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**Official Report
of Debates
(Hansard)**

F-10

**Journal
des débats
(Hansard)**

F-10

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

2nd Session
42nd Parliament

Tuesday 18 January 2022

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

Consultations prébudgétaires

2^e session
42^e législature

Mardi 18 janvier 2022

Chair: Ernie Hardeman
Clerk: Michael Bushara

Président : Ernie Hardeman
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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Tuesday 18 January 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mardi 18 janvier 2022

The committee met at 0901 in room 151 and by video conference.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): I call the meeting to order. We are meeting today to continue public hearings on pre-budget consultations 2022 for the eastern region of Ontario.

As a reminder, I ask that everyone speak slowly and clearly. Please wait until I recognize you before you start speaking.

Are there any questions before we begin? Seeing no questions—and I read that before, but there were no presenters on at the time, so I think I better go through the—

Interjection.

The Chair (Mr. Ernie Hardeman): We'll start off: Each presenter will have seven minutes for their presentation. After we have heard from all of the presenters, there will be 39 minutes of questions from members of the committee. This time will be split evenly in two rounds of seven and a half minutes for the government members and the official opposition, and two rounds of four and a half minutes for the independent members.

VHA HEALTH AND HOME SUPPORT
ONTARIO TRIAL LAWYERS ASSOCIATION
CANADIAN MENTAL HEALTH
ASSOCIATION, OTTAWA BRANCH

The Chair (Mr. Ernie Hardeman): I will now call on the first presenter, who's from VHA Health and Home Support: Valerie Bishop de Young, executive director. Valerie, if you're there, we'll ask for you to start the presentation.

Ms. Valerie Bishop de Young: Good morning. My name is Valerie Bishop de Young. I'm the executive director of VHA Health and Home Support. I'm here in Ottawa today, on a beautiful sunny day, post-snowstorm. VHA is a community support provider here in Ottawa. I'm here on behalf of some colleagues who are also providers of community support services.

At VHA, we provide personal care to the most vulnerable in our community. Our services include assisted living in supportive housing, respite care for frail seniors, and attendant services for people with physical disabilities. We serve more than 1,000 clients at any point in time.

We support them with services such as physical care, bathing, mobility assistance and meal preparation.

Our clients are people with a wide diversity of need, from those with a severe disability who need supports on a 24/7 basis, such as people suffering paraplegia or quadriplegia, to people with the infirmities of chronic progressive diseases such as ALS, multiple sclerosis and arthritis, all of whom need progressive assistance with their personal care.

The services provided by VHA are at the most intense end of the spectrum of community supports. Residents across Ontario rely every day on other community support services such as adult day programs, transportation to medical appointments and Meals on Wheels.

Like all other providers of community support services in Ontario, we are a not-for-profit agency and we operate with government funding to provide those services.

Our clients are your constituents. Many of our clients would be unable to afford or access these services if we could not provide them.

In eight of the past years, community support providers have received no cost-of-living increases to their budgets, and for some services, we haven't had increases for 20 years or more. Our reality is increasingly difficult to manage, and like other health sectors, we're experiencing unprecedented demand due to an aging population. But in 2021, community support services didn't even get mentioned in the provincial budget. That's the first time in 30 years. The consequences for us and other community support providers—and our clients, your constituents—are dire. As a result of funding not keeping pace with rising costs, every new client asking for service represents a net financial loss to our organizations. In short, new clients will soon be shut out of the system, and that results in the loss of community-based services in every constituency in Ontario. Equally important during the pandemic is, every client we support is someone who otherwise might end up in hospital, increasing the burden on an already-stretched system.

Community support services are the most efficient providers of low-cost, high-impact health services. Every dollar invested in community support services significantly keeps people out of hospital or out of long-term care.

Our ask is simple: We need more financial support to be provided to the community support sector so that we can keep supporting those in need and bring on new clients.

I want to thank you for this opportunity and for your time.

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

Our next presenter is the Ontario Trial Lawyers Association, and Kris Bonn. As I didn't mention originally, we ask each person as they start speaking—and the previous one, Valerie, did—to give your name for the record in Hansard to make sure it's properly done. We would appreciate that.

With that, Kris, we'll turn the floor over to you.

Mr. Kris Bonn: Thank you. My name is Kris Bonn. I'm very pleased to be here today. I am the president of the Ontario Trial Lawyers Association and a lawyer in Belleville and Trenton, Ontario.

For those who aren't familiar, the Ontario Trial Lawyers Association is a province-wide association made up of lawyers and paralegals who represent plaintiffs who have been injured by wrongful conduct, and many of our members represent those who have been injured in motor vehicle collisions.

I want to thank you for inviting OTLA and myself here today to speak to the standing committee. There are two key issues that I'd like to address this morning: (1) the elimination of civil juries for most civil matters, and (2) the need for reform of the auto insurance system.

First with civil juries: As with many sectors, the COVID-19 pandemic has hit the justice sector very hard with the enhanced health and safety protocols. Over the last 22 months, there has been uncertainty for members and our clients in the legal profession. There has been a backlog of cases that continues to grow every day. If measures are not implemented, the backlog is going to reach a breaking point. Delays in civil jury matters are impacting the lives of Ontario citizens. One example: One of our members had a client—you may have seen this story reported by the CBC—who was involved in a car crash in 2014, and the earliest date for this injured victim to have a civil jury trial is 2024, a decade after the collision occurred. This is not access to justice.

You may be asking yourself, "Why can't these matters proceed by judge alone?" That is a very good question. We've seen over the past 22 months that trials in front of judges alone can proceed virtually. I've been involved myself in a trial in front of a judge alone, and it went fine. That would address some of the cases in this backlog. Many of these matters should and could be heard by a judge alone.

So why don't we start these proceedings and have a judge hear them? The reason is the legislation; specifically, section 108 of the Courts of Justice Act. That section states that if one party to a dispute requests a trial by jury, then a trial by jury is mandatory, unless there's some judicial reason not to. It's very limited. Yes, over the past 22 months there have been several successful motions to strike jury notices so cases can proceed virtually in front of a judge alone, but that obviously stresses the system. It requires these costly and lengthy motions to be heard—as well as delaying the court cases.

0910

The reality is, jury trials cost more money to the system. And insurance companies, who routinely and almost

invariably are defending the at-fault party who caused the collision, are the ones filing jury notices. They're taking advantage of the current system to not only delay access to justice, but they are wasting taxpayers' dollars.

That is why the Ontario Trial Lawyers Association recommends the permanent elimination of most civil jury trials, specifically in motor vehicle collision cases. There are a few exceptions that have been outlined in our written submission that we've previously filed.

The second key issue I'd like to address to the standing committee this morning is reform of auto insurance. All stakeholders in the system agree on one thing: The auto insurance system in Ontario is broken. While other stakeholders would have you believe that we can only reduce premiums by drastically gutting coverage, we would suggest that a fundamental rebalancing of auto insurance is required. This rebalancing will not happen overnight. It will take time and requires a commitment from all stakeholders, including our government. But we think and believe that a revised insurance product can be achieved, that insurance simplicity offers increased transparency, provides greater certainty and delivers early treatment and, very importantly for this committee, at a reduced cost.

The first change would be the accident benefits system, and it ought to be designed in a way to provide immediate short-term rehabilitation to victims. The goal should be a fast return to function with limited areas for dispute. The basic policy for medical and rehabilitation coverage for non-catastrophically impaired car crash injuries, we say, should be limited, both in terms of dollars and time frame. Currently, those who are injured in car collisions are able to seek medical and rehabilitation benefits for 10 years up to a maximum of \$65,000, but there is much conflict in the system. Insurers can dispute recommended treatment from treatment providers, and that causes disputes to lengthen and grow. We've heard that, at the licence and appeals tribunal, currently the delay in getting cases heard stretches over almost two years.

Income replacement benefits: Again, if someone is injured in a car crash and is not able to work, your basic insurance contract policy—

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

Mr. Kris Bonn: Thank you. The accident benefits system in Ontario should be designed to be simple and clear. Millions of people in Ontario access health benefits through their private work insurance every year, where it's not necessary to hire a lawyer, negotiate payment with an insurance adjuster or attend insurance medical examinations. As long as the treatment falls within the terms and limits of the health care insurance policy, it is paid. The automobile no-fault system in Ontario ought to be designed in the same manner.

Reform of auto insurance also requires fundamental change to tort cases. These are the cases brought by innocently injured parties against the person who caused the collision. In every other area of civil disputes, an innocent victim is entitled to be made whole by the person who caused the injury. That's not so in auto crash cases, where there is an unfair secret deductible that currently stands at \$41,503.50—

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

We will now go to the third presenter in this panel: from Canadian Mental Health Association, Ottawa branch, Dr. Tim Simboli. We will ask you to come forward, introduce yourself for the Hansard and take over the presentation.

Dr. Tim Simboli: Thank you very much. My name is Tim Simboli. I'm the executive director of the Canadian Mental Health Association, Ottawa branch. We are one of nearly 30 independent CMHA branches province-wide and, collectively, we serve about 100,000 Ontarians, making us the largest community mental health and addictions network in the province.

CMHA Ottawa is an integral part of the Ontario health care system, providing community-based and community-delivered mental health and addictions services to the broader Ottawa and eastern Ontario community. Our clients are among the hardest to serve in the system: individuals with severe and persistent mental illness, individuals who are homeless or precariously housed, with extensive comorbid conditions and most often with untreated health and mental health problems.

There are endless issues I could address today: the opioid crisis, the growing racism and intolerance, increases in violence, deepening poverty and on and on. Most of you are well aware of these, so I'd like to focus on a couple of points that may be less obvious.

Our health care system, and in particular the mental health care system, relies on strong in-community treatment. Such services provide effective interventions to even the hardest to serve—individuals who, without treatment, would present in our justice, shelter and hospital systems. Those parts of the systems are currently over-extended in part because we have ignored and underfunded the community system of care. Community-based care, delivered by community-based agencies, governed by the community and responsive to the unique needs of our communities, is a pillar of a robust mental health care system.

For CMHAs across the province, the biggest issues arise from a lack of adequate funding. I'm sure you've heard that a lot. This isn't a new problem—a large portion of our branches have not received base increases in as many as five years—but it is a worsening problem and a costly decision with inhumane impacts. The malnourishment of community-based care in general and of CMHAs in particular means many of the most critical services have waiting lists that prevent their timely and effective application.

Of course, I'm describing a system as it existed two years ago. Like almost every other weakness we can think of, the COVID-19 pandemic has made good situations bad and bad situations worse. It has shone a bright light on our communal shortfalls. Our citizenry and our communities are in worse shape at every level after nearly two years of COVID-19 threats and restrictions. Mental health services across the board currently and for the foreseeable future need to be strengthened and budgets bolstered. I'm sure this committee has heard this message before.

We as a society will emerge from COVID-19 or reach a state where infections are endemic and relatively stable only to find we have depleted coffers and substantial debt. Just when we will need to make increased investments to meet rising needs, we will have precious little to invest, so a wise investment of resources will be incredibly important—"mission critical," as they say. Wiser still will be allowing this sector to fully implement the skills and practices that have been acquired during COVID-19 and by COVID-19, tested in real-life situations and found to be effective and more than suitable for a post-pandemic world, whatever that may be.

Without increased funding and the committed workforce that will provide, meeting the increased demand for service across the province will be largely impossible. That is why CMHAs, in conjunction with our provincial office, are requesting an 8% increase to base budgets, a total investment of about \$24 million. That seems like a large percentage and a large number, but put it in some perspective: \$24 million is about 0.17% of the province's total health care budget. The pressures we're facing now during these unprecedented times warrant this increase.

Pandemic polling conducted by CMHA Ontario reveals some alarming statistics: 57% of Ontarians are lonelier compared to when the pandemic began; nearly 80% believe we'll have a mental health crisis when the pandemic is over; and only a third of Ontarians consider their mental health to be very good or excellent. Polling is being conducted now, and we expect those numbers to only get worse.

In Ottawa, we see wait times for the least intrusive of our services taking months, not weeks or days, and the neediest clients waiting for the most intensive treatments provided by ourselves and a few other community agencies will be waiting for up to three years. Let me repeat that: They will be waiting for three years.

Our court and community outreach teams, the teams that go and find clients who are unserved by the system, are overwhelmed to the point where they can't see to the end of the line.

Shelter services that we provide are overwhelmed, as are Ottawa shelters, and that fact is nakedly visible on our streets and in the press. You just have to drive down King Edward Avenue in Ottawa, and you know what shape our shelter system is in.

And our housing program is swamped, with available financial supports outstripped by demand at every turn. Affordable housing stock is at an all-time low and costs for what is available are at an all-time high. The housing crisis—and there's no other word for that; it is a housing crisis—is a huge limiting factor for many, but for people living with mental illness and addictions, the problem is deadly.

0920

Only an increase in housing stock will help the situation. There is no other option. Affordable housing must be viewed as a right in this country, and it's not. But we strongly encourage the use of a scattered-site approach: affordable homes embedded in reasonable numbers in

established neighbourhoods; homes that will allow true integration, better community investment and far better outcomes for all involved.

Investments in community services—

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

Dr. Tim Simboli: —are primarily devoted to staffing costs. We've seen staffing numbers disappear. We are experiencing loss in terms of retention, attraction, turnover, burnout—staffing shortages at every turn. A case could be made for this observation—and as a result of that, we're seeking to see the government repeal Bill 124, which is before us now, wage suppression legislation that makes it simply harder to attract and retain staff.

It's a credit to community-based agencies that we've been able to provide the level of care within the budgets that we've put out, but those days are going to be over. They're ending soon. This is a critical time for our province and a critical time for mental health—

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

Dr. Tim Simboli: Thank you very much.

The Chair (Mr. Ernie Hardeman): We'll start the rounds of questions, and we'll start with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all the presenters— all very topical issues that we're dealing with in this committee.

Valerie, I could definitely hear the frustration in your voice, as you've come before this committee, I believe, before, as have many health and home support organizations. The government has 72 days to table their budget. You've made some compelling cases for, obviously, maintaining dignity and integrity for some of your clients, but also there is a cost savings to the overall health care system. I wanted to give you an opportunity to once again make the case for investing—at least increasing some of the investment. I think you said that it has been eight years since you've seen any increase, or 20 years for any substantial increase, and you weren't mentioned in the last budget. I just wanted to give you a little more time to make the case for this committee so that we can get this right, finally. Please go ahead.

Ms. Valerie Bishop de Young: Thank you so much. Yes, it has been eight years since any COLA, cost of living increase, for most community supports. I can tell you the service that we have a niche provision in is supportive housing—physical health care needs, personal care in the supportive housing setting on a 24/7 basis. We haven't seen a new dollar there since 1998, and I've been here that long, so I can attest to that.

I'm going to invoke COVID-19 just for a minute, because as bad as it is, we have had the opportunity to see what prevention does in a very compressed way. COVID-19, over two years, has shown that—some of us may be vaccinated; some of us are even boosted; some of us are not vaccinated. But at any time on any day, between 75% and 95% of the people in the emergency department are unvaccinated. That represents a real, strong argument for

prevention and what immunization does. That's one approach to prevention.

Social isolation, which Dr. Simboli has spoken to: When we provide services on a 24/7 basis, we provide recreation and supportive living services, some work preparation assistance. We haven't been able to do that. One of the clients—and I don't mean to be opportunistic, but it is uppermost in my mind this morning. We had an attempted suicide last night in our supportive housing setting because of the isolation that this person feels. There's nothing for that person to do—usually a very social creature. That person will likely end up in long-term care, inappropriately so, because prevention would allow him to stay in the supportive housing setting. He's 45.

I like Dr. Simboli's start at an 8% increase, because we've been neglected and ignored for so long. That's a good starting point.

We haven't been able to actually demonstrate prevention, but COVID-19 has shown that prevention works and prevention counts. Socialization and the importance of that nutritious Meals on Wheels that comes to somebody's door, to a frail senior, who's also isolated and alone; they're the tea-and-toast crowd—the value of that nutritious meal plus the value of that visit, that's prevention. That keeps that person out of long-term care, in their home, and potentially out of a hospital and emergency department. That's the value of prevention. COVID-19 has been bad all around. I'm going to invoke it as a classic and ideal opportunity that illuminates the value of prevention.

Ms. Catherine Fife: Those are all very good points. Thank you for addressing the 45-year-old who may end up in long-term care, because we all agree that is not the place for that individual.

I'm going to ask Kris a couple of questions on insurance. As Tim Simboli mentioned, good things are bad and bad things are even worse, and that is very true in the insurance sector during COVID-19. You referenced the collective effort that will be needed to address insurance premiums. We have seen premiums on auto insurance go up during this pandemic, even when people were not driving their cars. Their cars were parked in their driveways, and auto insurance went up for those folks. I want to give you an opportunity to address the potential that we can actually address some of these cost increases for Ontarians and not just accept them. Hope is not a plan in the insurance sector. We actually need to have a collective plan going forward.

You mentioned the fundamental rebalancing of fees. Can you talk about what that would look like, and what you think—direct advice to the government—is needed to make that happen?

Mr. Kris Bonn: I appreciate the opportunity to address those questions.

The first starting point would be to require increased transparency and greater accountability from insurance companies. We hear repeatedly that insurance companies are losing money on auto insurance in Ontario, but that doesn't fit with the reality.

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

Mr. Kris Bonn: We saw in October 2021 that, for 2020, insurers reported profits of \$3.5 billion, a realized profit of 26.6% of premiums. That is five times greater than the regulated or target rate of 5% on return on premiums. That's a real problem.

So the direct advice is—there are two components to the auto insurance. There are your no-fault contractual benefits that you have with your own insurance company, the accident benefits, as well as the tort system for those who have been innocently injured by the wrongful conduct or negligence of another driver. The Ontario Trial Lawyers Association says, let's substantially reduce the mandatory no-fault benefits that every person who drives needs to have. We're suggesting something quite drastic, something to cut it down to \$20,000 of medical and rehabilitation benefits, but no more—

The Chair (Mr. Ernie Hardeman): Time's up; thank you.

We'll go on to the next questioner, the independent. MPP Collard.

M^{me} Lucille Collard: I want to start by saying that community support services are certainly important intermediate care that can support our already strained health care system.

So I would like to hear from Valerie and then Tim—can you elaborate on what more you could do with appropriate funding?

0930

Ms. Valerie Bishop de Young: Thank you very much for the question.

I think what we have now, over time, is the erosion of an infrastructure that allows you to keep these services alive and well. The current funding model in the health care system for community supports is, "We'll give you more money to take on more clients." That's all well and good, until you have a system that doesn't allow you to pay your supervisory staff appropriately, that doesn't allow you to keep the doors open because you don't have the funding to pay decent rent for some minor office space. We have a crumbling sense of infrastructure in community support. So dollars for new clients is well and good, and there certainly is a massive wait-list, but you can't provide services if you don't have the infrastructure available to provide them effectively and efficiently.

M^{me} Lucille Collard: Tim, do you want to give it a shot as well?

Dr. Tim Simboli: Thanks very much, MPP Collard. The situation right now is that we've got a system that has been underfunded for a long time—not dissimilar from what Valerie was saying. What we need to do is to shore up the existing level of services. That means Bill 124, which suppresses wages—more funding for the kinds of services that we have got. Costs are rising 2% a year, and funding increases aren't keeping pace. It's a simple math problem that we've got; we've got two divergent lines going forward. So we need to do that just to protect what we've got.

Everybody knows it was a trend that was happening before COVID-19, but it was ramped up incredibly

through COVID-19: The mental health and addictions issues that are facing our communities at every level—mild, moderate, episodic, all the way to extreme and severe and persistent—are all moving in the wrong direction, and demand is going to go up everywhere. So we, as a society, and you folks, as our leaders, need to make decisions that will increase the capacity of the mental health and addictions system. The question is, where do you do that?

If you invest in the top-level services, the most intrusive, the most costly, the most institutional-based, not only are you missing the opportunity to invest in less-expensive services that are often equally effective—but you'd be doing it in people's homes, where they live, in their communities. That's such an important part of what we recommend and what we see. If you pull people out of their homes and out of their communities and then try to help them, you've got to reintegrate them back into their communities, and it just doubles the problem. It can be done effectively in-home.

Valerie is the perfect parallel to what we're doing on the mental health and addictions side—what she's doing—

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

Dr. Tim Simboli: —with an aging population.

M^{me} Lucille Collard: There's very limited time, but I'd like to hear you briefly on where you stand on human resources right now. We need people to give those services to vulnerable people. What's the situation?

Ms. Valerie Bishop de Young: Thank you very much for the question.

We're currently down about 35% in our front-line staff. The government's initiatives have focused in—and there's good argument for focusing—on providing staff into long-term care and into the hospital sector. It's hard to argue against that. But when you don't put in some resources that help people stay in their own homes in the community, there's a problem there.

We are mandated to provide services 24/7. It has been a real dog-and-pony show to try to make sure that we're juggling staff—

The Chair (Mr. Ernie Hardeman): Thank you. We'll now go to the government. MPP Yakabuski.

Mr. John Yakabuski: Thank you, everyone, for joining us this morning. Unfortunately, we only have seven and a half minutes, so I'm going to try to—I want to speak to Mr. Simboli, but I do want to make a comment.

Valerie, I thank you so much for your advocacy, but it's hard for me not to at least mention—you mentioned that your services were not mentioned in the budget, and they've been mentioned in the budget for the past 30 years, including the 15 years previous to us. But clearly, based on the fact that no increases came since 1999—lip service in the budget really doesn't pay the bills, does it? The Liberals preferred to sit back and say, "We need to talk about more funding." They did absolutely nothing in their 15 years in office on your issues.

Tim, thank you very much. I want to give some disclosure here, because I, at least vicariously, can say that I have a connection with mental health, and I certainly

consider myself an advocate. My grandmother spent the last 33 years of her life in a mental institution, from 1929 until she died—I guess, 60; 32 years. My father battled it his entire life, even though he was in public life like me. And a number of my siblings have been treated for depression, including two—one being my twin—who ended their battles with depression by taking their own lives. So I certainly can understand the challenges that you folks are facing. I've had conversations with Camille Quenneville, and I recognize that there's so much to be done.

We made unprecedented commitments, when we took office, of \$3.8 billion over a 10-year period, sharing that cost with the federal government—a recognition of the importance of mental health and mental health services. We were the first government to ever have a minister of mental health and addictions, because we've recognized just how challenging this is.

The pandemic, as you know, has exacerbated everything. We know there's a tremendous amount of work to be done. When we look at those news stories every day—and we don't have to look far; they're in every one of our communities, not just the Ottawa district. You've got 20-some chapters. It's everywhere; we are not obtuse enough to think that it's not. And it's growing. We recognize that there are going to be some tremendous challenges. I know you talked about an 8% increase. I don't know what we're talking about in the budget exactly, but we are cognizant of the challenges.

With that \$3.8 billion, there have also been some really good initiatives that have been taken in the last few years.

You talked about affordable housing. One of the challenges we have with affordable housing is that—we've got to build it, but it doesn't help when we have an opposition that opposes us every time the minister moves ahead with a very valid building project on the basis of, "Oh, this is a bad place and people are against it. Don't do it here. You have to have an MZO." MZOs are a tool. It's sort of like social media, Tim. It can be used for good purposes and it can be used for some really damaging ones. In Renfrew county, in my riding, the minister even gave us an extension to get RFPs on new affordable social housing builds so that we can help address that situation.

So there are things going on. We're not saying for a minute that we've got it all covered, but in the midst of this pandemic, we're doing what we can. And there is more to be done.

I can assure you that not a word of what you've said today is not being completely recorded and looked at closely by the minister of mental health and addictions—and also the Minister of Health, who oversees that minister as well, because it's an associate ministry.

I just want to thank you for your continued advocacy. We are listening. There are many opportunities for us to help, and we are not blind to the reality of what's going on out there. I want to assure you that you've got people on all sides of the House who are cognizant of the massive explosion on the mental health side of things. We hear about it every day—fentanyl running rampant because

people are just failing to be able to deal with. We don't want them taking the road that my twin brother took. But these are the realities when we can't get to everybody. We know we're not living in a perfect world. But we need to do what we can to get to as many as we can. I can assure you that our government is listening. If you want to expand on that, please feel free, and if you want to challenge me on those too, feel free.

Dr. Tim Simboli: Well, the workings of Parliament confuse me.

First off, I'm sorry for the pain that you've gone through. I have to say, I hear that story and stories like that from people who are suffering themselves or who know somebody who is—when I started in this work 40 years ago, there wasn't a lot of talk about it. Stigma was a real problem. It was confined to the shadows. It has come out and it's being talked about now, and that's the very first thing that needs to happen. What needs to happen then is, you need to have people who are listening to it and who are able to respond to it.

0940

If we did live in a perfect world, we would have people available so that we could not only respond when asked, but we could reach out and find people.

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

Mr. John Yakabuski: Thank you very much, Tim. I can tell you that my father, in his time as a parliamentarian, from 1963 till his death in 1987, couldn't talk about it, because he was very cognizant of what they did to his mother.

I do want to thank you for your time and your advocacy—you as well, Valerie, and to Kris. Thank you very much for appearing before the committee this morning. This is valuable, valuable feedback that we need as a government. Thank you very much for joining us this morning.

The Chair (Mr. Ernie Hardeman): We'll now go to the second round, starting with the opposition. MPP Harden.

Mr. Joel Harden: Thank you, friends from Ottawa, for being among us this morning—Ottawa and Ottawa Valley. John, sorry; I made that mistake. I don't want to be Ottawa-centric.

There's a lot to talk about. I appreciate all the work you folks are doing every single day with people in need, whether that's in the courtroom, in their own home or in our community.

Tim, I want to focus for a moment on Bill 124, because I've been hearing about this a lot, and not only from folks working in our tertiary care system—the nurses have spoken up very loudly on this, the orderlies and support staff. I'm hearing it from community care folks—Valerie, I'll get to you in just a second. I'm hearing that, at a time when we are asking people to put themselves in harm's way, it is really difficult to stomach this threshold, which does not exist for the really important professions we also value, like first responders, like other folks who work in public service. There is a 1% cap, which is effectively a cut in an environment of 4% inflation.

I'm wondering if you could help me persuade my friends in government this morning about why removing this cap would be a really important step in our recovery, in whatever moment we're in now with this Omicron virus, to give employers like you and Valerie an opportunity to pay that forward a bit, to shoot up morale, to let the staff know that we see them, we really value their contributions, and it will come forward in a meaningful compensation increase.

Dr. Tim Simboli: Thanks for the question, Mr. Harden.

Our profession, the people who work for us—we're very similar to every work sector there is. There is a movement out of the sector. People are leaving. I think it's dramatically higher in some of the helping professions where they're taking incredible heat during COVID-19. It's a demoralizing kind of situation to live in, so you've got an extra incentive to walk away from a job.

The folks we work with and who work in our sector—many of them are young, with families. They not only need good salaries now, but they need salaries and good growth going forward. They've got young kids. They're looking at retiring in 25 years. They're looking at how they can invest and use their money so that they've got good financial stability. This just pulls that out from underneath them, so they lose the incentive to stay in the sector.

When they stay in the sector, they're actually relatively inexpensive employees. People are in the sector because they want to work in the sector, because they're dedicated. Quite frankly, we've traded on that for millennia. We've said, "These people are really motivated. They'll do with this salary." You can only play that game for so long, and then it reaches the end. I think we're getting to that.

We did a bit of a review. We found that 66%, two thirds, of people who left our organization in the last two years during COVID-19 left because the salaries weren't good enough and the prospects weren't good enough.

So it's a huge and unavoidable conclusion to come to—that it hurts us, and it hurts our ability to compete and to bring people into the sector on all fronts.

Mr. Joel Harden: That's a very good segue, Valerie, to you, I think. I'm not sure if you know this, but our constituency office in Ottawa Centre is on Catherine Street, and Beaver Barracks is a great non-profit community housing organization—that is supportive housing, where there is a planned VHA office in the building. So I've had occasion to not just reflect on how valuable the work that you folks do is but also talk to some of the folks in the building as I've visited neighbours. And, my goodness, what I keep hearing in our building and in other settings is the fact that community care PSWs and community care nurses feel very frustrated that pandemic pay increases that were given in other places have not been given to them; that employers like you have not been given the PPE that they necessarily needed or rapid tests that they necessarily needed. I've talked to families of folks in complex care, medically fragile positions, who are furious that the folks who are coming to work with them, their care friends, aren't given those tools to make sure everyone is safe.

You did a great job earlier. I'm wondering if you can take another crack at it again. I want to believe everybody in this committee wants the community care workforce to be as well resourced as the resources in our tertiary care, in our hospitals. If you've been held back since 1989—we've talked about an 8% increase. What are some of the things you could do with that 8%? I'm wondering if you could paint that picture for us.

Ms. Valerie Bishop de Young: I would address the wage issue that is facing the nurse supervisors we have. All of our supervisors who oversee our personal support workers are registered nursing staff. We may be in a bit of a bubble, but I can tell you that those wages and salaries and the benefits costs have risen astronomically in the last two years, and we're struggling to compete. That's for sure.

The government has provided some temporary wage enhancements for personal support workers. They've embedded it in long-term care. They have not embedded it in community supports. We're the poor orphan again, long forgotten. Three dollars an hour on every hour of work is going to hit us fairly dramatically when and if this government stops payment. And they reinstated—it has been instituted now since May 2020, and it has been reinstated every few months, with no hope of embedding it into budgets on an ongoing basis. So we live on tenterhooks, wondering who is going to show up for work, and are we going to be able to pay them what they are owed for the work that they do.

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

Mr. Joel Harden: Let's think about that. My goodness, this is an opportunity for me and for my friends in government to listen to Valerie and to Tim saying that we have a situation in which we've put in a pandemic pay increase for folks who work inside institutions, who work inside hospitals, but not people who visit people in their homes.

As both of you said, this is the most affordable, respectful, dignity-oriented way in which we can give people care. So would you say that top of the list of that 8% is making sure you can deal with that disparity and do it quickly?

Ms. Valerie Bishop de Young: Absolutely. I think that's part of our infrastructure cost. We're going to have to find some money there somewhere if that dollar value gets pulled out. We're going to have to find nurses to be able to support the front-line staff who oversee the complex care we provide to those residents who live in Beaver Barracks and nine other sites here in Ottawa.

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

M^{me} Lucille Collard: To Kris Bonn, regarding auto insurance: I totally agree that we need increased transparency in terms of the profit that these companies are making off our backs. I think you didn't have a chance to complete your thought when you were talking about that.

I would also like to you explain, maybe using some examples, when you say insurance should be simple and clear—right now, what are the consequences of that lack

of clearness and accessibility for people to understand? Can you use a couple of examples that would illustrate the need for more clarity?

0950

Mr. Kris Bonn: Dealing with the LAT itself, the issue, and what we'd like to see, is, if you've got extended health care benefits and your doctor recommends physiotherapy, for example, and that's recommended, then your long-term or health care insurer pays for the recommended treatment up to the maximum available under the policy, without any dispute—not so with auto insurance. Many times, a physiotherapist or a treating doctor will recommend some treatment for a person injured in a car collision and the insurer will deny the treatment. They have to, then, travel. We're in Belleville, so my clients routinely have to travel two hours to Toronto to be assessed by an insurance doctor, so there are costs involved for the insurance company to hire the doctor, costs to our client to attend in Toronto. That all might be over a \$2,000 treatment plan for physiotherapy. The \$2,000 treatment plan results in disputes that can cost \$10,000, \$15,000 or \$20,000, because if the auto insurance doctor says, "No, the treatment is not reasonable or necessary," there could be a dispute that goes to the Licence Appeal Tribunal. The insurance company hires a lawyer to dispute the cost of the treatment, there's a hearing, there's a case conference—these are all adjudicators paid by the government, so that's a cost on the system—and there are delays. Timely access to treatment is critical for these people, and yet, because of the delays in the LAT, it's taking a year, a year and a half, to even get to a hearing. So the treatment plan that was reasonable and necessary potentially a year and a half earlier—we're now talking much later, and we've spent \$20,000 to dispute a \$2,000 treatment plan. That is a lot of excess cost in the system that can and should be eliminated.

That's why we're suggesting—yes, even though we represent injured plaintiffs, or injured victims, we say reduce the amount of the no-fault benefits, make it available to purchase more optional benefits if they want, and then reduce the limits in a tort case. For example, this deductible I didn't get a chance to finish on—if you're injured in a car collision, there's a \$41,503 deductible on your pain-and-suffering damages. That means if a judge or a jury values your pain and suffering at \$60,000, after the trial the judge will reduce that by \$41,503. That means money that the negligent driver's insurance company doesn't have to pay. That's where the balance in the system can be made, where you increase the access to justice in a tort case and reduce the mandatory no-fault benefits, and reduce all this excess cost—

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

Mr. Kris Bonn: —in the system.

M^{me} Lucille Collard: I want to ask you a simple question. Section 108 of the Courts of Justice Act—you're recommending that we remove the ability to have civil juries. Is there any negative side to that—that if we were to remove that from the legislation, it would have to proceed by a single judge? What would be the negative impact of that on the parties?

Mr. Kris Bonn: In most cases, I'd say there's no negative impact. That's why part of our submission includes that there are going to be some exceptions; for example, if it addresses societal cases or medical negligence where there's something that the whole society could be interested in, or nursing home litigation, or sexual assault civil cases, or intentional torts. Those cases—

The Chair (Mr. Ernie Hardeman): Thank you. We'll now go to the government. MPP Skelly.

Ms. Donna Skelly: Good morning, Chair. It's nice to see you in the chair.

Good morning, everyone.

My question is to Kris Bonn from the Ontario Trial Lawyers Association.

Prior to getting into politics, I spent a fair amount of time—actually, I was a journalist for most of my adult life, and I spent a fair amount of time in the court system.

Recently, I was honoured to be appointed the parliamentary assistant to the Attorney General, Doug Downey.

As you know, the minister has been very determined to drag this archaic judicial system into the 21st century. Something as simple as allowing police who are wanting to get a search warrant, having to travel, when they're in the north, 200 or 300 kilometres to have it signed off by a judge—now we're allowing them to actually do that via email. The faxes—and the fact that we weren't able to do anything via video. Of course, we know that there have been many challenges with COVID-19, but it has also presented some opportunities, and one of them is the ability to actually have video bail hearings, which of course can expedite the judicial system.

Kris, you pointed out, earlier in your comments, some of the changes that you would like to see in the civil juries, and I want to get into that in a minute.

But I want you to speak to the changes that we've brought forward so far to modernize this very archaic system, and what you think we could do to not only expedite the judicial process but also make it more fair for victims of crime.

Mr. Kris Bonn: I think the changes have been very helpful.

From my practice, I've been able to conduct virtual hearings with the court, including contested motions, which obviously save time and costs to the system. We've been able to pivot and do virtual discoveries in civil cases, where previously the lawyers and the parties would have to travel together to meet in a courtroom. Now they're almost invariably all done by video, which, again, saves time and money. So that's a very good development, and the courts have supported that. Where one party has objected to a virtual discovery, the courts have been very clear to say, "No, that's the default now. You do a virtual discovery as opposed to having to travel to meet in person."

With respect to the victims: I must admit, I don't practise criminal law any longer; I used to. I've been out of the criminal justice system for a number of years. But I can imagine that giving the victim of a crime an opportunity to say the victim impact statement virtually,

so they can participate in the court process on a virtual basis, instead of having to travel to a courtroom and face the difficulties of sitting in a court all day, faced with the accuser or the accused person—but being able to do it in their own home with a support person nearby. I think that would be a very helpful development in order to allow victims of crime to present their victim impact statement virtually so their voice can be heard in the process and make it more easy and comfortable for them to provide that evidence to the court.

Ms. Donna Skelly: Are there any changes that you would like to—besides the civil juries, let's talk about anything else that you think we could be doing and should be doing in order to address the backlog in civil and criminal cases.

Mr. Kris Bonn: In this part of our submissions, we're working with the rules committee about experts. What happens, unfortunately, is we have rules for civil procedure, and sometimes expert reports are being served very late in the day, right before trial, which then causes adjournments to trials. I think we need to really work on the pre-trial system to make sure that it's effective, and continue to do them virtually, which makes it less costly, but, as well, tighten up the rules on expert reports. Right now, the rule is, they shall be admitted unless there's prejudice to a party. I think that should be more to the discretion of the trial judge—to not allow them into the trial if one party has failed to abide by the rules—because that should, hopefully, shorten or reduce the number of last-minute adjournments for late-served expert reports.

Ms. Donna Skelly: Do you feel comfortable with a virtual trial?

Mr. Kris Bonn: In many cases, yes. In some cases, no. I think it would be difficult to do a virtual jury trial. But a virtual trial in front of a judge—yes, I think I'm very comfortable, and I think that they would be something we should look at more often, even when this pandemic allows in-person trials.

Ms. Donna Skelly: Let's talk about the issue you raised initially about the delay in the trials because of the lack of a presence of a jury. Can you clarify the points that you made? Can you clarify your argument that it isn't going to, in any way, prejudice or give the victim of the claim—that it will give the victim of the claim due process if they are not allowed to have a jury?

Mr. Kris Bonn: Unfortunately, we've got to a point where a lot of the average citizens sitting on a jury do not have a complete—because it's just lack of information or education, and nothing about the individual jurors. We trust the citizens. But the reality is, a lot of people don't understand the complex nature of the injuries these people suffer—and so it requires significant medical evidence to be called at trial, that can be confusing and complex.

A judge who has heard the cases previously has a better understanding of the issues and can reach a fair and just verdict in a more quick, efficient, timely manner that addresses all the issues, as opposed to a more lengthy process in order to help educate the jury.

One example is chronic pain. It has only been recently affirmed or recognized as a legitimate illness or injury. A

lot of people still are prejudiced against chronic pain, when the reality is, people suffer from it.

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

Ms. Donna Skelly: Are you concerned at all, though, with losing the presence of a jury?

