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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

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43rd Parliament

Thursday 1 February 2024

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

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43^e législature

Jeudi 1^{er} février 2024

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

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

Thursday 1 February 2024

Jeudi 1^{er} février 2024

The committee met at 1000 in Dryden Regional Training and Cultural Centre, Dryden.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, and welcome to Dryden. I would call the meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to resume public hearings on pre-budget consultations. The Clerk of the Committee has distributed committee documents, including written submissions, via SharePoint.

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

Before we go any further, are there any questions on that from the committee? If not, I do have a comment. Before we begin, we would like to ask the members and staff present today if they can please limit the amount of WiFi used during the meeting, especially during virtual presentations. The WiFi is not quite to the standard that some of the committee would be used to, so we'll ask you to consider that.

CITY OF DRYDEN

YWCA TORONTO

GRAND COUNCIL TREATY 3

The Chair (Mr. Ernie Hardeman): We do have the first table that, I believe, are present—and one is going to be virtual. The first is the city of Dryden; the second is YWCA Toronto; and Grand Council Treaty 3.

As I mentioned, you will have seven minutes to make your presentation. At six minutes, I will say, "One minute," but the best part of your presentation is that minute, so don't stop. At the end, I will say, "Thank you very much," and that will be the seven-minute mark.

We also ask each presenter to start by introducing themselves, to make sure that Hansard has the right name to the presentation.

First, the city of Dryden.

Mr. Roger Nesbitt: Thank you. Through the Chair: First off, I'd like to welcome all the committee members and staff to Dryden. I hope you'll have a great stay here in our beautiful city.

This morning, I'll be presenting a request for the inclusion of territories without municipal organization to be included in the long-term-care funding apportionment.

Long-term care is an essential component of our health care system, providing critical services to all residents of the Kenora district regardless of their geographic location or property tax contributions. However, there is a significant disparity in the funding apportionment for long-term-care services within a district. Currently, long-term-care funding does not extend to Ontario's unincorporated territories and townships, while it does include incorporated municipalities. This discrepancy has been a long-standing issue, with voices in the Kenora district advocating for change for over two decades.

The provincial government's lack of contribution to long-term-care funding on behalf of the unincorporated residents from the provincial land taxes collected is particularly concerning, considering that the population of the unincorporated fringe area around the city of Dryden is approximately 4,000 residents, while Dryden itself has a population of only 7,400. This means that municipal ratepayers are shouldering the long-term-care costs for a significant additional population.

In 2024, the city of Dryden will pay a long-term-care levy of just over \$800,000, representing a 4% increase from the previous year.

If the provincial government were to contribute to long-term-care funding for unincorporated territories, it could potentially reduce the municipal levy by approximately 50%, providing substantial relief to the municipality.

In addition to the financial strain on municipalities, there is a pressing need to increase long-term-care capacity in the Dryden area. Wait times in Dryden for entry into long-term care from the community or from hospitalization are significantly longer than the provincial averages, impacting the community's health care services and the overall well-being of its residents.

Figure 5 on page 9 of the submission speaks to the patient wait times for the Dryden long-term-care facility as compared to the provincial averages. In the 2022-23 period, Dryden's wait times for entry into long-term care from the community were 1.7 times longer than the prov-

incial average and 5.2 times longer for patients coming from hospitalization.

With the current funding apportionment, expanding long-term-care services is not feasible for municipal affordability, especially considering that municipalities are expected to fund approximately 65% of those capital costs.

It is imperative that the provincial government contribute funding on behalf of the unincorporated ratepayers to ensure that adequate long-term-care services are available for all residents. The issue extends beyond long-term-care funding, highlighting a significant disparity between municipal property taxes and those in unincorporated areas, driven by a provincial land tax system in need of reform. This imbalance, coupled with the fact that the unincorporated fringe residents have access to similar services and infrastructure as Dryden's municipal residents do, has led to an out-migration from the municipal jurisdiction to unincorporated areas. This out-migration is fairly evident in the latest census data, where Dryden shows a population decrease of 4.7% and the unincorporated census subdivision saw an 11.7% population increase.

