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Wednesday 18 June 2003

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Mercredi 18 juin 2003

**Standing committee on
regulations and private bills**

**Comité permanent des
règlements et des projets
de loi d'intérêt privé**

Chair: Rosario Marchese
Clerk: Trevor Day

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE
ON REGULATIONS
AND PRIVATE BILLS**

**COMITÉ PERMANENT DES
RÈGLEMENTS ET DES PROJETS DE LOI
D'INTÉRÊT PRIVÉ**

Wednesday 18 June 2003

Mercredi 18 juin 2003

The committee met at 1005 in committee room 1.

COUNTY OF HALIBURTON ACT, 2003

Consideration of Bill Pr18, An Act respecting the County of Haliburton.

The Chair (Mr Rosario Marchese): I call the meeting to order. We are going to be dealing with Bill Pr18, An Act respecting the County of Haliburton. The sponsor is Mr Dunlop. Welcome, Mr Dunlop. Do you have any comments to begin?

Mr Garfield Dunlop (Simcoe North): Thank you very much, Mr Chair. I appreciate the opportunity to be here. I am actually substituting for Chris Hodgson, who is the MPP for this region.

With me today are Gary King, the chief administrative officer, Wayne Fairbrother, the solicitor, and Ross Rigney, who is the warden of the county of Haliburton. I'd like to at this point have the solicitor actually make some comments on the reasons for the bill.

The Chair: Very good. Please identify yourself and others for the purposes of Hansard.

Mr Wayne Fairbrother: Thank you, Mr Chairman. My name is Wayne Fairbrother. I'm the solicitor for the county. Good morning to the Chair and the members of the committee.

I understand that the compendium has been filed and that the members of the committee have it in front of them.

The Chair: Yes.

Mr Fairbrother: I don't intend to go through it in any detail, but either the warden, the CAO or myself will attempt to answer any questions.

Very briefly, the draft bill that has also been presented by Ms Hopkins before you today has a couple of last-minute modifications. I'd just like the committee to know that those are acceptable to the county, and it's my understanding that they've been reviewed not only with legislative counsel but with representatives of the Ministry of Health and Long-Term Care. So everything seems to be in order.

In short, the purpose of this draft bill is to complete a process that was commenced roughly two years ago wherein the county, with the support of the province, initiated a move toward an integrated health care system to be governed by the community. To that end, a non-

profit corporation by the name of Haliburton Highlands Health Services Corp, or HHHS, was approved by the minister as a charitable institution. There was an agreement entered into between the county and HHHS to transfer the assets, management and governance obligations to HHHS. The transfer of the assets and management obligations was done pursuant to an agreement that was signed off on by the ministry. It was anticipated at that time, about 2000, that there were going to be changes to the applicable legislation. Those changes never materialized, so now we have a situation where the county has effectively transferred all assets and management to HHHS, but is still left with the governance obligations.

This private bill is essentially to complete that process that was commenced two years ago. In short, that's why we're here today.

The Chair: OK. Thank you. Are there any other comments from the other applicants?

Mr Kells, do you have any other comments?

Mr Morley Kells (Etobicoke-Lakeshore): The Ministry of Municipal Affairs defers to the Ministry of Health and supports this.

The Chair: Any questions from other members? Monsieur Bisson?

Mr Gilles Bisson (Timmins-James Bay): Just so I understand, basically you as a municipality, or all of the municipalities in the area, used to manage and run this particular—who's running it now? You're making management decisions, but—

Mr Ross Rigney: No, it's being run by the HHHS. They've been running it since 2000.

Mr Bisson: And who are they?

Mr Rigney: That's this organization that was referred to.

Mr Bisson: And what are they? A for-profit or a not-for-profit organization?

Mr Rigney: They are not-for-profit.

Mr Bisson: What was the rationale for doing the transfer?

Mr Fairbrother: The rationale for doing the transfer in 2000? The gentleman could perhaps speak to it better than I have, but essentially the county was, in accordance with some initiatives that the Ministry of Health was pursuing at that time, trying to establish a community-based, integrated, long-term health care program. As part

of this, funding was provided to explore a vehicle of having it run by these not-for-profit corporations, which have to be approved by the minister and registered under the Charitable Institutions Act, which HHHS is. It was largely a pilot project, and it was anticipated that legislation was going to come with that.

Mr Bisson: And it's strictly a rest home?

Mr Rigney: No.

Mr Bisson: Does it provide any other services?

Mr Rigney: All other services—

Mr Bisson: So it operates like a CCAC, then?

Mr Rigney: In a way, yes. You're right. Acute care, long-term care, and many other community—like the mental health is under there. A lot of other social and—

Mr Bisson: This is interesting. Can you describe a little bit of what you're doing? It sounds like an interesting project. So what you had originally was a rest home that was being managed by the municipality.

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Mr Rigney: Managed and owned.

Mr Bisson: It was a home for the aged.

Mr Rigney: Yes, and it was owned by the county.

Mr Bisson: And it was a municipal home for the aged.

Mr Rigney: Yes.

Mr Bisson: OK. So what you did was, you basically set up a new corporation, and this new corporation has an integrated approach to long-term-care services, if I understand what you're doing here.

Mr Rigney: That's correct.

Mr Bisson: So they now not only manage the rest home, or the home for the aged, but they also manage other services in the community?

Mr Rigney: Two acute-care—two hospitals—

Mr Bisson: Oh, so it's a mix like we have up in our area.

Mr Rigney: Yes.