Mr. Kris Bonn: That's one of the balancing factors. Yes, there are some concerns, I'll be fair; some of the members of the Ontario Trial Lawyers Association don't support the elimination of civil juries in every case, to be upfront, but the majority do because we trust that the judges will make the fair and just decisions based on the evidence that's heard at trial.

Ms. Donna Skelly: Again, I want us to extend the opportunity: If you have any further suggestions on how we can modernize the system, please feel free to reach out and forward them to us. I would appreciate it.

Mr. Kris Bonn: Thank you very much. We will.

The Chair (Mr. Ernie Hardeman): That concludes the first panel of this morning.

Before we go to the second panel, I believe MPP Ghamari has attended, so if we could just have her introduce herself and tell us where she is.

Interjection.

The Chair (Mr. Ernie Hardeman): I don't know whether there's something wrong with the connection. MPP Ghamari, are you there? I believe not.

MR. CHRISTOPHER LORD

PERLEY HEALTH

MR. PAUL RAYMOND GOULET

The Chair (Mr. Ernie Hardeman): Now we will go to the second round, starting with Christopher Lord. We ask you to come forward—and if you would state your name for Hansard, as we ask all delegates to do, and make your presentation.

Mr. Christopher Lord: Good morning. My name is Christopher Lord. I'm the owner and operator of Kings Own Barbershop, located at 483 Gladstone Avenue. I'd like to take the time to thank the standing committee this morning for the opportunity to speak and share my thoughts on the 2022 Ontario budget.

My industry has been hit tremendously hard in the last couple of years. As previously mentioned, I own and operate a barbershop. I opened my barbershop in July 2019, and less than a year into my operations, I faced my first round of restrictions. For a new business—I'm sure you can understand the strain it had on my life, my family's lives and, of course, my livelihood.

Fast-forward to today, and my industry is still facing restrictions, and consumer trust is virtually non-existent. We need to get the message out that our businesses are safe. We have taken the necessary precautions, and we take our guests' well-being very seriously.

We need to adjust qualifying criteria for grants and programs so that more people can access them.

It's my first couple of weeks into the new year, and I'm already down almost 40% in revenue compared to previous months, with the exception of the months I was closed, when I had zero revenue. I have lost over \$30,000 to date, not counting what I possibly can't quantify, for not only myself but for the staff I inevitably lost due to the landscape surrounding the COVID-19 situation. These losses are significant, especially in light of how many months I've actually been open since this started. Due to the current situation, we also can't perform services that require our patrons to remove their masks. As a barber, that means a good 75% to 80% of my clientele have beards, and thus, I can't perform these services.

I appreciate what the government has done for us thus far, but we need more help, badly. Dealing with a maximum capacity as well as the loss of our services leaves a good number of people who work in the industry in compromising positions. We simply don't have the means we once did to sustain an already shaky situation. We need programs to cover the losses in revenue experienced by the removal of our services. We need programs in place to protect our paycheques for when people can't attend booked appointments due to catching COVID-19. Simply put, we just need more money.

Our workforce is facing staff shortages because a good chunk of skilled tradespeople have left the field after such a long period of restrictions. People can't provide for their families in these conditions. We need to bolster our workforce with similar programs that have been offered to new PSW recruits. Most, if not all, of us have been dealing with some form of mental strain. We don't have the means to access professionals with such long wait times already in place and little to no resources to allocate towards helping ourselves until things get better.

More funding needs to be made available for everyone in this space. If we can get more help, we can hopefully save more businesses, get more money back in the economy, and move towards a brighter future together.

Thank you so much for your time.

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

Our next presenter is Perley Health, and Akos Hoffer, executive officer.

If you will introduce yourself for Hansard to make sure we got the name in properly—and the floor is yours.

Mr. Akos Hoffer: My name is Akos Hoffer. I'm the chief executive officer at Perley Health here in Ottawa. I want to thank you all for inviting me to this consultation. It's an honour to be here.

As you may know, increasing the supply of long-term-care beds is a priority for both the government and the health system, and that is why the Ministry of Long-Term Care has established a target of constructing an additional 30,000 beds over 10 years. I'm here with some budget recommendations that can help ensure that those beds get built.

Perley Health is one of the largest non-profits in Ontario. We have 450 long-term-care beds for both seniors and veterans at our campus in Ottawa, along with a range

of other services and accommodations. We're also one of the few long-term-care homes with a research institute and a research chair. And we pride ourselves on being fanatical about the quality of care that we provide and the safety of our residents and staff.

Perley Health needs to grow. We consistently have over 1,000 seniors on our waiting list. And across the province, the number of people over age 85 will more than double in the coming years. Over the last several years, we have been allocated 240 additional long-term-care licences, so if you do the math, once we build those, our Ottawa campus would include approximately 700 long-term-care beds. This should be a good-news story, because licences come with funding to build and operate the new beds.

But there's a problem: The pandemic has greatly inflated construction costs. Even before COVID-19 hit, when you compared the cost of our project to the capital funding available, there was a 25% gap; with COVID-19, the gap has grown to 40%. For us, that would mean \$40 million in cash and fundraising. While we are good at raising money, we are not that good. The capital campaign that we're running for another project right now has a target of \$10 million and we're confident we can hit that. But \$40 million is really out of reach. As a result, like many other non-profit long-term-care homes, we have found that there is simply no way, under the existing funding programs, to construct the new beds. The budget can help fix this problem for both Perley Health and the many other non-profit long-term-care operators that can't make the numbers work.

We have three recommendations: (1) to increase and index the capital funding; (2) to decrease development costs; (3) to partner with developers who are interested in solving this problem. Let me take a few minutes to explain these recommendations.

Our first recommendation is to increase and index the construction funding subsidy. It was increased a few years ago, but without indexing, unfortunately, the funding becomes obsolete practically the day that it's published. We need to get the equity gap to something more manageable. Specifically, the budget should allocate funds to bring the construction funding subsidy up to date, and the construction funding subsidy should be indexed to reflect inflation in construction going forward.

Our second recommendation is to lower the costs of development. Just one example: While some municipalities waive development charges for non-profit long-term-care homes, others do not. One way to make development more feasible is to amend the Development Charges Act to exempt all non-profit long-term-care homes that are building new beds.

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Finally, we see an opportunity to partner with developers. Ontario's Long-Term Care COVID-19 Commission recommended that the government establish a new funding model so private developers could do the construction while non-profits could run the operations. We support this recommendation, because private developers have better access to low-cost capital, and they have expertise

in managing large construction projects. Perley Health believes these approaches are absolutely necessary to develop the necessary stock of non-profit long-term-care homes. We urge the government to immediately assign the resources necessary to advance and test the feasibility of this developer concept. Also, Perley Health is prepared to help develop the model with the hope of being a demonstration project to showcase the opportunity.

In conclusion, what we are proposing is that the budget include three things that would enable the expansion of high-quality non-profit long-term care:

- (1) increase and index funding;
- (2) decrease development costs; and
- (3) partner with developers who are interested in helping us solve this problem.

I want to thank you again for the opportunity to attend your meeting today. We're finalizing our recommendations in writing, and we will submit them shortly. In the meantime, I'll be happy to take any questions.

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

Our next presenter is Paul Goulet.

Mr. Paul Raymond Goulet: Hi, Mr. Chairman and committee members. Thank you very much for the opportunity today to present my thoughts on the 2022-23 Ontario budget priorities, as they do affect my business and my sector. I am Paul Raymond Goulet. I am the founder and CEO of Little Ray's Nature Centres. Along with my wife, we've owned a family business for 26 years. Our mission has been to inspire people of all ages through thought-provoking educational programs, dispelling myths and misconceptions about many species while advocating for responsible pet ownership, all while operating the largest exotic-animal rescue organization in Canada. Our humble beginnings grew to employing over 117 staff members, when the pandemic hit in 2020.

I am hoping to paint a picture for you of the business climate we are operating in and outline our challenges and the steps the government should take, going forward, to support our sector.

When running, we reach millions of people annually through classroom and other programs in not just Ottawa and Hamilton but across Ontario and Canada and in the United States, educating and empowering people to take action and make a change.

Little Ray's Nature Centres has two locations in Ontario: one in the Ottawa area, and the other in Hamilton. Both are proudly accredited by Canada's Accredited Zoos and Aquariums, CAZA. For the purpose of disclosure—I also serve on the CAZA board of directors.

As a CAZA-accredited institution, we are held to the highest standards of animal care. We are peer-reviewed every five years and must submit an annual attestation to our compliance. Like my CAZA-accredited colleagues across Canada, this means there are no shortcuts to the welfare of animals we care for.

The COVID-19 pandemic is no exception. Animals must be fed, veterinarian care is ongoing, the living environments of the animals must be maintained, and staff

need to be retained to make it all happen. For Little Ray's Nature Centres and my colleagues in Ontario, that has been an extra difficult time. The animal care requirements make our fixed costs unique. Unlike many other zoos and nature centres, as an indoor facility that runs indoor events across Ontario, our peak season is January through March. This is our summer. In fact, we traditionally generate over 60% of our gross revenue for the year in these three months, and this is the only period we actually generate profit to support our rescue efforts. After losing March 2020, our single busiest month of the year, losing all of our festivals from January through March 2021, losing all of our festivals in January through March of 2022, and most museums being at limited capacity or closed through this time, we have effectively lost our peak season and our ability to generate profit for the majority of our last three years.

At Little Ray's Nature Centres, we are grateful for the financial support we have received, including the \$51,000 from the provincial government, as every dollar is helping us survive. But it is important to note that, although I believe more support is coming through Minister MacLeod's office of heritage, sports, tourism and culture industries, we received \$51,000 in support from the provincial government, and we have had to borrow over \$1.6 million during this time to simply survive and feed our animals, countless of which we took in from the Ontario SPCA and the province of Ontario. Even though we have been the main partner for the province of Ontario for the placement of seized and unwanted animals over the past 20 years, the Ontario government has provided us with a mere 3% of the money we have required to simply survive and pay our bills and feed our animals.

This leads me to the other aspect of our business, one that is shared by many of my Ontario CAZA-accredited colleagues, and that is the public service we provide to the government of Ontario and, by extension, the people of Ontario: the animal rescue. We and my CAZA-accredited colleagues across Ontario get called by Ontario welfare services on a regular basis to rescue animals from situations where private owners are no longer able to properly care for animals and the health and welfare of the animals are at risk. As I speak to you today, we are on standby to rescue as many as 30 animals from a residence outside of the Ottawa area. Such an activity incurs very real costs.

With museums operating at limited capacity and our wildlife festivals cancelled, we still have to maintain our physical infrastructure in order to perform such rescues. After the rescue, we often have to care for the animals for an undetermined amount of time, until the best long-term solutions can be found.

For some context, Little Ray's Nature Centres, as the main partner for the placement of reptiles and amphibians for the province of Ontario and the OSPCA for more than 20 years, has rescued and placed upwards of 5,000 animals in Ontario alone. We are not alone in such activities. My Ontario CAZA-accredited colleagues also get this call from animal welfare services.

My first ask of this committee is that it recommend to the Minister of Finance that the Office of the Solicitor General be allocated proper funding for this rescue and seizure work—to not just handle the initial rescue, but the long-term costs associated with the care of these animals until the best long-term solutions can be found.

I have also already outlined the current business climate in the pandemic for us and the \$1.6 million in loans we have had to incur. At Little Ray's Nature Centres, we are not alone. We are grateful for any support this government has provided. That said, we need more to survive, especially facing our third year of being shut down in our only positive revenue-generating period. Thus far, there has not been one program that I've seen released provincially or federally that supports the unique needs of seasonal businesses that face the reality of losing—

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

Mr. Paul Raymond Goulet: Thank you—all or part of their busy season for the third consecutive year. We need specific working capital grants or flexible, no-interest loan programs targeted to seasonal business operators that will help us recover. Going forward, seasonal businesses need greater government assistance as a bridge to get us from losing three peak seasons to, in our case, January 2023.

Mr. Chairman, I cannot thank you enough for the opportunity to present today. I'm happy to take any questions during the question-and-answer session.

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

We will now start with the questions.

Just before we start, MPP Ghamari is, I think, with us now. While we're waiting for MPP Ghamari—MPP Fraser has also joined us. Please introduce yourself.

Mr. John Fraser: I'm John Fraser, and I'm here in Ottawa South.

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

With that, we will start with the independent member's questions and comments. MPP Fraser.

Mr. John Fraser: I want to thank all the presenters for their presentations and for taking the time today to share with us things that are important to your organizations and your businesses.

I'd like to direct my questions to Mr. Akos Hoffer. We know each other well.

First of all, I want to thank you and everyone at the Perley for all you've done during this pandemic to keep your residents safe, your staff safe. It's very much appreciated.

I do want to ask you specifically where we're at in terms of the gap in construction costs right now, given the time that has elapsed between when the construction subsidy was announced several years ago.

1020

Mr. Akos Hoffer: Thank you, MPP Fraser, for the question.

I can share some specifics. We've looked at the cost of constructing 240 additional beds on our campus. While we don't have an exact estimate at this point, because we

don't have a design yet, the cost would be roughly \$100 million. We've been looking at this project for a few years now. Before the pandemic hit, based on the construction cost estimates we were able to obtain, there was a gap of about \$25 million, so 25%. That was before COVID-19 interrupted the supply lines for construction and before it really disrupted the market for trades in construction as well. Now that number is more like \$40 million, or 40%. That's obviously insurmountable for an organization like ours. So that's where our first recommendation comes from—to take a really hard look at what that number is, the construction funding subsidy, and make sure that it keeps pace with inflation as time goes on; specifically, construction inflation, because it's different from the cost of other goods and services.

There is some expectation that the disruption in the construction market will subside in due course. For us, that could mean, best-case scenario, it goes back to a 25% or \$25-million gap. We still have a huge problem.

Mr. John Fraser: That's one of the things I think is particularly a problem for not-for-profits. In the for-profit sector, when they're building a home, they're also looking at it versus the equity they have at the end in terms of the land and the building that the corporation owns—which is different in the not-for-profit sector, because you're not looking to build that equity from a shareholder perspective. So you can't take the edge off that short you have in the construction the way that private corporations can. It has always been a challenge, in the construction part of government building hospitals or long-term-care homes, to actually get the right number. So it's a good recommendation. Right now, we're in a state of really increased costs and a shortage of labour, which is not going to make things any easier.

The other question I had was with regard to development charges, which is something I've talked about for a long time. I can't understand why municipalities charge development charges for something we used to collect development charges for about 20 years ago. For Perley, in terms of the costs for development charges of building a \$100-million project, what would that be roughly? Do you know right off the top of your head?

Mr. Akos Hoffer: I don't have a number, John. In fact, my understanding is, in Ottawa, the city of Ottawa does provide a certain level of exemption if you're prepared to go to council and ask for it. Specifically, for the long-term-care rooms, I believe we would be exempt—

The Chair (Mr. Ernie Hardeman): Time's up.

We will now go to the government. MPP Roberts.

Mr. Jeremy Roberts: Thank you so much to all of our presenters today. They were three very good presentations covering three different topics, but all very important.

I'd like to start today, Chair, by addressing some questions to Akos as well.

Akos, it's great to see you. As always, thank you to you and all your team for the really incredible work you've been doing, not just throughout COVID-19, but throughout the Perley's history.

One of the things that has always struck me about the Perley, and this has come through whenever I've had the

chance to visit you guys, is that you guys have certainly figured out how to retain staff. Staff really seem to enjoy working there. They enjoy the environment. They enjoy the work. This is something that is not necessarily universal across the long-term-care space. I'm wondering if you could speak a little bit to what it is that you think makes the Perley unique in this regard, on staff retention.

Also, can you speak a little bit on how the government's announcement of funding to increase to four hours of direct care has helped you guys to bring in some new support?

Mr. Akos Hoffer: Thanks, MPP Roberts, for the question.

How do we retain staff? Well, a lot of the credit goes to our residents, if I can be honest. We have the honour of serving veterans here, and that often creates a real connection with staff. Our focus is to attract and retain staff who want to be here, and when you're serving veterans, that often happens naturally.

The other big difference, I would say—and I'm hoping it's a difference that you'll see in more and more long-term-care homes as time goes on—is, we really push for a culture of excellence as opposed to a culture of compliance. Of course, long-term care has lots of rules and regulations, and it's easy to get fixated on those and always be looking over your shoulder, worried about inspectors coming in and things like that. We invest a lot of time and effort in identifying the areas where we can improve and engage front-line staff in solving those problems.

Staffing is a huge issue. You raised the issue of four hours of care per day. That is going to go a long way towards retaining staff, because when you talk to them about why they're burnt out, why they're tired, why they're leaving, it's often because there's not enough staff on the floor to keep up with the needs of the residents, which have changed a lot over the last few years. It also will help with developing new long-term-care beds. A long-term-care operator needs to know, at the end of the day, that when they open new beds, they can balance the budget on those. So with more funding, that opportunity will also improve.

Mr. Jeremy Roberts: For sure, I think those are all good points.

Of course, the flip side of that is training PSWs and getting more PSWs and nursing staff into the system. I'm wondering if you can touch a little bit on this; I know this is something that you and I have spoken about in the past. How do you think long-term-care operators like yourself, who are leaders in the sector, can work with government and work with some of our college partners to get more PSWs adequately trained to deal with some of the challenges that come with this sector? I had the chance to work as a PSW for a day, and I saw these challenges firsthand when I spent the day at Extencicare Starwood in my riding. It is not easy work; it's yeoman's work in many ways.

Mr. Akos Hoffer: I think one opportunity is to integrate learning, care and research as much as you can. We

have the Centre of Excellence in Frailty-Informed Care that aims to do just that. For example, we have something called the PSW living classroom on our campus. You come into the PSW program offered by Algonquin College and you do all of your studying here on a unit, right in our facility. You're meeting families, residents, staff, volunteers. You're really part of the team, and you get a feel for, is this somewhere you want to spend your time?

I think the challenge for the sector is to make work as a PSW or any kind of work in long-term care attractive compared to the other alternatives that people have. If you think of the trades, going back 20 or 30 years, it was not as enticing years ago to train to be a plumber or an electrician, but now it is. So there was some magic that happened there, and I think we have the opportunity to do that—whether that's doing things like building PSW classrooms or constructing long-term-care facilities adjacent to colleges and universities, for example. Those are all options that I think are important to explore.

Mr. Jeremy Roberts: I was excited when I got to announce with Minister Fullerton, about a year and a half ago, the allocation of about 240 long-term-care beds to the Perley. Certainly, we're looking at a variety of different options for those, but one that I think would be fantastic is getting a facility built near or on the Algonquin College campus in Ottawa, which is training PSWs as we speak through an accelerated program, many of which are going out to long-term-care facilities across Ottawa. I'm sure you guys have a couple of them at the Perley.

1030

I think visions like that are certainly directions that we want to look at—to think about not just how we train PSWs, but how we keep them in the sector and how we look at best practices for care of our elderly. That's something I think you guys are doing well at the Perley—in terms of looking at best practices. Can you speak a little bit about that? I think it touches a little bit on the living classroom model that you talked about. How has the Perley worked to make sure that you're constantly improving?

Mr. Akos Hoffer: Well, one example is that the Registered Nurses' Association of Ontario has something called a Best Practice Spotlight Organization. They identify certain practices that are backed by research, that are evidence-informed, and you know that if you learn them and implement them, the outcomes for your residents are going to improve.

We've identified a range of practices like that. We go through an accreditation process with the registered nurses' association, and then we're in a position to teach others. We want to make sure all our staff are fluent, all the people we're training, but also—and we've talked about this in the past as well—there's the opportunity for organizations like us—

The Chair (Mr. Ernie Hardeman): Thank you. We now will go to the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all the presenters for sharing your perspective on your experiences through this pandemic on a go-forward basis.

I want to start with Christopher Lord. Thank you very much for sharing your story, as a small business owner, and what you've actually experienced during this pandemic. We can all hear how difficult it has been for you.

We are going to be doing another small business round table with Michael Wood and MPP Harden, upcoming, because there is definitely room for improvement. I think that's what the goal of today is.

We have heard that small business owners need consistency in messaging and transparency in how grants and loans are distributed.

Can you speak to how important it is to recognize that the government has been listening and understands that you as a small business owner can't keep taking on more and more debt, because it's not sustainable?

I want to give you the opportunity to speak to what needs to happen in this next round of funding, because I know that many businesses were caught off guard with the short notice as to when businesses were closing and having reduced capacity. On a go-forward basis, give us three things that you need to see as a small business owner so that you can stay open in the future.

Mr. Christopher Lord: Thank you so much for your kind words. I certainly appreciate it.

The first one would be taking a look at what we could do about the qualifications for the grants. As an example—granted, this is a federal issue—there was a grant that was recently released and it's supposed to come out in early February, and you can only qualify if you're currently closed or, I believe, if you've experienced a reduction of 50% of your revenue. That doesn't help the people who have experienced a 40% decline in revenue, we'll say, because that's where I'm currently at. In the first couple weeks of January, I'm 40% down from what I would usually be sitting at, because of various things, including people calling in to my shop who can't come in, who are sick because they've caught COVID-19. There's no safety net there for me, much like other people who are self-employed.

I also think that we need to look at some more PPE funding, because, again, that is coming out of our pockets. Our guests' and patrons' safety is of paramount importance. I think we need to keep working towards that.

Also, getting the message out to people to remind them that it is safe to come back—do you know what I mean? We've done everything we can to take care of our friends and patrons. For example, I've got a family myself. The last thing I would ever want to do is put my family at risk.

Those are the three things that I would think are really important: messaging, money, and grant revision or loan revision, if you will.

Ms. Catherine Fife: That's actually really good for everyone on this committee to hear. It was a hit-and-miss as to who actually qualified for funding last time. I think that if you want to build some trust with the business sector, then you have to be very transparent about who qualifies for the money and how much they're getting. So I really appreciate that, and I'm sure we'll see you on that small business round table.

I'm going to leave time for my colleague to talk to Mr. Goulet, but I want to quickly say to Mr. Hoffer—you mentioned in your opening comments that there's no way to construct these beds because of cost, so I want to address some of your cost pressures as a not-for-profit long-term-care home.

We've heard resounding derision of Bill 124—that it holds staffing at 1%. With inflationary costs at 3% to 4%, that's essentially a cut to those staffing costs. And while PSWs have received a small top-up, as you know and as you mentioned, it's not a long-term solution. Constructing beds and actually opening those beds is highly dependent on having a staffing model that is focused on retention and valuing those people.

I want to give you an opportunity to address what we've heard from PSWs—that this is a profession that has not been respected for many, many years and has been taken for granted. This is a staffing group that is mostly women, highly racialized, and they feel disrespected. I want to give you an opportunity, Mr. Hoffer, to address how important it is for us to get the PSW staffing strategy correct on a go-forward basis.

Mr. Akos Hoffer: Thank you for the question.

The way I would describe pay is, it's a really important hygiene factor. People don't always take jobs because of pay, but they get annoyed and they leave if it's not adequate. Lately, I'm afraid that's one of the things that has been happening in this sector, because it's tough to work in long-term care during COVID-19; let's face it.

Even setting COVID-19 aside, we are facing demographics that are not in our favour. There are more people over the age of 65 than under 15 today. I have a 13-year-old, a 15-year-old and a 17-year-old at home, and they can do whatever they want; they can write their own ticket in terms of where they want to work, and they can be very choosy.

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

Mr. Akos Hoffer: So if we're going to make long-term care attractive, especially to PSWs, but also to registered practical nurses, registered nurses and the leaders in that sector, we need to have some flexibility in terms of what we pay them compared to what they're asking.

I appreciate your raising that concern.

Ms. Catherine Fife: Getting those beds open, and especially having a not-for-profit centre like yours, which has a research component, is the way forward.

The government has made huge commitments to the for-profit corporate model of long-term care.

I want you to know that we truly value the work that the not-for-profit sector is doing, because the money, the investment, needs to go into the care, not into the profit margin.

Thank you very much for your time today.

The Chair (Mr. Ernie Hardeman): For the second round, the independent member: MPP Fraser.

Mr. John Fraser: Thanks to all the presenters, again, for taking time this morning to tell us your stories.

I'd like to ask a question of Mr. Goulet. Thank you for your presentation. Obviously, I'm from Ottawa, so I know

of your operation. Actually, all three of my grandchildren have been there at one point or another. It's great work that you do here, and you really have built your business up over a number of years.

In terms of animal welfare and your suggestion that the Solicitor General be given adequate funding to support the contributions of people like yourselves to animal welfare—is there any funding that comes through the Solicitor General right now? Is there a funding stream, or is it just simply that you're available, you're a volunteer organization, and you're personally invested in making sure these animals are safe and healthy?

1040

Mr. Paul Raymond Goulet: I appreciate the question.

Right now, there is no regular stream of funding that comes. At the onset of the pandemic, we started charging the province a fee to house animals, to take them. If we had to hold them for them, we started to charge a fee that was just to help with the initial cost. Obviously, we were shut down; we had no money. I remember the first bill I gave them was a huge shock and it was a little difficult for them. We were charging in line with what the SPCA would charge for daily rates.

There has not been any funding up to this point in time. It has been part of our mandate for the past 26 years—really, it has been 20 years that we've been working closely with the province—to just be available to the province, but we don't get any regular funding for this. The issue is that for the animals that we've taken, that we still house, there's no funding, moving forward, to care for those animals. And for every animal we have on exhibit at our nature centre, we probably have three times the number of animals that come in that are off-exhibit that we try to move to the best long-term care. In the long-term care of some of these animals—we have animals, crocodiles or giant snakes, that we've housed for four or five years that we've been trying to move to the United States or to other places in the world. So we're really saddled with the long-term costs of these animals.

Obviously, nobody could have predicted the pandemic four or five years ago. Four or five years ago, we could run festivals, do museum exhibits and be able to cover the costs that we were faced with. We have been very proud to do that and to be the largest exotic-animal rescue organization. But right now, there is no direct funding that comes to us outside of what we bill for the actual act of taking them and housing them if we have to hold them for, let's say, 10 or 12 days, if there's an investigation.

Mr. John Fraser: So you're submitting them a bill and they are paying you?

Mr. Paul Raymond Goulet: Yes, they have. And what we have submitted for up to this point in time, though, doesn't include—if we get an alligator from the province now, we have created a long-term budget to say, “If you give us an alligator, we're going to have that alligator for two years.” That is the average time it takes us to move an alligator from Canada back into the United States. So we are now creating a model where we want to be able to say, “Yes, we can take this alligator. It's going to cost us \$7,500 to house this animal for two years.”

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

Mr. John Fraser: What you're saying is, for the initial costs—you're sending a bill for them. We've got this rescue and the initial costs, but for the lack of a better term, the hoteling of that animal—if you develop a long-term budget, is there a monthly cost—

Mr. Paul Raymond Goulet: Yes, sir.

Mr. John Fraser: —at a certain point? In other words, do they pay you for two months or three months—

Mr. Paul Raymond Goulet: Right now, we haven't gotten anything. The only thing we could do is make an educated assumption in terms of how long. We know an alligator takes us about two years to move, so we can say it's going to be two years.

Mr. John Fraser: I would be happy to talk to you more about this, just so I can better understand it.

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

Ms. Goldie Ghamari: Thank you so much. I won't take very long.

Paul, it's great to see you here. My name is Goldie Ghamari—

The Chair (Mr. Ernie Hardeman): You're right at not speaking very long. First of all, I would like you to introduce yourself, and then your time is up.

Ms. Goldie Ghamari: My apologies. I'm Goldie Ghamari, the MPP for Carleton.

Paul, if you can please reach out to my office—I've been trying to get a hold of you for a while. I don't want to take up MPP Smith's time. I'll have the Clerk send you my contact info.

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

Interjection.

The Chair (Mr. Ernie Hardeman): I've just been asked, MPP Ghamari, if we could have your location in your introduction.

Ms. Goldie Ghamari: My apologies. I am Goldie Ghamari, the MPP for Carleton. I am located in Ottawa, and I am present and here virtually.

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

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

Mr. Dave Smith: Paul, I'd like to start with you. I understand that you're on one of the advisory committees right now for Minister MacLeod and heritage, sport, tourism and culture industries. When you were talking about funding specifically through the Solicitor General's office for some of the things that you do—is there an opportunity that there could have been or could be funding that comes through heritage, sport, tourism and culture industries that would effectively do the same thing? And if there is, how would you see that structured so that it was targeted to organizations like yours and not something that became very broad-based to other organizations?

Mr. Paul Raymond Goulet: There's a grant that we have right now through Minister MacLeod's department. Right now, we are looking for any working capital that just helps us pay our bills. It's a grant that's through the tourism sector.

Truthfully, for our organization, I don't care where the money comes from. If there are grants that are open to organizations like ours that are truly in the hardest-affected sectors—our core company, the profit-generating part of our company, went from \$2.9 million in revenue to \$63,000 in revenue in the first year of the pandemic. So we're not down 50%; we are down—whatever that is—98.2%.

I do know that Minister MacLeod—certainly, her department has been very accessible to me, and they've been working very hard. Unfortunately, we have been denied some other grants for reasons that I think everybody was very disappointed with, including her department. So I do feel that there are opportunities through Minister MacLeod, through heritage, sport, tourism and culture, that are going to come available.

Our biggest concern right now—I know that the wage subsidy is a federal program, but we are losing the only time that we make profit right now. We can't run festivals in February; we all know that. We're not going to get thousands of people through the doors—and we don't expect there to be. We're not expecting to be opened at this time. But if the wage subsidy program ends in May—because we're open—that's not when we make money. So there needs to be some consideration for the seasonal nature of business.

I am hoping that the committee I'm on right now with Minister MacLeod, that I'm very thankful to be on—

Mr. Dave Smith: I'm going to interrupt you, Paul.

Interjection.

Mr. Dave Smith: Paul, I'm going to interrupt, because there are a couple of other questions I want to flush out from you.

I asked that question about heritage, sport, tourism and culture industries selfishly, for my own riding, because I have the Indian River Reptile Zoo and I have the Kawartha Turtle Trauma Centre, which both do work with the province and with the SPCA for exotic animals; specifically, for reptiles, turtles, amphibians, those types of things.

You mentioned loans for seasonal businesses. What I'd like to hear from you on that is, over what time period would you be looking for? Would this be interest-free? Would it be something that would be a combination of loan and grant combined, based on certain criteria being met or certain criteria that, beyond your control, would turn some stuff into a grant? Could you speak a little bit to that for me?

Mr. Paul Raymond Goulet: Yes. On access to funding: We know now that we will not be profitable, as an organization, until January 2023 at the earliest. We understand that. We want to continue to operate as a business.

If there is access to loans and we can start running again—we have been a successful company for 26 years. If there are flexible repayment terms—of course, I'd love for the provincial government to grant me all of my losses for the next year. That would be fabulous. I don't think that's necessarily realistic.

The reality is that we are fighting tooth and nail to protect jobs. We have staff who have worked for us for 23

years to protect the animals. We have been the last resort for probably 70% of the animals that are in our long-term care. We were the place that took them when nobody else could. So I'm doing everything I can to access funds. I'm open to anything, but low-interest—

Mr. Dave Smith: Sorry; I'm going to jump in again to try to redirect you back a little bit.

1050

One of my concerns on it is, when we talk about seasonal businesses, we also encompass things like resorts and hunting camps and things like that. If we're going to be doing something, if we have an opportunity to do something that helps your industry specifically—this is what I'm trying to flesh out so that we don't end up in a position where we create a broad-based grant that is available for “seasonal” businesses, and then you fall through the cracks because it ends up being the resorts, it ends up being the northern Ontario tourism-type of things that get it. That's why I'm trying to get you focused specifically on your industry. How would you describe it? How would you lay it out so that you don't get caught in that hospitality and tourism industry side and fall through the cracks because you're not a beach resort?

Mr. Paul Raymond Goulet: I think if you were to look at something for a seasonal business where you could actually show and reflect your losses in a period of time and show a history—it could be a 10-year history—of the seasonal nature of a business, so that the government understands that, indeed, you have lost in that period of your business, you were not able to generate in that period. How that is set up, how that is structured—there needs to be some way that a program can be set up that really looks at the magnitude of the losses that people are taking in their busy season.

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

Mr. Paul Raymond Goulet: If you're going from \$1 million in revenue to \$50,000 in revenue, I guess they have to be able to see that. Maybe it can be based on an actual percentage that you're down, not just in those periods, but year over year.

The magnitude of our losses? We're over 80%.

Mr. Dave Smith: Actually, Paul, before the Chair cuts me off—thank you so much for the stuff that you do. I've heard from my colleagues a number of times about the work that you have put in, the passion that you have for it. There aren't a lot of people who are out there doing what you do to save those types of animals that aren't considered the warm and fuzzies, like cats and dogs.

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

Mr. Joel Harden: Paul, my goodness, it is both nice to see you this morning and sad to know that we are plunged into yet another rendering of the most important time of your year. Like my other colleagues have said, I just want to mention how important you are and your enterprise is for all kinds of folks who want to understand more about nature. But you've not been doing it just on television, through some of the recent Netflix experiments we see are really popular with families; you've been doing it for a long time, helping kids understand the natural world.

I liked where MPP Fraser was going a little while ago to help our committee understand how you actually support the province's work in all of the referrals you get from the humane society. I guess I'm asking, if you wouldn't mind this metaphor, if you were the decision-maker for sectors and industries like yours, to make sure that your enterprise and enterprises like it that play an important role in supporting the work of the province—what decisions would you make to make sure there wasn't a one-size-fits-all approach at a moment like this, when we have now disrupted your enterprise for the third time?

Mr. Paul Raymond Goulet: Thank you, Joel, for your kind words and your help and friendship over the years. It's really appreciated.

I think, for us, the challenge has been, in the pandemic—and I do understand the challenge; I sympathize with the people at the federal, provincial and municipal government levels as we try to navigate this. There had to be one-size-fits-all solutions to try to do things that would help organizations. Chris spoke about this as well. If you're down 50%—well, what if you're down 40%? If you're down 50%, you get everything; if you're down 48%, you get nothing. So there has been no capacity at this point in time. At some point in time, there needs to be some consideration for companies. Our profit-generating company went from \$2.9 million to \$63,000, and we paid \$42,000 in insurance that year. We made loan payments of \$400,000 in that year. Forget about feeding animals. Just wipe all of that. Up to this point in time, there just has been no consideration. We have programs for the hardest-affected sectors, but they remain a blanket program that you have to be down a certain amount to get capital. Do you think if I go to Royal Bank or Scotiabank or TD Bank today, I'd have access to money? If there are not government support programs, we are not getting money right now, and it's very difficult. I don't need to tell anybody how stressful it is.

So I think some mechanism for somebody to say, "We need to look at the unique nature of this business"—we are one of, if not now the only organization that is helping the Solicitor General's office's animal welfare services with the placement of reptiles and amphibians. You can contact the animal welfare services department and ask them about that. So we know that we are a resource. We know we've been a long-term asset to them. Unfortunately, up to this point in time—and again, I understand the history of it, but we're two years in—there have been no mechanisms to say, "These guys haven't been just hit; they've been hit hard." We closed to the public. We don't shut down. Our electricity bill doesn't go down. Our animal care costs, our vet costs—nothing changes. The loan payments that we have to support the—they don't stop. The insurance doesn't stop. Nothing stops. It just keeps coming in.

For us, I think it's really to have some consideration put into place where at some point in time—we're two years into this—somebody can stop and look. I'll show you everything. I am completely transparent. You can see what we've done with every single dollar and say, "This is a

critical organization that has been a member of our community and our province for 26 years. They've been a great partner for us, and they are literally being financially crushed in the pandemic." Will I borrow more money? Yes, because I have no choice. If we don't, we do not survive. That organization that I've built with my wife and my dedicated staff over the past 26 years simply will not survive. It is impossible. We are not open.

Mr. Joel Harden: Paul, as you've been advocating so much in the last couple of years—I will never forget the arresting video image you posted of having to do a bottle drive outside your facility so you could raise some funds to feed animals. It's alarming to know.

This House—this committee, this government—does not regulate the banking sector, but you've been feeding bankers. You've been feeding highly profitable banks during this time. You've been obliged to do so. You've been obliged to find credit to keep the enterprise alive.

What this House does regulate is the insurance industry. It frustrates me, as MPP Fife was saying a moment ago in an earlier round of questioning, that these organizations have not been asked by the government, they've not been compelled by the government to offer enterprises like yours a break. What they have said to us is, "We will do what we can on a case-by-case basis." And what I keep hearing back from small business owners is that nothing has been done. They're paying the same premiums.

So do you have an ask for us about what we should be doing to help with your insurance costs, to have a systemic approach to this industry that clearly, at this point, doesn't seem to be interested in helping out small business?

Mr. Paul Raymond Goulet: Yes, I think it's an industry right now that I've just turned my head to. It's an industry that we're forced to have. We are forced to pay them. We have no choice. Most people who have stopped insurance who are trying to get insurance again are paying higher premiums than they ever have, at a time when they're making less money—and based on what? We're closed. What's the risk? We were paying premiums based on \$2.9 million in revenue. We do \$63,000 in revenue, and we pay the exact same premium.

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

Mr. Paul Raymond Goulet: We did not save a dollar.

So, Joel, I'm so frustrated with that industry, and I know most small businesses are, because I don't know anyone who has gotten a break—not one.

Mr. Joel Harden: Well, this has got to change. As I was saying in an earlier meeting of this committee, the advantage we actually have is, the current finance minister comes from the insurance industry. Minister Bethlenfalvy knows the industry very well. What I hope my friends in government can convey to him, through you, through your story, through Kris's story, through so many stories we've heard, is that we can't sit by and watch you folks pay the same or more. I've heard of double or triple premiums in this pandemic. This is going to close a lot of the important spaces that we hold dear to our hearts.

Paul, once again, thanks so much for being here. Thanks for standing up for your business and everybody else. I appreciate you.

Mr. Paul Raymond Goulet: Thank you, Joel, and thank you, Chairman.