Figure 1 on page 4 of the submission demonstrates a comparison of provincial land tax amounts for the unincorporated fringe versus the city of Dryden amounts, based on \$100,000 of current value assessment. Municipal residential property taxes are approximately 6.6 times higher, commercial property taxes are about 10.3 times higher, and municipal industrial taxes are over 31 times higher than the unincorporated taxes. This is an issue that needs to be addressed.

We urge the current government to fulfill its commitment to strengthening the north and treating our communities as equal partners in advancing the province. This necessitates a fair-share approach, ensuring that all Ontario residents contribute their fair share for services and resources they utilize.

The city of Dryden respectfully requests that the provincial government consider the following recommendations.

The first recommendation: Modify the long-term-care funding apportionment to include all unincorporated areas, and provide this funding on behalf of those residents, thereby reducing the long-term-care levied amounts against municipalities.

Number two: Provide 100% of the infrastructure capital costs for the district of Kenora's long-term-care facilities, including costs associated with retrofit, rehabilitation, or facility replacements or additions. Expecting municipalities to bear approximately 65% of these capital costs is unsustainable, and it impedes the provision of adequate operating funding for the district's long-term-care facilities.

The third recommendation is to take immediate steps to reform the apportionment of provincial land taxes to unincorporated municipalities that bear those expenditure responsibilities for residents living on the fringe of their boundaries in unincorporated areas.

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

Mr. Roger Nesbitt: Dryden is ready to collaborate with all stakeholders to find a balanced solution that supports the region's needs today and into the future.

Thank you.

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

Our next presenter is YWCA Toronto, and I believe that's virtual.

The floor is yours.

Ms. Sami Pritchard: Thank you for the opportunity to present this morning. My name is Sami Pritchard. I'm the interim director of advocacy and communications at YWCA Toronto, which is the city of Toronto's largest multiservice non-profit organization, and serves more than 13,000 people annually across this city—those primarily being women, girls and gender-diverse people. Our services include 820 permanent housing units or shelters, two of which are for those fleeing gender-based violence; many employment and training programs; as well as girls' and youth programming and child care. Several of our programs, including our violence-against-women services, supportive housing and employment programs, are funded by the province, which is a partnership we are very grateful for.

Many of the community members we serve are survivors of violence; are from households impacted by poverty, disability and mental health issues; are newcomers to Canada and/or are women on social assistance looking to enter the labour market.

We are also connected to a provincial and national movement. We are the chair of our YWCA Ontario Coalition, which is primarily an advocacy body that represents the interests of YWCA member associations across the province, from St. Thomas-Elgin all the way north to Sudbury.

As front-line service agencies, we know that when the communities we serve are well supported, they are able to thrive and prosper. So as we discuss our forthcoming recommendations today, we urge you to consider how their implementation in budget 2024 can enable the economic and social prosperity of women, girls and gender-diverse people in the province.

I'd like to start by talking about the non-profit sector, which is an integral pillar of the economy that contributes \$65 billion annually to the province's GDP and employs more than 844,000 people, the majority of whom are women and racialized workers.

1010

Currently, the non-profit sector is at a tipping point. According to the Ontario Nonprofit Network, there has been a 76% increase in demand for services across the sector over the past year, and non-profits are struggling to meet the exponentially growing demand. This is certainly reflected within our association. To provide an example, in 2023 we had to make the difficult decision to stop enrolling children in our early childhood education centre due to space and staffing shortages. And we have a near-constant need for shelter and relief staff due to COVID outbreaks and staff burnout. As we're seeing levels of

poverty and gender-based violence continue to mount, we have seen a huge uptick in demand for our shelter and housing services, both of which are chronically at capacity. At the same time, the needs of the community we serve have become much more complex, making our need for greater supports more pertinent than ever before.

Amidst several compounding crises, the non-profit sector has served as Ontario's safety net, providing haven and hope—this, while we ourselves feel the impacts of these crises. COVID-19, increased housing precarity and poverty, along with stagnant wages for front-line staff brought on by Bill 124 have deeply impacted our sector, including our staff, who are the backbone of our work.

