think it was \$900 million and \$1.3 billion in tax revenue. We went through COVID, and there were some changes to how people moved around during COVID. Did you notice anything different in the contraband tobacco sales during that time period when movement was restricted?

**Ms. Kory McDonald:** Absolutely. In fact, Ernst and Young has done some great reports on the contraband market. It was a big step forward in terms of their methodology and their ability to quantify it, looking at what happened, particularly in Atlantic Canada, when you had the bubble and you really didn't have flow of goods. Also, when the border was much, much more controlled, you saw in every province a huge, huge change in terms of legal cigarette sales that then regularized as things opened up again. I think that's one of the best proof points. I'd be happy to follow up with some figures, but that's one of the best proof points we have that there is actually a massive illicit market, and it's enabled us to put some better figures and really quantify how big that market is.

**Mr. Dave Smith:** It's my understanding that Quebec has made some changes as well. Can you explain to us then what those changes were in Quebec and how we could implement something like that in Ontario?

**Ms. Kory McDonald:** In broad terms, what Quebec has done, I think, is they're viewing money spent on enforcement of contraband tobacco, and also other types of contraband products, as an investment rather than a cost. The dollar figure can vary. I'd be happy to follow up, but let's say around \$1 in \$10—\$1 that you spend on enforcement, you're recouping around \$10 back. That varies a bit through the years, but that's a good rule of thumb. So they're actually seeing that investing in more boots on the ground, investing in more officers that are focused specifically on contraband tobacco—they're getting that money back in tax revenue. I think, in large terms, that's really been their approach. Keeping taxes reasonable on tobacco and really, really investing in

contraband has helped to increase the amount of tax revenue they're actually getting from legal tobacco.

**Mr. Dave Smith:** I want to pivot a little bit to the illegal advertising that you were talking about. I had a constituent reach out, not specifically about tobacco or cannabis products, but about some advertising that was going on on Facebook. This individual reached out to the CRTC. They believed that the advertising was actually illegal based on some of the CRTC rules. CRTC came back and said that's not their jurisdiction, they couldn't do anything about it, that you had to report it to Facebook and have Facebook deal with the illegal advertising.

If that is the backdrop that I'm hearing from the federal government, then how do we as the provincial government tackle some of that illegal advertising that you're talking about on things like social media sites? What can we do, then, to prevent that?

**Ms. Kory McDonald:** I can tell you our approach as a company when we do see these types of ads has been to approach the sites and where they live. Some, to be frank, have been a lot more willing than others to simply take it down, and I think having something where it's very, very explicit that this is a law, you cannot advertise this product, makes it easier to make that case to Facebook, Kijiji, to others: You must take this down. Whether it's us, whether it's law enforcement making that case, I think it makes it a lot easier. But our approach absolutely has been to go to the folks that are actually hosting those sites as opposed to trying to go to the CRTC.

**Mr. Dave Smith:** So if we have something that's being advertised online right now that is essentially an illegal product in Ontario and we're not able to take that advertisement down, how do we stop the transportation of it within Ontario? A lot of times they're going to use somebody like Canada Post, just as a great example, to ship that product in Ontario. How do we deal with that?

**Ms. Kelli Tonner:** That's something, I think, as a company we've been very vocal with the folks, and Canada Post, unfortunately, is one. They're actually shipping the product. There are sometimes some challenges in terms of whether they know what's in the package or what's not, but sometimes it's quite obvious. So that's another tack we certainly take, is to try to make sure that the folks that are moving the product are aware. As you said, sometimes it's going in tractor-trailers and it's working with law enforcement to make sure that they know where it's going, giving them more tools so that they can stop vehicles, which is where we're saying, you know, include all the components, but sometimes it's a single package going through the mail.

**Mr. Dave Smith:** Thank you.

Chair, I don't think we're going to use the rest of our time on this. I think we're good. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much, and I want to thank the panel for making the presentations today and taking time to prepare and doing so ably in presenting it to us. We very much appreciate

that. I want to thank all the panellists this afternoon and the rest of today for their participation.

I want to remind everyone that the deadline for written submission is 7 p.m. Eastern Standard Time on Wednesday, February 5, 2025.

Is there any further business from the committee? MPP Smith.

**Mr. Dave Smith:** I'd like to move a motion. I move that the committee schedule be revised for pre-budget consultations for Tuesday, January 14, 2025, in Leamington, Ontario, from 10 a.m. until 12 p.m. and 1 p.m. until 6 p.m. Eastern Standard Time, to Tuesday, January 14, 2025, in Leamington, Ontario, from 9 a.m. until 12 p.m. and 2 p.m. until 6 p.m. Eastern Standard Time.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Any discussion?

**Ms. Chandra Pasma:** Sorry, can you repeat? That's a lot of times.

**Mr. Dave Smith:** Essentially, what we're doing is we're starting at 9 o'clock instead of 10 o'clock and coming back after lunch at 2 o'clock instead of 1 o'clock.

**The Chair (Mr. Ernie Hardeman):** Any further discussion? If not, all those in favour? Opposed? The motion is carried.

If there's no further business of the committee, the committee is now adjourned until January 14, 2025, in Leamington, Ontario.

*The committee adjourned at 1758.*

## **STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

### **Chair / Président**

Mr. Ernie Hardeman (Oxford PC)

### **Vice-Chair / Vice-Présidente**

Ms. Catherine Fife (Waterloo ND)

Mr. Deepak Anand (Mississauga–Malton PC)

Ms. Patrice Barnes (Ajax PC)

Ms. Catherine Fife (Waterloo ND)

MPP Zee Hamid (Milton PC)

Mr. Ernie Hardeman (Oxford PC)

MPP Andrea Hazell (Scarborough–Guildwood L)

Ms. Christine Hogarth (Etobicoke–Lakeshore PC)

Mr. Terence Kernaghan (London North Centre / London-Centre-Nord ND)

Mr. Brian Saunderson (Simcoe–Grey PC)

Mr. Dave Smith (Peterborough–Kawartha PC)

### **Substitutions / Membres remplaçants**

Mr. Steve Clark (Leeds–Grenville–Thousand Islands and Rideau Lakes / Leeds–Grenville–Thousand Islands et Rideau Lakes PC)

Mr. Joel Harden (Ottawa Centre / Ottawa-Centre ND)

Ms. Chandra Pasma (Ottawa West–Nepean / Ottawa-Ouest–Nepean ND)

Ms. Donna Skelly (Flamborough–Glanbrook PC)

### **Also taking part / Autres participants et participantes**

Mr. Stephen Blais (Orléans L)

Mr. John Fraser (Ottawa South / Ottawa-Sud L)

### **Clerk / Greffière**

Ms. Vanessa Kattar

### **Staff / Personnel**

Ms. Pia Anthony Muttu, research officer,  
Research Services