The Chair (Mr. Ernie Hardeman): That concludes this round of questioning and these presenters. We thank all the presenters who did present.

MS. CHARLENE MORLING
ONTARIO LIBRARY ASSOCIATION
AND FEDERATION OF ONTARIO
PUBLIC LIBRARIES
MS. JANET ABRAMSON

The Chair (Mr. Ernie Hardeman): We now go to the new panel. The first one on the panel is Charlene Morling.
1100

If you would introduce yourself for Hansard to make sure your name is appropriately in Hansard, you can proceed with your presentation of seven minutes.

Ms. Charlene Morling: Thank you. My name is Charlene Morling. For the last few years, I've worked a couple of jobs in the retail space. I began both of these roles as I headed back to school. Following more than a decade in marketing and communications, I wanted to do more with my career and give back. As a result, I followed my heart and completed the social service worker program at Algonquin College this past April. However, before I started, I knew I needed a job or two, which would allow me to survive while I completed classes. As a result, I began two part-time jobs in March 2019.

In the years since I began both jobs, we've experienced COVID-19 in all its glory. I've worked throughout at one job, having customers package their own product, with a capacity of no more than 10 people in the store at a time, to today, when people arrive not wearing masks and blatantly dare staff to do anything about it. On the other hand, my other job has closed and opened, closed and opened again, only to close and again reopen.

The fluctuation has given me some whiplash, but that's nothing compared to how I have been treated lately as an hourly waged employee. In the past couple of weeks, I've heard, "I don't work here," "Sounds like your problem" and various forms of verbal abuse. I've watched customers drop product on the floor, remove masks and not put them back on, despite being asked numerous times, and walk out with products without paying for them.

Continually experiencing these ongoing challenges is causing major stress, anxiety and depression not only in myself, but in my colleagues as well. As hourly waged employees, we don't have benefits. We're experiencing mental health breakdowns, but with no ability to do anything about it. Sure, OHIP covers meetings with a psychiatrist; however, many of us don't have access to a GP in order to receive a referral. Additionally, many of us who do have a GP don't have access to them because of COVID-19. For those who are able to get a referral, the wait-list can be up to two or three years right now. So even though hourly waged employees are being yelled at, berated and abused now, we would still have to wait years

for a solution. While other mental health alternatives are available, they're often expensive and have extended wait-lists because of the ongoing pandemic.

Expanding mental health services covered by OHIP may not be an immediate solution, but it is a step in the right direction. This step would ensure hourly waged employees who don't have benefits would be able to receive the mental health support they desperately need. Additionally, expanding OHIP coverage to include psychologists, social workers, crisis counsellors, social service workers and more will help ensure those suffering from addiction, depression and other mental health ailments will be able to access and get treatment earlier. An ounce of prevention is worth a pound of cure.

It's also important to highlight the drain hourly waged employees are feeling surrounding experiencing COVID-19. Whether it's the original strain, Delta, Omicron or whatever comes next, employees who don't have sick days can't afford to get the virus. Those who do experience symptoms have been asked by government and health officials to stay home and not go to work. For some of us, the time spent isolating means not getting paid. It means being unable to make a rent payment, a bill payment or do groceries. The stress of this anxiety weighs heavily, especially since government sick days only cover three days of illness, but anyone who has or is anticipated to have COVID-19 is asked to isolate for at least five days. The difference of two days can make or break some of us. It's the difference between food or hydro, water or gas, gas for the car, a bus pass, or having to walk to work in minus-20 temperatures. Having sick days equal the time people are asked to isolate or quarantine, be it five, 10 or 14 days, can make a huge difference. It would mean being able to stay home while symptomatic versus suppressing symptoms and going to work.

This is especially true where hourly waged employees are continually confronted with those who don't wear masks, whether they're actually medically exempt, claiming an exemption, or just not caring what anyone says. Employees are constantly faced with a fear of contracting COVID-19 and being unable to get support for themselves and their families.

This is where the importance of PPE matters. Public health officials have advised wearing a mask and staying distanced, regularly washing hands and cleaning surfaces. While the messages have remained consistent, many hourly waged employees have had to provide their own PPE. One of my employers originally provided face shields, then cloth masks, then medical masks and now will provide two KN95 masks. The other asked us to wear masks but provided none and never implemented a standard.

Not supplying all hourly waged employees with the PPE necessary to keep themselves and customers safe while working puts the onus and cost on the employee. The current recommendation is to be wearing a KN95 mask. However, anyone able to find them is paying upwards of \$3, \$4 or \$5 each. It's cost-prohibitive for many of us to pay these rates. Instead, we're left with cloth masks, blue medical masks or stacking the two.

The Ontario 2021 budget promised that in the fight against COVID-19, Supply Ontario will help ensure that schools, hospitals and the entire public sector have the critical supplies and equipment needed to keep individuals and families safe. The province has the buying power, as this section points out, so why can't it be used to expand supports to include those who are working in gas stations, shopping malls, fast-food restaurants, grocery stores and other public-facing essential services?

I want to thank you all for attending today and allowing me to share some of my experiences and those of my colleagues. I think it's important to recognize that these are challenges we're all facing and experiencing for the first time, but I do believe how we respond now will determine how we react in the future. Ensuring mental health supports are provided to everyone will ensure future success among the younger generations. Ensuring provincially provided sick days align with public health recommendations will provide security for those who are sick, their co-workers and their customers. Ensuring all front-line employees have the recommended PPE helps keep everyone safe and reduces the likelihood that those sick days will be necessary. Doing the work and spending the money now will pay dividends in the future.

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

Ms. Charlene Morling: Thank you again for your time, attention and dedication to making Ontario a safe place to live, work and play.

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

Our next delegation is the Ontario Library Association and the Federation of Ontario Public Libraries. Dr. Sabrina Saunders, president of the Ontario Library Association and vice-president of the Federation of Ontario Public Libraries—if you would introduce yourself for Hansard, to make sure that the name is written the way it should be. We turn the floor over to you for your seven-minute presentation.

Dr. Sabrina Saunders: Mr. Chair and members, thank you very much. The name is correct. Thank you for the opportunity to present to you this morning. I'm Dr. Sabrina Saunders, the CEO of the Blue Mountains Public Library on the southern shores of Georgian Bay. I'm also the 2022 president of the Ontario Library Association and vice-chair of the Federation of Ontario Public Libraries.

I'd like to start by thanking this government for realizing the importance of public libraries. In May 2020, you reopened public libraries across the province. Libraries, in the daily lives of Ontarians, are used for mental wellness; connectivity; leisure; seniors', teens' and children's services; and warming and cooling centres, among so many other critical services. We've been happy to be the silent essential service for so many during this pandemic.

Collectively, OLA and FOPL consult our provincial public libraries annually to determine the needs and provide recommendations here. This year, our public libraries have three recommendations for consideration.

The first is the increase of the Public Library Operating Grant. This PLOG remains based on census figures from

the late 1990s and has not been increased since the last century. We request an annual increase of this funding by \$20 million annually.

The second, and a key concern in the province, is the current situation within our public libraries on-reserve. These First Nations public libraries have always had a shortfall of funds, but the recent pandemic has forced some to close their doors permanently. These libraries are considered "libraries-plus," as they not only provide library services, but they work within the culture industries to often be the only place with WiFi in the community and provide language and cultural research services. And they often are local history collection sites. Annually, these libraries receive \$13,000 as a salary supplement fund. This equates to a minimum wage of approximately 16 hours a week. Over the decades, the province has made the difficult decision on when to increase the minimum wage, yet this fund has never seen the increase. To provide collections, technology, space and utilities for a library but then only staff it for 16 hours is not an economic or socially viable practice. It is for this reason that we ask that this fund be increased by \$2 million annually, so that the CEOs of these public libraries on-reserve may have full-time living wages and provide full-time service to their communities.

Our third recommendation is the annual funding of the Ontario digital library. As a province, we've seen how important online access to content is, especially in the era of intermittent lockdowns and working and learning from home. The \$9.4-million annual funding of the Ontario digital library will provide an equity across the province as well. We know that our smaller, rural, reserve and remote libraries often have the least funding opportunities and, as a result, have limited or no electronic content for their residents. This would provide an equity across our province and further support the investment into connectivity that this government has made in recent years.

1110

As a former First Nation public library CEO myself, and now the director of a library in a medium-sized community that serves a large tourism region, I have a unique understanding of how these three asks would benefit the provincial library system. We can all appreciate how the culture industry has been tested during the past two years and, frankly, over the past decade. With funding not increased in 25 years, we're being asked to maintain services with a shrinking dollar. But we also have been the industry that has taken the lead on technological infrastructure to our residents of Ontario.

In the two years of work from home and online schooling, we have all become aware of just how many Ontario households have no or limited access to online content and connectivity. I've heard from my users how important the online collection was, especially for those who chose to stay home and those who began to explore due to the lockdown. My library is lucky because we have these levels of services, but so many remote, reserve and small communities do not have the buying power.

When I was CEO of the Six Nations Public Library, serving the largest Indigenous population on-reserve in

Ontario, I had to prioritize my wages and operating hours over collections. That way I could remain open six days a week, support after-school needs, seniors' assistance with banking and other online tasks in the morning, be a ServiceOntario site, provide Ontario Works support, and remain open evenings and weekends. I made this difficult decision to limit the core functions of a public library due to the availability of funding. With the increase of the PLOG, the First Nation Salary Supplement and the funding of the Ontario digital library, this community and so many across the province would be able to provide the same level of service and collections to the residents as those in larger, wealthier and urban communities.

This government is well aware of the impacts of our public libraries. You opened us early in the first wave of 2020 and have ensured that we can provide our physical and electronic collections as well as provide key technology services to Ontarians. In kind, we have continued to find new, safe and inventive ways to work in these trying times.

With the increased funding for the Public Library Operating Grant, the support of Ontario public libraries on-reserve, and ensuring the Ontario digital library collection, together we can grow social, cultural, educational and economic opportunities for our province. Thank you very much.

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

Our next presenter is Janet Abramson.

Good morning. If you would state your name and start your seven-minute presentation, we would be very much appreciative.

Ms. Janet Abramson: My name is Janet Abramson. Thank you for the opportunity to speak here today. I'd also like to thank my local MPP, Jill Andrew; Nancy Robb; and Irwin Elman, former independent child and youth advocate, for sharing this opportunity and their advocacy along the way.

I'm standing here as a single mother of a 28-year-old son with autism and developmental disabilities, on behalf of the thousands and thousands of adults like my son and their families who feel they've fallen through the cracks of Ontario's social net. That's because they have. I have seen this in real time first-hand, and although I could fill the full hour with details as to how my son and I have suffered for an unimaginable three months, my focus being here today is housing.

My son has been on the wait-list for community housing since he was 16 years old, with no end in sight. Though I understand that the government does not make wait times public for people with developmental disabilities to receive residential services, not even to the DSO itself, a 2014 audit, as the most recent available, calculated that it would take 22 years to place each person on the list into community housing. That is also assuming no one else has joined the list since, which of course, they have.

As of 2017, the number of adults with developmental disabilities waiting for housing was 15,700. This is something this government's additional \$13-million investment over three years will not come close to fixing.

I'll spare you the details as to what these past years have looked like, but I'll say that without targeted supportive housing in my community, my son has ended up in a local hospital psychiatric ICU, where he has been for the last three months, since October 8, 2021, where he is isolated from me and his family, his community and any meaningful support he was receiving. Instead, the care he receives is from nurses who are self-admittedly untrained in dealing with people with autism and the supports that he requires.

He is not alone. This is what becomes inevitable for the thousands of people like my son waiting for supportive housing in their community. Family members and aging parents, their caregivers, are pushed to the brink after decades of waiting, to the point hospitals and long-term-care homes—or worse, prisons and shelters—become the only places left to turn, none of which would do anything for their development and inclusion. They are band-aid solutions that truly strip these people of their humanity. The failure to make meaningful investments towards people like my son and his community is a human rights injustice, quite literally.

Late last year, the Court of Appeal ruled that there is ample evidence that prolonged institutionalization—years-long waits—to receive housing and other supportive services places them at a unique disadvantage and adds up to systemic discrimination under Canadian human rights law, which of course also applies within Ontario. This ruling places a legal obligation on our government to make investments and lift the barriers they face to living full lives, as they deserve to.

The Ontario Ombudsman has also echoed this within our own province in their 2016 report, *Nowhere to Turn*, outlining their investigation into the Ministry of Community and Social Services's response to situations of crisis involving adults with developmental disabilities.

I want to emphasize that the human rights aspect is paramount to anything else. When it comes to upholding the human rights of each and every Ontarian, there should be no dollar amount assigned that is too high. But as I stand here in front of the finance committee, I would like to make clear what is happening to my son and what happens to far too many others with developmental disabilities. Being institutionalized in hospitals without anywhere else to go is also an economic injustice. My son has been in the hospital for three months. Each night he spends there can cost up to nine times as much as supportive housing would—nine times, a figure quoted by the Ontario Auditor General herself.

Pre-COVID-19, my son had a rich, full life, taking part in fee-for-service adult day programs five days a week and social programs during the evenings and on weekends—which stopped on October 8, when he became hospitalized. This is affecting his crucial development and his right to enjoy his life. This was very much compromised when COVID-19 hit, and his in-person supports shifted online. That was incompatible with his needs.

From there, as he stayed away from his peers in the community, I watched him regress to the point where

hospitalization became necessary. Since he has been there, he is regressing further through the lack of targeted developmental and behavioural therapy, essentially voiding the years and hundreds of thousands of dollars put to programming and supportive services to aid his development. Without putting community-based and appropriate inclusive housing at the forefront of the government's funding towards people with developmental disabilities, the total bill will be paid elsewhere, as it currently is.

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

Ms. Janet Abramson: For the past decade or more, the government of Ontario has repeatedly undertaken studies, committees and reports on the issue of developmental services, all of which lead to similar findings. Institutional care is, and has been, a failure on the part of the government, but an apology, a recognition or even reports are nothing more than words without action to make it better.

1120

This government's action to end the human rights abuse that is the institutionalization of my son immediately by placing him in appropriate community-based housing followed by substantive investment—to ensure what has happened to my son, to my family, does not happen to any other person in this province again.

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

We will go to the rounds of questioning, and we will start this round with the government, for seven and a half minutes.

Before we start, we have MPP Andrew in attendance—if she would introduce herself and where she is at today.

Ms. Jill Andrew: Good morning. This is MPP Jill Andrew, and I am in Ontario.

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

The government? MPP Roberts.

Mr. Jeremy Roberts: Thank you to our three presenters this morning for your presentations, for your thoughtful suggestions and comments, and for sharing your stories.

I've got a couple of questions. I'd like to start with Janet and then move to Dr. Saunders, if I've still got some time.

Janet, first of all, let me just say thank you so much for being here today as a champion for your son. It is so critically important that family members continue engaging in advocacy on this issue.

As you may know, the issue of congregate care for individuals with developmental disabilities is what got me into politics in the first place. My younger brother Dillon went through a lot of similar challenges to what you're talking about with your son. He's a year younger than me, at 27 years old.

Unfortunately, in my experience, as has been the experience with so, so many, the housing system for individuals with developmental disabilities is only responsive to people in crisis, and it shouldn't be that way. It shouldn't be a system that constantly pushes families to the brink of crisis. We should be doing a better job, and we should be able to look at the lifespan of these individuals and figure out those moments throughout the lifespan when they're

going to need support. So again, I really appreciate your advocacy.

One of the things I've been involved in since I got elected is—we launched the Journey to Belonging, which is the reform effort for the developmental services sector in Ontario. We've been doing consultations with family members, with agencies, with clinicians to get feedback, and one of the things that keeps coming forward is that families are saying they want more direct control over the funding. They want more individualized funding coming to them so that they have the flexibility to determine what's best for their child—not always children, of course—their child's needs, whether it's housing or respite or employment support or day programming, whatever it might be. Is that something that would be more helpful for you—something to have more individualized funding?

Ms. Janet Abramson: I believe there is individualized funding through Passport Program—

Mr. Jeremy Roberts: That's the model, yes.

Ms. Janet Abramson: Yes, where you are allowed to allocate the funds that the government gives to whatever is happening with your person who has the developmental disability in their lives—although, more importantly, the funds that are allocated to people with developmental disabilities are pathetic—than directed funds to a certain area. It's a very small amount of money that doesn't even cover a quarter of a year of what it costs to provide my son with what he needs.

As far as I'm concerned, I've had no problems with what you have said. The Passport funding allows you to allocate the funds to whatever you need—so I don't have that issue. It's the amount of funds that's the issue.

Mr. Jeremy Roberts: I appreciate that. Definitely, if we haven't had the chance, we should get you invited to one of these consultations to let you have feedback into the Journey to Belonging. It's good to know you're in MPP Andrew's riding; I'll make sure that MPP Andrew and I connect when we're back in Toronto together, and we'll see how to make sure we get you involved in that.

Thank you again for being here today as a voice for your son.

I'll pivot over to Dr. Saunders in my remaining time.

Thank you so much for your presentation. It's nice to know you're in beautiful Blue Mountains. I had the chance to visit for the first time last summer, and it's a gorgeous community.

I've been a big supporter of libraries since I was quite young. As some of my colleagues know, I used to be the Ottawa Public Library's mascot back in the day. Certainly, being able to access audiobooks virtually throughout the pandemic has been a real lifesaver for me, given that there have been a lot of long drives back and forth between Toronto and Ottawa.

We had the chance to hear from some of the libraries in northern Ontario last week. They were talking about some of the innovative ways that they've pivoted during COVID-19 to change the way that they reach out to and support their communities. I think of one example, of a

library that was creating take-home kits for parents to be able to pick up to engage with their kids, whether it was crafts or whatever it might be. I'm wondering if you've got some other examples like that that you could share with the committee from what you've heard around the province, of different libraries doing innovative things that may be things that they continue to do, even post-COVID-19, to continue to grow the library's membership in their communities.

Dr. Sabrina Saunders: Through you, Mr. Chair, the one thing about libraries to note is, although we will protect copyright to make sure there's no theft there, when it comes to ideas and programs, we share them with each other. We all steal and borrow and cannibalize others' ideas, so we definitely are a very collective group that try to work together. We have done everything from virtual storytime—I think we all have polka-dot circles on our front lawns, where we painted the two-metre distances so that we could still do storytime outside. My library is still doing storytime outside. You have to be well dressed and warm. On Friday at 11 o'clock, if you drive by our library, the snow has been dug out so people can sit.

We have many, many uses for Zoom meetings, whether it is a speaker series, author talks, even doing a chat and nibble at lunchtime where seniors can come together and not be isolated. We have seniors' exercise, where we're doing some exercise routines so that people can do something at home to keep active. Our teens are doing meetings, which is tough, because we know they're over-Zoomed.

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

Dr. Sabrina Saunders: We're really trying to have people connect and come together, and that's one of the big pieces that we lost during the pandemic, especially with library service.

Mr. Jeremy Roberts: Absolutely. I think it's a testament to the creativity of all of our libraries—how they've done so well pivoting throughout the pandemic, and, again, providing some really vital pieces to the community to help keep them engaged throughout a difficult time. So a big thank you to your entire membership for that.

I think I'm running out of time, but my colleague may want to ask you a little bit about broadband and Internet access, because I know that's something that libraries play a big role in.

Chair, I'll turn it back over to you for now.

Thank you again to all of our presenters this morning.

The Chair (Mr. Ernie Hardeman): We now go to the opposition. MPP Fife.

Ms. Catherine Fife: I want to thank all the presenters this morning.

Janet, I know that MPP Andrew is going to address your concerns, but I just want to say how powerful your deputation was.

Charlene, I think that your message on behalf of the sector that you work in really resonates well with us, in the sense that the pandemic has been experienced differently by different groups of workers. Your advocacy for PPE—and I also think that rapid antigen tests would also be very helpful for your sector to monitor and keep you healthy.

My daughter is in the retail sector, and this pandemic has brought out the worst and the best in people. So your delegation today really resonated with me, for sure. Thank you very much for being here. It even looks like you're in a storeroom of some sort at your workplace. Thank you for going that extra mile.

1130

I'm going to be sharing my time with Sol Mamakwa.

I want to address Dr. Saunders, on behalf of libraries.

I just want to get this point on the record, please, Sabrina. The procurement of the licences for electronic content—this came up through the Ottawa libraries. There is a compelling case for a provincial directive and leadership on that to save individual libraries money. MPP Roberts can talk about how creative the sector is, but at the end of the day, you still need operating funding. If I heard you right, your \$20-million ask also coincides with no increases for an equal amount of time.

Libraries across the province have shown great leadership.

Here in Waterloo and Kitchener, we depend heavily on those libraries, as community hubs.

I just want to give you the opportunity to speak specifically to the importance of that buying power for licences so that we can actually have an equity lens on library services across Ontario.

Dr. Sabrina Saunders: Through you, Mr. Chair, I think that is a really key piece when we want to look at the economic viability of the sector. We are individually buying services that are based on a sliding scale of population. So if we were to look at the entire province as one, it would be less expensive than if each of the individual libraries were paying. We know that there is only one wallet in Ontario, and it's our taxpayers who are putting out this bill. We need to look collectively at how we can support our individual residents by making wise fiscal decisions.

That is one of the key purposes of the Ontario digital library. We all have virtual branches and little pieces here and there, some more than others. But if we could pool our money into one, similar to a tier 1 or core suite of services that every community member has access to, then we would be able to make better buying power. Similarly, our culture sector is buying it for libraries and our education sector is buying it for our students. So whether you are an elementary student, a secondary student or a library user, how many times are we paying for the exact same service? It's really upsetting when you look at that.

Ms. Catherine Fife: Thank you very much for making that point. We certainly will try to get that embedded in this upcoming budget. The government has 72 days to table that budget.

Mr. Chair, I'm going to cede the rest of my time to MPP Mamakwa, because I know he wants to address the "library-plus" option that Dr. Saunders mentioned around reserve libraries.

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

Mr. Sol Mamakwa: Meegwetch. Thank you to Charlene, Sabrina and Janet for your stories about some of the issues that we face.

Sabrina, I just want to make a quick comment about how it sounds like you're functioning almost like a social services provider, when you're trying to help individuals, especially during COVID-19. Can you elaborate a bit more about on-reserve libraries? Meegwetch.

Dr. Sabrina Saunders: Certainly. The on-reserve libraries or First Nation public libraries are part of the provincial public library system. They are not a federal aspect; it is a provincial system. So we need to look at them as doing what all public libraries do, but as our MPP mentioned, there are so many more things that our First Nation libraries have to do. They are social workers. They're tech services. They're teaching our seniors how to safely work online—our youth online. Our libraries are the community hubs that are a third place. That's where you come between school and home or work and home. Sometimes, it's the only place during certain hours.

The First Nation librarians who are there are doing professional work with below-minimum wage. Often, they're actually volunteering, if you look at the fact that they're not being paid for a full-time job, but they know they have to keep these buildings open: It's cold; there are things we need to do for people.

The most impactful work I've ever done in my life was the 10 years I worked at Six Nations Public Library. As a member of the Delaware Leni-Lenape Nation from Grand River territory myself, it was a very difficult decision I made for my family to move and take another position, and I was really happy to see—

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

Dr. Sabrina Saunders: —a strong woman moved in to carry on that work. But we're all social workers; we're all strong advocates for what needs to happen.

Our province has an opportunity to strengthen those libraries to the basic minimum wage levels that are not being served at this point.

Mr. Sol Mamakwa: I know that's one of the things I deal with, as a First Nations person, as an Indigenous person—the jurisdictional game that we continue to play on the health and access to services for First Nations people.

Thank you for your work. Meegwetch.

The Chair (Mr. Ernie Hardeman): We will now go to the independent. MPP Fraser.

Mr. John Fraser: I would like to start by thanking everyone who presented today—and your stories, your advocacy, and taking the time to be with us here today to tell us your stories, tell us about your organization and how we can make things better.

Ms. Abramson, thank you very much for sharing your family's story, your son's story. It's not an easy thing to do. It's not easy, because you have a life of advocacy that you've been facing. As governments—I'd say of all stripes, being involved in government and in opposition—we really haven't addressed the basic issue that comes with adults with developmental disabilities, and that's our capacity to support them through housing and other supports. I'm not going to say that good things haven't happened, but it's not enough. I hope that you can find a

residential placement for your son soon; where he is is not appropriate. What's happening to your family, I've seen happen over 20 years—inappropriate placements for adults with developmental disabilities.

I just would like to ask you—your recommendation—what the government should do as a first step, or a bigger step, for people like your son and your family.

Ms. Janet Abramson: I believe that the \$13 million that is earmarked for the next three years is not enough. Much more needs to be put in, in building housing and staffing housing and getting these people out of inappropriate places like hospitals, institutions. Enough is enough. I have not seen my son in three months. It's all a matter of money and building more group homes—

Mr. John Fraser: And capacity, with staff, to be able to retain the proper kind of staff. I know that there is really a dearth of support for adults who have highly specialized needs that sometimes are a result of a dual diagnosis, that may be a result of not getting the kind of care they need. The governments have to do more to build that capacity. There's no question about that. Thirteen million dollars is not going to be enough. As I've said, moving around the edges—governments have done that for a while. I'm not going to say that good things weren't done, but it's not enough.

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

Mr. John Fraser: I want to thank you for taking the time to share your story. It's important that legislators here—I'll save my questions for the next round.

1140

The Chair (Mr. Ernie Hardeman): Thank you. We'll now go to the government. MPP Ghamari.

Ms. Goldie Ghamari: I want to thank the presenters for joining us today. I listened intently, and I appreciate the feedback.

I have a few follow-up questions for Dr. Saunders.

Dr. Saunders, just to put it in perspective, I'm a huge fan of libraries. I think libraries are critical, especially for newcomers. For example, when my parents immigrated to Canada when I was a year old, the library was a place where I would go to rent the latest Disney movies and read books. There would be community activities there. So it's a really important place for a lot of communities, especially newcomers, because you can access a lot of the services for free, essentially.

I know MPP Fife was talking a little bit about funding. I want to go over some of the recent announcements our government made just this past July 2021 with respect to provincial funding for a number of infrastructure projects, including libraries. For example, in the township of Hornepayne, our government is investing over \$1.5 million to help with a bunch of community resources, including the public library. What else do we have here? We have the city of St. Thomas—again, almost \$700,000 to help with the library. In Norfolk county, the public library board is getting \$126,000. The list goes on and on because our government recognizes and realizes the importance of libraries and the significance that they have for communities—and not just for newcomers, but also for a lot of

communities in rural areas. Libraries are that central hub, and they're a place where a lot of people in rural communities can go to either access Internet or online resources.

One of the services that the libraries in rural Ottawa provide is well-water testing. You can go pick up a free kit and drop it off at your local library again.

Having said that, obviously broadband is important to libraries. Another announcement that our government made recently was, we're spending over \$4 billion across the province to improve broadband and connectivity. I'm wondering if you could speak a little bit about how this \$4-billion historic investment is going to impact or improve library services or the access to online resources through libraries.

Dr. Sabrina Saunders: I do believe that our libraries are solution-makers. A lot of the things you said, it feels like when we're talking—we're all over the map. But it's because we look at what the needs are in our communities and we fill the needs. That's a big part of what our public library system does.

When it comes to connectivity, I think one of the biggest things is—yes, our government is making sure that we're connected, and that's huge. We know this is a human right. It's not just a service or a utility; it's something that we need to have. But we also have to make sure that there is content that's going to be on that connectivity that's provided. We don't want to leave people out there just doing Google searches trying to find out what they should be doing. Health services, mental health services—all of these are provided. Research information, general newspapers, supports for homework and study—all of these pieces are what are normally in these packages that libraries provide.

Being able to make sure this is now going to be partnered with the new connectivity across the province is such a key piece. To make sure that we are getting the right information, the healthy information, the important information out to people and not leaving them to their own devices and trying to find pieces—

Ms. Goldie Ghamari: Sorry, Dr. Saunders, to interrupt. It's because I could talk about this for hours, but my time is limited.

I'd really love to hone in on what you just said about the content. I know that, for example, the Ottawa Public Library has subscriptions to so many online resources, whether it's research or e-books—all this different content. So my question is, is there a way that the costs for this could be streamlined to help save money? Does each library have to have its own subscription, or does it work through—I'm just curious if there's any way that there could be some sort of consolidation to help save money across the board.

Dr. Sabrina Saunders: Certainly, and that's what we're hoping to do with the Ontario digital library—that there would be one purchase of these resources that would be purchased at the larger provincial population rate, and then the log-in information would be provided to the libraries through our Ontario Library Service. It makes the

most sense, as our agency with the ministry. It's not something that we haven't done before. We have other buying-power projects. Just currently, we're all paying for the same resources, and the smaller the community, the more cost per person it is. So from an economic variable, this makes sense.

Ms. Goldie Ghamari: So who would be at the top? Who would be doing the purchasing at the provincial level for all the other libraries?

Dr. Sabrina Saunders: What would make the most sense—I don't want to speak for the organization, but the Ontario Library Service—

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

Dr. Sabrina Saunders: —is the agency that works with the ministry to provide these types of library collective services to our public library system. They do other buying purchases and collective agreements, so it would make sense that they would be that arm for the government to be able to work directly with our public libraries to make sure that every Ontarian has this access.

Ms. Goldie Ghamari: If that consolidation was to happen, how much do you anticipate in savings for libraries across the province?

Dr. Sabrina Saunders: I'm sorry; I don't have that number. I know that the annual number is \$9.4 million. That is something, though, that we could get to you when the final package is coming out from the Ontario Library Association and the Federation of Ontario Public Libraries.

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

We will now go to the opposition. MPP Andrew.

Ms. Jill Andrew: First of all, I'd like to say to Janet, thank you for being here today. You are absolutely one of my heroes, and I've said that to you, and I mean it from the bottom of my heart. You are such a strong mother. You are a single parent doing this heavy lifting for 28 years. Your son has been on the wait-list for supportive housing for 12 years and going, and you haven't seen him in three months and more. I want to say thank you for being vulnerable and courageous in this moment today.

MPP Roberts mentioned Passport funding, but as he knows, that does not touch on the issue of housing. Passport is for day programs, caregiver respite etc., so while necessary and a good pivot, it doesn't address getting Janet's son into supportive housing, and that's what we need today.

We know that services for adults with developmental disabilities have been under-resourced, under-supported and under-financed for decades. This is not only a this-government issue; it has been the issue of previous governments. Even the service providers and agencies don't have the supports that they need. We know that the wait-list is tens of thousands of folks waiting for homes. Some folks, I've learned, are waiting 10 months and more just for a needs assessment.

Janet, can you express, in a minute or so, the emotional toll that this roller coaster has cost you and your family?

Ms. Janet Abramson: Excuse me if I'm emotional, but I wanted to say that I'm the only one who has looked after

my son—and my daughter, of course, helps. I've never relied on anybody for his care or his well-being. It has all been self-funded, excluding the minimal amount that I get from Passport funding.

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My son, Jonathan, is in crisis. He has been in a hospital for three months. I have not seen my son for three months. It is the most possible worst thing that you can imagine. The worst day in my life was when my son was diagnosed with autism. The second worst time in my life has been the last three months.

He requires one-to-one support and needs to be taken out of the psychiatric ICU in the hospital and placed in a proper, appropriate home, where he will be looked after properly, where I can visit him daily, where I can look after him from a distance.

I'm sorry; I'm very emotional. It has been overwhelming.

Ms. Jill Andrew: Janet, thank you. We want the government to know that Jonathan is not a number. He is not a statistic. He is not a body in a bed. He is your son. He is your family. He is the person sitting next to you. I know he's all around you right now, cheering you on.

What we can't have is cuts, more cuts to services for people with disabilities, for people with developmental disabilities. We know that this government cut \$1 billion back in 2019 from MCCSS, from the very ministry that helps folks like your son. There can be no cuts, because hospitals are simply not homes. People shouldn't be institutionalized because they need support in that way when, really, what they need is housing.

We know that people with developmental disabilities, people with mental health issues sometimes end up being incarcerated. They end up in shelters. They end up experiencing homelessness because of the lack of services, because of the cuts that we have seen from this government and previous governments as well over the last 20 years.

You know that we have spoken with Developmental Services Ontario. They had great empathy for Jonathan, but even the head of the Toronto region couldn't give us an answer on housing because they are just so strapped and under-sourced and under-resourced and under-financed by this government.

Janet, I want to say thank you very, very much again.

MPP Roberts, we will be in touch. We don't have to wait to be in Toronto together. We can talk today or tomorrow if you'd like, for us to get the wheels in motion happening for Janet—literally today.

May I have a time check, Chair?

The Chair (Mr. Ernie Hardeman): Two minutes and 20 seconds.

Ms. Jill Andrew: Thank you very, very much.

Lastly, I want to also say thank you to Dr. Saunders from OLA for your contributions today on the libraries.

I had my first real job in a library, and as a kid who couldn't afford a computer at home, I know how important libraries are to students' emotional, social, academic success; to persons looking for work, looking for warmth, especially as we have a homelessness crisis here in this

city—in the province, frankly—that's not really being addressed through government.

I wanted to ask you, Dr. Saunders, what are your thoughts on what the library needs as well through this provincial government? We know back in 2019, the Ontario Library Service-North and also SOLS were slashed by 50%. We know that the library service budget has been frozen 20 years and counting. And in the recent government 2021 budget, the word “library” comes up once, to be honest with you, and it's with regard to a past funding of a new library: one. What can we do better? What can the Ford government do better? How can we as opposition push for you?

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

Ms. Jill Andrew: If you can answer that in 30 seconds, and then I'm going to give the last word to Janet.

Dr. Sabrina Saunders: I would say that the three recommendations that we have brought forward really are going to be the sustainability piece that needs to be looked at for our public libraries. This is not just pandemic-related. This is just an overall system that—of course, we're all getting hit more at this current time. But the PLOG, the First Nations Salary Supplement and the Ontario digital library are key to keeping us strong in our communities and the province.

Ms. Jill Andrew: Thank you so much, Dr. Saunders, and thank you to the libraries that have hosted vaccine clinics, like Maria Shchuka right here in St. Paul's. You all are leaders in our community.

Janet, I'd like to give you the last word. What is one wish that this government could do to help you and to help Jonathan today?

Ms. Janet Abramson: I would like for our Premier to hear what I've said—

The Chair (Mr. Ernie Hardeman): You'll have to save that for the next one. That concludes the time.

We have to now go to the independent member. Mr. Fraser.

Mr. John Fraser: Ms. Abramson, you can finish your thoughts.

Ms. Janet Abramson: I'd like the Premier to listen to what I've said and hear what I've said. We need action. I need my son out of the hospital. I need him in a proper, appropriate placement. Thousands of people are waiting to be placed in the appropriate housing situation. Doug Ford needs to hear what I'm saying, and I think this is more important than him shovelling snow for his neighbours.

Mr. John Fraser: Thank you very much, Janet, for being here. I know it wasn't easy to share all you're sharing today; your mind is on other things. I hope, for you, that there is a resolution to this quickly. We really appreciate you being here this morning.

Dr. Saunders, I'd like to thank you very much for your presentation. You've articulated very clearly what is needed in Ontario's libraries. I don't really have a question for you—other than thanking you for your presentation and being here this morning.

I do want to address some of the things that Charlene Morling raised, as a person who is working, it sounds like, in the retail sector in part-time jobs, trying to get through

school and the kind of experience that you're having during this pandemic. It's not easy. The people working cashes, serving customers are really exposed to abuse, and they are taking risks.

I come from the grocery business. I spent 22, 23 years in the grocery business.

The work that you do serving people is really very important. I hope that the pandemic will leave a lasting reminder of how important the people who work on the front lines are.

In terms of your experience with paid sick days, have you lost any pay because of that during the pandemic?

Ms. Charlene Morling: I personally, thankfully, have not had to take any sick days during the pandemic, so I don't have personal experience with government-allotted sick days. But I know that the fear amongst my colleagues—and not just in the locations where I work, but throughout—is that three days doesn't meet the five that they would have to isolate. As an example, I know personally, I worked from November 28 through to December 25 with zero days off.

Mr. John Fraser: Wow.

Ms. Charlene Morling: I don't have a choice. The cost of everything has increased exponentially. It's one of those—we do what we have to do. But the fear is always, "Okay, so if I get sick, I have to isolate for five days, but I'm only paid for three."

I'm very lucky in that I have a support system that is very supportive, but I know people who would just take some cough syrup—

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

Ms. Charlene Morling:—suppress what they have to and get back to work, because they don't have a choice.

Mr. John Fraser: I have a private member's bill, as do other members of the NDP—Peggy Sattler. It was for 10 paid sick days for all Ontario workers.

It's very hard for me to understand why the government is currently actually using the surplus in the WSIB to bankroll those paid sick days and—given the uptake, the cost and the size of the surplus—why they haven't expanded that to at least five days, if not 10.

It was important for you to be here today to talk about the experiences that you have just as an individual, and I want to thank you for taking the time. I wish you the best of luck. Stay safe.

The Chair (Mr. Ernie Hardeman): Thank you all for that. It concludes the time for this panel.

As a reminder to all presenters, the deadline for written submissions is 7 p.m. on Wednesday, January 26, 2022, so any of the answers or any of the questions that I had to cut off short—if it's an important part of it, make sure you send them in and get them in before then. It will become part of the record and we can use that in moving forward.

Thank you again for taking the time to come and talk to us this morning. I thank all the presenters from this morning. The committee will now recess until 1 p.m. this afternoon.

The committee recessed from 1200 to 1301.

JUVENILE DIABETES RESEARCH
FOUNDATION CANADA
LEEDS AND THE THOUSAND ISLANDS
PUBLIC LIBRARY
PARKDALE FOOD CENTRE

The Chair (Mr. Ernie Hardeman): I call the meeting back to order for the public pre-budget consultation on the finance and economic affairs committee for 2022.