The non-profit sector—and, as such, the well-being of Ontarians—cannot be sustained without greater support. An investment in non-profits is an investment in the economic prosperity of Ontario's women, girls and gender-diverse people, who not only rely on our services but who are also integral to the workforce and labour force within the sector.

Today we recommend that you establish a home for the non-profit sector in the Ministry of Economic Development, Job Creation and Trade that allows you to efficiently work with the over 58,000 non-profits, charities and grassroots groups in Ontario and to address the non-profit human resource crisis.

We would also like to talk about the importance of investing in girls and youth. Currently, no level of government provides dedicated funding for girls' programming. As an organization that provides this programming, we know that these programs provide innumerable opportunities for girls and youth to build capacity, express themselves creatively, develop leadership skills, and form meaningful connections with their peers—all of this done through strength-based and trauma-informed programming activities. Our programs, such as the first-of-its-kind-in-Canada girls' centre in Scarborough, our girls' council and Camp Tapawingo, all work towards empowering our province's future change-makers. With this in mind, we recommend that the province create a \$30-million girl-specific youth fund that women's organizations and other organizations with emerging and established girls' programs can access to enable organizations like ours to continue providing responsive and supportive programming.

Finally, in November 2023, we were buoyed and relieved to see the signing of the Canada-Ontario bilateral agreement on the implementation of the National Action Plan to End Gender-Based Violence and the corresponding investment of \$162 million to address ending gender-based violence.

The 2022 Renfrew county inquest recommendations identified gender-based violence and intimate partner violence as an epidemic in this province.

As service providers, we see every day the impacts of intimate partner and gender-based violence, and we know that supporting those fleeing violence means going beyond providing immediate shelter, but also wraparound trauma-informed, culturally appropriate supports such as mental

health services, housing acquisition support, and referrals to lawyers, doctors and child care.

Through the national action plan agreement, we are pleased to see a commitment to stabilize and strengthen the sector and investments in prevention efforts.

As service providers, we know that addressing gender-based violence requires that multi-faceted approach, and particularly an approach that recognizes systemic barriers which prevent people from leaving violent relationships, such as poverty, housing, and mental health and addictions. The stark reality is that one in five single mothers in Canada raise their children in poverty, and last year one in four food bank clients were children or youth. These systemic issues can exacerbate gender-based violence in households.

We encourage the government to consider how poverty reduction, including income supports and social housing, are integral to ending gender-based violence.

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

Ms. Sami Pritchard: We can and we must do better to support women, girls and gender-diverse people across the province.

We are grateful for the province's openness to multilateral collaboration to serve Ontarians, including through the national action plan and agreements with municipalities, such as Toronto's new deal. We encourage continued collaboration to work for the province's future prosperity.

We know that a budget is a political document that reflects the priorities of those who write it. Our hope is that budget 2024 will be reflective of a government that prioritizes the needs of women, girls and gender-diverse people in the province.

Thank you very much for your time.

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

We now will go to Grand Council Treaty 3.

Ms. Debbie Lipscombe: *Remarks in Anishinaabemowin.*

My name is Debbie Lipscombe. I'm the executive director of Grand Council Treaty 3. Our treaty covers 55,000 square miles, and we have a traditionally selected grand chief. We work with 28 communities, two of which are in Manitoba, so we have some very unique situations when we talk about a treaty approach because that does involve our two communities in Manitoba. We have provincial boundaries, and we have international boundaries because many of our communities are along the Fort Frances corridor and therefore access into the United States.

We have a decentralized staff. So I have staff in Kenora, Fort Frances and Dryden. We also have staff in our communities—so Grassy Narrows, Wabaseemoong, Whitefish Bay. We have over 100-plus staff. Over the last little bit, our staff has grown, and so our needs have also grown.

With respect to our four-directional governance model, we have seven chiefs who sit in each direction. We have seven chiefs who sit in the economic sector, seven chiefs who sit in the social sector, seven chiefs who sit in the cultural sector, and seven chiefs who sit within the environmental sector.