Mr Bisson: So you have the two hospitals, the home for the aged. What else is in there?

Mr Rigney: The Canadian Mental Health.

Mr Bisson: Now, that's interesting. So they work in the building as a separate entity?

Mr Rigney: They work as a separate entity but are part of and report to the health services board. This health services board is an elected body as well.

Mr Bisson: Who else other than mental health services?

Mr Rigney: There's Kinark, which is for troubled young people. There's a series of social programs of that nature that has been put in one house so that there's a common direction of where we're trying to go. It's working very well.

Mr Bisson: So who does your community long-term care like Meals on Wheels, nursing services?

Mr Rigney: That's also part of this.

Mr Bisson: So it's a one-window approach.

Mr Rigney: It's a one-window approach. That's a good way of putting it. It's a one-window approach.

Mr Bisson: We have similar—I was involved where we brought the municipal home for the aged in with the hospitals. We had Matheson, Iroquois Falls and Cochrane, which were hospitals, and then we had two retirement homes. What we did is, we brought the homes together under one management structure. But it's the first time I've seen other community services being brought in underneath the same—

Mr Rigney: It's interesting to note as well that we have an Extendicare up there which co-operates with this whole group, and it runs separately.

Mr Bisson: You have placement coordination of some type, and that would be run under this particular organization as well.

Mr Rigney: That's correct. Yes.

Mr Bisson: Congratulations.

Mr Rigney: It has been a hard thing to sell to people, because you have to really understand what we're trying to achieve.

Mr Bisson: So now what happens is, if I'm somebody in the communities covered by your county—and it's under just the one county, I take it?

Mr Rigney: Yes.

Mr Bisson: So if I'm in the Haliburton area, basically I go to one place and I deal with either long-term care, mental—addictions as well? All of that?

Mr Rigney: Yes.

Mr Bisson: Wow.

Mr Rigney: Yes.

Mr Bisson: Can I get a tour?

Mr Rigney: Yes. Come up.

Mr Bisson: Give me your card on the way out. I wouldn't mind sitting down. That's part of the problem we have. There's been all kinds of good work done by all stripes of government, under the New Democrats and the Tories, in trying to bring together some of these services so they're not appearing as fragmented as they normally do.

Mr Joseph Spina (Brampton Centre): The Liberals tried to fragment them.

Mr Bisson: Well, they were the fragmenters. It's unfortunate. What they got caught up with was that the economy at the time didn't necessitate some of this stuff happening. It wasn't that they didn't want to do it, it was just that the concept wasn't there. It really started with us and continued with you.

I wouldn't mind your card, because it's a very interesting concept. At the end of the day, I know we all have, as MPPs, constituents who call our offices because they have no idea how to get hold of services. "I've got a child" or "I've got an adult who falls somewhere between the cracks," and you have this fight between various health providers, what it is they're going to provide for services. So thank you. I will take you up on the offer, and I will visit.

Mr Rigney: We would be pleased.

Mr Bisson: Can I bring a friend of mine, Earl Manners, with me?

Mr Rigney: He's in the riding right now.

Mr Bisson: I know. I'll bring Earl with me.

The Chair: Other members with other questions? That means we're ready for the vote, it appears. Very good.

Mr Bisson: I have just one last question. All of these organizations are now funded by way of regular funding mechanisms, but there's an overall savings as far as administration, I would take it.

Mr Rigney: Yes, there is.

Mr Bisson: So what have you done? Have you re-invested that money in services?

Mr Rigney: Yes.

Mr Bisson: Excellent. Thank you.

Mr Rigney: That was the selling point.

Mr Bisson: Yes. Congratulations.

The Chair: OK. Thank you very much. Thank you to the applicants and sponsor. We're ready for the vote now.

We do have an amendment to section 1. Who was moving that? Monsieur Dunlop?

Mr Dunlop: I move that section 1 of the bill be struck out and the following substituted:

“Exemption

“1.(1) The Homes for the Aged and Rest Homes Act does not apply to the county of Haliburton during any period in which both of the following conditions are satisfied:

“1. Haliburton Highlands Health Services Corporation maintains and operates one or more approved charitable homes for the aged, as defined in section 1 of the Charitable Institutions Act, in the county of Haliburton.

“2. Haliburton Highlands Health Services Corporation is an approved corporation as defined in section 1 of the Charitable Institutions Act.

“Definition

“(2) In this section,

“Haliburton Highlands Health Services Corporation” means the corporation incorporated under the name Haliburton Highlands Health Services Corporation by letters patent dated February 19, 1996 issued under the Corporations Act.”

The Chair: All in favour of the amendment? Any opposed? That carries.

Shall section 1, as amended, carry? Carried.

Shall section 2 carry? Carried.

Shall section 3 carry? Carried.

There is an amendment to the preamble.

Mr Dunlop: Yes, there is, Mr Chair. I move that the first paragraph of the preamble to the bill be struck out and the following substituted:

“The council of the county of Haliburton has applied for special legislation stating that the Homes for the Aged and Rest Homes Act does not apply to the county in specified circumstances.”

The Chair: Any discussion? All in favour of the amendment? Any opposed? Carried.

Shall the preamble, as amended, carry? Carried.

Shall the title carry? Carried.

Shall the bill, as amended, carry? Carried.

Shall I report the bill, as amended, to the House? Yes.

Thank you, applicants, and thank you, sponsor, for coming.

Mr Dunlop: Thank you very much, Mr Chair.

The Chair: There is no other business. This meeting is adjourned.

The committee adjourned at 1016.

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