A reminder for the delegations: You have seven minutes for your 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 in two rounds: seven and a half minutes for the government and the opposition parties and two rounds of four and a half minutes for the independents.

Our first delegation this afternoon is the Juvenile Diabetes Research Foundation Canada, and Abidah Shamji, national director, government relations and advocacy—I notice we have more than one speaker on that one.

Before you start to speak, please introduce yourself for Hansard so that your name can be recorded in the minutes. At the end of the presentation and at the end of questions, at the one-minute mark, when there's one minute left, I will speak out—it doesn't matter who I'm interrupting—and say, "One minute," and we will go from there.

With that, if the Juvenile Diabetes Research Foundation Canada will come forward and make their presentation.

Ms. Abidah Shamji: Good afternoon. My name is Abidah Shamji. I am the national director of government relations with the Juvenile Diabetes Research Foundation, JDRF, Canada. On behalf of our organization, I would like to thank the committee for hearing our submission and our recommendations today.

JDRF Canada is the largest funder and advocate for type 1 diabetes research in Canada. JDRF has helped fund research that has led to the innovation and evolution of treatments that improve the quality of life for people living with type 1 diabetes, or T1D, as we call it. We remain committed to ensuring that people have what they need to live healthier, live safer and live easier lives.

That being said, our Access For All campaign aims to make type 1 diabetes technology affordable and accessible for everyone living with this disease. Our campaign aims to support our T1D community in its efforts to increase public and private coverage for insulin pumps and advance glucose monitors, CGM and flash. We do commend the Ontario government for introducing flash glucose monitors on the Ontario drug benefit in recent years, and we also commend the government for its long-standing insulin pump program, which helps thousands and thousands of Ontarians living with type 1.

We now look forward to the government's investment in CGM technologies—our recommendation being that the province provide access to CGMs to all patients and families living with type 1 diabetes. Funding these technologies will address an unmet medical need; lead to

better virtual care, which we know is such a priority for all governments in light of COVID-19; and improve health outcomes using innovation and technology. It also means overall reduced costs for our health care system when it comes to short- and long-term complications.

I'm now going to pass it over to an incredible young man—I'm sure you're going to really appreciate hearing from him; his name is Zayan Ladha—to share his story and how his recommendation would be life-changing for the residents of Ontario.

Mr. Zayan Ladha: Good afternoon, and thank you for giving me the opportunity to present on behalf of JDRF Canada today. My name is Zayan Ladha, and I'm eight years old, living with type 1 diabetes in Ontario. I have lived with type 1 diabetes for eight years.

Type 1 diabetes is an autoimmune disease where a person's pancreas stops producing insulin, and this leads to high blood sugars. Type 1 diabetics like me must constantly check our blood sugar and go through regular injections or pump changes. In my case, I have to change my pump every three days. And we have to make sure we know exactly how much insulin we need for everything we eat.

Monitoring diabetes is something we do constantly, and no matter how carefully we do this, there is still a risk of developing dangerously high blood sugars or life-threatening low blood sugars. Over the years, many people experience serious and costly complications, including stroke, heart disease, kidney disease, nerve damage, eye disease, blindness, coma and even death. Each complication is a big burden to patients, their families and our health care system. I live with this every day. My mom and dad constantly check my blood sugar levels many times during the day and at night to make sure I'm safe.

Luckily, advanced glucose monitoring technology such as CGMs and FGMs greatly improve the lives of those with T1D to maintain regular and accurate measurement of blood sugar. These devices have proven to be very helpful to people like me to better manage the disease, but they are very expensive, and without the government's help, many families can't afford it. My insulin pump and CGM work together so I don't need to think about diabetes every minute of every day. Knowing that my blood sugar is at a good level, where I won't faint at school, and knowing that I have enough insulin so that I won't have to go to the hospital in the middle of the night, is not a luxury. Having my CGM and pump really helped me be a regular kid, play with my friends and concentrate at school. Without these devices, our lives would be much harder and I would be at risk of developing worse conditions.

Thank you for your time.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. I can't say you were the best, because that would insult a lot of other people we were hearing today, but I think you will hold the record for being the youngest presenter today. Thank you very much for that.

Our next presenter is from the Leeds and the Thousand Islands Public Library: Dayna DeBenedet, chief executive

officer and chief librarian. I thought somebody on the screen looked a little familiar. You've heard the numbers before, so we'll let you proceed.

Ms. Dayna DeBenedet: Good afternoon. Thank you for the opportunity to participate in the 2022 pre-budget consultations. My name is Dayna DeBenedet. I am the CEO and head librarian at the Leeds and the Thousand Islands Public Library.

My library system has three branches serving our rural township, which covers more than 600 square kilometres. Highlights of our library service include popular youth and adult programming; the administration of our popular local archives; and our digital and physical collections, which include a recreation lending library that provides access to recreation, sporting and hobby equipment, games and other unique household items. In our township, lack of access to reliable high-speed Internet is a significant challenge faced by many residents. Our libraries offer free WiFi and public computer workstations, which are heavily used by both local residents and visitors alike.

Our library system is committed to meeting the specific needs of our community and playing an important role in improving community well-being, and we are not alone in that goal. Public libraries across Ontario are deeply connected to their communities and strive to be responsive to their needs. In fact, public libraries are Ontario's furthest-reaching and most cost-effective public resource, serving as vital community hubs. Libraries offer a unique opportunity for partnership, community building and resource sharing. Ontario's public libraries are highly collaborative institutions with partners that include all levels of government, social service organizations, educational partners, community groups and many more.

Over the past two years, like every industry and sector in Ontario, our libraries have faced significant challenges. During this time, Ontario's public library sector has shown its resilience, and we have continued to respond to the needs of our community throughout the COVID-19 pandemic. Our libraries have supported our communities by providing vital access to WiFi, technology lending and public computers, which are essential for online learning and working. We have helped thousands of Ontarians to access and print their vaccine certificates. We provide our patrons with trustworthy, accurate and informative answers to their reference questions, and we have transformed our service delivery models to include things like virtual programming and curbside service so we could continue to safely offer the educational, recreational and cultural services that our communities have come to rely on.

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However, these challenging times have also revealed some tenuous aspects of our public library infrastructure, which is why today I would like to present you with three critical investments that will help stabilize our public libraries and ensure that they can continue to perform their vital role in communities. Investing in Ontario's public libraries directly supports local communities and families.

First, you can help keep local public libraries across Ontario sustainable by enhancing provincial operating

funding for public libraries by \$21 million annually and ensuring that this increased support reaches those libraries where it is most needed, in small towns and rural communities. With no increase to our annual provincial funding for public libraries in over 20 years, the value of the province's investment in public libraries has fallen by over 60%. An investment in annual operating funding would be shared across hundreds of Ontario libraries, with an emphasis on small and rural communities, and would provide predictable and reliable funding to our libraries.

Secondly, you can work alongside First Nation public library leaders to implement a sustainable funding model for First Nation public libraries. There are 133 First Nation communities in Ontario, but currently only 46 of these communities have a public library. While Ontario's municipal libraries are largely funded through municipal property tax revenue, our First Nation counterparts do not have access to this type of funding. As a result, many First Nation public libraries are precariously funded. First Nation public libraries provide vital literacy support and access to technology to their communities. A modest investment of \$2 million annually toward the First Nation public library salary supplement would help sustainably fund library operations for all existing First Nation public libraries in Ontario and ensure a living income for front-line library staff in those communities.

And finally, you can provide critical e-learning support and fair access to modern digital resources for all Ontario public libraries by creating an Ontario digital public library. Many Ontario public libraries in smaller communities, including my own, struggle to afford high-quality e-resources and e-books. These resources are very expensive for small libraries, which means we have to make difficult decisions about what resources we can provide to our communities. Our libraries are resourceful and we take part in several group purchasing opportunities to lower the cost of our digital resources, but even with those agreements in place, our library can afford only a small fraction of the services that are available to Ontarians in larger centres.

The current model of individual library purchasing has created a significant disparity in resources for Ontarians in small or rural communities. However, by leveraging the province's significant purchasing power to create one provincially funded digital public library, we can ensure that all Ontarians, regardless of where they live in our province, have access to a common set of high-quality e-learning and online resources.

I believe that the partnership between the Ontario government and local public libraries is vital to the ongoing sustainability of our public library sector. Ontario's public libraries are a point of pride for their communities and for our province as a whole. Your investment can help ensure that all Ontarians have access to the resources and opportunities that public libraries provide. Thank you.

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

Our next presenter is Parkdale Food Centre, and Karen Secord, executive director—and I see there is another

name on here, so if you'll come forward and make your presentation. You have seven minutes. Make sure that you introduce yourself, prior to speaking, for Hansard. With that, we're ready to move forward.

Ms. Karen Secord: Good afternoon. I'm Karen Secord, the executive director at the Parkdale Food Centre in Ottawa. I'm here today with my colleague Meredith Kerr, director of development. We're grateful to be here. Thank you for taking the time to hear our recommendations.

Since our inception over 30 years ago, the Parkdale Food Centre has evolved from a traditional food bank to one of the leading voices and trusted advocates on food security and poverty issues in Ottawa. The heart of our work is devoted to building healthier and more connected communities, and we strive to provide kind and nutritious food access for everyone who needs it through a variety of programming designed to equip, empower and inspire.

Over the last few years and COVID-19, the polarization between the social assistance rate and those of CERB and CRB has magnified the long-overdue need for more equitable solutions to the growing food insecurity which is, in fact, deepening poverty.

In the early months of 2021, we conducted a survey, *Knowing Our Neighbours*, to obtain a detailed picture of the households from across Ottawa who access our programming. From the information collected, it was clear that many of our neighbours represented the most vulnerable segments of the population. Some 53% had an income of \$15,000 or less; 20% had an income of \$10,000 or less. Despite regular access to nutritious food through our various food programming, 71% of the respondents remained highly food-insecure. Some 51% went without eating because they could not afford enough food.

This valuable data is a clear indication that food programs, food banking and food charity do not address food insecurity and do not improve health outcomes. Food insecurity is a product of poverty. The Parkdale Food Centre and our partner agencies have become a go-to but often undignified resource for an underserved population. We will never solve the food insecurity problem by offering boxes of non-perishable foods once a month, and it is unrealistic that anyone should expect us to.

Since the onset of the pandemic, we have felt undervalued by governments and left to serve vulnerable, high-risk populations with primarily fundraised resources and using our already overworked staff time to gamble on government grants.

Meredith?

Ms. Meredith Kerr: My name is Meredith Kerr. I am the director of development at the Parkdale Food Centre.

It is the recommendation of the Parkdale Food Centre that the provincial government:

(1) in light of unprecedented inflation, the rising cost of housing, spiking food costs and other impacts of COVID-19—there be an immediate emergency supplement for everyone receiving Ontario Works and Ontario Disability Support Program;

(2) recognize that OW and ODSP are insufficient, and undertake a robust review of their standards and a

substantial, reasonable cost-of-living increase within the first half of 2022; this effort will help ensure Ontario provides an equitable 2022 and that everyone can meet their basic needs;

(3) collaborate with the Parkdale Food Centre, Ottawa, on a pilot project that will promote a meaningful shift away from food banking into a community-centric co-operative model that will provide increased access to affordable, healthy food, ensuring good food and health are not a luxury but a right.

The Parkdale Food Centre has already rented a space to start this important work, and we are looking for an investment of \$500,000 to develop this replicable model.

I'll send it over to Karen again.

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Ms. Karen Secord: Parkdale Food Centre created the Ottawa Community Food Partnership with nine partners in 2016 to support a shift away from the traditional food charity model by moving towards meaningful community engagement and food security.

During the COVID-19 public health crisis, the Ottawa Community Food Partnership launched the Cooking for a Cause initiative in response to a sudden and desperate community and economic need. Many lacked income to purchase food, access to meal programs was extremely limited, and food businesses were crippled under unprecedented operating restrictions. Cooking for a Cause Ottawa is helping a variety of food businesses keep their lights on and continues to employ staff, paying them to produce delicious food, while making a profound impact in their communities. Over 20 food businesses have participated in the project, providing food for 21 social service agencies to distribute to their clients.

In 2021, the Ottawa Community Food Partnership rescued 86,969 kilograms of food and distributed between 3,500 and 5,000 meals each week, for a total of 196,894 meals to our neighbours struggling with food insecurity in the Ottawa area. Health care and harm reduction workers report significant behavioural, physical and emotional impacts on their clients while business owners report feeling more connected to their communities and grateful for the income during a time when they feared losing their businesses.

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

Ms. Karen Secord: This project can easily be replicated in other cities and, with the province's support, is a viable solution to community economic development during this turbulent time. Given \$1 million per year, the impact could be substantial.

Thank you to the finance and economic affairs standing committee Chair, Vice-Chair and members for having us here today. We look forward to answering your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much to all the presenters for great presentations.

With that, we'll start the discussion. We'll start with the official opposition. MPP Fife.

Ms. Catherine Fife: Thank you to all the presenters.

I want to learn more from Zayan about his experience. I also want to be really clear about what the ask is today. I

know that the continuous glucose monitoring and flash monitoring devices at one point were not part of the province's Assistive Devices Program. So I want to get a sense from Zayan—how many times a day do you test? And then I'll go over to Abidah to ask her a question about what the specific ask is today.

Zayan, just tell us a little bit about how often you test and how you test.

Mr. Zayan Ladha: I test about three times.

Ms. Catherine Fife: Do you prick your finger to test?

Mr. Zayan Ladha: Yes.

Ms. Catherine Fife: Does that sometimes hurt? Does it bother you sometimes?

Mr. Zayan Ladha: Yes.

Ms. Catherine Fife: Abidah, can you tell me about the specific ask that JDRF has today for the committee?

Ms. Abidah Shamji: Absolutely, MPP Fife. The ask, specifically, is around the continuous glucose monitors, the CGMs, that are not part of the Assistive Devices Program. They're not part of the Ontario Drug Benefit Program, but a similar technology, not exactly the same, was recently added to the Ontario Drug Benefit Program, which, unfortunately, only covers under 25 and over 65. So there's a big segment of the population that has been left out.

The CGM technologies differ from the flash devices in that they have alarms. For parents of young children like Zayan, who, in the middle of the night, have to set their alarm to check on their child who may be experiencing a low and not feeling it because they're asleep, CGMs make that easier because the alarms are automatic if the child is wearing it. So parents can rest throughout the night, rest assured knowing that their child is safe.

Ms. Catherine Fife: That's good clarity for me. Thank you for that.

My colleague Taras Natyshak from Essex brought forward a motion in May, I think, of this past year for those people who have type 1 diabetes. He was asking the government to do ADP coverage for continuous glucose monitoring and flash monitoring devices. The main argument, obviously, was that it was very user-friendly, but also that it would remove financial barriers to technology that make it easier to manage diabetes, and removes the need for those frequent finger-pricks. Can you talk a little bit about the financial piece for Ontarians and why this would make a difference in their lives?

Ms. Abidah Shamji: In terms of what individuals can experience in terms of out-of-pocket costs, you're looking at about \$4,000 to \$6,000 per year, so that's hundreds of dollars out of pocket per month for families. It's something that is, like Zayan said, not a luxury, not something that they perhaps want to spend their money on, but it almost feels like they have to, given the comfort and the safety that it provides the family.

Ms. Catherine Fife: Thank you very much for that today. We'll try again with this budget. I think Zayan makes a compassionate-dignity argument, and then you also make a financial argument for Ontarians.

I want to move over to the libraries and Dayna. We have had a couple of delegations already making very

compelling cases, specifically around the provincial procurement process for electronic content. I want to just give you an opportunity once again to make this case, so that libraries across the province don't have to secure individual licences and so that we have some equity, because I think that equity is one of those core principles of Ontario libraries.

Ms. Dayna DeBenedet: The Ontario digital library is an ask that will help solve the disparity between small and rural communities and libraries and larger centres, where we see a significant disparity in the kinds of resources that are available. These resources are extremely valuable to students, and now parents as well, but also to small business and to all Ontarians, really, who are engaging in any sort of ongoing, continual education or learning.

Even just this morning, I was taking a quick look at some of the library statistics that are reported to the province annually as a condition of our public library operating grant funding, and many small libraries serving under 15,000 do not offer any streaming or e-learning services—they may offer a few research databases—compared to the largest libraries in Ontario, which are averaging around nine or 10 e-learning platforms alone, on top of the types of research databases and other e-content platforms that they subscribe to.

So there's a really large disparity. We see it in our rural communities, where many of our patrons have less access to information. We're not as nearby to a university library to do some of that in-depth research, so it can be really challenging for distance learners and people in rural and small communities, because it is a real disparity. And because we pay a per population cost and the more people you're buying for, the lower the cost per person, it also does put a higher burden on smaller libraries, because we are paying more per user for these resources than larger libraries. And so if we were to leverage that buying power, there could be significant savings across the province.

Ms. Catherine Fife: That's exactly the point that I wanted you to make. Thank you very much.

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

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

Mr. Joel Harden: Thank you, Chair.

Well, Karen and Meredith, thank you so much for being here. Thank you for everything you do in your community.

Don't worry, we have another seven minutes in the next round. But let's just get started.

I want to spotlight what you ended on, Karen—Cooking for a Cause—just so my Conservative and Liberal colleagues understand what this is, and if anybody is here for Mike Schreiner and the Greens. This is an initiative that brought together 20 food businesses, many of whom were facing significant financial hardship given what we've been going through for the last two decades, and put them to work for some of the most marginalized people in our community. It was a win for those organizations to keep their doors open and for people to get jobs, and it was a win for people in the community to get access to culturally appropriate, nutritious food.

Is that a good rendering of the highlights?

1330

Ms. Karen Secord: Yes, that's exactly it. It has helped our—

The Chair (Mr. Ernie Hardeman): We'll have to move on and catch it on the next round. Thank you very much.

We now will have the independent. Do we have a questioner?

The Clerk of the Committee (Mr. Michael Bushara): No. MPP Simard was supposed to join, but she's not here, so we can then go to the next round.

The Chair (Mr. Ernie Hardeman): We'll then go to the government. MPP Bouma.

Mr. Will Bouma: Zayan, I really appreciate you joining us today. It's absolutely wonderful to hear your story and to hear about what your needs are.

I am an optometrist when I'm not doing this, and I was wondering if you could tell me, are you getting your eyes checked on a regular basis?

Mr. Zayan Ladha: Yes.

Mr. Will Bouma: Very good. How long have you been a diabetic?

Mr. Zayan Ladha: Eight years.

Mr. Will Bouma: Eight years already. Wow.

Do you know what your hemoglobin A1C is—if you're comfortable sharing that here?

Mr. Zayan Ladha: Eight.

Mr. Will Bouma: That's very, very good for everything that you're using. I'm very excited. I appreciate that very much. Again, thank you for being here.

If I could talk to Dayna from the library a little bit, I really appreciate—and in all the presentations it has been very significant about the need for consolidation and for improvements in library services in order to make best use of funds. That brings me to a question that I have, because I've talked to a lot of municipalities, and what they see is, it's kind of an overlap in the work that libraries do.

I love the vision that Mr. Carnegie had so long ago. I always used to think libraries were just a place to have books, but to get my brain wrapped around the idea that libraries are a place for self-improvement is absolutely awesome.

When we look at community services and social services in so many municipalities, a lot of them are doing such similar work to what the libraries are doing, and what I hear from some of my municipalities is that sometimes there's that overlap and there's a bit too much siloing.

I was wondering if you could comment on the idea that libraries and municipalities could work much closer together to try to find some of those efficiencies, and even if, perhaps, the library service could go inside of the municipality, into their community services portfolio, as opposed to a stand-alone entity—to try to make best use of so many of those efficiencies and the buying power of being inside of a larger municipality, as opposed to just standing on their own.

Ms. Dayna DeBenedet: Well, I've been very lucky in my career. I've spent 10 years working in public libraries and have always been very lucky to have close municipal

relationships where those kinds of efficiencies are being realized. So we are participating in buying with our municipality. We are sharing services like administrative services at the municipal level to realize those kinds of savings. We're not duplicating services. I think that is a model that many libraries are moving towards. Of course, I work in small and rural libraries, where those kinds of efficiencies are in some ways easier to find, because there is a lower administrative burden to take on to support a library of four or five staff members versus a library of 50 or 100 staff members. But I do think that those relationships exist in some ways.

The overlap with social services is an ongoing shift in libraries, in part because there are areas where many populations are underserved and the library ends up being a bit of a catch-all service provider, because it is that kind of space, where you don't have to be able to afford to buy anything to visit the library. If it's cold outside, it's warm in the library. If it's warm outside, it's cool in the library. So a lot of people come into the library looking for services, and the library acts, in many ways, as a collaborator and a resource guide. We are pointing patrons every day to those kinds of services and providing that kind of reference.

The truth is that our library staff members are not trained to be social workers, but we're happy to have social workers who are our partners who can help provide those social services. So part of that wraparound service that the library provides is as a way finder. I think there is a substantial opportunity for partnership with the provincial government and municipal government to really make the best use of public libraries as a resource for that kind of wraparound service that can be provided in our communities. Certainly, I know that a lot of libraries do have strong partnerships at the municipal level, such as my own.

I can only speak from my own experience, and I know that I have been very lucky in my experience, both here in Leeds and the Thousand Islands and previously in northwestern Ontario. I think the municipal government is our biggest partner, for sure.

Mr. Will Bouma: So then, do you know of any library systems that are just inside of a municipality at all? And if you want to—

Ms. Dayna DeBenedet: Well, currently, that is not possible under the legislation that governs libraries, unless it's a county library system, in which case the county libraries are part of the county government structure.

Mr. Will Bouma: So there seems to be actually an institutionalized legislative piece that would not allow that kind of efficiency to happen across the system.

Ms. Dayna DeBenedet: The Public Libraries Act establishes libraries as a separate corporation. Library boards are established as corporations by legislation, and so they are governed by a library board. Based on that legislation, they cannot be a department of a municipality.

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

Ms. Dayna DeBenedet: But in many cases, like my own, we have a very close relationship with the municipality. We work with them so closely that it is similar.

Mr. Will Bouma: If you could make that work so you can maximize the benefits—if we could change that legislation—would that be something you would be in favour of?

Ms. Dayna DeBenedet: I'm not sure, partly because one of the reasons that we have an arm's-length relationship is because with our libraries, for example, we don't want politics to get in the way of freedom of access to information and the freedom to read, which you can see, if you follow the news about libraries much, is happening to our neighbours to the south a lot, where we see laws passed that are removing books from libraries based on the content of those books, based on race, based on LGBTQ representation. So that arm's-length system away from any sort of political agenda does help us—

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

We'll start the second round, and we'll start with the official opposition. MPP Harden.

Mr. Joel Harden: Karen, a word you, Meredith and others have taught me is being a “solutionary.” When I hear you talk about Cooking for a Cause, it embodies what that word means to me, as I've tried to learn it from you and what I think the committee can learn today—the notion that, particularly now, when things are really hard in this pandemic, a lot of us can identify what the problems are, but it's sometimes harder to figure out what good solutions are.

You've given us a thumbnail of what Cooking for a Cause is, but help us understand where it came from and how it started, so this model could potentially be embraced elsewhere with some more government funding.

Ms. Karen Secord: Ottawa Community Food Partnership is a group of nine social service organizations that we started in 2016. We need to do better than just food banking. Food banking is not solving a problem in 40 years. We've put a lot of money into it, and people's health outcomes are not better. We need a solution.

Along comes COVID-19. All of a sudden, businesses are being shut down. We see all of these small businesses, where we have a lot of partners in our chefs and small businesses that support us and support our neighbours, and we see them starting to have to shut down and people losing their jobs. I know that they're going to be people who we're going to be seeing, who are not going to have food to eat. At the same time, when we're being told to stay home, people who are on Ontario Works and making \$733 a month, or on ODSP and making just under \$1,200 a month—many, many of those people use a food program. They use meal programs, and a lot of those programs, including ours, had to shut down. So our worry was that here we have people who produce food who aren't able to produce the food and get it out, and we have people who need food and can't get food.

1340

I offered to pay restaurants, bakers and caterers to continue making food—just not to make it for you and me, but to make it for those people who needed it. The community foundation gave me a simple \$25,000 to see if

I could make it work, and some of our best and greatest chefs stepped forward. At first, some just donated it, some put out GoFundMes until I could figure out how to get the money for it, and food started going to Cornerstone, to harm reduction sites, to seniors who were locked into their apartment buildings.

An example of that would be Somerset West Community Health Centre. They immediately mobilized their nursing team, and their nursing team put together, every Thursday, seven meals from various restaurants and, at least for the first four months, went to seniors. They knocked on their doors and handed them beautiful meals and, at the same time, could do a wellness check. So the seniors weren't able to leave their homes, but they were able to get beautiful meals. At the harm reduction site, at Somerset West Community Health Centre, seven days a week since April 2020, they have been getting beautiful meals, every day, at the same time. What has happened is that people's wounds are healing faster. There are fewer escalations. People are gaining weight back to the way they were before. People know the time of the day now. So there have been clear physical and emotional impacts on people, because we all know that food is medicine. Of course, we already know that.

Parkdale Food Centre, in the last seven years, has been accepting prescriptions for good food from doctors, nurse practitioners and social workers, and that started with our partnership with Somerset West Community Health Centre, and it has only grown. So if you can't get good, fresh, wholesome food, your doctor can write you a prescription and we will fulfill that prescription with good food.

Mr. Joel Harden: If I'm understanding you correctly, Karen, this started with a seed grant of \$25,000. The Trillium Foundation—thank you, Trillium—are now also involved, and funds from the city. This is now feeding 5,000 people a week and has rescued—what was the number of how much food rescued, just so people have a sense of the investment made, provincially and municipally, and what the outcome has been?

Ms. Karen Secord: Yes, we are part of Toronto's Second Harvest. We've been partnering with them for a number of years, probably about four years now. We have rescued 86,969 kilograms of food.

Something interesting is that in the middle of the pandemic, so I guess in November or December of 2020, we received a grant from the provincial government—thank you very much—for food rescue. It was an infrastructure grant. It allowed us to purchase fridges and freezers for our partner organizations so that we could be able to take some of that rescued food, bring it to the business partners who made beautiful meals out of it, and places like Minwaashin Lodge, Partage Vanier, Cornerstone Housing for Women and Somerset West were then able to store that food and give it out as people needed it.

We also were able to purchase a refrigerated van.

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

Ms. Karen Secord: That van picks up food and brings it around the city to where it's needed, to community

houses and various places. Those businesses now—over 20 businesses—have stayed solvent, so in our community landscape, our streetscape, we don't see as many closed food businesses, and those businesses are now connected to their communities. This could be happening in cities across the country.

Mr. Joel Harden: As we have heard, necessity can be a driver for invention, and in this pandemic, I think you folks have ably demonstrated how that can happen. Again, you named the funding sources provincially and municipally. We're thankful for those. But I hear you saying loud and clear that this committee's work is with more investment in community-driven services towards actually giving people, every single person, nutritious, culturally appropriate food, jobs for farmers and jobs for food businesses. We can actually do a lot of good.

The Chair (Mr. Ernie Hardeman): We now will go to the independent member.

Interjection.

The Chair (Mr. Ernie Hardeman): Okay. There's no one here from the independents.

We will now go to the government party. MPP Ghamari.

Ms. Goldie Ghamari: Before I turn to my questions, I just want to say to Zayan, it's really great to see you here. You're very brave for sharing your story. I hope you continue to speak out about it, because you're a true leader. I think you did an excellent job, and I do think you are the best speaker today, so congratulations on that.

My questions are for Karen. What you do, I think, is critical, the services you provide. Just to put it in context a little bit, how is Parkdale Food Centre different from the Ottawa Food Bank? Do you work in conjunction or collaboration with them? I'm just trying to get a better understanding of how this charity fits into the Ottawa area.

Ms. Karen Secord: Thank you for your question.

The Ottawa Food Bank is the distribution hub. They're the people who run the trucks. Their main program is the distribution of food to the 26 food banks within Ottawa, and I think they distribute food to a total of 110 programs. At the Parkdale Food Centre, we're concerned with food justice, and we run a variety of programs: We run a social enterprise for youth from low-income homes, we have a commercial kitchen, we run now-virtual cooking workshops, we give out laptops to people at home, we've been giving Internet services to people who don't have it, we run social justice workshops in the schools—that kind of thing.

We've moved our food bank—that's what people would normally call it; we now call it a good food grocery program. We've moved it off-site. We call it Mino'Weesini, which is "good eats" in Algonquin. That's the program now where we would like to start working towards creating a good food co-op, to move away from that model of food-banking, to start piloting something that could be in neighbourhoods where there are no grocery stores—people like to call those "food deserts"—where grocery stores have moved away from neighbourhoods that are low-income.

Ms. Goldie Ghamari: You mentioned a grant that you received from the provincial government in 2020. Can you please elaborate a little bit on which grant that was and how much you received?

Ms. Karen Secord: Yes. It was a food rescue infrastructure grant, and it was for capital funds. We received about \$92,000, if I remember correctly. Like I said, it was to buy fridges and freezers, which we gave to our partners. I think we got one fridge, a commercial fridge, and Minwaashin Lodge, Partage Vanier and Somerset West got a freezer where they keep prepared meals to give to seniors. For example, if the nurses come in and they have a senior who doesn't have enough meals in their house, they can grab some good, restaurant-quality meals and bring them to the seniors. The idea is to have good food at hand for people who are going out. More and more, as people are having to isolate in their homes, they're not able to go out to grocery stores.

1350

And then we've got the refrigerated van, which moves food around the city, both rescued food—

Ms. Goldie Ghamari: Sorry to interrupt. My time is limited.

Ms. Karen Secord: Sorry.

Ms. Goldie Ghamari: On that piece: All that was with the funding you received through the provincial grant?

Ms. Karen Secord: Absolutely, yes, and we've been keeping track, as you heard, of how much food we're rescuing. We're actually weighing it and reporting it back to the province.

Ms. Goldie Ghamari: That's really great to hear.

With recent events, and also in the past, our government has invested more than \$1 billion in the social services relief fund. We've expanded access to temporary emergency assistance for those in financial crisis, including shelters, food banks, charities, non-profits and emergency services. They've accessed this fund to help cope with the growing demand and to support vulnerable populations.

One example of how this \$1-billion social services relief fund was used is, it assisted Feed Ontario in producing and distributing prepackaged hampers to support food banks and the work they've been doing throughout the COVID-19 outbreak.

I want to find out from you, how has this over-\$1-billion investment from the provincial government helped your sector provide services that advance our goal and the province's goal of supporting vulnerable populations with food security?

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

Ms. Karen Secord: Well, I can tell you a good thing and a bad thing. The good part is that Cooking for a Cause Ottawa would not have been able to keep going if it were not for that money from the city, which came from you—the social services emergency relief fund. But that money is running out, and we'll have to close the program at the end of March if you do not continue to support the program.

The part that did not work is the part through Feed Ontario. All of those boxes—we didn't take all those cans

of food, and what we saw is that other food banks that did, people received the boxes, put them down, took cans out of them, left them behind on park benches, on the grass. People are not all the same. People come from different cultures. People are different. And to be packing similar boxes to hand out, some families were getting—there's one box for each person. If you're a family of five, you get five boxes to walk home with—

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

We did have a little bit of a challenge. I don't know whether it was electronic or not, but we didn't have the independents here. But I believe we do have an independent member now who would like to question.

MPP Simard, if you would first of all introduce yourself, we'll give you four and a half minutes, as you would have got in this round.

M^{lle} Amanda Simard: Thank you, Chair. My apologies. I was in another meeting, and I'm a little bit sick. It's not COVID-19. I'm here and I was listening, but I was not able to hear all of the witnesses, so I'm not sure that I am able to ask all the questions. But I will use this opportunity to let the witnesses share anything that they would like the committee to be aware of and to have on record. So I would like to give my time to them.

The Chair (Mr. Ernie Hardeman): Which presenter would you like to hear from?

M^{lle} Amanda Simard: Oh, and I forgot to say I'm in Toronto, Ontario.

I think either one of them—Karen or Kate, or anyone who has anything to share, really. I think they're all important, so—

The Chair (Mr. Ernie Hardeman): Thank you very much for that, and now I'm sure somebody had enough time in that lull to come up with something they would like to add to their presentation.

Karen, tell us about the Parkdale Food Centre.

Ms. Karen Secord: Well, what I can tell you is that over the last two years particularly, we have seen deepening poverty. We have seen more and more people living on the streets and more and more seniors without enough to eat. But we've also seen our sector, the social service sector, feel forgotten, especially those of us who work in food security, and not having enough money to do the work we do, and certainly not having enough staff.

We have very little funding. The only funding that we get is a little bit from the municipality, and for the rest we have to be applying for grants, and we never know if we're going to get them. Really, we're sort of competing against our colleagues for these grants. For us, we weren't even prioritized to get vaccines. It has been a very disturbing way to find out that our sector is not valued.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentations from the presenters. We very much appreciated that, one and all.

I heard some discussion earlier about that it was maybe not the best—I couldn't say that—but it was by the youngest person. I can add and say, I'm sure it was one of

the best two, and anyone else can decide who the other one was today.

Thank you all again for making the presentations.

That concludes that sector. We now will go to the next one.

PETERBOROUGH REGIONAL
HEALTH CENTRE
CLARENCE-ROCKLAND PUBLIC LIBRARY
ASSOCIATION OF CANADIAN
INDEPENDENT TRAVEL ADVISORS

The Chair (Mr. Ernie Hardeman): The Peterborough Regional Health Centre is the first presenter. There's a number of representatives from the regional health centre. When you speak, make sure you introduce yourself to make sure we get the name right in the Hansard.

With that, we'll turn it over to Peter McLaughlin, president and chief executive officer.

Dr. Peter McLaughlin: Thank you, Mr. Chair. I will turn to the board chair of the Peterborough Regional Health Centre, Mr. Louis O'Brien.

Mr. Louis O'Brien: My name is Louis O'Brien, as Peter said, and I am the board chair of the Peterborough Regional Health Centre. We'll be sharing our time with Dr. Lynn Mikula, our chief of staff.

Thank you for having us today. We're really very pleased to have this opportunity to share our vision for the future of Peterborough Regional Health Centre.

PRHC is a regional hospital of nearly 500 beds, providing acute services like the emergency department and tertiary services like radiation for cancer treatment to a population of 600,000 people, including the residents of Peterborough city and county; Northumberland; the city of Kawartha Lakes; Haliburton; and three First Nations, Curve Lake, Hiawatha and Alderville. We're proud of our hospital and proud of the vision we are about to present to you for modernizing and expanding acute health care services in the region we serve.

Peter?

Dr. Peter McLaughlin: I'm Peter McLaughlin, president and CEO of Peterborough Regional Health Centre.

At the outset, I want to acknowledge that while the past two years have been difficult for everyone, they have been next to impossible for the women and men who work in health care. I want to thank our staff, the nurses and doctors who show up every day, working to save lives and help us get through this.

I also want to recognize the thousands of patients across Ontario and right here in Peterborough who have had desperately needed surgeries and procedures delayed because of the pandemic. While it is hard for anyone to imagine the pain and fear these people and their families are going through, we know that there are real people behind the numbers, and we will do everything within our power to ensure they get the care they need as soon as possible.

PRHC is proud to have been a strong partner throughout the pandemic, both within our community and supporting the broader health system response. The pandemic has highlighted the critical nature of our role as an acute-care hospital. It has also highlighted pressing infrastructure challenges that we face in our current reality. We have a clear need for substantial upgrades and expansion to meet our role as a regional centre providing accessible care for patients closer to home.

And now, to Dr. Lynn Mikula.

Dr. Lynn Mikula: I'm Lynn Mikula. I'm the chief of staff at Peterborough Regional Health Centre.

I'd like to acknowledge that while the Peterborough region is wonderful, it also has some unique health challenges. We serve a mixed urban and rural population. We have medium and small municipalities, large academic and industrial employers, and rural and farming communities all in our catchment area.

1400

While we're not that far from the GTA, it's just far enough that members of our community are often reluctant to travel to Toronto to receive care.

Here's a familiar story for us: A 70-year-old farmer needs treatment for their heart disease or for their cancer, but that treatment is only available in Toronto. This trip is of tremendous hardship for them and one that many are simply unable to make. We see this story repeat itself all the time.

The Peterborough region is one of the fastest-growing in Canada, and we feel this growth at the hospital, where we're already seeing more than 88,000 emergency department visits a year, and where we routinely have more than 100% of our funded hospital beds occupied.

Our population is also aging rapidly. Our region's population of seniors over the age of 75 is projected to increase by more than 125% by the year 2041.

And we're in dire straits when it comes to our community's mental health needs. We have the second-highest rate of mental health cases in the province, and we have opioid-related deaths that are 81% above the provincial average. We know that addressing the mental health and addictions crisis and caring for our seniors needs a coordinated, community-based response, and we support this, but it also needs a hospital that's equipped to provide acute mental health and addictions care and medical care in those crises when it matters most.

PRHC works closely with all of our partners across the central east region of Ontario. We're the tertiary referral centre for four smaller hospitals, and we enjoy strong relationships with those organizations.

We also have a tri-hospital agreement with Scarborough Health Network and Lakeridge Health. Taken together, this lets us plan for effective, coordinated care without unnecessary duplication of services.

Along with our partners and our community, we've developed a master plan that reflects our collective vision for the future of PRHC. This plan unfolds in two major projects. In the short term, we will expand our regional tertiary and specialized programs. This regional program

expansion project will make use of existing shelled-in space and can launch as soon as funding is approved. It will address our region's most urgent acute-care needs. These include building a fit-for-purpose mental health and addictions crisis response unit, renovating and expanding our cancer services, and improving cardiovascular care with the construction of a hybrid operating room and a third cardiac cath lab.

These short-term goals set the foundation for our longer-term vision, which is the acute-care modernization project. This will involve a major expansion on our existing site, and it will allow us to provide additional space for a very busy ED, additional ICU beds and in-patient acute and medical surgical beds, and continued investments in cancer care through the construction of a second linear accelerator.