We have a significant number of regional organizations within our territory providing service delivery, and they've grown, as well, over the years: Seven Generations, Kenora Chiefs Advisory, Giishkaandago'ikwe, our health access centres, Bimose Tribal Council, AKRC, Paawidigong First Nations Forum, and Shuniah. We've also seen the growth of other organizations, such as Niiwin Wendaanimok, which has participated in the twinning of the highway.

Our territory is a significant economic driver within the region. We provide a lot of services, and our community members purchase a lot of services within those urban hubs.

Today, I feel a little bit underdressed, but the reason I'm wearing this sweatshirt is because it represents a voice that isn't always here. This shirt is from the resident expert advisory leadership. That's a long-term care. All long-term-care facilities have resident councils. So I'm bringing my sweatshirt here because I believe they also need a voice in long-term care—because they're not always here.

With that, I do want to touch on two areas. One of them is child welfare; it's our social portfolio. As a nation, we have our laws. Abinoojii Inakonigewin was passed in 2005, and we have done a lot of work. We have a relationship agreement with the province of Ontario. We continue to do work federally, and so that work is ongoing, around the implementation of our laws. That's a key point for us to continue that work, specifically as a youth-in-transition table. We know that our youth are struggling when they exit child welfare. They're often exiting to homelessness, housing issues, employment issues, schooling issues, and so we do want to have a youth-in-transition table as part of that funding request.

Our social sector also works for missing and murdered Indigenous women and girls. It also works with children and adults who are human-trafficked. There was that recent announcement yesterday, when the minister was in his riding, about the children at risk for exploitation. We do know that Highway 11 and Highway 17 are corridors between Winnipeg and Thunder Bay and other destinations. Working in child welfare, working in that specific vulnerable group requires additional investments, and we really need to work to ensure that their voices are heard.

Our social unit also works with the 2SLGBTQ+ community. Our territory was one of the first First Nation territorial organizations. As a nation, our leadership came together and said we needed to have that voice, and so we created a council. But there is no dedicated funding that supports that work across the continuum, and so that's a big challenge for us, whether it's in health, whether it's in child welfare, whether it's in economic development. As we look at moving into health, that is a real issue for providing that support for our 2S community to feel welcome.

1020

We also want to work in the area of traditional health and really bring that to bear in Western health systems. We've identified that that is a gap for us in Treaty 3. There's a lot of work that's happening within our Ontario health teams, a lot of work happening within our health

organizations, but we really do want to have a more dedicated focus within traditional health and have that recognized around policies and policy development and funding.

Mental health and addiction continues to be a big issue across Ontario. It's no different in our territory, with many significant losses. We do have a Treaty 3 drug task force that continues to do that work. Four of our communities are working today to come together as a collective to see what they can do to get better data. Really, that's an important piece—data governance, being able to have your data, knowing what your data says and being able to plan accordingly. So that is some of the work that Grand Council Treaty 3 is undertaking.

The chair brought forward the issue—

Failure of sound system.

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

Mr. Terence Kernaghan: Thank you to all of our presenters who are here in person, as well as those virtually.

I'd like to start off with Sami from YWCA Toronto. Sami, thank you for your presentation. We know that the Renfrew county inquest made those 86 recommendations, the first of which was declaring intimate partner violence an epidemic. How integral is that declaration to the work that you do, and how is ending gender-based violence interconnected to the other issues you brought up in your presentation, including poverty, housing and shelter services?

Ms. Sami Pritchard: Thank you very much for your question.

I think, first and foremost, the declaration would provide a recognition, a validation that the government sees the crisis at hand. At the end of last year, our partners at OAITH, the Ontario Association of Interval and Transition Houses, reported that 62 people died by femicide, and data has revealed that femicide is rising by a staggering amount. The reality is, we really cannot change what we refuse to name in the first place, so by naming this crisis for what it is, an epidemic, we are shifting the narrative from one of silence or stigma to one of meaningful support and action.