We're very excited that we've received Ontario Health East's endorsement for our pre-capital submissions for both projects, and our master plan now sits with the Ministry of Health's capital branch. Recognizing that the planning process behind all of this is extensive, what we're requesting is an expedited review of the first step, the regional program expansion project. This would require an immediate investment of \$67 million, with a commitment of \$51 million from the province.

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

Dr. Lynn Mikula: What we're asking is that you recommend that the 2022 budget include a commitment to expedited review and funding of this regional program expansion project, as well as support for the longer-term vision. This would, of course, all be subject to normal ministry due diligence.

Our goal is to provide the people of our community and region with access to the care they need close to home in the years and decades to come. Our proposed master plan charts that path forward, and we believe that now is the time to build for a future that will be as caring and supportive as the past.

We thank you very sincerely for your time and your consideration.

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

Clarence-Rockland Public Library is the next presenter. Welcome. The floor is yours.

Ms. Catherina Rouse: Thank you to all of you for the opportunity to participate in these pre-budget consultations. I am Catherina Rouse, the CEO of the Clarence-Rockland Public Library. I've worked for a public library for over 10 years, and I'm very proud to be part of something that has such an important impact on millions of regular people across Ontario every day.

Public libraries are Ontario's furthest-reaching and most cost-effective public resource, and they are important community hubs in our growing neighbourhoods. As we now confront an unprecedented wave in the ongoing pandemic, public libraries more than ever are an essential part of Ontario's COVID-19 response and recovery.

Some of the ways we've been able to help our community in Clarence-Rockland throughout the pandemic, and now, as we're attempting to climb out of it: We've

expanded our e-resources and e-books as the demand increased significantly, but as we're a smaller system, there were limitations on access to the range of resources and demand. Some of our clients who face difficult hardships during closures, such as low-income families, seniors and vulnerable populations, lost Internet access and much-needed support, which we continue to provide through email and phone contact, as well as offering curbside pickup of government form printouts and borrowed materials. Staff have been helping clients daily with the lamination of their vaccine records and access to various government websites.

While programming switched to virtual for all libraries during the shutdowns, the participation for us grew, leading us to believe there was a definite need for continuous content. Our virtual programming included yoga and exercise classes to help keep people active. Story time, summer reading clubs and many other programs have seen incredible participation. Programming has always been a very popular service at our library, and our clients are really looking forward to our return to in-person activities, as I'm sure everyone is.

Book borrowing is almost back to pre-COVID-19 levels, but the growth in our communities means that we need to increase materials and services to match the demand. We saw an especially large increase in costs in the past year, which has definitely been challenging. Unfortunately, many libraries struggle to offer their clients everything they need or want due to funding constraints.

Approximately 30% of Ontario's First Nation reserves have public libraries where the situation is even more challenging, as these libraries don't receive funding from municipal taxes. This has resulted in an unsustainable provincial funding model that has left many public libraries on reserves closed or with severely reduced access.

By investing in public libraries, Ontario will directly support local communities and families recovering from COVID-19 and then onward. We're strongly advocating for three critical investments that will stabilize our public libraries and ensure that they can continue to perform their vital roles in communities.

First, keep local libraries across Ontario sustainable by enhancing provincial operating funding for public libraries by \$21 million annually, and ensure that this increased support reaches those libraries where it is most needed. With no increase to annual provincial funding for public libraries in over 20 years, the value of the province's investment in public libraries has fallen by over 60%. This investment would be shared across hundreds of Ontario libraries, with an emphasis on smaller towns and rural communities, and provide flexible, predictable funding to hundreds of Ontario libraries. An increase will help Ontario libraries keep up with changes in technology, salaries and price increases for materials, which has been difficult due to the frozen funding.

Equally, if not more importantly, work alongside First Nations public library leaders to implement a sustainable funding model for First Nations public libraries to ensure

that these important local hubs are fully funded and viable. As an immediate first step, the First Nation Salary Supplement must be increased to ensure that all existing First Nations public library staff are fairly compensated for the work they perform. This modest investment of \$2 million annually would sustainably fund library operations for existing First Nations public libraries and ensure a living income for front-line library staff in these communities. If this past year has taught us nothing else, it's that First Nations communities desperately need help and they need it now.

Finally, provide critical e-learning support and fair access to modern digital resources for all Ontario public libraries by creating an Ontario digital public library. Many Ontario public libraries such as ours, particularly in smaller and First Nation communities, struggle to afford and cannot provide the high-quality e-resources and e-books that people in our communities need. These resources are expensive, especially when purchased on a patchwork, library-by-library basis. By leveraging the province's significant purchasing power to create this provincially funded resource, we can ensure all Canadians have access to a common set of high-quality e-learning and online resources and more e-books through their public libraries.

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The partnership between the Ontario government and the local public libraries is vital. These supports are needed for us to continue to work together to deliver important government services, locally relevant resources and economic development close to home in the communities where people live.

If I could leave you with one thought: Public libraries are an investment in the future of our communities, and we must nurture our investments in order for them to succeed.

Thank you for your time.

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

Our next presentation is the Association of Canadian Independent Travel Advisors. Again, I have a list here of more than one presenter. Brenda Slater, Nancy Wilson and Judith Coates can come forward and introduce yourselves as you start to speak.

Ms. Judith Coates: Thank you for inviting to us speak today. My name is Judith Coates. I'm one of the co-founders of the Association of Canadian Independent Travel Advisors. I'm here alongside Brenda Slater and Nancy Wilson.

I would like to share my screen. I think I can do that right now.

We just want to give you a little bit of background on who we are. We formed our association shortly after the pandemic started because we realized that there was no collaborative voice to speak on behalf of independent travel advisers in Canada. In Ontario, there are approximately 11,000 travel advisers, and over half of those travel advisers are independent. What that means is that we are small businesses owners. We each own and operate our own small business. We are all self-employed, and we are

sole proprietors. One hundred per cent of our business revenue comes from commissions that we earn from our travel suppliers, and 85% of all travel advisers are female.

Our profession is vitally essential to Ontario's economy. In 2019, StatsCan reported that travel advisers alone generated \$2.4 billion for Canada's economy, and \$1.1 billion of that was based in Ontario. Looking at the numbers, \$550 million is what we generate for Canada's economy as independent travel advisers.

We are in a bit of a unique position because of our delayed revenue stream. What happens is, when consumers book a trip, it's usually five to 12 months before they travel. They book a trip and we don't see revenue for that booking until our clients travel.

Throughout the past 22 months, we have been actively operating our businesses. We've been supporting our clients who have had cancelled files and future travel vouchers, whether they've had to reapply them numerous times because of numerous cancellations, and also assisting with insurance claims, all the while booking hopeful travellers for the end of 2022 and 2023. We've done this without revenue.

Our reality is, we have been in a zero-revenue position for 21 months now—actually, 22. It's going to take five to 12 months, because of the way that our revenue stream works, from the lifting of current travel restrictions before we start to see any revenue from future bookings. So we're in desperate need of a lifeline because we have fallen into a policy gap.

We'd like to ask you, could you do your job without pay for two years? That's exactly what has been happening with us. As I said, we're continuing to operate our small businesses, supporting our clients. However, we've fallen through the cracks of federal government support. For example, the CEBA loan was offered to small businesses. The Regional Relief and Recovery Fund was only available to urban independent travel advisers. The HASCAP loan had some pretty strict restrictions put on it, so we weren't able to apply for that.

We've also fallen into some provincial cracks as well. Ontario has had two rounds of small business funding and three rounds of tourism funding, and in each one of those five rounds, independent travel advisers have been excluded. The Ontario Tourism and Travel Small Business Support Grant, for example, didn't recognize that independent travel advisers share their host agency's TICO registration number. When I say "host agency"—although we are independent, TICO requires that we work under a host agency. That host agency does not sell travel at all. They provide support services for us, and we pay them yearly and monthly fees to be part of that host agency. So they are a support organization for us, and they are the ones that hold the TICO registration number, although independent travel advisers do have a certification number. We all must pass an exam showing that we understand the TICO rules. We all hold that certificate, which has a number. So we would like to see that the travel and tourism small business support grant be extended. Instead of asking for a TICO registration number, it could

easily be administered by the independent travel advisers providing a certificate number. I also want to mention that there are six provinces which have included independent travel advisers in their provincial tourism funding. Sadly, Ontario is not one of them.

We also note that there has been a lot of mixed messaging coming from the government. People in Ontario are being asked not to travel outside of the province, and yet, even though they're being asked to do that, there has been no support offered to sectors whose sole business, like ours, is outbound tourism.

Recently, the Ontario Minister of Tourism suggested that travel advisers should only sell packages to Ontario instead of Cancun. I don't know about you, but in today's weather, do you really want to be going to Ontario and sitting out on a deck chair, or would you rather go to Cancun or Jamaica? Our business is outbound tourism. To be honest, when consumers book something within Ontario, they tend to do it themselves, because it's a much easier process. But we do want to make the statement that we support Ontario tour operators—

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

Ms. Judith Coates: —so we are still contributing to Ontario's economy.

Our sector of the industry has been devastated, but we're worth investing in. We are crucial to the regrowth of the economy in Ontario. Mental health is in a state of crisis, and travel is the number one item that Canadians have missed most throughout the pandemic. I believe that you could ask any consumer, and they will tell you how valuable a travel adviser is, especially after all the cancellations back in 2020 and continuing on to this day.

We contribute significantly to Ontario's economy, so we're asking for your support in providing sector-specific aid. The travel industry in Ontario isn't just incoming tourism; travel advisers are all small business owners, and we are equally important to the vibrancy of our economy.

To close, I just want to quote a tweet that one of our members tweeted recently—

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll have to put that in the rest of the questioning and comments.

With that, we will start the first round of questioning with the independent member. MPP Simard.

M^{lle} Amanda Simard: I would like to hear that quote, the tweet, from Judith.

Ms. Judith Coates: The quote was: "There is no pivot in travel. No curbside pickup, no delivery, no online classes. Every" travel announcement, every travel restriction "affects us. We've been here for two years, being bounced around like beach balls. No supports, and we feel forgotten by everyone."

M^{lle} Amanda Simard: In my riding, I have had several travel agents coming forward and expressing how difficult it was, both because of the industry and also as small business owners.

I want to thank you for sharing all of this today.

And I want to thank Catherina Rouse for being here today. Clarence-Rockland is in my riding. I was actually

chair of the public library board in Russell when I was the municipal councillor, from 2014 to 2018, and I sat on the board of the Federation of Ontario Public Libraries, who were here today. So I understand the challenges, especially with the funding and the e-books and a lot of the copyright fees. It's extremely expensive, and we're all doing that individually for some of the agreements. And sometimes we just think it would be better to pool everything.

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In rural communities like ours, it's very difficult to have agreements even just to share physical books because of the travel and the way things are exchanged. So I found it very interesting about the digital public library that would be a little bit more provincial. I was wondering if there were other models, other jurisdictions that do that, that we could look to, if we had examples, and how that would work.

Does that impact how the municipal funding and the way that it's allocated right now for the regular model, the regular structure that it is—how that would change? It's just for digital, right? So it wouldn't be for the physical books.

I'd be curious to know if there are other provinces that we know operate that way and have best practices that you know of, Catherina.

Ms. Catherina Rouse: None that I know personally, but we do have an example. About 10 years ago there was a grant that was given for Ontario and we did have access to a whole library of e-resources, but that only lasted for a couple of years. It was a short-term grant, and it was very well-received. It was used by so many rural communities; as well I believe there was also access to larger libraries. So I think there's definitely a benefit to it.

I'm not familiar with other provinces, but I will certainly ask ahead and see if anybody else is, within the different organizations, and get back to you guys with that.

M^{lle} Amanda Simard: That would be very interesting, especially if it has already been done before, so we could just revive it or tweak it and try to improve it. We're close to Ottawa and Russell, and they have such a large selection of books and resources, so we were able to have an agreement. But it's only for us, our little local library, because we're close to Metcalfe in MPP Ghamari's riding, and other libraries that were able to transport the books and the digital resources.

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

M^{lle} Amanda Simard: We had agreements with others.

So in terms of working with the councils, how do you—I remember the challenges to get the funding necessary. Do you think that it still should be the council that should do most of the funding? They have limited resources, as well.

Ms. Catherina Rouse: The issue that comes with having the different councils basically hold the purse strings is that they're uneven. Not every council feels the same way about their public libraries and supports their public libraries in the same way. In Clarence-Rockland, I'm very lucky to have a very supportive city council, but not all of them are in our region or elsewhere. You hear

horror stories all the time about funding cutbacks or people in the council just not understanding the value of a public library.

The Chair (Mr. Ernie Hardeman): That is all the time. We'll move on now to the government and MPP Smith.

Mr. Dave Smith: I'm going to focus, surprisingly, my questions on PRHC. First, let me say thank you for coming, Mr. O'Brien, Dr. Mikula and Dr. McLaughlin. There were a couple of things in your presentation that I'd like to flesh out a little bit more, if possible.

Dr. Mikula, you talked about shelled-in space and it's ready to go. I know far more about it than my colleagues on the line do. Could you give a brief rundown of what that shelled-in space was and what we had to do with the Ministry of Health to actually do it? I think that if more hospitals were to take this type of an approach—it was a very innovative, forward-thinking approach that has put you in a very good position today.

Dr. Lynn Mikula: I'd be very happy to speak to that.

This is a project that started when we identified a need to build a space for a second MRI machine. We've built that space as a bunker, filling in one of our hospital's existing courtyards. At the time we received approval—and we were grateful to receive the approval—to in fact build not just a bunker, but a six-storey tower, with five of the storeys representing shelled-in space. We paid for this construction out of owned funds. Our MRI is approaching completion, nearly ready to move in, and now we have this space sitting there, and we've been able to incorporate it into our master plan vision.

As we proceeded to identify the priorities, those urgent regional program priorities, we were able to leverage this existing shelled-in space, which incorporates 15,000 square feet, and we are pretty much ready to fit it out to accommodate the expansion to those regional programs.

Mr. Dave Smith: So, then, if you were to be given the \$51 million that you're making the request for from the province, you're effectively in a position where the funds for that would lead directly into operations in a very quick time frame, unlike other types of capital projects where you would have to scope out the work for the project itself, build the space and then move into it. You already have that legwork done. Is that correct?

Dr. Lynn Mikula: That is correct. The local portion of the capital investment needed is something that we have already put a lot of thought into and planned for, along with our partners. We have our plan ready to go. We could proceed, as I said, as soon as the funding is approved, with the construction of the mental health crisis unit, the cath lab, the hybrid operating room, the expansion to cancer care. It would be a very short turnaround, and we'd be very excited to get going on that.

Mr. Dave Smith: I personally have an interest in the cancer expansion. Many people know that my daughter, when she was four, had stage 4 nephroblastoma. It was 41 weeks of chemotherapy, 15 days of radiation and four surgeries. We could not have the chemo in Peterborough; we had to drive back and forth to SickKids to do it. It was every week for 41 weeks. It put a significant strain on us.

Both my wife at the time and myself had to leave our work because it just was not possible to take that much time off to drive back and forth to Toronto.

If we were to have those services, then, available in Peterborough—you mentioned that there are 600,000 people you serve, right? Yes, I believe it was 600,000 people PRHC serves. How much of an impact would that have on the mental health and well-being of those families who are going through that type of treatment?

Dr. Lynn Mikula: It would be very considerable. It's hard to imagine, but we do in fact see people who believe the hardship of travelling for care is so significant for themselves, their families and their businesses that they in fact choose not to undergo care, rather than undertake that travel. This is especially the case for recurrent treatments, such as cancer treatments that happen repeatedly over a period of time, but it also is the case for single episodes of care such as a complex cancer surgery or a procedure that we cannot yet offer in Peterborough. It's both the mental health, and also quite literally the physical health, well-being and life expectancy of members of our community.

Especially with regard to cancer services, we've recently been fortunate enough to have not only our adult cancer services, but we do have a pediatric chemotherapy program that we offer in partnership with SickKids now, to try to keep those families close to home as they undergo their treatment. That is why this is one of the key pillars of our regional programs and one of the key things that we're seeking to expand with this investment.

Mr. Dave Smith: I'm going to pivot a little bit, on the treatment side, to opioids. We've had a significant number of opioid deaths over the last few years. It has risen significantly. I think that the statistic was that we had 16 in 2010, and we had 44 last year and 40 the year prior. It has increased significantly.

There is an application that is under review, very close to getting a decision, for a consumption and treatment site in Peterborough, but we don't have the full continuum of care available to us. You mentioned that this would allow for some additional services on the addictions treatment side of it. Again, because we're talking about a space that is there and empty and ready to go, how much of an impact could this have on our opioid crisis if this was to be approved that quickly, because we could put those services in and expand those services very quickly with it?

Dr. Lynn Mikula: We understand, again, that the approach to the mental health and addictions crisis is across the continuum of care and that we are one element of it. We're a crucial element in those crisis moments, and our emergency department is—as are EDs across the province, but ours is facing a particular, very dramatic surge of patients presenting in crisis with mental health and addictions needs who need us to respond, in the moment in many cases, with life-saving treatment and then connect them to the appropriate services that we're working with our community partners to support, through our Ontario health team and other organizations.

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The role of our crisis unit really is life-saving in the moment, and we really do require a purpose-built space

that can provide that care in a way that is timely, that is effective, that is culturally sensitive and that then provides that crucial linkage back to the community services. When we look at our key needs, the mental health and addictions need is always pretty much at the top. When I speak to the people in the emergency department and our emergency department physicians and our primary care partners—

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

Dr. Lynn Mikula:—this is the thing that they say we must have right away. So I think the impact would be very considerable.

Mr. Dave Smith: With only a minute left, there's not a whole lot more I could get into on it. But one of the things I do want to say is, thank you so much for your forethought to create that shelled-in space, knowing that there was going to be a need very, very soon for it. Your presentation today should enhance that ability for us to get that additional funding that you need for it. So thank you very much for doing this.

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

Now to the opposition: MPP Fife.

Ms. Catherine Fife: Thank you to all the presenters.

I want to start with Judith. Your presentation was quite something, actually. Today, the latest round of supports is finally up from the government. It's January 18. Once again, your sector has been left off of that list as qualifying for assistance. I want to give you an opportunity to reflect on why a whole sector around travel, which obviously was impacted by COVID-19 and, as you pointed out, by the government's own direction to not travel—what rationale have you been given? I know that your association has been active. I know you've been vocal. I know that many of us have written letters on your behalf, and it has just gone into a massive black void of non-answering. Perhaps you've received some insight as to why your sector has been completely left out. I just want to give you an opportunity to share those thoughts in this venue.

Ms. Judith Coates: Thank you for your observations. You're absolutely right.

I'm going to pass it to Brenda, because I think Brenda could probably speak to why—to be honest, I don't think any of us know why, but Brenda can speak to the point about tourism versus outgoing travel.

Ms. Brenda Slater: Thank you, everyone, for having us. My name is Brenda Slater. I'm one of the co-founders of the Association of Canadian Independent Travel Advisors.

Thank you for that question. It's a good question. It's one that we would dearly like to have answered. I think the closest thing that I can say is that we really believe it's a lack of understanding of how our business models work, which is why we have that presentation, so that we can explain that we represent half of the travel advisers in this country but for some reason are not able to effectively convey that information to the ministry of tourism office. We have mightily tried to get meetings with them, and they have not met with us at all. We were also trying to meet with the Ministry of Finance. So we're glad to be

here today. But we are in a position where we wish somebody could tell us.

Ms. Catherine Fife: You pointed out that your sector can't "pivot." I think we are all sick and tired of that word, but it's very appropriate for your sector.

Then you pointed out that you are small businesses. You're independent contractors. I didn't know that you did pay a fee to a host agency. Can you give us some sense as to what those fees are—because obviously not only have you lost revenue, but you also have costs yourselves as independent operators. What kinds of fees do you pay to the host agencies?

Ms. Brenda Slater: It's interesting that you should say that. There was a meeting that we had last week and he put it as point blank as it can be: We start off each month with negative \$1,500. That's our portion of rent, our taxes, our agency fees—which are usually somewhere between \$50 and \$100 a month and more depending on what you're requiring them to do—our websites and our website developers. All of those hard costs don't go anywhere. We've been paying all of those costs all the way along without any aid for our small businesses.

Ms. Catherine Fife: Do you have some sense as to how many businesses have gone out of business over these last 23 months?

Ms. Brenda Slater: I could tell you the brick-and-mortar number was over 300 brick-and-mortar offices, but that was a while ago, so I'm not really sure where we are with that.

We can also share with you that independent travel advisers, although we don't have the same amount of overhead as brick-and-mortar, because people can't continue to survive on no income—and we are all working full-time—with the latest rounds of restrictions, we've had even more cancellations. What that means to us is, we also have commission recalls. So not only do we not make any money, we actually have to pay money back that we were hoping to get.

Ms. Catherine Fife: Just one final question: Can you let me know which provinces—was it that most provinces provided some support to their independent travel operators? Can you go through that list of the provinces that did show up and support?

Ms. Brenda Slater: Judith, do you have that list handy?

Ms. Judith Coates: British Columbia, Saskatchewan, Manitoba, Nova Scotia, Quebec, PEI and New Brunswick.

Ms. Catherine Fife: That's a pretty comprehensive list.

Thank you for your presentation today. I think your tagline is, "We're devastated, but we're worth investing in." The travel sector is going to recover but you need to be there for it to be part of the recovery. I think that's what you're saying.

I'm just going to pivot over to the Peterborough Regional Health Centre—good presentation. I did want to get a better sense about your acute-care modernization plan as it relates to the regional expansion project. Obviously, when hospitals come to committee or come to

their regular MPP, they are making a case for that investment. I think you did a very good job of that, especially given the aging demographics in the Peterborough region—including my parents, who are in that area.

I wanted to just get a sense of the \$51 million. Is this the first stage? And what is the overall cost of the project? Maybe Lynn could—

Dr. Lynn Mikula: I'd be happy to speak more about that. There are distinct but related stages.

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

Dr. Lynn Mikula: The \$51 million is to support those very specific regional programs that are the first stage.

The second stage, the acute-care modernization project, is really looking out to our 20- and 25-year timeline in terms of the growth needed to support our community's aging demographic and growing population. It's the construction of an entirely separate structure on our existing piece of land. We have—

Ms. Catherine Fife: Sorry, is this a public-private partnership that you're going to be moving forward—because I believe you did not do a P3 in your first phase, right?

Dr. Lynn Mikula: No, we're in the very early stages. We're still at our pre-capital submission, moving into stage 1. We've not yet talked details about a public-private partnership. Certainly, it's something we are eager to consider.

Even our cost—it's a large cost—when everything is included, we're talking in the order of \$2 billion, including the escalations. But those costs are going to be subject to—

The Chair (Mr. Ernie Hardeman): That wraps up the time for this round.

We'll now move to the second round. The independent member—MPP Simard?

M^{lle} Amanda Simard: Thank you for the presentations.

I wanted to say to Judith and the rest—about the small businesses, I really appreciated that.

I want to ask about the grants that you do receive, if you receive any, because you said you were falling through the cracks of certain federal government programs. Just so we're all clear to have the picture, what do you qualify for? And if there are any provincial or federal programs, what's the percentage of help from both—or if it's none, it's none—just so we all understand exactly what you qualify for and what kind of support you do receive.

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Ms. Judith Coates: Are you referring to what we qualify for federally? Because it's nothing provincially. We have not been able to—

M^{lle} Amanda Simard: Okay.

Ms. Judith Coates: So absolutely nothing provincially.

Federally, if you are an urban independent travel adviser, you need to be incorporated to receive the Regional Relief and Recovery Fund that was managed regionally. That eliminates half of our advisers. That was really the only funding that we were able to apply for, but only certain people were allowed to.

M^{lle} Amanda Simard: Okay, understood. So there was an opportunity, maybe, at least, from the federal.

I remember—I think it was last year—there were millions and millions of dollars announced from the Minister of Tourism that were going to be injected, so I was curious to see that you didn't receive any of that, not one penny.

Ms. Judith Coates: Not one penny.

M^{lle} Amanda Simard: So it was more spread out towards other providers or the tourism industry in general—but none specifically to you, and none as a small business owner? You didn't qualify for any whatsoever?

Ms. Judith Coates: We didn't qualify for the small business grant either, because in their list of parameters, they said that travel agencies were excluded. I believe the reason they did that was because they knew there was going to be tourism funding, so they thought, "We're going to cover them in that." But then we were excluded from the tourism funding as well.

M^{lle} Amanda Simard: So there is something to correct there.

Ms. Judith Coates: Yes.

M^{lle} Amanda Simard: Okay. That's good and noted.

I know you listed all provinces that did have some sorts of supports. Is there anything specific that wasn't mentioned that you would like to see which some other province is doing that would really help you, both on the small businesses side and as a travel agent?

Ms. Judith Coates: Nancy or Brenda, did you want to respond to that?

Ms. Brenda Slater: I can, but, Nancy, do you want to answer?

Interjection.

Ms. Brenda Slater: No, Nancy doesn't want to.

Laughter.

M^{lle} Amanda Simard: I put you on the spot.

Ms. Brenda Slater: Clearly, I'm the chatty one.

Yes, there is something we'd like to see. We would like to see an agreement with the Minister of Tourism's office and Minister of Finance's office to have a meeting with us—

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

Ms. Brenda Slater: —so that we can explain why we're being left out. We know that when we do our presentation, there's a bit of an "aha" moment that happens. Until we have the opportunity to do that, they won't understand how our businesses work.

M^{lle} Amanda Simard: It's simply an oversight, maybe, because there were a lot of people who needed to get help. But when it is brought to our attention, that's where we have to see if things are going to get corrected or not. We'll be looking forward to that, and we hope that the minister will take that into consideration.

Ms. Brenda Stokes: There have been hundreds of requests from across the country.

The Chair (Mr. Ernie Hardeman): Now we'll go to the government. MPP Thanigasalam.

Mr. Vijay Thanigasalam: Thank you to all the presenters for your presentations.

My first question goes to the Clarence-Rockland Public Library. Thank you for your presentation, Catherina.

We all know public libraries played a very important role in providing services to all Ontarians throughout this difficult time, throughout the COVID-19 pandemic.

In terms of our government's commitment, in the year 2021 to the year 2022, our Ontario government has committed to providing \$27 million to the public library sector through various grant programs, including the public library operational grant, the pay equity grant, the First Nation salary supplement grant, the Ontario library services grant, all the way to the Centre for Equitable Library Access.

You also mentioned that when you pivoted during COVID-19—you talked about the e-resources and e-books. Could you please elaborate on how you have been able to shift the operations to focus on digital and remote services? On top of that, in the proposal you mentioned an Ontario digital public library. If you could also elaborate on that proposal, that would be great.

Ms. Catherine Rouse: Number one, for the e-resources and the e-books that we expanded on while we were actually shut down, there became this huge request for them. We even had quite a few new members who came to the library. They would contact us to get digital cards made up, so that they could access these services as well.

Part of the problem is that each e-resource or each e-book supplier is a different cost for each library, so we only have a handful of e-resources, such as some encyclopedias. We have a lot of language things. I'm trying to think of some of the ones we have offhand. We have a French encyclopedia, as well, which is really hard to access if you don't have that e-resource. We have a number of different things like that.

For our e-books, we have a French e-book company, as well as an English e-book company. The problem that comes into play there is that we're part of a consortium. A lot of the smaller libraries in Ontario are part of this consortium, so we all share the same e-book platform, which means that out of the millions of clients who are using this, it might take you a year to get that really popular book that you've been waiting for or any of those types of things, whereas some larger libraries who own their own platform, who have their own system, can have more books available for their clients. So we have it, but it's not the best, if you know what I mean. It's affordable for us, the e-books, but the quality is not necessarily the best as far as quantity of books available. That's how the e-resources happen for us. They did go up in popularity.

For the Ontario digital library—that's to allow more of these e-resources to be available. Remember I mentioned how about 10 years ago there was a whole host of resources that was available? This was a grant that was given. It was just a temporary grant. And on that were things like ancestry.com. There was a job-hunting resource and there were all these different things, but there were about 20 different e-resources there. Right now, our library can afford maybe four or five, so we don't have the

variety—and we're actually in better shape than some of the smaller rural ones. Some of them might have one or two, and that's all they can afford. It doesn't really speak to the need for information and the need for services that our clients would have.

When you get to the smaller libraries or libraries on First Nations reserves, they have an even further need for these resources, because they don't have access to the actual physical resources either, because they're in these rural places.

That's why it's so necessary in this case—so that more people can have access. It's not the big towns like Ottawa or Toronto—in these big towns, those libraries have lots of money and they can buy lots of resources. If I walk out my door, living in downtown Ottawa, I can access a lot of these resources in person as well, whereas if I'm living in Plantagenet or in Hammond, I walk out my door and there's snow, so I don't have access to these things. If my library can't afford these e-resources, I have no access to it whatsoever. That's why it's so important in this case.

Does that answer—

Mr. Vijay Thanigasalam: It does. Thank you for that answer, Catherine. Again, it just highlights the importance of how the province can provide these digital services.

I want to go back to last year. As you might know, last April, in 2021, both the Southern Ontario Library Service and the Ontario Library Service-North merged into a new single province-wide organization called the Ontario Library Service. How has that merger helped all of you to share resources and focus on telling the story of Ontario—the culture, heritage etc.?

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Ms. Catherina Rouse: Unfortunately, there haven't been many positives to that change other than that, yes, they work very well together and they can provide resources that are similar for the whole province, so there are not different things coming from different agencies. However, we did lose our—there used to be a courier service in between different libraries.

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

Ms. Catherina Rouse: So let's say if my client needs something from Ottawa, there would be a courier service that would courier it to our library so it could be used, and that is gone now. That was gone with the cut funding. When they merged, there are less employees, so there are less meetings. Luckily, we're virtual now, so we're able to do virtual meetings, but we no longer do all the in-person help that we used to give. That's not available.

Mr. Vijay Thanigasalam: Again, thank you for sharing your thoughts and for your presentation.

With the short time I have, I just want to thank all presenters.

If I may, can I quickly go to the Association of Canadian Independent Travel Advisors?

I know that yesterday, January 17, the Minister of Tourism and the Minister of Government and Consumer Services met on the topic of independent advisers. Both ministries are working together to find a way to better support these advisers.

In addition to financial support, what can the government do to provide further support of Ontario—

The Chair (Mr. Ernie Hardeman): With that, thank you very much. Your time has been used up.

Next is the official opposition. MPP Fife.

Ms. Catherine Fife: I'm going to go back to Lynn, because we got cut off.

Lynn, where I was going with my question was, how does your proposal intersect with the consumption site around opioid overdoses that is proposed at the Greyhound site in downtown Peterborough—just so I can get a better sense of how your proposal for \$51 million and the now as-yet-still-unfunded provincial Greyhound site in Peterborough will interact?

Dr. Lynn Mikula: We believe that they're supportive of each other. They provide complementary services, and patients may be referred from one organization to the other. In fact, it's entirely likely that patients will attend both organizations for different needs.

We participated in the discussions for the consumption and treatment site. We do believe that there is absolutely a need for many further mental health and addiction services, including this one, in our community, and that would be in addition to our proposed crisis response unit, which treats people when they come in, for instance, with an overdose by ambulance and they require intensive care-level treatment, or someone who has come in acutely suicidal who requires a brief in-patient admission for stabilization. They're complementary services, not duplicative services, and they support each other.

Ms. Catherine Fife: That's good. That gives me some sense as to where the funding—we're really hopeful that the provincial government will fund the CTS site in downtown Peterborough. There has been a lot of pressure, obviously, from the public health officer, and having 44 opioid deaths in 2021 is quite devastating. So good luck with your application. I think you made a compelling case today.

I want to go over to the libraries. Catherina, we have had a number of presenters who have come forward. The case for a provincial directive on centralized procurement process around e-book licences is there. The financial argument is there. What have you heard back from the government, so that you can make the case for a more equitable distribution of resources across the province; and what have they said to you around a central procurement process around the licences?

Ms. Catherina Rouse: I haven't heard directly on any of that. I'm too far down the totem pole for that one; I'm not that high up. However, I could say that we do have OLS, which is the Ontario Library Service; the Southern Ontario Library Service merged with the Ontario Library Service—North. We do have special rates on a lot of these e-resources. That is a pooled resource in that they get special rates, because so many of us buy these. But as I mentioned, each individual library can only afford a handful at a time.

Unfortunately, I'm not familiar, but I can certainly pass the question on and find out if there has been any discussion up to this point. I'm not sure.

Ms. Catherine Fife: I'm just going to assume that there really is no good rationale for not moving in that direction, and I think that if the government is looking to ensure that libraries adhere to the Ontario library act—that's what we've heard—that in order for libraries to fully follow through on their mandate, having the centralized system of procuring those licences and reducing the cost at the local library level makes a lot of financial sense, but also, it would allow libraries to fulfill that mandate and leverage that buying power at the provincial level, which I think is a really good idea.

I want to commend the libraries in this province; they have done an excellent job in this round of budget consultations to make this case. We, as the official opposition, will be bringing that forward when we do clause-by-clause. Hopefully, the government members on this committee also recognize that.

I want to finish with the independent travel agents. I just had a review of the list of businesses that qualify for this latest round of cost rebates around property taxes and energy. It is quite astounding. The ones that most stand out that are missing from this list are dry cleaners, which of course were negatively impacted through this COVID-19 pandemic, and travel agents, which of course were directly impacted by restrictions on travel. Yet oxygen bars, steam rooms and saunas, bathhouses and sex clubs can qualify for assistance. I think we have to make the case for some assistance. It's never too late to do the right thing. I hope that today's case that you have made to the government members is being listened to and that you can make your way to that list with bathhouses and sex clubs to qualify for government assistance.

I'm going to leave it at that, Chair.

The Chair (Mr. Ernie Hardeman): That concludes this panel. We thank all the presenters for a great job and for being very well prepared to provide direction for the government, going forward.

VOICES AND CHOICES

NORTHUMBERLAND BUILDERS AND CONSTRUCTION ASSOCIATION INC.

CENTRETOWN COMMUNITY HEALTH CENTRE

The Chair (Mr. Ernie Hardeman): We now go to the next round: Voices and Choices, Alan Perks and Dave Hoffman. As you prepare to start, I ask that each of you introduce yourself for Hansard. With that, the seven minutes that you're allotted start now.

Mr. Alan Perks: Good afternoon. My name is Alan Perks. I'm the parent of a 45-year-old woman with cerebral palsy, and I work with other families to advocate for improved supportive living and community living with other families. I'll be sharing the screen with David in a few minutes.

We urge increased investments in home care and community living for all persons with disabilities. This is because we believe it will optimize overall health care

costs, it will reduce the problem of hallway medicine, and it will eliminate inappropriate placement of young adults with disabilities in long-term-care homes. There are approximately 5,000 people in that situation in Ontario today.

There's an opportunity here that we see. That opportunity is that the needs of adult people with disabilities, and especially those with complex care needs, are identical and very similar to the needs of the frail seniors and those seniors wanting to age in place in their community. The province has an opportunity here to address both critical and growing issues at the same time: the frail elderly wanting to age in place and persons with disability wanting to live in the community.

The main issue is the lack of supportive living options in Ontario. I won't go into that in great detail. It has been widely reported, and one of the best examples of that—I listened in this morning to Janet talking about her situation. There are members of our group in Ottawa in a similar situation.

1500

So the last point I really wanted to make is that there are innovative community living models right now in Ontario and in Ottawa. One is PHSS Medical and Complex Care in Community. PHSS operates 60 neighbourhood homes and residences in southwest Ontario. They have recently opened two, and are operating two such neighbourhood homes for a small number of individuals—two or three individuals—in Ottawa. So, they're not group homes; they're home-sharing situations. PHSS is funded both by Ontario Health and by the Ministry of Children, Community and Social Services, so it is well able to meet the needs of the full spectrum of people with disabilities—physical disabilities and intellectual disabilities—with complex care needs. MPP Joel Harden kindly visited one of our families and one of these homes in December and issued a very, very striking update on his website. We very much appreciated Joel's visit, as did Meagan, my daughter, and Bonnie, who lived in the Innes home that he visited. We much appreciated that.

There is an opportunity for efficiency in housing, too, because my experience is that new builds, new buildings for disabled folks for community living requires seven to 10 years to build and open, and that is a big part of the backlog, in addition to just funding. Renovating and using existing residences is another way to move forward and help eliminate that backlog. The Innes House that we mention in our brief opened within 60 days of funding being allocated to it. In 60 days, we found the residence, the agency leased it, and renovated it for wheelchair accessibility.

So all that said, we want to encourage the thought that innovative new supportive living opportunities and alternatives are now available.

We think the government of Ontario should increase its investment in home care for all of those persons with disabilities who the Ontario Ombudsman in 2016 reported had nowhere to turn.

And lastly, my point would be that if the province does invest more heavily in home care and neighbourhood living, they would be meeting the UN Convention on the Rights of Persons with Disabilities to which Canada is a signatory and is now behind on. And those rights are adaptable and flexible: person-centred care, safe and secure housing of choice for life, and participation in the community.

That said, I'd like to turn the microphone over to my colleague Dave, who has his own story to tell. Thank you.

Mr. David Hoffman: Thank you for hearing us. My name is David Hoffman. Our story paints a story of how things can change very quickly. My daughter Monica lives with us at home. On November 11, 2019, my wife was discovered to have stage 4 cancer, and so we went from thinking that we had things under control to being in a crisis. We're one step from things becoming a catastrophe and Monica being forced to go into a place that maybe isn't the right choice for her. She desperately would like to have a choice in where she lives, but right now, long-term care and hospitalization would be the obvious first steps if we have an immediate need. Of course, we would like Monica to be able to make that choice for herself, and this is why we're coming to you, to give her that opportunity. Institutional living, hospitals and long-term-care facilities really aren't a place where somebody can thrive.

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

Mr. David Hoffman: They're just merely a place to survive. We want Monica to be able to thrive. She likes to write. She loves her service dog. She dances with Propeller Dance. We want her to be able to carry on with those things. And so I ask you: Would you be willing to give her that opportunity, and people like her, to be able to live in the community, to thrive, to be a part of a society, part of your community? Thank you very much.

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

The next presentation is from the Northumberland Builders and Construction Association, Keith Herring, president, and Anthony Dew, board member. Come forward and get your seven minutes allotted. We will ask you to say your name before you speak for Hansard. With that, the floor is yours.

Mr. Keith Herring: My name is Keith Herring. I'm the president of the Northumberland Builders and Construction Association. This is my associate Anthony Dew. He's also the general manager of Stalwood Homes here in Northumberland. Thank you for allowing us to participate in today's call.

We're here to discuss the economic needs of our members and the direct implications that they have on meeting the needs of Ontarians everywhere. We have the same concerns as most people today: inflation, shortage of housing, COVID-19 restrictions, getting people back to work safely, and labour shortages. However, with our limited time, we would like to focus on a solution to a particular issue that affects all of these areas and more.

The issue we call to your attention is the ever-increasing backlog of approval for housing projects and

related infrastructure programs. We would like to suggest a program that would address delays at the regional and municipal levels of government. The Ontario government would assist with new money for municipalities to hire outside reviewers and approvers for housing and infrastructure programs—not new staff, but rather contracts awarded to outside professionals. It would help speed up the number of housing units and housing projects that come online.

In Northumberland county, there are several municipalities, all of which are struggling to keep up with development and approvals for home builders. With these funds, new housing would come online quicker and help the housing market; additional units would reduce inflation pressures for housing; and local municipalities would have a buffer of people and support who could make up for lost time due to COVID-19 issues with their internal staff. It would also give the Ontario government a strategic funding tool to target specific areas that they are facing and that are facing the worst delays.

In conclusion, we've been told by the government time and again that they're concerned with cutting the red tape in provincial, regional and local governments, and we would ask you to put that money into a program that would do just this.

If we have additional things to ask for, we would like more money to be made available for anticipatory infrastructure programs. The Ontario government could make money available for the municipalities experiencing the highest growth rates and for infrastructure projects that were not planned in order to facilitate housing growth. Although our first priority is still the money available for reviewers and approvers for municipalities, we have multiple issues on this front where we would like to ask for new money from the Ontario government.

With that, I'll turn back my time.

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

We'll now go to the Centretown Community Health Centre: Paul Galipeau, secretary, board of directors, and Michelle Hurtubise, executive director.

Mr. Paul Galipeau: Dear members of the committee, chers membres du comité, my name is Paul Galipeau and I am here today presenting on behalf of the Centretown Community Health Centre as a member of its board of directors, along with Michelle Hurtubise, our executive director, who can answer any of your questions after my presentation.

1510

Over the next few minutes, I will share our four recommendations for Ontario budget 2022. Our first recommendation is to fund digital equity and to end the 14-year wait for base funding increases. Our most pressing need is an immediate injection of funding to help community health organizations like ours sustain the work to meet community needs in real time. We have not seen a base funding increase since 2008. In addition to meeting community needs, this funding is needed to address increasing costs of heating, electricity and insurance, as

well as necessary updates to our information management systems. This funding is also vital to CCHC's leading work on digital equity, providing world-class health and social services to people who face barriers to accessing safe and trusted virtual care services that meet their needs and keep them out of Ontario hospitals that need to concentrate on the COVID-19 crisis.

New funding would also respond to the cost-of-living increases for staff, which have gone up in this province by over 12% in the last five years. Currently, nurses and nurse practitioners at community health centres in Ontario earn about \$10,000 to \$15,000 less each year compared to salaries for similar positions in hospitals in Ontario and in Quebec. We've had a nurse practitioner position vacant for over six months as we struggle to recruit staff.

Along with staffing challenges, the impact of COVID-19 has delayed service times for community-based primary care. In the same way that hospitals have received additional funding to help them catch up on their backlog of care caused by COVID-19, community-based services also need funding to address their own backlog.

Notre deuxième recommandation, c'est d'abord les déterminants sociaux de la santé pendant la COVID-19 en commençant par les congés de maladie payés. La COVID-19 a rappelé aux Ontariens l'importance du travail, du revenu, des liens sociaux et du racisme en tant que déterminants sociaux de la santé qui, ensemble, contribuent à plus de 80 % de notre état de santé. Nous devons relier plus de personnes aux organismes de santé communautaires qui traitent des déterminants sociaux de la santé grâce à une approche globale des soins de santé primaires. Bien que nous reconnaissons et apprécions les trois jours de congé de maladie récemment introduits, il est urgent que la province augmente ce nombre à 10 jours de congé de maladie payés, qui aideront à arrêter la propagation de la COVID-19 et à soutenir les travailleurs et leurs familles.

Workplaces are a key site of COVID-19 transmission, and while we meet safely here today virtually, thousands of Ontarian employees and business owners who can't work from home have yet to receive the necessary supports that help people take time off work to be tested for COVID-19, stay home and self-isolate when exposed or diagnosed with the virus.

Our third recommendation is to fund increased access to primary health care teams for clients with complex health needs. Team-based care has been proven to be more cost-effective and efficient for clients with complex health needs than physician-only care. It has also reduced the need for more expensive emergency room visits. Additional funding would expand access to team-based care, support additional staffing models such as community health centres, as well as providing community health centres with funding to support the clients of solo physicians practising in the community.

Enfin, notre dernière recommandation : mettre en place un approvisionnement d'urgence sûr d'opioïdes et des sites d'injection sûrs. Au cours de cette pandémie, l'approvisionnement en drogues de rue est devenu de plus

en plus empoisonné, entraînant chaque jour un nombre incalculable de décès. Pendant ce temps, beaucoup de ceux qui ont survécu à des surdoses vivent maintenant avec des lésions cérébrales et d'autres effets à long terme sur la santé. Il s'agit d'une crise de santé publique qui peut, cependant, être atténuée. Pour soutenir ceux dont la dépendance ne répond pas aux traitements habituels, un approvisionnement sûr est nécessaire. Plus précisément, nous devons éliminer les obstacles aux drogues injectables sûres ainsi qu'aux comprimés d'hydromorphone. Le rétablissement du financement des services de consommation supervisée qui ont été définancés est également nécessaire. Ces mesures réduiront le risque de surdose, d'empoisonnement, et en fin de compte, elles sauveront des vies.

Nous avons également besoin d'un investissement urgent dans les soutiens en santé mentale et en toxicomanie. Chez notre centre de santé communautaire, nous travaillons avec des personnes touchées par cette crise des opioïdes et espérons que cette recommandation pourrait être mise en oeuvre dans les limites de ce budget.

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

That concludes the presentations for this panel, so we'll start the questions in round one. We'll start with the government. MPP Yakabuski.

Mr. John Yakabuski: Thank you very much to everyone for their presentations today.

In the limited time, I'm going to concentrate on the home builders, but I did want to address Mr. Perks and Mr. Hoffman. I certainly understand what you're talking about. My older brother and his wife are both seniors. They have a son who was born on the same day as one of our daughters, in 1981, so he's in his forties, and I recognize exactly what you're talking about. We have a lot of people who are in our long-term-care homes who were transferred out of former provincial facilities that were closed sometime ago. I certainly sympathize and recognize what you're talking about, and I know a number of people who are in your situation. So I know that there is more work to be done and some changes that have been made and some improvements—but certainly more work to be done.

I did have some questions for Mr. Herring and Mr. Dew. May I call you Keith and Anthony? Thank you. You brought up some interesting things. I recognize, too, that when I'm talking to municipalities—the complexity of permits and approvals and everything else today has gone into a new stratosphere of what it was when my father was an MPP back in the 1960s and into the 1980s. We are living in a different world, as you folks know as well, and a lot of them just don't feel they have enough expertise on staff to help get through those hoops. So I appreciate—and I think I'm on to what you're getting at, to some degree and in a general sense.

Interjection.

Mr. John Yakabuski: I got the nod there.

Because I deal with it in my—and the smaller the municipalities, the more challenged they are, because they

just don't have the critical mass within their own infrastructure to manage these kinds of things that we're dealing with today. So it's one thing with all the hoops, and then it's all those that oppose whatever you're trying to do. And they are very well organized and very well represented in the things that they don't want to see happening. That's one of the reasons that Minister Clark came up with More Homes, More Choice, the housing supply action plan that is directly aimed at ensuring that we have an increasing supply of housing, because if we're going to accommodate the growth in this great province, we're not going to do it by shutting the door to development of homes and housing, and that's absolutely necessary.

The other thing that is critical is that, once we have those approvals, you can't build those homes if you don't have the skilled trades. My son is a Red Seal carpenter, and we're very proud of that. There's just such a skilled shortage in the skilled trades.

So I'd like your comments on Minister Clark's bill, but also, when I look at all of the things beginning with Laurie Scott as Minister of Labour and continuing with Minister McNaughton, the changes that we have made—and interestingly, just yesterday, he announced the suspension or the end of apprenticeship charges. We're doing everything we can—and I think unprecedented advancements—to bring more young people, men and women, into the skilled trades, because you're going to rely on those folks to build those homes.

So if I could get some comments from you folks on Minister Clark's changes—I love what I'm hearing from you guys; we're going to certainly take that back—and also on the changes to improve the situation with our supply of skilled trades, from Minister McNaughton.

Mr. Keith Herring: Sorry; I'm going to let Anthony answer those questions.

1520

Mr. Anthony Dew: Thank you very much for the comments and speaking directly to that. We're really excited that you caught our proposal, our incentive. This is an immediate need, as I think we anticipate some form of an emergence from the last 22 months—

The Chair (Mr. Ernie Hardeman): Anthony, if you could introduce yourself for Hansard, it would be much appreciated.

Mr. Anthony Dew: I apologize. I'm Anthony Dew, general manager of Stalwood Homes, a builder and developer situated in Northumberland county.

Thank you very much for those comments. We see this as our primary narrative, in front of this group, which is to hopefully gain some short-term assistance for our municipal partners—speaking predominantly of the lowest-tier municipalities that are responsible for granting permits and development. What we're hearing from them is that they're simply overwhelmed. Private industry has continued to work as hard as it could, and the municipalities have been caught up with the COVID-19 restrictions. They are largely interior workers. They've had to isolate, work from home, and the backlog that they are facing

creates an immediate need. So our petition to this group is to look at some form of assistance for them to hire consultants. We've had feedback from various local municipal governments, saying that would be an immediate assistance into 2022. We have land available to develop. We have houses ready. It's simply relieving the red tape, as it were. I'm pleased that that came through clearly to you.

With regard to the labour: again, anything that can assist in the labour education. This particular organization is targeting the local high schools. Our member organizations are funding a local job fair with the high schools in the spring of the year, and we're seeing an enormous uptick in youth who are all of a sudden looking at the skilled trades and the contracting and construction industry as a whole as a viable career path. Our young organization has had great response from the local school board. We're busing in all four local high schools and all of our members are joining a job fair—old school; let's get them in front of us, face to face—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. We'll have to finish that in the next round.

We'll now go to the official opposition. MPP Harden.

Mr. Joel Harden: Thank you, everybody, for being here this afternoon. I very much appreciate all the work you're doing.

Alan and David, I would like to begin with you. It has been an honour to get to know both of you, both of your families, both of your daughters. I just want it to be absolutely clear to the members of the finance committee what you're putting in front of us today. At a time when we absolutely need supportive housing so seniors and persons with disabilities can live independently in the community—which has been the stated goal in Ontario for at least three decades—you proposed a solution with your own wits, but I think it could easily be replicated elsewhere, where in 60 days—in 60 days—working in partnership with a progressive developer, you have created accessible, supportable housing for two occupants with a staff team that is live-in 24/7.

This is a remarkable story, because most of the time, in this debate, we talk about projects that get announced to be built in years to come. But what you're talking about is repurposing existing housing stock and making it accessible to meet the urgency of the moment. If I've missed anything there, Alan or David, please correct me.

Alan, you can start, and then, David, I'm going to follow up with you in a second to talk about how we grow this thing.

Mr. Alan Perks: Mr. Harden, you're absolutely correct. That is the way forward that we see. Repurposing existing homes with the help of willing developers and care agencies that are able to provide the supportive living care can only serve to reduce that extensive wait-list we hear about.

The honest truth is, my wife and I were quite prepared to leave our own home if necessary and allow the agency to take over our home. But we found a lovely open-space

bungalow for rent, and the agency took it on, leased it and provided care, all within a very short period of time.

Finding houses in Ottawa—accessible homes—is a little difficult at times, because the ones that are called accessible, in most cases, aren't rented by people with disabilities; they're rented by people who just want a little more space. But if we can get across the idea of repurposing these homes for people with complex care needs requiring access to 24/7 care, we're all for it. We'd only do whatever we can to help.

Mr. Joel Harden: Thank you for that—and Alan, please, “Joel” from here on in. We know each other.

The fact of the matter is that what I've learned from you and what you accomplished there on Innes Road—and I know MPP Blais is aware of this. I know Councillor Kitts is aware of this project. But please consider this moment, Dave and Alan, as an opportunity to promote this.

Participation House is an organization started in London, as I understand it.

There are lots of demonstrations that show that on a short-term basis, with that partnership you're talking about, with a developer that wants to make a modest investment in a rental unit, or even an ownership unit, you can create accessible and supportive housing, so young people—I'm talking about folks who are 45 years or younger; Dave, we'll go to you in a second—do not go into long-term care when that is not what they want and it's not what their families want.

Dave, I was shocked to learn, after heading out to your place out in Carp, that we have over 4,000 people in Ontario who are younger than age 45 living in long-term care, at a time when a lot of families desperately need that 24/7 support. We've got young people being pushed that way. I'm wondering if you could just tell us a story, given all that you're dealing with in your family—of course, you and your wife—to help people understand how that has been for your daughter, for Monica, and for you guys. Clearly you're getting nudged in that direction, into long-term care, but give us a sense of if that's what you want and if that's what Monica wants.

Mr. David Hoffman: Thank you, Joel, for the question.

We find ourselves in a unique situation with Linda's—that's my wife—cancer diagnosis, and we're trying everything we can to avoid having to put Monica into long-term care. She has limited home care coming into the house right now. We get 15 hours from the province and they've topped that up with an extra three hours a week, so that's 18 hours a week. That's enough to get Monica up out of bed seven days a week, and also to put her to bed once a week. We're gapped on that, though, for three days every other week and two days every week, and so we can't even get the care that the province is funding for the agencies to come into the house and provide the care.

That's one of the advantages, we feel, with PHSS: They're on-site. They're dedicated. They come there for full shifts. They don't have to move around and go from place to place and provide the care. We really want Monica to have a place where she can choose that she

wants to live—not be forced into a long-term-care facility living with people of all ages, and to be able to choose, hopefully, the community where she’s going to live, so that she can have her service dog, who she absolutely adores. She could walk the dog, meet people in the community, have friendships and relationships with those people and be able to engage with society as somebody who doesn’t have disabilities does. That’s really the goal.

Mr. Joel Harden: Well, it’s loudly and clearly heard today, Dave. I think the PHSS model—I know your written submissions are being submitted to the government. I will be following up with the minister responsible for seniors and accessibility, the Honourable Raymond Cho, specifically about what you’re proposing. We’ve sent in notes.

But specifically for the budget—if I were in government right now, I would want to be working with people like you, who can turn around outcomes as quickly as you’ve done and give people the support that they need.

The Chair (Mr. Ernie Hardeman): One minute left.
1530

Mr. Joel Harden: Thank you so much for being here.

Friends at Centretown Community Health Centre, in the next seven minutes we’ll focus a little bit more on what you did today, Paul and Michelle. But if I could just throw it to you for 30 seconds, tell us what it’s looking like right now with the people you’re serving in Centretown. You went over a number of things, but if you were to triage—because that’s what they do in health care with the needs—what are the big ones right now?

Ms. Michelle Hurtubise: Michelle Hurtubise, Centretown Community Health Centre.

We are seeing an increase in people for whom there is no recovery yet from COVID-19—they don’t have places to sleep; they don’t have housing; long wait-lists for some of the access to our specialty programs in the community and of critical need for our individuals who don’t have access to some of that ease around virtual health care. They have precarious housing, so housing is an urgent need; safer drug supply is an urgent need; and access to more care providers, because the demand is growing.

The Chair (Mr. Ernie Hardeman): That concludes the time for that one.

To the independent member: MPP Simard.

M^{lle} Amanda Simard: I want to thank all the presenters—very interesting presentations from diverse backgrounds and sectors.

I was a municipal councillor, and I understand the challenges with even just the construction permits and the backlogs and also the challenges often with the provincial policy statement. We had quotas. You can’t develop a certain amount because you already have too much residential in this space so you have to do all this juggling with the different zoning and stuff. So I think there’s a lot of work to do there.

I wanted to ask Paul Galipeau, because in that sector, I think you hit a lot of points that are extremely interesting in terms of—you talked about the nurses and the challenges; you talk about the paid sick days. I think those

two things we’ve really, on the opposition side, been advocating for—the 10 paid sick days and repealing Bill 124, which capped the pay increase at 1%. You also talked about the injection sites, with the drugs.

I want to ask all these questions, maybe in the second round, but I wanted to elaborate on the nurses’ challenge. Before I was in this meeting, I was on the phone with a constituent. Actually, his wife had been trying to get—she’s a nurse. She was a nurse in another country for many, many years. She has the education, everything, and it’s been five years now and she still doesn’t have the accreditation to practise here. She’s done all the schooling that they’ve asked for, and it’s just extremely disappointing. She’s about to throw in the towel and, meanwhile, we need nurses. So I wanted to get your feel about, on the ground, the other types of challenges—and do you see the same thing that I’m hearing from, for example, that constituent? What could be done concretely? We talk about money, but there’s that and there’s also some administrative things sometimes that can be done.

Mr. Paul Galipeau: I will pass the mike over to our executive director, Michelle.

Ms. Michelle Hurtubise: Yes, the issue of foreign-trained health care professionals is a very real issue with the amount of red tape, in that perspective, to get licensed in Canada. And even when people do their licensing, there needs to be removal of some of those barriers within the regulatory colleges, acceptance of time served and training in additional countries. Having programs, for sure, that help do some of the bridging in terms of the Canadian cultural context for people is critical within it. Community health centres across the provinces are great places to do that, often because we serve a large percentage of individuals who do not speak English or French as their first language, and some of those foreign-trained health professionals are able to provide those services in the language of the clients who we’re having come in. So we’re always looking for foreign-trained health professionals who have their credentials. They’re a huge added value to primary care settings. And so, that’s a very real piece and would be a huge boon to some of that health human resources gap that we’re seeing and that we’re going to continue to see.

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

Ms. Michelle Hurtubise: Also, the wage gap is not only due to Bill 124, but the inequitable funding from community-versus-hospitals funding and some provincial interplay in terms of—Quebec used to underfund some of the nursing. They’ve now increased their funding and are recruiting from us, particularly in border communities. And so, getting some interprovincial co-operation around that would be really beneficial.

M^{lle} Amanda Simard: I will ask you in the second round to elaborate on that because it really affects my area and all of us, I think, here in the eastern Ontario area—we share the border, and it’s just so easy. If there’s one province doing just a tweak, it could impact everything. Everybody’s going. So I’m really interested in that particular point.

The Chair (Mr. Ernie Hardeman): We'll now start the second round for the government. Vijay Thanigasalam.

Mr. Vijay Thanigasalam: Thanks to all the presenters for your presentations and for being here. We really appreciate your time and your issues and concerns.

My first question goes to Centretown Community Health Centre. Thank you for your presentation. The wide range of services that you are providing for families and individuals shows the good track record of what you are doing in the community.

In the fall economic statement from our government, we announced funding through health human resources to strengthen the nursing program and the personal support workers by having a workforce through short-term and long-term recruitment initiatives. These recruitment initiatives consist of five different stages: for example, a registered nursing certification allowing nurses to train to work in critical areas of hospital and service delivery; for example, to have additional net new registered and practical registered nurses—420—and 900 registered nurses by the end of 2021; to have another 1,000 registered nurses and 1,500 registered practical nurses by 2025; and to have an additional 8,000 PSWs to the system by 2023. So the government is actually investing \$342 million over the next five fiscal years for implementation of these recruitment programs of nurses and PSWs.

My question is, how have you been able to utilize this health human resources funding announced? Do you have any feedback on these programs?

Ms. Michelle Hurtubise: With that, in the past, we have been able to use those resources, particularly as people are transitioning from PSWs to RPNs and RPNs to RNs. I think it is a good format of increasing the health human resources in the areas.

The trouble is that, in my experience, the number of individuals perhaps opting out then is not keeping pace with some of the demands that are coming in, particularly because of the other barriers that we have; for example, Bill 124 putting a cap on compensation. For example, in the community sector, I can have somebody trained up, and within a year of achieving their RN certification, they are leaving us to go into the hospital services, where the compensation is \$10,000 to \$15,000 more. There may be a pipeline that is appropriate and is providing some capacity related to that, but the issue, then, becomes the retention, because I can't increase my compensation to compete within hospitals. And I will say that the care is every bit as complex for a number of the populations that we work with in the community setting as compared to the hospital setting, and we've certainly been seeing that throughout COVID-19, where we've been doing home-based care for people who are quite ill and remaining in their homes. We're keeping them there and out of the hospital, but it is a high degree of complexity.

Mr. Vijay Thanigasalam: Through the CCHC's program that you've been delivering throughout the years, either through the one-on-one services or personal development group services or any community-level involvement, what are some of the results you have seen with a more community-oriented lens?

Ms. Michelle Hurtubise: That's a great question.

We have been a pilot project and have integrated into our programming something called social prescribing, where, as my board member spoke to, 80% of health care is based on our social determinants of health and sense of well-being, access to housing, education. Our program connects people, for example, who come in through our primary care, who might be struggling with depression, with other community resources: the library, other groups that are meeting and connections related to that. That really helps with people's health and well-being around their mental health, but it also helps with their ability to manage chronic illness, because they have a sense of belonging and well-being. So it is really important when we're funding health and social services that we are also funding that whole range of services that are provided to support individuals and wrap around them.

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For example, we had an individual who was quite isolated, was losing their hearing, was an immigrant and newcomer, and through programs such as social prescribing, being able to get them access to hearing aids, get them connected to a reading group that was happening in the local library, getting them out on excursions, going to arts centres and organizations and museums—that person now has a network built around them that is not solely dependent on health care providers.

Mr. Vijay Thanigasalam: Thank you for your answers and for your presentation.

My next question is to Voices and Choices. Thank you, Alan and David, for being here and for your presentation. David, thank you for sharing your personal story as well. In terms of housing and the backlog and how you also talked about the community place for individuals to try, my general question to Voices and Choices is, for example, the Ontario government announced that they are investing an additional \$13 million over three years to help connect people—

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

Mr. Vijay Thanigasalam: —with developmental disabilities with accessible and affordable housing in their own community. This funding will also expand programs to support more independent living, which is at the centre of the province's long-term plan to better serve people who depend on developmental services. How does Voices and Choices help individuals navigate and connect with our housing programs?

Mr. David Hoffman: Not all the members in our community have developmental disabilities. We represent a community of people with medical and complex care needs who are looking for support to be able to live in their own homes. Activities and programs out of the house don't help with the activities of daily living, such as getting out of bed, getting meals, getting back to bed, toileting, things like that. And so—

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time for the government.

Now we're going to the official opposition. MPP Harden.

Mr. Joel Harden: Okay, friends from Centretown Community Health Centre, we just got the highlights, Michelle, before we left our last round. You mentioned supportive housing. You mentioned the opioid crisis in our streets. You mentioned a lot of people suffering.

I want you to imagine that—MPP Thanigasalam just mentioned a \$13-million fund for supportive housing. In an earlier panel, your friend from the Parkdale Food Centre, Karen Secord, was talking about how they've utilized some emergency funds given to municipalities.

Talk a little bit about what kind of—I know you collaborated with other community health centres on a recent report. What kind of funding do you need to expand the programs to meet the needs that you're seeing out there? They are significant needs—not just in our city, but around the province.

Ms. Michelle Hurtubise: Recently, community health centres and other community-based organizations in Ottawa released a report on rethinking community safety, and so as we're thinking about our crisis of lack of housing and individuals who are street-involved, we made a number of recommendations. For us in particular, an investment of, say, for example, even half a million dollars would allow us to expand our respite services that allow people who are street-involved a place to go during the day. Obviously, if they don't have housing, they're on the streets and getting into conflict, but when there's a respite centre that provides them with the supports for safer injection, provides them a shower, a place to go to the washroom, food, meals and clothes—a connection to resources is essential for some of those services.

Other programs that we have: trans health, as an example, and mental health for LGBTQ. An investment there of even \$200,000 in our own organization dramatically reduces our wait-list now for mental health services—down from about six months to within a couple of weeks. We've been innovative with the money that we've been able to do, with programs like Counselling Connect and being able to get, within 24 to 36 hours, somebody connected to somebody who can help them right now with the health issue that they're facing.

Those are a couple of programs and projects that an investment in funding into an organization like ours could really make a difference to.

Mr. Joel Harden: Absolutely. I'm thinking in particular about the respite centres in Ottawa Centre: the ones at Tom Brown, for example, and McNabb community centre. Our office has had occasion to talk to folks who have utilized those centres, who have talked about, for the first time in a long time, being able to get some clean undergarments, some toiletries, get a nap, get a square meal. Actually, there's a connection here between what you're talking about and what Karen was talking about earlier, some of the beneficiaries of Cooking for a Cause. Those meals have shown up in those respite centres.

Ms. Michelle Hurtubise: One hundred per cent.

Mr. Joel Harden: But that funding is sunsetting in March. The city has announced that they are returning these services back to community. I have to tell you, my

reaction when I hear that is they don't want to be responsible for the investment in these things, and they want the community organizations to shoulder the load. Do you think that's the answer, or should the province have a consistent level of support for these respite centres—particularly now; we are not out of this pandemic yet.

Ms. Michelle Hurtubise: I do think it's a provincial responsibility to fund and support this. This is addictions and mental health; it's primary care, it's social supports, it's counselling, it's connection to housing and clothing. Particularly related to food, housing and mental health and addictions, those are provincial responsibilities. As I said at the beginning, the pandemic isn't over for these individuals. While some of us were able to enjoy drinks on a patio, there was still no place for people who are homeless to be able to congregate during the day. Supports like Tom Brown respite centre are essential to be able to continue to provide those supports to really vulnerable members of our community and for whom this pandemic has been particularly brutal, because they can't come in from the cold; there isn't a place for them to isolate when they are sick, and that's where we're seeing some of our big transmission happening in our community right now.

Mr. Joel Harden: Chair, how much time do we have left?

The Chair (Mr. Ernie Hardeman): Two and a half minutes.

Mr. Joel Harden: Michelle and Paul, I wanted to touch on something that didn't come up in your presentation that is truly innovative and I would like the other members of this committee know about. The Ottawa Senior Pride Network that's housed at the Centretown Community Health Centre has been terrific in helping people be themselves, whether they're in institutional care—because we have heard a lot of stories of folks who have to go into institutional care, as seniors or as persons with disabilities, and having to go back into the closet. I'm wondering what kind of support you've offered and what this model suggests that other communities can do, too, with some more funding.

Ms. Michelle Hurtubise: We're really proud of our support that we have provided to Ottawa Senior Pride Network. This actually grew from some of our staff who worked at the centre who were from the LGBTQ community.

What we know is, people age and then have to go into long-term-care facilities or potentially group homes. They are not necessarily the queer-positive spaces that they had come to expect in their community.

Through our partnership, we've provided a space for social events in the past, when we were open. We've supported funding. We now have connections with the Good Companions centre to have particular programming that meets the needs of seniors who are gay and so who, for example, may have come out when it was illegal to get married and are then going into communities where they may not have the support as they age and as their friends die and then they don't necessarily have that gay support

network. So it is allowing them to come together, provide that infrastructure, provide support, help identify where there are positive places for LGBTQ seniors to go to get supports and resources, helping to do education of providers such as ourselves so that people are able to get affirming care around their sexuality and gender identity.

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

Mr. Joel Harden: Just one little highlight to reflect on—it's news I got from Councillor McKenney, who you and I both work with, who is our city's liaison on housing and homelessness: Right now in the city of Ottawa—the numbers are from 2021—there are 22,000 units of vacant housing, housing that is owned, that is built, that is empty. How does hearing a figure like that make you feel, given the work that you and Paul and folks do?

Ms. Michelle Hurtubise: Again, I think it's outrageous, because there are mechanisms within the municipality and within the province to make sure that that housing is available and made available to people. Often, they are landlords who are keeping it vacant, because it's more beneficial to them from a tax perspective to have it vacant than to have it funded.

The Chair (Mr. Ernie Hardeman): That concludes the time for that questioning.

We now go to the independent member. MPP Simard.

M^{lle} Amanda Simard: I know we're making Michelle work a lot today, but I just find the health network and the Centretown—what you're saying is so important in this particular pandemic. Every little gap, everything that we've had oversight on through the years has been amplified or highlighted even more with this. I guess we could see it as positive, that now we're talking about all these things that we need to do.

I want to talk about mental health, but first, I just want the committee to know, and maybe you can elaborate on this point, how important it is for border communities—not everybody is in Toronto. I know the decisions are made here in Toronto—but how it impacts what other provinces are doing, like Quebec, every tweak. What have they done that we now need to adjust to, with the nurses that you were talking about?

Ms. Michelle Hurtubise: As a really good example, I had a nurse practitioner who is leaving us because the western counties of Quebec have made a decision to add funding for 75 new nurse practitioners into their health system on our border community. Their salary is \$20,000 more, plus they are able to offer a \$15,000 signing bonus. I am not able to offer signing bonuses, and I can't compete with the 20% additional funding. If I were to increase my six nurse practitioners that we do have funding for by \$20,000, I would actually have to cut 1.5 nurse practitioners from my roster and reduce care.

So it's significant. Every time they tweak, then we see a flow, particularly for our bilingual providers. And as you know, in that border community, it's all communities that require access to French-language services.

M^{lle} Amanda Simard: Exactly. That's the additional challenge. Because if we're not considering this, we're

going to lose all these nurses and health practitioners over there.

I know I don't have much time, but I wanted to ask about the mental health supports, because they're so important during the pandemic, but we'll be feeling this, and there will be demand even after, for many years to come, because of everything that's happening. Do you feel that there's adequate support right now for mental health? What would be your ask if there isn't, for the next year at least?

Ms. Michelle Hurtubise: First, I want to acknowledge that this government has deeply invested in a number of mental health supports through structured psychotherapy and things like Big White Wall and BounceBack. Those have been great programs, but they don't work for everybody. We need additional models other than cognitive behavioural therapy supports. Often, people just need access to narrative therapy and talking related to that. Certainly, addictions has become a huge, massive issue, and we do not have that same kind of investment in addiction support. So when you have mental health stress and individuals are self-soothing with alcohol and various other substances, you have, then, a double whammy of needing to deal with a little bit more complex mental health issues along with substance issues, and cognitive behavioural therapy is not enough. It has also been largely invested in through hospitals. We need community-based solutions.

M^{lle} Amanda Simard: Thank you for being here today, to everyone.

The Chair (Mr. Ernie Hardeman): That concludes the questions for that one.

MR. MICHAEL WOOD

YMCA OF EASTERN ONTARIO

QUINTE HOME BUILDERS' ASSOCIATION

The Chair (Mr. Ernie Hardeman): We'll now go on to the next delegations. The first one is Michael Wood. When you start your presentation, you'll have seven minutes. We would ask that you start it by identifying your name to make sure it's appropriately registered in Hansard. With that, the floor is yours.

Mr. Michael Wood: My name is Michael Wood. I'm a former small business owner in Ottawa and a small business advocate. I'd like to thank the Standing Committee on Finance and Economic Affairs for asking me to participate in the 2022 pre-budgetary consultation this year. I'm fortunate to have appeared last year, and before SCOFEA twice, advocating for small businesses.

There are some people within the Ontario government I'd like to thank for their support over the last 22 months. While ministers, parliamentary assistants and members of provincial Parliament will always receive credit for programs, I believe it is the staff that plays an integral role in the sustainability of Ontario businesses and workers. I must thank Heather Potter, chief of staff to Minister Nina Tangri; Alexandra Hoene, whom I met in Minister

Dunlop's office, now in the Premier's office; Minister Sarkaria's team of Sukhman Sangha, David Ruiz, Natalia Tkacz has helped small businesses for almost two years; Samiha in MPP Joel Harden's office has been wonderful; as well as Emily Trudeau in MPP Catherine Fife's office. I'd also like to thank Greg Ridge in MPP Ian Arthur's office.

In the last 22 months, I've become the voice and face of small business in Ottawa. To put together the best presentation, I met with other key stakeholders in the Ottawa small business community to ensure that everything presented today is the most needed in the 2022 budget. Many of these stakeholders have already appeared before you today.

To give you context for what closures did to my business, from March 2020 when I applied for the small business grant: I entered a gross revenue of \$398,000 for April 2019; I then entered my gross revenue of only \$12,500 for April 2020. This equates to a 97% drop in gross revenue. I ended up selling my 50% stake for \$1 to get out of the mountain of debt the company had incurred to stay viable—although loans had personal guarantees and I looked at the possibility of going bankrupt and losing my house, through no fault of my own.

Today I'm calling on the Ministry of Finance to consider five recommendations that I'm going to put forward. These recommendations are not only for small businesses to survive, but also to protect Ontario's workers and residents.

My first recommendation is to re-evaluate funding. I know it's easy to come on these presentations and say, "More money is needed." And as I took on the role of government relations, I've always been proud to be productive, solution-orientated and balanced, so therefore I must understand that even the government has a bottom to the money well. However, with capacity restrictions, funding is required. The newly released \$10,000 grant is greatly appreciated by many and was needed by so many to avoid a permanent closure; the challenge is, it's beyond the reach for too many industries that desperately need financial support.

For example, a prominent barber, Chris Lord from Ottawa, was on today. He recently had all of his appointments cancelled in one day because people do not feel comfortable using these types of services based on government messaging. There's confusion, and perhaps it's even unclear that the public is not aware of who is open and who is closed. His business features beard shaves, something people are not allowed to remove their mask for. I understand; however, we can now easily compare a barber who is unable to offer a service based on public health recommendations of not taking off a mask, and restaurants closing indoor dining also under public health regulations. The difference is, he is not eligible for support. When the government closes businesses, there must be a consultation and a broader view of who could and would be affected.

My second recommendation is to invest in mental health and addictions support for all. The Toronto Star just

published an article about the startling and skyrocketing rate of alcoholism in Ontario. To help hundreds of thousands of people struggling with mental health and addictions, the 2021 budget provided funding of \$175 million as part of a larger investment of \$3.8 billion over the next 10 years. The 2022 budget will have to be significantly increased to provide better care for those who need it. As COVID-19 continues to exist in our communities, more and more people are desperately relying on these services and simply cannot access them fast enough or find an affordable solution.

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My third recommendation is for equipment to keep everyone safe. In 2020, the Ontario government granted small businesses money for the purchase of PPE and Plexiglas. One of the things we've learned during the pandemic is the importance of a facility's HVAC system, airflow and filtering. Schools are being retrofitted to improve these systems to help decrease the spread, which is great. Now small businesses are asking the Ontario government to include tax rebates or financial support in the 2022 budget to upgrade their current HVAC and filtering systems or help them bring in portable units to protect their workers.

My fourth recommendation is to develop a program to restore consumer confidence. The Ontario government needs a marketing budget to win people back. On page 165 of the Ontario budget for 2021, the government recognized that uncertainty was high and the pandemic continued to pose a significant risk to the Ontario economy. The document stated that widespread vaccinations were an opportunity to boost the confidence of businesses and consumers and support a return to normal economic activity. This, however, as we know, has not become a reality. We need a different strategy in investment when it comes to delivering the message about returning to normal.

The fifth challenge, or the fifth recommendation, is that the government needs to support workers. Even with the government support in 2020 and 2021, many people lost their jobs due to the pandemic. Every job lost represents an anxious mother or father, a family struggling to make ends meet, a young person facing an uncertain future. Women, racialized communities and lower-income workers in industries such as hospitality and tourism have been disproportionately affected. To help those workers get back to the workforce as quickly as possible, a rehiring tax credit for small businesses would go a long way to helping the economy recover and creating more meaningful jobs for those seeking a new career.

In summary, we need clarity. We need a definitive plan on how we move forward and move out of COVID-19.

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

Mr. Michael Wood: Respectfully, I do not believe that one has been put forward yet by the provincial or the federal governments. A definitive plan will help keep businesses open, help protect people's mental health and bring us all back to the wonderful things that our province has to offer.

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

We now have the YMCA of Eastern Ontario: Rob Adams, chief executive officer, and Sibel Cicek, director of government relations, YMCA Ontario. We ask you to come forward and that the first thing you do when you speak is to introduce yourself. We'd very much appreciate that, for Hansard. With that, the floor is yours.

Mr. Rob Adams: Good afternoon, committee members. I'm Rob Adams. I'm the CEO of the YMCA of Eastern Ontario.

Before I begin, I would like to let you know that I'm presenting to you from Brockville, Ontario, and I'd like to acknowledge that I'm presenting on the traditional territory of the Wendat, Anishinaabe and Haudenosaunee peoples. I acknowledge that this territory continues to be an important gathering place for many First Nations, Métis and Inuit peoples, and I thank them for the stewardship of this land.

As I said before, my name is Rob Adams. I'm the president and CEO of the YMCA of Eastern Ontario. Many of you know the YMCA is a charity with a long-standing history of service in Ontario, dating more than 160 years. Today there are 15 associations operating programs and services all over Ontario. In a typical year, our program reaches more than 1.5 million people at 800 program sites in 125 communities across Ontario.