We have long known, as service providers, that gender-based violence and intimate partner violence are deep and pervasive societal issues, and that they are also systemic issues, meaning in order to address and to eradicate them, we need systemic solutions. For us, this looks like and means advocating at every level of change and utilizing every tool available to us. Having a public health approach within a coordinated whole-of-society response sends a clear message that we take the lives and well-being of women, gender-diverse people and their families seriously and that it was also a necessary public policy choice and one that would allow funding to flow to robust public health measures that include prevention, early intervention and public education, and could ensure that different institutions that interact with people impacted by gender-based violence outside of just our shelters, from health care to housing to courts and schools and workplaces, are attuned to and centre the needs of every survivor.

So with recognizing this as an urgent public health crisis, we really have an opportunity to move further into prevention work and to focus on planning, on emergency preparedness, harm reduction and risk mitigation. But we know that this also requires deep-seated and dedicated investments in order to sustain the sector and to increase the depth and relevance of our supports, our programs and our policy solutions.

Mr. Terence Kernaghan: Have you ever been given a reasonable justification or an excuse as to why the province has not chosen to declare intimate partner violence an epidemic?

Ms. Sami Pritchard: I wouldn't suggest that we've heard an outward response as to the rationale behind not making the declaration.

We are continuing to try to engage in conversations to really express the urgency and to answer any questions that may come up as to why it should not be named, because we know, as service providers and as folks who are on the ground working with folks impacted by this violence, what is required and what is needed, just as we want to ensure that the voices of the survivors are amplified and that their calls to action are being heard.

Mr. Terence Kernaghan: You also touched on the province and how they are working to establish the structure to implement the Canada-Ontario agreement on the National Action Plan to End Gender-Based Violence. What do you want to see from MCCSS in their rollout of the plan?

Ms. Sami Pritchard: The province has a really critical role to play in ensuring that the proposed national action plan will meaningfully address the crisis at hand. We've appreciated the efforts to stabilize and strengthen the sector that we've seen roll out—which has long been strained. Continuing efforts to stabilize the sector are especially integral to our work and ensuring that women, girls and gender-diverse people are well-supported as they rebuild their lives free from violence.

In particular, we would like to see investments prioritized in existing core services, including operating funding and innovation, along with measurable plans and strategies to be able to maintain sustainability. I really want to emphasize the importance of having community input and guidance from subject matter experts to ensure that this is done intentionally and holistically and that it is driven by the needs of survivors. Community really needs to be involved every step of the way.

With this in mind, we'd really like to be able to see a multi-sectoral approach to addressing gender-based violence across the province, including creating and implementing a province-wide strategy that is informed and led by survivors, victims' families, service providers and other subject matter experts.

In order to uphold accountability and reporting on these types of plans that we're speaking to, we would like to see the implementation of a multi-sectoral provincial round table that could advise, inform and monitor progress and strategies to end gender-based violence.

We'd also recommend a new investment of \$60 million into the core operating budget for shelters, provincially, in order to match inflation and address the rising costs of operations, wages and programming.

Mr. Terence Kernaghan: We've seen such a horrible increase in violence against women and gender-based violence. It's absolutely concerning, and it is incumbent upon the province to act.

I want to thank you for also mentioning the need for culturally sensitive and trauma-informed supports and approaches. Being survivor-centred is incredibly wise.

I want to change tack a little bit. In your presentation, you spoke a little bit about non-profits and how they need greater supports because the demand is outstripping their ability to provide those critical, key services. As a provider, what do those supports look like to you? How could the province provide greater supports for non-profits?

Ms. Sami Pritchard: As noted, our sector is really struggling at a time of heightened need for social services due to the compounding issues facing our community, such as gender-based violence, as we've just discussed. The reality is, people are really struggling right now to put food on the table, pay their rent and maintain their homes. And we know that those crises are exacerbated based on a person's social identity, personal experiences and so forth. So it is really social services that are there working to ensure folks are not falling through the cracks.

As a woman-majority sector that is performing these essential—

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

Ms. Sami Pritchard:—investment in our sector would not only allow us to support a feminized workforce and ensure equitable workplaces, but help provide critical services for women fleeing violence and so forth. Our ability to continue providing support to the degree it is being demanded right now is directly tied to our resources and capacity.