Before the pandemic, we were very busy meeting spots where people of all backgrounds, ages, abilities, demographics and socio-economic backgrounds experienced healthy life in a connected way. Children, families, youth, adults and seniors come to the Y to access licensed child care; day camp and overnight camp; youth leadership programs; employment, training and newcomer services; and, of course, health, fitness and aquatics programming. We have always prided ourselves on being a trusted and valued community partner where everyone feels welcome.

Thanks to our financial assistance programs, finances have never been a barrier for those who have an ability to access our programs. Roughly 25% to 30% of all of our participants in HFA, health and fitness aquatics, receive some level of subsidy through our charitable giving. But that was before March 2020.

The impacts of COVID-19 have been tremendous. Over the last two years, YMCAs have been operating in a precarious environment. We have been subject to ongoing closures and capacity restrictions in a variety of our program areas, including health, fitness, recreation, aquatics, overnight camping and more. Initially, our child care services were also shuttered permanently. We have transitioned many of our services to being virtual or online, and we have pivoted time and time again to serve children and families with emergency child care and other critical programs.

Our staff is on a merry-go-round. Permanent layoffs and a roller coaster of uncertainty have occurred. Even through all of this, we have been finding new ways to be there for our communities. In eastern Ontario, as an example, we've offered over 2,000 days of emergency child care. We've served over 700 families in child care. We've created over 220 online programs throughout the week. We've served over 500 kids in camping.

We also pivoted and worked with agencies like the United Way to offer support for mental health and addictions—where we're creating transportation for those who have no transportation in rural communities to access their vaccination appointments. We've run four individual vaccination clinics within our facilities. And currently, we are offering support at Martha's Table, delivering food to hotel guests who are homeless, who are in isolation, and also providing staff support for individuals who are seeing staff shortages in their organizations, particularly in mental health and addictions services. With the city of Kingston, we also welcomed Artillery Park recreation users to our own facility, as they converted their site into a homeless shelter. All of these things were done with the true spirit of the Y, to help the people and the communities we know and love during an unprecedented, challenging time.

We have been following all of the government's announcements closely. With the federal CEWS program, many Ys have been able to rehire staff, for example. In Ontario, we have also appreciated the support of heat and hydro relief, as many Ys have fixed carrying costs that have been difficult to cover during closures. Our Y has also been able to access some capital funding through the Ontario Trillium Foundation, which has been helpful.

But the real problem we face hasn't yet been addressed. In 2020 alone, YMCAs lost a collective \$27 million in operating contributions. This is the revenue that we normally depend on to fund our charitable organizations. We are still working through the overall impact of our losses in 2021, but we expect the figure to be comparable. The YMCA of Eastern Ontario alone lost \$6 million in 2020. That's 50% of our operating revenues. If this goes on, we are concerned that we won't be able to continue to serve our community in the way we need to.

The losses account for the support that we have been able to access through CEWS and other government programs to date. It represents important funding that we rely on to keep our facilities operational. Unfortunately, the losses do not account for the increase in expenses that we've incurred as a result—things like cleaning and ventilation measures, PPE for employees, and more. When we factor in these losses, the overall cost becomes much higher.

We believe the province has a role to play and that we need a made-in-Ontario plan to help charities like the YMCA to stabilize and recover. Ys are business-minded charities. We depend on fee-for-service revenue in order to maintain our operations. We also operate with razor-thin budgets, and we have a limited ability to accumulate reserves. As a result, the long-term viability of our operations has been dangerously decentralized, and some of us will not recover. Unfortunately, we have already seen some YMCAs across the province close permanently. Without urgent intervention, it is likely to become a trend.

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We know that our communities need YMCAs now more than ever. We want to continue to stay strong and to serve our communities as we build and recover. We have

strong roots and are here to help, but we need your help. We are calling on the province to provide a sizable fund for charities like the Y that can access—

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

Mr. Rob Adams:—recovery efforts to allocate funding needed to support organizations like the YMCA so that we can continue to offer services that we rely on.

I'd like to finish off by thanking MPP Ian Arthur for his continued service. He serves our region, and he began his tenure roughly around the same time I started my tenure as CEO, and I'd like to thank him for his contribution to our region.

The Chair (Mr. Ernie Hardeman): Thank you. Our next presenter is the Quinte Home Builders' Association: Jonathan Van Huizen, president, and Ruth Estwick, chief executive officer.

As with the other delegates, please start off your presentation with identifying your name to make sure we have it properly recorded in Hansard. I ask each person speaking subsequent to that to also introduce themselves as they're starting to speak. At one minute, I will let you know that we're getting near the end of the presentation. So with that, the floor is yours.

Mr. Jonathan Van Huizen: Thank you very much. To the Chair and members of the committee, good afternoon. My name is Jonathan Van Huizen. I am the president of the Quinte Home Builders' Association and co-owner of Van Huizen Homes in the beautiful Bay of Quinte region. I am joined by the CEO of the Quinte Home Builders' Association, Ruth Estwick.

For the last 60 years, the QHBA has represented and advocated for the residential construction industry in the Quinte region and surrounding area, including Northumberland, Lennox and Addington, Hastings and Prince Edward counties.

Thank you for the opportunity to provide our perspective and recommendations for our industry in our region.

The Quinte Home Builders' Association is proudly affiliated with the Ontario Home Builders' Association and the Canadian Home Builders' Association. Together, our membership across Ontario, through new home construction and residential renovations, generated approximately \$55 billion in value and over \$32 billion in wages last year. Locally, the residential construction industry represents over 6,000 jobs and over \$400 million in wages. As you can see, we are a significant part of the province's economy, and as an industry, our voice needs to be heard.

Ms. Ruth Estwick: Good morning. I'm Ruth Estwick from the Quinte Home Builders' Association.

We want to thank the provincial government for working with our industry and our provincial association in recognizing the importance of the economic impact of the residential construction industry. Locally, with our advocacy work, land supply and housing stock are issues which remain top priorities for us.

Back in 2016, Stats Canada produced CMHC's core housing need indicator for the 2016 census, noting Belleville's census metropolitan area as the third in core housing need in the country, behind Toronto and

Vancouver. This should help solidify that housing is a real crisis in this area.

Mr. Jonathan Van Huizen: Prior to COVID-19, the Quinte region was already facing significant challenges on shovel-ready land supply, infrastructure, housing affordability and the availability of skilled labour. The Quinte region has always been a popular area for people relocating from the cities.

The OHBA's Mike Moffatt's Baby Needs a New Home report shows a disconnect between supply and demand.

Here's an example from the report specific to Hastings county in our region: The Ontario Ministry of Finance projects Hastings county's population to grow by 13,567 persons over the next 10 years. It only grew by 3,481 people in the previous 10 years. "We project an additional 6,944 households, on net, living in Hastings, occupying 722 high-rise apartment units and 6,222 low and medium density housing units." This large influx of people has catapulted our supply to crisis level.

We believe at the core of the housing affordability crisis is the lack of supply. This lack of supply is not due to space but the incredibly costly and time-consuming process of getting land ready for construction. Where the province can help in the short term? Number one, the province can support the municipalities so they have all the resources needed to process applications in a timely fashion. This includes planning staff, engineering staff, asset management and infrastructure planning staff and inspectors.

Secondly, the province can continue initiatives to support the approval process. As usual, this is a call to cut red tape, but practically speaking, it means helping municipalities like Quinte West when they're showing leadership. For example, currently, Quinte West is working with us to approve pay-on-demand surety bonds in place of letters of credit. As you have already heard from the OHBA and other home builders' associations, this is something the province should pick up on and implement across the province. It cuts the cost of development with no impact on municipalities.

Thirdly, the province can invest in major infrastructure projects that support immediate needs as well as long-term growth. Any support that is given has to be regionally specific as the needs vary across the province, but it also needs to have five-, 10- and 20-year strategies for growth. Infrastructure funds should be strategically deployed to support greater densities in a variety of dwelling types within each municipality.

Ms. Ruth Estwick: As we all know, the trades have become a significant priority to this government, and this has been at the forefront of our work as an industry association. There is a unique opportunity for the province to continue to contribute to bridging the skilled trades gap that we are experiencing in Quinte and across the country. We would like to applaud the provincial government for investing in initiatives in our area that support the trades. We have some substantial projects under way which will make small but impactful strides in promoting the trades locally. We will also continue to expand in our trades-related partnerships and initiatives to make further strides, but we think there is more to be done.

We want to ask the provincial government to consider continuing the investment in trades-related initiatives and programs with a strong focus in eastern Ontario.

Mr. Jonathan Van Huizen: Home renovations are also vital to our local economy. Renovations represent more than \$237 million in wages and \$382 million in investment locally, and equate to more than 2,500 jobs.

The QHBA strongly recommends the Home Renovation Tax Credit. This tax credit has a strong track record as it was successfully implemented by the federal government as part of the financial crisis recovery a decade ago.

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

Mr. Jonathan Van Huizen: In fact, the Canada Revenue Agency noted that, in 2011, the federal government's one-year Home Renovation Tax Credit pumped an additional \$4.3 billion of renovation investment into the economy at a time when the recession would have reduced investment in this sector.

These types of tax cuts work and they make an impact on bringing more housing supply online.

Ms. Ruth Estwick: In summary, there's a real crisis with housing affordability and supply. The province can help by providing support for municipalities, which, like all businesses, are struggling to keep and retain qualified staff. Equally important is investing in real infrastructure projects so more homes can be built, as well as continued investment in getting people to work in the residential construction sector, creating tax incentives to spur renovations and the secondary-suite market, and lastly, helping with innovative changes such as pay-on-demand surety bonds.

Thank you all for your time and attention. We look forward to any questions that you may have.

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

We now go to the questions, and we'll start with the official opposition. MPP Arthur.

Mr. Ian Arthur: Good afternoon, everyone. Thank you so much for your presentations.

Rob, thank you for the shout-out; I appreciate it. Certainly, I feel that it has been a pleasure working with you over the last four years. The work that you've done with the YMCA locally was amazing. I can't imagine what you would have been able to do if COVID-19 hadn't hit and you hadn't had to pivot like you did, because it was certainly an impressive movement onwards and upwards for the YMCA of Eastern Ontario.

You talked about the role that you feel the province really needs to step up and fill in, and you alluded to some of the things that are going to happen if that action isn't taken. I know multiple people who, if wasn't for the YMCA, would never have access to child care. It's just out of their reach completely.

1620

Would you talk about the kind of human impacts that a withdrawal of services by the YMCA would have on communities in eastern Ontario?

Mr. Rob Adams: Sure. I'll be specific more about child care as an example, to start, if that's all right.

YMCAs are the largest provider of licensed child care in Ontario, with more than 75,000 licensed child care spaces and more than 800 program sites across the province. Locally, we have over 18 locations in licensed child care, whether it's school-age care, preschool, toddler and infant care. Without child care, the economy stops, because people can't get to work. So if we have to make a decision to pivot, sell off assets, reduce our scope, reduce our spaces, that limits the amount of people we can serve. That's on the child care side of things.

From an HFA standpoint, we're quite aware it's a competitive marketplace, but what we are—we're a full-service wellness facility, so a true comparator would be a municipal recreation centre. With that being said, even municipal recreation centres don't have a charitable arm to them, so there's always going to be a level of need in the community. There are always going to be those who can't afford access to things that they should have every right to. The challenge is that the smaller footprint the Y has will create more of a population of those in need, because we won't be able to serve them.

Mr. Ian Arthur: Absolutely. You talked about how you're already the largest provider of child care, so I'm going to pivot a little bit away from your presentation and talk about what the impact would be and the ability for the Y to step up if the provincial government got to the table and signed the federal child care agreement.

Mr. Rob Adams: From a YMCA standpoint, we look forward to any program that will increase our footprint and our service and our charitable mission. Whether or not it's signed tomorrow or in a year's time or whatever, the key is that the YMCA service model and child care still has to be sustainable and be able to serve the communities. I think that funders would be able to see that waiting list reduced and that the model we would have would still have to maintain the fact that we're still sustainable in a model way in terms of operating and paying our staff an adequate wage.

Mr. Ian Arthur: I'll pass it on to one of my colleagues. MPP Fife.

Ms. Catherine Fife: Thanks very much, Rob and Sibel, for the work you're doing with the YMCA. The not-for-profit sector has really been holding a lot of our communities together, and your call to action is very timely given where we are in the province of Ontario.

I did want to just connect all of the presentations on the need to address the capital infrastructure and by way of some kind of a renovation tax credit. Rob, you referenced how important it would be to have some assistance to actually upgrade your facility. Michael Wood also mentioned a rebate for renovations. These are good things that should be invested in—also, because they create good local jobs in our community; they can't be outsourced. So these are needed measures to happen.

Rob, I'll start with you. Just give us a sense of what that would mean, if the government came to the table with some local funding to actually do some upgrading.

Mr. Rob Adams: I think it would be very helpful. Some of our facilities within the province are dated, so an

infrastructure program for new streams of new capital builds, not just renovations, would be a timely thing. That would also add to the economy and jobs for larger-scale projects within capital infrastructure. But also with a piggyback of a \$10-a-day child care fee, if there's going to be an increase in need, there's going to have to be an increase in space. We're going to need to be able to provide that.

Ms. Catherine Fife: Michael, do you want to go ahead?

Mr. Michael Wood: I'll just add that back in 2017, at my home, I actually had my windows replaced for environmental purposes, because there was funding available. If we fast-forward the clock to 2022, if the government back in 2017 had the money and a program set up to be replacing windows, I think this government should have a plan in place so that we can replace the filtration systems in these buildings we're all working in or at least have an opportunity to bring in portable air filtration to protect the workers. Of course, the \$1,000 back in 2020 for PPE was greatly appreciated, but we can't seem to get out of this. We keep falling into the same problem, and we want to protect our staff and workers. So I think we have to look at both ends of it.

Ms. Catherine Fife: Absolutely.

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

Ms. Catherine Fife: Michael, you've been at this for a while, and so you'll remember that 22 months ago, we actually heard from the HVAC sector, who said, "We want to be part of the solution. We want to keep businesses and schools and not-for-profit centres open, so let's invest now and create those good jobs." So this is something that we're looking at. We hope that the government will look at it as well.

Also, Michael, you—and I think this was Ian Arthur's idea, to create a small business advisory committee so that there is real-time feedback to the government, whoever that may be in 134 days—who's counting? Can you just speak about the value of having a small business advisory committee for the government on a go-forward basis so that we don't have these ebbs and flows and there is some consistency across the board?

The Chair (Mr. Ernie Hardeman): We'll have to leave that answer to the next round.

We'll now go to the independent member. MPP Simard.

M^{lle} Amanda Simard: I will let Michael answer MPP Fife's question.

Mr. Michael Wood: Thank you very much, MPP Simard.

I actually spoke to PA Parsa yesterday. I've spoken to Minister Tangri's office and Minister Sarkaria's office about having a small business consultation table. We have 52 cities in Ontario, and I think that if we can pull in a representative from a non-membership-based organization and just be able to consult as to what is needed to move forward, I think it's a good conversation. I've prided myself the entire time on being non-partisan throughout this, and I would bring in people from all different

backgrounds in order to provide just a little bit of guidance.

The one thing about all of this, MPP Simard and MPP Fife and everybody here, is, it's incredibly difficult, if you're not living in this world, to understand the hardship. That's through nobody's fault. We can empathize, we can sympathize with the problems that we have, but until you're actually in it—it makes it incredibly difficult. I am here. I've volunteered to lead a committee of small business owners provincially just to advise, moving forward.

M^{lle} Amanda Simard: That's a good transition to the question I had. I know you're appearing as an individual, but you're very knowledgeable, Michael, as a small business advocate.

For rural areas like mine—I'm in Glengarry–Prescott–Russell—a lot of the local businesses that are not considered essential don't have any online way to sell their goods. I don't think we'll ever get a haircut virtually, but they have no online platform, and the pandemic has—the government forced them to close even though sometimes they would only have one customer at a time in their store normally, pre-pandemic. There are two people coming in; they could have operated safely. It pushed them to think about transitioning to being available online, but they don't have the resources and the skill set to do that. So it would be interesting to see if you ever heard from businesses elsewhere or here that have the appetite for going virtual to compete with the Amazons and the big box stores of the world that are there. Would it be helpful to have support just to go online for small businesses that don't have it currently?

Mr. Michael Wood: Thank you for your question, MPP Simard.

The Ontario government did come out with the Digital Main Street; there was some uptake in it. The problem, I think, is that, as much as Shopify here in Ottawa has obviously done some amazing things, if you're not tech-savvy, if you're not Web-savvy and SEO-savvy, it does make it a challenge for you to rise above some competitors.

1630

I do think that perhaps, if we're going to open the door here, which I think is a great thing to have a discussion about, if there's an opportunity for some sort of tax credit so they can take some learning, some education, on how to build an online store—as much as things like Shopify are basically set up, that you can go in and start a store today, people need guidance. Depending on the demographic you are in, you might not have—

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

Mr. Michael Wood: —that experience.

M^{lle} Amanda Simard: That's exactly where I'm going with this: the knowledge. They really want to learn because this is long-term. For them, it's a great investment in a way, but it's happening so suddenly that they need more push than normal, and more supports. I'm thinking about that digital aspect.

I'm also curious to know—and maybe this is for my second round. We heard from travel agents. It was overlooked that they're not eligible for the small business grants and the other government supports. If you could think of any other examples of people who have been overlooked—types of small businesses, sectors—that we need to be looking at to include them in possible next rounds of government supports?

The Chair (Mr. Ernie Hardeman): That's exactly right; that's for the next round. That concludes the time.

We now will go to the government. MPP McDonell.

Mr. Jim McDonell: Good afternoon. My question is for the Y.

I know that, of course, any town or village that doesn't have a Y is somewhat jealous.

You're one of the older organizations that has been working with people over the years, and you certainly have a proud history.

Unfortunately for the Y, the pandemic has affected many of the services that you provided. It forces more and more people to try to move to some type of virtual session.

I'm just wondering what steps you've been able to make with the reality of the pandemic and how it has been received by your clients or customers.

Mr. Rob Adams: We see that the virtual aspect of things is probably always going to be part of our program model moving forward. The issue is that with technology—not everyone has it.

When we were talking about the rural communities and social isolation—what we have started to do and started to recognize from a YMCA movement, particularly in eastern Ontario where there are many rural municipalities—we've started to get out of our bricks and mortar and go to those municipalities and those townships. So we've started to create partnership agreements with townships like Seeleys Bay, Frontenac, North Grenville, Prescott, Gananoque. What people are really missing—and what we've found is that people are slowly coming back, and the rebuild of the Y will take time. It's probably an estimated five years to recover, in terms of possibly getting back to pre-COVID-19 numbers.

People have missed the social aspect that the Y provides. While they appreciate the virtual content, it's the social fabric of community that they still feel is missing. Again, with the charitable aspect of the Y, it's a melting pot, and we serve ages zero to 100, cradle to grave, I like to say. So I think that's always going to still be a need, but I think a shift in getting out of our bricks and mortar, especially when we serve rural municipalities, is something that we need to consider, and that's going to take municipal relationships and provincial support as well.

Mr. Jim McDonell: I know that you mentioned mental health. It really is something that is becoming much more obvious during this pandemic. My wife has a group of ladies who meet outside; they meet for exercise, aerobics, and of course, they've been impacted by this. They have been moved outside over the last few weeks, but the

snowstorm hasn't helped things, and that kind of put a stop to that and their chance to do something tonight.

You probably are one of the groups that see the impacts of mental health more than most organizations—the impacts on people.

In rural areas like mine, with farmers, suicide rates are up—just a lot of issues that might not have been there if society was more open and people had the chance to get out. It's quite disturbing in a community that really hasn't seen that type of issue over the past.

Over the last number of years, we've added more and more money into mental health, probably more than any other province across the country—and doubling what had previously been invested provincially and looking for the federal government to match that. But it takes time. I know, locally, practitioners are a problem. There's a shortage of them, and it takes time to train these people.

So as you move through, what have you seen as far as mental health issues in the community? Have people reached out to the Y, or have you seen its impact?

Mr. Rob Adams: Locally, we're a part of the municipal drug strategy, as an agency to serve the community.

I think the one thing I didn't really mention is how many other agency partners we have that rely on access to our facilities. There are AA meetings that happen in our facilities. There are other sorts of supports that are not just YMCA programs. As a central hub of a community, many of those social service agencies, like family and children's health, access our facilities, and we partner with them to provide programs and services.

On a personal level, because mental health and addictions is something—I've been a recovering alcoholic for 20 years, and I haven't been to a meeting in two years because I haven't been able to access them.

So there has been a lot of relapsing—not just new issues that are happening.

We're seeing things like homelessness, warming shelters, food insecurity, mental health and addictions support that the YMCA sees itself shifting towards. Many have started to do that. In 160 years, some of them have always operated within those areas, too, but it's the partnership agreements that Ys have with these other social service agencies that are impacted because of the risk of the YMCA not being in this community.

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

Mr. Jim McDonell: Okay. I know that locally, in Cornwall, there was a Y that ceased to exist about 10 years ago, and it certainly is missed in the area. The city has made up some of the differences. But you're right—just down the road, the local church is a site for the AA society, and of course they have been shut out of that. Facilities aren't the best—and something that the Y does provide is something that's really top-notch facilities and meeting areas for this.

I guess we don't have much time left, but do you have any last comments on where you see it, coming out of this pandemic? We're looking at, hopefully, opening up in the next week or so, as we get through the worst part of this pandemic.

Mr. Rob Adams: Well, as a—

The Chair (Mr. Ernie Hardeman): You're going to have to have that comment after, in the next round. We just ran out of time.

We will now go to round two with the official opposition. MPP Harden.

Mr. Joel Harden: Thank you to all of our presenters this afternoon.

Michael, it's so good to see you here today. Thank you for telling, in very sharp detail, what you personally have been through in this pandemic. I know a lot of the folks who come to us today wouldn't be here if not for your encouragement. So thank you for encouraging people to step forward and tell their stories, because I think it matters.

You've already talked about some solutions. What I think would be very helpful for members of the committee to understand, because Ottawa often has this reputation of being a bit of a bubble—things don't affect us economically as much because a lot of people work for the federal government, so we assume we can weather every storm. But you have seen how this pandemic has impacted a lot of businesses all over the city, and it's massive—it's the rural parts, it's the suburban parts, it's the downtown parts. So could you help paint a picture? You told us—and I think you're right—that you can't really empathize unless you've lived it, unless it's your dream and you've built it up and you've lost it, as you did.

Could you give us some more anecdotes that we can record for the record so people can know what has happened in our city that puts the lie to that notion that our city hasn't suffered through this pandemic, that small business owners haven't had to sacrifice a great deal?

Mr. Michael Wood: Thank you very much, MPP Harden. It's great to see you as well.

I think there are a couple of things I should touch on.

From April 2020 until July 2021, I was unable to draw a paycheque from my business. If you can imagine going without a paycheque for 16, 17 months, that should put it into a little bit of perspective, too.

1640

To give you an idea, Ottawa is so vast, so whether there's Orléans—if you're familiar with Ottawa, there's Orléans; where I live, in Barrhaven, it's a long, long gap between both. There's Kanata.

To give you all an example, my friend owns a Sandwich Stop in a business park, and—

Mr. Joel Harden: Manny.

Mr. Michael Wood: Manny; correct. The building next to him in this business park is Canada Border Services. They're all working from home. So all of his customers have gone home.

Here in Ottawa, where we do have the federal government, we were labelled, pre-COVID-19, as a recession-proof town. It's not the case. All of these workers who were working downtown and patronizing these local businesses are now working from home in these suburban communities.

So, MPP Harden, to answer your question, there are a lot of things here in Ottawa, in particular, that might be different than other communities—and then also, if we look at some of the rural communities, I feel very badly for Rob Adams at the YMCA. Brockville centralized, and then you've got all these little outlying communities that people aren't coming into Brockville for and supporting those businesses, and so on. It's a tough situation right now for many, and we all just hope that there's a plan to move forward and get us out of this.

Mr. Joel Harden: Yes, respect. But the plan won't surface without the community speaking out, Michael, so thank you for being part of that. Thank you for being part of making sure that small business is heard.

Rob, over to you. I'm a proud YMCA member. I haven't been for a swim at the Taggart centre in two years, and I miss the place dearly.

You talked a bit about what the Y does, though, well beyond the pool and the athletic facilities. I know of many of the YMCA members who have happily continued to pay their monthly contributions, just because we support the facilities that much. After January 26, let's hope—knock on wood—we're starting to get into a better place where we can get back into our fitness routines, get back into our community services in a way that's safe.

What would you say for this budget that you would like the government to know, and us to know in the opposition—critical things that after January 26 you want to see opened with some provincial supports as soon as possible?

Mr. Rob Adams: Just a side note: I worked at the Taggart Family Y. That's a great spot because that is a melting pot of the community in Ottawa, with the shelter and the employment services there. So I know that centre well.

I think, for the most part, what we need the provincial government to understand is that recovery is not going to happen overnight, and so we need to sustain ourselves. While infrastructure programs are good, we need some stabilization funding, and we need it now, and we need it very soon. The programs like child care and infrastructure for capital—those are good, and those will create jobs, but the immediate need would be some sort of sustainability funding that would help recoup the losses that we have. People aren't going to return to the Y right away.

I've shared earlier that we rely on our fee-for-service to do the charitable aspect of what we do. As an example, at the YMCA of Eastern Ontario, we have a 50% return rate right now, and this has been two years going into the pandemic. Another 50% are not going to come back overnight, so it's likely going to take time for it to recover. That's the kind of support that I would suggest that the provincial government really needs to consider—is what sort of stabilization funding is going to be made available for the charitable arm, because without the charitable arm, someone's going to have to continue those social services. Municipalities aren't going to do it, and I don't know that the provincial government is going to all of a sudden decide to do it, as well, and so it's going to rely on social

service agencies like the Y, from a charitable mission standpoint, to continue that work.

Mr. Joel Harden: Chair, how much time do we have left in this round?

The Chair (Mr. Ernie Hardeman): One minute and 10 seconds.

Mr. Joel Harden: Thank you. Rob, just casting ahead to—I know it seems extraordinary to ask, but I feel the need to, because I’ve been an event planner and organizer in a similar capacity to you in different organizations—next summer, these wonderful kids’ programs that the Y runs that give kids some respite in nature: Things going as hopeful as they can, what support do you need for those? Those are critical in our city. They’re great. They give everybody a chance to be outside.

Mr. Rob Adams: I think it goes back to a similar answer, MPP Harden, because, again, sustainability funding—we take opportunity, from the federal government standpoint, from the Canada Summer Jobs programs. So things like that to help offset these staffing costs and overhead costs that continue those programs would be something that we would welcome.

I also think that because we are one of the largest providers in Ontario for child care and a program service model, we would be really good at sitting at a table to help guide those discussions and decide what is best for the province.

Mr. Joel Harden: Thank you again, Rob, for all your work.

The Chair (Mr. Ernie Hardeman): We now go to the independent member. MPP Simard.

M^{lle} Amanda Simard: Thank you for those answers.

Michael and Rob, you both spoke about long-term stability for the programs and just for your financial health. A lot of the government programs, both federal and provincial, are very short-term and often they’re announced very late, but they also have the expiry date of “in a few months”—it could be six months; it could be around that range—but we’re not thinking about the future and what will be needed long-term.

I want to know, from both of your perspectives if there’s time: What is the time frame that we’re looking at for long-term? Right now, during the pandemic, it’s short-term support for three months, for four months, for six months, sometimes a year that we do the programs or the measures. So for you to be comfortable when you’re making your budgets and your decisions, and for small businesses to be making decisions—I’m not a small business owner; my mother was—how much time do you plan? And what should be our timeline when we’re making those decisions to put in place those programs or supports?

Mr. Michael Wood: Thank you for your question, MPP Simard.

Here’s the scenario: All the way throughout the entire pandemic, people would say to me, “How do you feel about the supports that have been provided?” I would say that if this was our fifth pandemic in 15 years, this has not been right. So I’ve tried to be balanced and look at it and

say, “We’ve learned along the way.” I think we’re at the stage now where we need to take everything we’ve learned and start applying it, moving forward. That moving forward, for small business, will be two to five years—trying to figure out exactly the budgets, recovery, employment and so on and so forth. I think our economy is in a bad spot, and I think that employment for a lot of people is in a tight spot.

I won’t take up any more time.

Rob, please go ahead. I’m very interested to hear what you have to say too.

Mr. Rob Adams: Actually, Michael and I are pretty aligned.

I’ll tell you that from a governance standpoint, I recommended to our board that it approve a five-year reforecast, starting September 2020. We reopened in September 2020. We were allowed to open earlier, but we chose to open in September.

The discipline that’s going to be required over the next five years is going to be critical for leaders of organizations like the Y. So we’ve done a five-year reforecast, and we’ve produced quarterly budgets based on the previous quarter’s actuals, so we can pivot quickly and we can see the layout of what’s ahead. To Michael’s point—he talked about a two-to-five-year forecast—that’s how we’re operating, is a five-year operational lens, because of how quickly things change. It’s very hard to budget.

M^{lle} Amanda Simard: I know some small business owners and organizations are making very critical decisions, important decisions, based on—

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

M^{lle} Amanda Simard: —how long a program will last.

Restaurants, for example—some of them have shut their doors, not knowing that this support was going to be renewed. They made these decisions not knowing in the long term how much support would be there for them—because they were forecasting that, but the government wasn’t planning that long in.

Like Michael said, it’s our first pandemic, so certain decisions at the beginning of the pandemic, in the first year—it’s normal that we don’t really know what to expect. But we’re at a point now, as Michael mentioned, that we know this might last a lot longer than we expect; we don’t really know. So it’s important, when we do announce programs or funding and supports, that we have in mind that a lot of the organizations and the businesses are actually making important decisions based on two to five years and based on the government’s support. So thank you for that.

1650

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

Now we go to the government. MPP Bouma.

Mr. Will Bouma: I want to thank everyone for their presentations this afternoon. It has been very, very informative, and I very much enjoyed it.

I thought I would give the last word to the home builders.

Mr. Chair, you'll probably agree with me that Van Huizen is probably about the most appropriate name that you can think of for a home builder—having been born in the Netherlands myself.

Jonathan and Ruth, I very much appreciate your being here. I want to have a conversation about this, because everywhere I go, for everyone I listen to, especially as parliamentary assistant to the Minister of Finance, housing is such an issue. So I think it's a great way to wrap up this hour, just talking about that a little bit.

I was wondering, where are you guys at? How busy are the home builders out your way?

Mr. Jonathan Van Huizen: Thanks for the question, MPP Bouma.

Things are really crazy right now. It stems from the fact that we're lacking the ability to build as many units as we need. As you saw in the Ontario Home Builders' Association's report, in Ontario alone over the next 10 years, we're probably needing a million new units. We build out currently at about 77,000 in the province. So this whole supply and demand is just incredible.

As the pandemic shifts where people want to live and how they want to live, it's an incredible amount of pressure on these smaller communities. We feel it a lot as a lot of the policy statements and a lot of the way the legislation has been structured—it has been specifically designed for large urban centres, so we've been really struggling. When you have a parcel that is within the official plan yet hasn't been developed yet, you're looking at five to 10 years from concept to putting a shovel in the ground and starting construction.

Even if we said we wanted to fix something, if we don't change the process and if we don't put the people in place to process these applications, we won't begin to alleviate the supply issue for five years. Starting in five years would be optimistic.

Mr. Will Bouma: I think that's a really, really good point. It just makes me wonder, because we know how strained the system already is and the issues with the supply chains and everything else—which is why, when I'm talking to my local home builders and they bring up this point from the Ontario Home Builders' Association about the home renovation tax credit, from our perspective, especially in finance, we don't know if that makes sense. In a certain sense, you'd be putting more fuel onto the fire of a system that's already going gangbusters right now, which is why we've kind of been shying away from that and trying to put the resources of support and recovery into those areas that are hurting most, which we've heard about some this afternoon.

When I talk to my home builders, they tell me that they probably spend more time sitting in a chair and waiting outside of someone's office to have a meeting about some issue or another than they ever do swinging a hammer or doing a design or talking to a client; I'm assuming that's the same with you also.

I know that we've done some things that make it easier for home builders. Just recently, I think we changed—that councils can delegate more things so that staff can get stuff

back faster. I got a little bit of criticism on that locally—that now council can't make all of those decisions, like they could before, on a secondary dwelling unit and things like that.

I was wondering if you could comment a little bit on more steps that we could take to streamline things that won't affect the quality of the build and things like that.

You're right; I don't think we're ever going to be able to build enough new homes, but we have to be looking at innovative solutions.

I would like you just to run out the clock talking about different ideas that you have on what we could do to make things faster, how we can partner with municipalities.

That's why our minister and the Premier are sitting down and doing the housing summit—to talk with municipalities about streamlining things, how critical it is, getting the tradespeople trained, the investments that we're making, and all those pieces.

If you could just keep talking about that—things that the province can do to make it easier to fix some of the housing crisis, from a local perspective, in the Bay of Quinte.

Mr. Jonathan Van Huizen: I appreciate that opportunity.

I'll start at the top: The provincial policy statement is the piece of legislation that dictates all of the official plans and the way development occurs within the province. We feel that it's specific to the GTA and that some measure has been placed on the north, as well—of getting some relief there. We feel we need a provincial policy statement for eastern Ontario. If we start with that governing legislation and it looks at our needs out in eastern Ontario, it's going to be different than the policy statement that governs the GTA.

From there, I believe the municipalities can be empowered to redo their zoning bylaws in their official plans in a really efficient manner. If they were to create zoning bylaws that are much more generic and inclusive of different opportunities for development, you would have to go to the trough less often to rezone a piece of property before you can do what you need to do.

So the provincial policy statement says to increase density; all the zoning says single detached—so if you want to go and you want to get a subdivision, you've got to rezone. Every time you rezone, it's a public process, so you get NIMBYism—"not in my backyard." You get all these opportunities to derail the process of development.

So then the official plans—a lot of the data that governs population growth and the way we measure how much land we will allow municipalities to put in their official plan is so restrictive that you can have services go to the edge of your official plan boundary and there's land right there at the end of that pipe that can be developed, but because they can't expand their official plan because it includes some land that's not developable, that land doesn't get developed.

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

Mr. Jonathan Van Huizen: And the land that can't be developed because of a wetland or because there are turtles

or those kinds of things—they're stuck. It's in their official plan officially, and they can't change it, and we can't get to the lands that can be easily developed. So we've hedged ourselves in with a very complex system of official plans, zoning bylaws and the provincial policy statement. I would say that those are the trifecta for speeding up, and then we have to look at the number of organizations that are involved in peer-reviewing approvals: You have the Ministry of Environment, you have—

Mr. Will Bouma: We're going to run out of time, so I'll cut you off there. I just wanted to say thank you. I really appreciate your time—and, indeed, to everyone. I would have liked to have a chat with everyone, but we don't have the time for that.

I turn it back over to you, Chair.

The Chair (Mr. Ernie Hardeman): Thank you very much, everyone, for your presentations. That concludes the time for this panel.

ONTARIO ASSOCIATION
OF CARDIOLOGISTS

MS. SARAH WHITE

GREATER OTTAWA
HOME BUILDERS' ASSOCIATION

The Chair (Mr. Ernie Hardeman): We now will go to the next panel. The first presentation is from the Ontario Association of Cardiologists.

I would ask you, when you come forward—to everyone; I see we have quite a list of delegates that are with you. For anyone who speaks, make sure they first introduce themselves to make sure we have the name in Hansard and what they said, so we can protect the innocent from being accused of having said it.

With that, we turn it over to you.

Dr. Richard Davies: Thank you very much. I'm Dr. Richard Davies, a cardiologist and professor of medicine at the University of Ottawa Heart Institute and deputy chair of the OMA section of cardiology. With me today are Dr. Michael Hartleib, a cardiologist at the Peterborough Regional Health Centre and secretary of the OMA cardiology section, and Dr. John Parker, a cardiologist and professor of medicine at the University Health Network in Toronto and the chair of the OMA cardiology section. All three of us are board members of the Ontario Association of Cardiologists, which is an organization that represents both academic and community-based cardiologists across the province. We're very pleased to be here with you today to share the thoughts and recommendations of the section of cardiology and our association regarding the 2022 Ontario budget.

1700

As some background: Good health care delivery depends crucially on an underlying economic infrastructure that supports and encourages both best medical practices and innovation, and the work of your committee is therefore crucial for the ongoing excellence of health

care in Ontario. We'd like to offer the enthusiastic support of our section and our specialty to accomplish this.

Over the past two years, the pandemic has forced Ontario's physicians to adjust the ways in which we deliver health care, both for patients with COVID-19 and for those with other chronic conditions that need to be looked after.

On this background, we'd like to focus on three areas of need that we think should be a given a high priority in the upcoming budget.

First is the need for the ongoing development and support of virtual health care to serve Ontario's patients beyond the pandemic. The pandemic has taught us this is a very useful modality that can be combined with other things.

The second is the need to provide Ontario's congestive heart failure patients with better access to specialty-based care. This is very important as heart failure is a chronic disease of cardiology and one of the most important diagnoses for health care costs and health care benefits.

Finally, there is the need to support an increasingly fragile and vulnerable infrastructure for specialist out-patient care in Ontario.

To discuss these priorities further, I'd like to pass the microphone now to Dr. Hartleib and Dr. Parker.

Dr. Michael Hartleib: Thanks, Dr. Davies, and thank you all for allowing us to speak this afternoon.

I'm going to speak quickly about virtual care and then turn to heart failure.

As many of you are aware, the pandemic has necessitated and accelerated our adoption of virtual care and allowed us to discover opportunities, risks and benefits for the health care system.

In March 2020, the Ontario government introduced virtual fee codes on a temporary basis for payment of physicians for providing virtual care to patients. These codes have been essential in maintaining access to medical care during the pandemic. I can tell you, for example, many of my patients simply declined to attend in-person care out of pandemic fear.

More than this, however, I work in a large and geographically diverse region in Ontario with a very high proportion of elderly patients. Many of my patients need to travel long distances for in-patient visits. They are challenged to arrange transport or express environmental concerns about driving. Patients, in addition, often have challenges taking time off work or simply prefer virtual visits, particularly for simple problems. And let's be honest, we live in Canada, where yesterday's weather event does occur. Despite the fact that I couldn't get out of my driveway and actually had to shut down the entirety of my clinic, I was still able to see or at least speak to the majority of my clinic patients yesterday, which, previous to March 2020, I wouldn't have been able to do.

You may have heard concerns about access during the pandemic, although, in short, because of virtual codes we've never closed our doors during the pandemic. We've continued to serve our community and the region, and we're able to accommodate patient preference. Importantly, those who need to be seen are seen, those who want

to be seen are seen, and those who prefer virtual care, where medically safe, are accommodated. We can successfully provide virtual care because we continue to see our patients in person. Virtual care codes are set to expire in September 2022, and of course, on this basis, we're urging the government to make virtual fee codes permanent and work with our organization and other provincial regulatory bodies to revise the schedule of benefits to reflect our new realities.

I'm going to turn to the specific disease entity of congestive heart failure. As Dr. Davies mentioned, congestive heart failure is one of the number one causes of admission and readmission to the hospital and carries significant morbidity. What most people don't understand is that, in many cases, it has a higher mortality rate than many cancers. This is why these very complex patients account for such a significant cost to the system. Unfortunately, because more Canadians are surviving cardiovascular disease, more are developing heart failure. The incidence in costs of this disease continue to rise.

Cardiologists train for years to learn how to manage congestive heart failure. The complexity of managing this chronic disease was, in the past, recognized by appropriate remuneration to physicians. In April 2015, this complex disease code was removed and payment adjusted such that cardiologists no longer had access to this fee code while at the same time less well-trained physicians continue to receive extra payment. To be clear, at this time, those with less training are currently being paid more than cardiologists to manage the same patient. Over the same time period, appropriate, guideline-recommended care has only become more complex—

The Chair (Mr. Ernie Hardeman): You have one minute left.

Dr. Michael Hartleib:—while those specialized and rigorously trained continue to be disincentivized.

I'm going to turn this over to Dr. Parker to further address congestive heart failure management.

Dr. John Parker: I'm John Parker. I'm a cardiologist at—

The Chair (Mr. Ernie Hardeman): If I could just stop you for a moment—I would like the previous speaker to identify their name. They didn't start with introducing themselves.

Dr. Michael Hartleib: Many apologies. I'm Mike Hartleib, I'm a cardiologist at Peterborough Regional Health Centre.

The Chair (Mr. Ernie Hardeman): Thank you very much. Now we'll start, and we'll put an extra minute on it.

Dr. John Parker: I am John Parker. I'm a cardiologist in downtown Toronto, at Mount Sinai and University Health Network. I came to Canada after training in the US—I'm Canadian by birth—in 1992. So I've been here quite a while.

I [*inaudible*] heart failure management in the province. As mentioned by my colleagues, heart failure is actually the most common reason for an adult greater than 50 years of age to be admitted to hospital, and heart failure is a huge cause of mortality and morbidity in the community. The

management of these patients, particularly with the more and more complex drug regimens proven to be effective, requires specialty and for folks to begin and maintain therapy.

A number of excellent research programs—actually, many of them carried out in Ontario—have documented that early follow-up by a cardiologist after discharge from hospital improves outcomes, reducing the need for repeat hospitalization while greatly improving quality of life. Unfortunately, to date, despite many attempts, proper funding to allow organization of specialty follow-up with cardiologists has not come forward from the ministry.

The ministry has launched efforts to address this problem, but the focus has been on primarily primary care, family physician management. While the latter is clearly important, there needs to be more emphasis on developing a program where all patients with a diagnosis of heart failure in the province—

The Chair (Mr. Ernie Hardeman): I think we do have to stop there and we'll have to start with the questions. Hopefully, we can get all that information in the answers to the questions.

Thank you, doctors, for your very thorough presentation.

The next delegation is Sarah White. We have seven minutes for you to make your presentation, and at the six-minute mark, I will let you know you're getting close to the end.

So with that, we turn it over to you, and the floor is yours.

Ms. Sarah White: My name is Sarah White. I am a single mother of a 14-year-old with high-functioning autism. I'm also a COVID-19 screener and a companion for seniors. I would like to start off by saying thank you. It is an honour to be invited here to speak to all of you today.

It is estimated that 3.9 million Ontario residents have a disability or disabilities. Individuals with disabilities face higher rates of unemployment, which means they are more than twice as likely to be living in poverty—similarly, parents of children with disabilities, including those whose adult children with disabilities are living with them.

Having a disability or supporting a family member with a disability can be and is very costly. During the pandemic, people with disabilities and their families have had to either step away from their jobs and/or make other arrangements for therapy, care and support that is normally provided in the community or through the school system. They are forced to stock up on food, medical supplies and shift to living life at home, and costs are going up. People with disabilities who don't have these financial resources are unfortunately falling through the cracks at the moment.

Parents of children who have disabilities are without any level of support from the government to help pay for specialized tutoring—especially ones that are designed specifically for children with dyslexia, for example. Schools do not offer this kind of education, and children are without resources to learn the basics like how to read and write, given that they need to learn differently from others. Parents of children with dyslexia, for example,

might spend \$1,500 per month on a specialized tutor who works with children at least four days a week so that they can have a fighting chance in the classroom. My son, who has high-functioning autism—his supports include glasses which could cost up to \$400. His iPad he needs for school can cost upwards of \$600.

1710

People living on ODSP cannot afford renters' insurance. ODSP financial assistance has been cut by \$222.1 million, and 22% of all people living on ODSP are living below the poverty line. Many people on ODSP can't work. ODSP was supposed to go up, and for some reason, it didn't in the last budget. People on ODSP cannot afford an apartment, let alone basic needs such as food, clothing and basic necessities.

At the moment, I am trying to find a place for my son. A townhouse can cost up to \$2,100 to \$2,400 a month. I can't afford that at the moment. Costs are increasing. Home prices are increasing.

There seem to be 300 different rules—not just anyone can apply for Ontario Works. You have to have a doctor's comprehensive evaluation subject to an annual review. It was set up for failure as you are not allowed to own certain assets.

The Wynne government increased the asset limit and increased the clawback to \$200 a month. She also included a \$100-a-month work allowance, which disappeared because people living on disabilities couldn't work during the pandemic because of health issues.

OW and ODSP have been underfunded, causing a legislated poverty system. Wait times for applications since 2020 for ODSP have increased. As well, applications are being denied, forcing people to appeal. Appealing can take up to two years. Most people just gave up when their application was turned down.

An auditor's report under the Wynne government suggested they needed more audits, so Ford hired more people during the pandemic, forcing ODSP recipients to get all the paperwork done on a time limit. Emails to the office of community and social services went unanswered, and all emails had to be forwarded to the minister of accessibility.

Governments need to start seeing supports for people with disabilities as an investment rather than a cost. Give them the therapy and supports they need so that there is an opportunity for them to be as high-functioning and independent as possible, such as helping them procure employment.

Our request is to provide more financial assistance to people with disabilities and their families to be used to provide things like at-home care, personal support services, food, shelter, therapy and tutoring. People with disabilities, their families and all other disability-related organizations should sit at meetings to design ideas to promote their health and well-being. In this moment of crisis, we need to affirm the equal rights of persons with disabilities by providing them with health care and therapy as needed. Disability organizations have the resources to reach people who are isolated and provide support as

needed for those who cannot access information that is needed for them and others who have difficulty understanding and responding to information. Adopt clear and concise eligibility criteria for those who do require support and access to other resources and supports such as wheelchairs—

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

Ms. Sarah White: Freeze rents so people can afford a home. A raise in ODSP is required so they can afford basic needs—and rapid tests and PPE for those with disabilities who have supports from developmental service workers, for OW and social service workers and personal support workers.

Ladies and gentlemen, I want to thank you all for your time and consideration. Remember, disability rights are still human rights.

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

Our next presenter is the Greater Ottawa Home Builders' Association: Jason Burggraaf, executive director. Again, we'll ask you to introduce yourself for Hansard to make sure they get it right. We thank you very much for being here. The floor is yours.

Mr. Jason Burggraaf: Good afternoon. Thank you for giving me the time to speak with you today. As mentioned, my name is Jason Burggraaf. I am the executive director at the Greater Ottawa Home Builders' Association.

GOHBA is the proud voice of 350 companies operating in the residential construction and professional renovation industry, employing 43,000 people across Ottawa's area and generating \$6 billion in economic activity.

GOHBA members still know this is not a business-as-usual environment, and they continue to prioritize health and safety and sanitation on job sites to protect workers, clients and their families. Keeping jobs safe and keeping people safe is our industry's first priority.

There are a number of items that I want to address with you today, but they all coalesce around one single issue, and that's housing affordability and housing supply. I know it won't be a shock to any of you when I say that the status of housing affordability and supply has declined significantly here in Ottawa and across the province. Let me provide you with some examples.

Last year, Scotiabank reported that in the Ottawa-Gatineau region, the number of housing units per 1,000 residents decreased from 421 in 2016 to 412 in 2020, a decrease of nine. My quick math, though, tells me that if we wanted to get back to that 2016 level just here in Ottawa alone, we would have to build 9,000 new homes as of yesterday, which is more than we typically produce in a year.

That same report notes declines in housing per population in Toronto, Hamilton and Kitchener as well, and across the country, really.

More recently, just last week, Scotiabank reported that Ontario has the highest structural housing deficit of any province in the country and would require 650 homes for its ratio of dwellings to population to equal that of the rest of the country.

I bring up these statistics to show that it's not an issue that can be addressed by nibbling at the edges. Improving housing affordability and housing supply requires determination and persistence by the government.

The majority of measures to boost the supply of new residential construction are focused, obviously, on the planning and zoning process—I know you heard that from my colleagues over at Quinte in the previous panel—and GOHMA has submitted 30 individual recommendations to the housing affordability task force that speak to this. But addressing this issue requires a whole-of-government approach, and there are a number of measures that we would like to see in the finance committee's support.

The first is re-establishing a home renovation tax credit, one that's modelled after the previous successful federal program and the one that's currently in place in Saskatchewan, which would take work out of the underground economy—meaning taxes are being paid. It would also help address the government's environmental and climate change priorities by improving and prioritizing the energy efficiency performance of homes and reducing greenhouse gas emissions, which would then reduce hydro bills and demand on the province's electrical system; but it could also be targeted to boost housing supply and increase housing affordability by encouraging the construction of secondary units, basement apartments and rental units. A home renovation tax credit would encourage Ontarians to invest in their number one asset and the foundation of their financial security: their homes.

Second, the province should accelerate major infrastructure projects based on clearly defined housing supply priorities. Obviously, the most critical project here in Ottawa is stage 3 and stage 4 of light rail transit. Despite its flaws, the LRT is the defining feature of how Ottawa will grow and evolve over the next 25 years, and it's a focal point of housing supply. We are seeing significant investment and activity along the transit lines of phase 2, which is currently being constructed.

My third recommendation is that the province has to redouble its efforts to modernize the skilled trades and apprenticeship system, as laid out in the 2020 fall budget, including breaking the stigma and supporting awareness of skilled trades, to simplify the system and encourage employer participation. The residential construction industry is facing a significant shortfall in skilled labour in the coming years. According to BuildForce Canada, our industry is going to have to hire 100,000 new skilled workers in the coming decade, just to address mass retirements. We're going to be losing about 20% of our entire workforce.

Our fourth recommendation is that the province also needs to encourage investment in innovation and automated construction techniques to help address this loss of labour supply. In particular, that would be investments in prefabricated construction plans and panelized construction and investment in forming technologies, including 3-D printing.

Fifth, we encourage the provincial government to continue efforts to harmonize the provincial building code

with the national model building code. A single harmonized requirement across Canada for the same product or technique would eliminate trade barriers that result from additional product testing, labelling and professional training. The plumbing industry has estimated that enforcing the same water heater standard across Canada would save consumers and manufacturers \$150 million per year—and that's just one product category; the national model building code alone references more than 400.

Finally, our sixth recommendation is to require municipalities to accept surety bonds as a financial tool to secure municipal agreements. This change would continue to provide municipalities with the financial security that they need while freeing billions of dollars in financial liquidity for development. Additionally, it wouldn't have any impact on provincial or municipal revenues or expenditures. Across Ontario, there are billions of dollars of credit capacity and cash deposits that are sitting idle and are not being used to create housing supply. New liquidity and investment is what's needed to ensure that builders and developers have the credit capacity to bring additional projects and housing supplies forward.

1720

There are a number of recommendations we have for you today, but I wanted to wrap things up by providing a little bit more context.

Consider that Ottawa and most of the province has had a fully active housing market over the past two years, with almost no immigration and no international students—

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

Mr. Jason Burggraaf: Thank you—basically, no external demands on housing. New home sales are still at pre-pandemic levels now. Consider the increase in house prices we have seen and the lack of availability in today's markets. Building homes is not a luxury or something that's nice to do; it's essential.

The Ministry of Finance projects that Ontario's population is going to grow by 2.2 million people over the next 10 years, so in order to accommodate them we need to build a million more homes by 2031. Currently, we build around 77,000 homes a year across this province, but we need to bump that up to 100,000, consistently, over the next decade. We collectively need to do all that we can in order to support housing affordability and housing supply.

And with that, I'm happy to answer any questions. Thanks very much for your time.

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

That concludes the presenters.

Now we'll get into the questions, and the first round will be started by the independents. MPP Simard.

M^{lle} Amanda Simard: I want to thank all three groups presenting.

I have questions for all three groups, but for the first round, I believe I will go with the Ontario Association of Cardiologists.

I'm in a rural riding with many small towns, so access to any type of specialized health care is at least a 40-minute drive, and that's on the highway. It requires, often,

for people to have rides from a family member or whomever—seniors, but also people who are sick. So the virtual is extremely important. I always wondered why it took a pandemic to start doing that. But whatever it takes, at least we're there now.

I wanted to let you elaborate, if there's more to say on the virtual health care, the adjustments that need to be made. I know you spoke about the virtual care fee code that was temporary. But are there any other tweaks, supports or adjustments that need to be made to have a better infrastructure for virtual care? I believe in my area and in many other areas in eastern Ontario and across the province, this is super important, because it's time-saving, and it's also a security issue for many seniors who can't drive. I think this just makes—for certain services, obviously—everything easier for many people. So I think we should be doing everything we can to support you in any way to do those virtual consultations or visits.

Dr. Richard Davies: First, I'll just say that we agree with you completely. We've learned with the pandemic how useful virtual care can be. It should be combined with the ability for in-person care. Sometimes we need to do a physical exam, but certainly not on every visit. Virtual care also allows us to be much more efficient, and I think you've stated the case very well. This is exactly why we think this is important and something that needs to be carried forward, because we're very sensitive to how hard it is for patients to come in. When they need to, they need to, but when they don't, they really shouldn't have to.

Dr. Hartleib or Dr. Parker, any further comments?

Dr. Michael Hartleib: No, other than, Amanda, that I completely agree with every one of your comments.

You asked a really good question about what other infrastructure might be necessary to support this, and I think I'll turn it over to Dr. Parker on that, who has some thoughts on this, if that's okay.

Dr. John Parker: Yes, I'd certainly agree. Actually I've been very involved in a number of groups looking at care in remote communities. Your story is really harmonious with many communities where people have to go a long way and they have trouble accessing care. I think that we need to establish with the ministry mechanisms for not only doing virtual visits but allowing ease of access of remote patients to specialty care—not only in cardiology, but to other subspecialties. It is correct that some patients will need to be seen, in our field, at some point and at times, but actually a lot of follow-up relating to testing results can be done remotely and effectively.

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

M^{le} Amanda Simard: Exactly, and I was also thinking even post-pandemic, when I'm sitting at the doctor's office waiting for my appointment, or any health care setting—maybe that doesn't apply to the cardiologists, specifically, but you're in a health care setting and there are risks associated with that as well, being somewhere where other people are sick. I know that doesn't apply to you, but in other settings I do believe that there's an importance to that.

If there's anything that you also want to submit after—this is not your only opportunity—if you think of needs

and supports that you would need for virtual, to assist in the virtual care.

Dr. Richard Davies: I agree with you completely, and I would say it does apply in our health care setting—

The Chair (Mr. Ernie Hardeman): If we could just leave the answer to that to the next round—because the time is up.

Now we'll go to questions from the government side. MPP Yakabuski.

Mr. John Yakabuski: Thank you to everyone for joining us this afternoon—very interesting presentations.

I appreciate the visit from the folks from the Ontario Association of Cardiologists, as well as Ms. White.

I'm going to try to keep my questions for the time being with the Greater Ottawa Home Builders' Association.

May I call you Jason? Jason, my son is a Red Seal carpenter, so I have an "in" in this business, as you say. I'm not slinging the hammer too much myself these days. But we could talk for hours about the challenges facing—you articulated about the projected population growth in Ontario. We're seeing that. It's out there in spades. We need to build more homes to accommodate those people. We need more accommodation, whether it's affordable housing or any other type of housing. We can't accommodate people if we don't build it.

I'm hoping that the opposition is listening here as well, Jason, because they stand in the way when we try to move things ahead, quite frankly.

Minister Clark's More Homes, More Choice Act, the housing supply bill, was a big step forward. I don't know where we'd be if he hadn't made a move with many of his changes, including MZOs where needed, so that building could get done.

Minister McNaughton—it began with Minister Scott. The changes that have been made in the skilled trades and what we're doing to try to encourage more boot camps—we're taking away apprentice fees, all of those kind of things.

I realize there's so much more to do, and you've articulated it; I've got all kinds of notes here.

Could you just give me a little bit of something on the progress that has been made by Minister Clark and our government, and through Minister McNaughton as well, to try to help this situation?

Mr. Jason Burggraaf: Moving some of the delegated authority to staff and relieving some of those political pressures on what should be technical planning decisions, I think, is most critical. The biggest barriers are definitely at the municipal level, so it's important that what should be just simple technical exercises that staff can take care of are done so.

On the skilled trades front: The parity of esteem, if we'll call it that, of a skilled tradesperson—the government has certainly picked that up. We appreciate that and its supports to the apprenticeship system. For residential, in particular—if I'm going to be selfish—the one thing I would suggest is to not necessarily tie supports to Red Seal apprentices in trades, because so many trades within residential construction aren't full Red Seal apprentices;

they're sub-trades of sorts. So the more access that those groups could have to training supports and others that that typical Red Seal gets would be fantastic. But we certainly see an improvement.

1730

Mr. John Yakabuski: And of course, no one has to go for their Red Seal; that's a choice that they make. My son made that choice—but he sees it, as well.

What about Minister Clark's More Homes, More Choice Act? Do you see that as being a positive step forward?

Mr. Jason Burggraaf: Yes. The other thing I see as important is coordination between municipalities and the federal government. I know that the province has made that a priority, to coordinate efforts at all three levels of government—and that's simply that everybody needs to row forward in the same way in order to address this issue.

Mr. John Yakabuski: We'll do whatever we can to alleviate the housing supply challenges all across Ontario, but particularly for you in the greater Ottawa area.

How much time do I have left, Chair?

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

Mr. John Yakabuski: I do want to pick up a little bit with the Ontario Association of Cardiologists. I thank you for your presentation. You've made a number of—I couldn't write fast enough, actually, to be honest with you, to keep track. Dr. Hartleib was speaking—I believe it was him going through that list—and it was a little hard for me to keep up and listen at the same time. You're raising a lot of really important issues, and I just want to thank you for doing that.

Also, I'm assuming, quite frankly, that you've got a significant written submission prepared—because I know you can't do that in the seven minutes that are allocated to you in this forum. Those things that you've been asking for—I'm sure that you've forwarded them through SCOFEA, but also, hopefully, directly to the Ministry of Health, this being a critical point.

To MPP Simard's point: Where I live, in Barry's Bay, we're talking about a minimum, on a good day, of two hours to Ottawa, and more like four hours to Toronto, so Ottawa is certainly the tertiary care centre for people in my riding. But because it's such a big riding, many of us live much farther away. So I totally understand the suggestion about more virtual care.

If you wanted to expand on any of those issues that you brought forward, I'll give you this opportunity with the little time we have left.

Dr. Michael Hartleib: We actually see patients from Barry's Bay in Peterborough. So I'll throw that out there.

The only comment I would make is that there is support for infrastructure—and that infrastructure is critical. You can't provide virtual care if you are not at the same time prepared to provide in-person care.

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

Dr. Michael Hartleib: Okay. So what I want to say is that, yes, we've got to have virtual care, but we also need support for the infrastructure whereby we can continue to provide in-patient care. That's at risk, because what people

maybe don't get is that the majority of patient care in Ontario occurs outside the walls of the hospital, 80% to 90% of the time, and the people who pay for that are the physicians. Our overhead actually continues to rise, and the support for that overhead—the bricks and mortar, the place where people can come when they need to come—is threatened.

So what we're looking for—we're open to novel suggestions to support the infrastructure, whereby 80% to 90% of the care that patients in Ontario receive can be supported and is no longer threatened. Right now, it's on a shoestring and it's on a knife's edge.

The Chair (Mr. Ernie Hardeman): That does conclude the time for that presentation.

Now we'll go to the official opposition. MPP Arthur.

Mr. Ian Arthur: Good afternoon, everyone, and thank you so much for wrapping up the day with the last presentations.

You know it has been a long day on committee when your headphones run out of juice and for the last one you have to run and find another pair.

I want to start, briefly, with the cardiologists for a couple of questions.

Your virtual care codes—where are they for cost equivalency to similar care in person? Is there a difference there?

Dr. Richard Davies: Actually, there's not. The fee codes that we use are meant to parallel, so there's essentially one K-code that we use, and then we are essentially instructed to bill the number that makes it appropriate. So, essentially, a consultation is the same.

I would also comment, though, that the overall level of those codes haven't literally changed in decades. They're about two and a half times lower than are currently recommended by the OMA for the equivalent service, and we all have to vastly supplement the overhead with money coming from other places because it is simply not possible to set up a clinic, see patients, and make that work.

Mr. Ian Arthur: You beat me to it; that's where I was going with that line of questioning. Thank you very much for that.

On the virtual health care and where it can be appropriately applied: Would any of you care to comment on the role that technology will likely play in virtual care in the future and the ability for all sorts of monitoring devices with patients, and how a combination of that could further increase care if it was expanded in Ontario?

Dr. Michael Hartleib: I was just going to suggest this might go best to John, who actually has much better, broader experience in this.

John, I'll turn it to you.

Dr. John Parker: It will be something that takes time to develop. I think we view it as a generational issue. I have hundreds of patients in their eighties who really aren't comfortable with even using a computer interface, and it works quite well on the phone.

We do have eHealth Ontario, where we can work with set-up appointments. It's a little bit onerous in terms of the timing.

To another part of your question—it's whether remote monitoring will help patients. Yes, we should be able, if we had the right infrastructure, to allow a patient who needs a certain test—some tests can be done remotely with little in the way of infrastructure, but just need a mechanism to say, for instance, "This patient needs a rhythm monitoring device." It can be applied locally and then the results can be interpreted, and the patient can be contacted and seen if necessary.

I would say that this goes in line with what I was trying to describe as a need for heart failure support across the province. We need to work out mechanisms where patients can receive appropriate care but minimize the problems of distance and actually, frankly, the lack of care many patients have simply because of distance, and the problem with being able reach out to a community and organize testing for a patient and avoid them having to travel two hours to get a simple device upon which takes two minutes. There are many examples I could give, but that's the general tone of it. To do that, we really need to have a structure in place where there's co-operation between the communities—not necessarily academic centres, but centres such as Dr. Hartleib's with a very sophisticated cardiac care program, but can be hundreds of kilometres away from the patients they serve.

Mr. Ian Arthur: Because of the time, I'm going to pivot.

Sarah, I'm dyslexic and I've struggled with it my entire life. I'm looking forward to the Right to Read report that was supposed to be out in October but, hopefully, is going to be released soon. We hear you loud and clear in the opposition—whether it's ODSP rates or the support that they need with specialized learning. I had a meeting very recently with a group of teachers who had all gone through training to teach children with dyslexia—and how important that was, and how broadly unavailable it was for the wider education professionals. Frankly, what we ask people to live on on ODSP is criminal. It has no right being anywhere in Canada. It's so far beyond the cost of basic living—it's just pure insanity.

I don't know that I so much have a question—other than that we hear you loud and clear.

Is there anything else you would like to add to your comments from earlier?

If there was ever an example of bad to worse, the autism program over the last eight years has just been so tragic and torn apart so many families.

Thank you for coming forward and sharing your story.
1740

Ms. Sarah White: Thank you. I think one of my concerns is that—well, one thing is, the government gave, I believe, a one-time payment of \$600. Again, that doesn't pay for a week's worth of daycare or caregiving or basic necessities. But I really do hope that something can be done, something can be changed.

Mr. Ian Arthur: Just on one specific point you brought up earlier, the specialized support for children with disabilities at home during the last two years of the pandemic and, frankly, going forward, because many can't

attend school in a similar fashion: What would that mean if there was actual, significant funding put into that, to provide the at-home support that's appropriate for whatever disability the child is facing?

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

Ms. Sarah White: What I'm looking for is any support provided, like caregivers, links, resources, funding for technology like iPads so children with special needs can learn at home. That's basically what I'm looking for. Yes, that's basically it, at the moment.

Mr. Ian Arthur: Significant support, meaningful support?

Ms. Sarah White: Yes, exactly.

The Chair (Mr. Ernie Hardeman): We'll now start the second round. We'll start with the independent member. MPP Simard.

M^{lle} Amanda Simard: My question is to Ms. White. I really appreciated your presentation.

Correct me if I'm wrong, but the current amount is under \$1,200 per month, right?

Ms. Sarah White: Yes.

M^{lle} Amanda Simard: Okay. Most of us MPPs who represent the eastern Ontario ridings know that our areas are normally affordable places to live—very affordable compared to Ottawa, Toronto and the cities. Even then, you can't find a place in my riding to live for under \$1,500 a month. I've been getting so many phone calls at the constituency office from people who are not even on ODSP who cannot afford to live here in my riding anymore, because they can't find a place and circumstances have changed, and there's just no place for them. If you take that—and that's not even counting the basic needs—how is that humane? It's not. So we absolutely hear you.

I feel that if there's nothing in the budget and no announcements in the coming months—it's just unbelievable if we cannot do anything about this situation, about the people living on ODSP—I think we have a problem.

One of the calls I got this week—and this is my question to you, too, relating to that—was that I had a constituent on ODSP who went for an eye procedure and he was told that he needed an extra exam. That exam was covered and that procedure was covered on his visit. Because of the condition he has, he needs to get another exam that's important for him, but it's not covered by the insurance and the government. So by not getting that exam, he is potentially going to cost even more to the government in the future, because we're not able to identify that problem for him and he's not able to pay for it. This is something that I believe should be covered—those types of things.

Are there specific examples that you can think of? I know I'm putting you on the spot, but if you could think of things that are not covered that—I know the ODSP needs to be increased, but are there areas that we need to be covering? I know you spoke about autism and therapy and things like that, but are there examples that you want to give?

Ms. Sarah White: I think what we would like is dental care and maybe some funding or supports for things like

iPads, wheelchairs, some therapies as well. That's pretty much all I can think of at the moment.

M^{lle} Amanda Simard: That's good. We're asking for very basic needs, essential things. These are not luxuries; these are very basic. So I find it unbelievable, in 2022, that we could just stay here and not care.

Ms. Sarah White: Yes, exactly.

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

M^{lle} Amanda Simard: That's it for me, Mr. Chair.

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

Mr. Jim McDonell: Thanks, everybody, for coming out today. I think it's very informative as we go through.

One of my roles, as the PA to Minister Clark, has been over the building code. We're into harmonizing the building code with the rest of Canada, hoping to have that come into place, I believe, in 2023, going through most of the harmonization steps, because we see, as well, some of the savings on homes and the costs, the availability of labour, if we can move across boundaries for utilizing codes that everybody else in the province is using. It's just a good thing to do, and I was glad to see that was brought up earlier today.

And our real thrust is about increasing the housing supply, making it affordable. Minister Clark has come out with a number of pieces of legislation early in our mandate, because, of course—this is no secret, and this was before COVID-19—housing was becoming too expensive, and the biggest issue really was the lack of supply. And some of the data provided by the Ottawa group—Jason certainly supports that.

Since taking over and passing the legislation we have, we've seen a huge investment in new housing, up about 25% in 2020, which was the first full year after our legislation passed, and up another 53% in 2021, the first three quarters. So we saw rental units at their highest level since 1992 in 2020, and up again in 2021. These are the results of some of the legislation we put in, but we know that it's not enough.

We know we have to substantially increase the housing supply. We're going through our housing summit tomorrow, checking with the builders and municipalities to see how we can perhaps come up with more ideas than just what we can do.

Jason, maybe you could elaborate on some of the ideas that you see as important to move us ahead of this and get us out of this extreme shortage in this province.

Mr. Jason Burggraaf: There's a number of practical things. Most are municipal processes that need to be either adjusted through the Planning Act or through the provincial policy statement, such as municipal engineer liability. Plans get caught up and approvals get caught up in engineering at the municipal level, because, of course, the municipal engineer is the one on the hook for it when the builder or developer has already had another professional engineer do that work and have their stamp on it, but that's not something that the municipality can accept. So there's a structural issue there where things get caught up. So if the developer's engineer, who has the same professional

accreditation and it's their liability for those plans versus the municipal engineers—that review process would go much more smoothly.

There's a very similar kind of issue on the legal review side of the municipality. Legal is maybe the worst kind of black hole of—when you're following a development application through the municipal process, it tends to get stuck. Legal is probably the most obvious bottleneck where you see files languish—so scoping down the reviews of what legal reviews in terms of applications would also be quite significant.

That is a lot of the on-the-ground kind of stuff. I mentioned delegated authority before, increasing site plan exemptions. Right now, site plan, at least in Ottawa, is applicable to any project that's four units or higher, so it takes up pretty much everything. But site plan has also changed from what should be a technical exercise of, "What are the approaches in and out of that site? How does it configure on the lot?" to one that's a bit of a political trade-off where, now, the councillor is involved in what they want to see on that site or what can be extracted from that to get their agreement. So more technical exercises that staff can take care of would very much be welcome as well.

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We have a number of comments and recommendations that we made to the Housing Affordability Task Force that speak to those real, practical and municipal matters, and then others are just structural right from the start, from the get-go of growth projections. The municipalities produce their own growth projections. The Ministry of Finance produces perfectly good growth projections that can be used to determine household rates and housing demand, but municipalities tend to produce their own.

In Ottawa's particular case, they chose sort of a medium-growth scenario so that there would be a limit on the development that's expected. But if they had gone with the Ministry of Finance's numbers, there would be a higher growth that they would have to accommodate. It all plays part and parcel.

Mr. Jim McDonell: It's interesting that you've brought that up, because we've seen former governments that did not allow for enough growth going forward, in the future. Right across Ontario, municipalities are updating their official plans to include this greater growth. So I guess your feeling on the city of Ottawa's official plan is the growth projections are not sufficient to look after the growth that they're seeing over the past few years?

Mr. Jason Burggraaf: Yes. The exercise that the city went through essentially presented three growth scenarios, and they chose the middle one. Inevitably, when you present three scenarios, you're always going to lean to the middle one because that seems to be the compromise position.

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

Mr. Jason Burggraaf: Yes. I think the projections and a more standardized approach to growth projections and housing demand across the province is certainly welcome.

The other big concern I have about official plans in the Ottawa experience, but across the province as well, is, we set up these projections and then have a housing target of—in Ottawa, it's 195,000 new homes over the next 25 years. But then an official plan is drafted that doesn't do anything to shoot towards that target. Achieving that target of 195,000 homes isn't one of the priorities of the official plan. It's—

Mr. Jim McDonell: I know we just have seconds left. We were talking about municipal score sheets. Although they show just how well the municipalities are using the tools we put out there—

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

Now we'll go to the official opposition.

Mr. Ian Arthur: Hi there, Jason. I'm going to continue on the housing issue. It's something that I care about a lot. I have a couple of questions here and we'll try to get through them all.

The home renovation tax credit: Certainly, the federal government has one that targets green renovations, and the provincial government had their reasons for pulling that back. In particular, if that tax credit was used to increase supply—the addition of those granny suites or income suites in housing that can also address some of the supply issues—how much of a difference do you think that would actually make?

Mr. Jason Burggraaf: I think it's going to be a significant amount because, in most cases, your gentle density increases are going to come from conversions of already existing homes. The more opportunity you can give people to convert a home into one that's going to house two or three families is all the more critical. You've got to give everybody as much opportunity as possible to have that in-fill housing. My guess would be that you're going to see that at a sale of a home. I don't know how many people necessarily build that suite—or they'll build that suite for a family member at the time of, or someone they want to take in. Especially if their family member is getting older—they want to take in their parents or what have you. But then once that situation changes and they leave that house, all of a sudden now you've got two dwelling units that can be used to house two separate families. So it's really going to take an opportunity to open up every possibility.

What I've stressed here in Ottawa is—again, I mentioned 195,000 homes just for Ottawa alone. That means building higher buildings; it means denser neighbourhoods; it means new communities on the edge. The only way to achieve that sheer number of houses is to build everywhere and anywhere there is opportunity. And that is applicable across the province.

Mr. Ian Arthur: So you can overlay availability of affordable housing units with the decrease in government funding for affordable housing. We really lost access to funding for affordable housing units; as the government withdrew those funds, it stopped actually investing in affordable housing themselves.

If there was an expanded program on a provincial scale, much like the federal money that's out there through CMHC and the rapid housing initiatives that they have—if the province came to the table with a similarly significant pocket of money to build homes that were specifically affordable with a long time frame attached to that, how would that affect home builders? You don't mind where the money is coming from to put these buildings up, do you?

Mr. Jason Burggraaf: No, certainly not. The issue, I think, is, it's very difficult to build—I'm assuming when you're speaking of affordability, what you're really talking about is how we can have subsidized housing that's more kind of social housing here, do you mean?

Mr. Ian Arthur: Yes.

Ms. Jason Burggraaf: For sure, there has certainly been a decrease for decades upon decades on that issue. But housing is a continuum. So as much as there needs to be support at the private market or a facilitation of building housing at the private market, there needs as much supply at the affordable or subsidized level as humanly possible as well, again, just for the sheer numbers that we're talking about. So I would certainly support more government intervention at every level of government to subsidize our social housing. I don't think it's the single thing that can fix that issue, by any means, because again, we're talking about social housing; it's about 10% of the population that it houses. It's not something we can rely on to fix the issue, but again I'm going to emphasize, as I've said before, we need supply anywhere and everywhere we can get it.

Mr. Ian Arthur: I very much agree with you. I don't think that there is a solely public way out of the affordability crisis and the housing crisis and the supply crisis we have. But in a similar vein, if we simply rely only on private investment, folks like Sarah White and those folks who need access to affordable units won't be able to get them. And if we do build some supply, similarly to those granny suites and in-law suites that we're talking about—people are moving into those affordable units, freeing up other units that are privately owned that other people can access. So it can be a virtual cycle.

You talked very briefly about the automated construction sector, and I'm going to have a follow-up call with you about this later because I think it's a really, really important aspect of where we need to go. The labour shortfall is so significant, it is going to last for so long, that we need to look at new ways of putting up buildings.

How can the government—they're in the middle of a building code review right now in Ontario. How can we make sure that the building code is built for the ways which we build homes in the future?

Mr. Jason Burggraaf: I don't know that there's much issue with the building code. There are a few panelized builders now; other builders are looking at how to incorporate. It's really investment in the capacity of that industry. There are a few builders here in Ottawa, like a Guildcrest Homes kind of thing, that are factory-built.

The real benefit that I see, frankly, is actually the job situation that you have in a factory-built home. For those who, say, don't want to necessarily be open to the

elements or building on-site—if you're working at a factory builder, you are going to the same place to work every day; you're indoors. A lot of the things that people complain about for why they don't join the skilled trades, and especially residential construction, are taken away when there's a factory-built setting.

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

Mr. Ian Arthur: So more support for companies moving in and operating in that sector.

Briefly, if there was provincial backing for something similar to the PACE programs—the clean energy retrofit programs that are tied to the property itself rather than the individual—do you think that could be an avenue for municipalities to increase housing supply in a similar vein to those additional suites?

Mr. Jason Burggraaf: Housing supply, I'm not sure of. Right now, the city of Ottawa is using it to increase energy efficiency retrofits, and in that vein, it's certainly very important, because people have had a very hard time trading off the upfront capital expenditure for the long-term savings, especially if they're not sure that they're going to stay in their house 10 years or more. So tying the cost of energy efficiency improvements to the house rather than to that individual is ideal.

The Chair (Mr. Ernie Hardeman): That does conclude the time we allotted for that.

I want to thank, first of all, all the panellists for being involved with the process this afternoon.

As a reminder to all presenters, the deadline for written submissions is 7 p.m. on Wednesday, January 26, 2022. So all the people who had more to say than I gave them time for—you can still put it on paper and make sure we hear it before we write our report. We very much thank you again for your participation, and if you want to participate more, there's the opportunity.

That concludes our business for today.

Thank you, again, to all the presenters not only on this panel but on the panels all day long.

As a reminder to the committee, the deadline for amendments is Wednesday, January 26.

Interjection.

The Chair (Mr. Ernie Hardeman): Written submissions, yes.

The committee is now adjourned until 9 a.m. on Wednesday, January 19, when we will continue with pre-budget consultations 2022 for the greater Toronto and Hamilton area of Ontario.

Thank you again to everybody participating today, and thank you to all the people who presented, and also the committee members who endured through the day. I want to tell you it was a long one.

The committee adjourned at 1802.

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