The Ontario Nonprofit Network, which we are members of, has made a series of recommendations that we've included in our written submission, that support including establishing that home in government I spoke to and also looking to address that human resource crisis—so seeing allocated funds to support a sector-wide labour strategy and workforce development plan, and phasing in wage parity for front-line workers to achieve equal pay for equal work, while also allowing flexible funds that allow us to pay our front-line workers what they're worth.

Mr. Terence Kernaghan: Absolutely. There is a staffing crisis and a human resources crisis within non-profits. People should be paid what they're worth. You shouldn't have to hold up the sector based on people's good intentions and their good hearts.

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

Ms. Stephanie Bowman: Thank you to our presenters this morning. It's my first time here in Dryden. It's great to learn a little bit about your city and some of the challenges that you're facing.

Roger, I will start with you. Talk a little bit about the dialogue that you've been having, either with the province

or with your unincorporated municipality neighbours, about the recommendation to look at how the apportionment of taxes works. You've described the challenge well, in terms of the population shifting there—and yet the city having to provide services. Could you update us on the conversations that you've had to date?

Mr. Roger Nesbitt: Through the Chair: Thank you for the question.

Conversations to date have originated from our long-term-care provider to the provincial government—dating as far back as 2003. The city of Kenora has also had similar conversations and made similar requests during that time period, with the city of Dryden joining that voice several years ago as well. The city of Dryden has had multiple discussions with the minister—several ministers—over the long-term-care portfolio of the ministry, but we haven't seen a lot of movement to date.

1030

Discussions with the unorganized territories or the unincorporated territories is difficult, because they're exactly that, unorganized, at least around the fringe areas of Dryden, so that poses a bit of a problem.

That said, what we're proposing is already being done with integrated social services funding, with public health funding. Both of those models for the apportionment of funding include the unorganized, the unincorporated territories.

My suggestion to the province would be to look at the integrated social services funding model that's used for the DSSAB here in the Kenora district. I think it's there. The framework is there. The wheel doesn't have to be reinvented.

Ms. Stephanie Bowman: Thank you.

Sami, I will turn to you briefly. You talked about the request for funding for girls and youth, specifically. Certainly, I understand there are growing challenges in mental health and addictions. Could you talk about some of the specific needs you feel are being unmet today?

Ms. Sami Pritchard: Girls and gender-diverse youth are facing tremendous challenges to achieve their full potential, from gender-based discrimination, racism, bullying, harassment and violence. These are all still very preventable, and having programming such as that, that we offer, that other YWCAs offer, and other dedicated youth programming and girls' programming is really, really valuable in providing those spaces where folks are able to learn new skills, engage with their peers and be empowered to be their full selves and learn beyond the scope that they think they have.

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

Ms. Sami Pritchard: To your point, as far as funding and support goes, right now, there is no government funding for girls' and youth programming. Having long-term, sustainable government funding would not only ensure that those accessing the programs could continue to have space to flourish, to have a supportive environment and to be encouraged, but it would also enable our ability to welcome more girls and gender-diverse youth to these spaces.

Ms. Stephanie Bowman: Thank you.

Debbie, I was really intrigued to hear about the laws that you passed in 2005. Could you, again, quickly highlight some of the key benefits of that framework?

Ms. Debbie Lipscombe: Grand Council Treaty 3 has traditional laws—our child care law, Abinoojii Inakonigewin; our resource law, Manito Aki Inakonigaawin. And we're currently working on health law, education law and citizenship. As a treaty-based territory, we are a nation. Nations make laws over their citizens. That's the purpose of bringing people together. So with respect to Abinoojii Inakonigewin, over the last—

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

We will now go to the government side. MPP Crawford.

Mr. Stephen Crawford: Thank you to the presenters for being here today. It's great to be here in the city of Dryden. If I'm not mistaken—correct me if I'm wrong—this is the smallest city in Ontario. I come from the largest town in Ontario, Oakville. So we share something in common.

I'd like to start with the city of Dryden and touch on long-term care.

As a government, we are very committed and understand the importance of long-term care. We've made a commitment to build 30,000 beds, which we are in the process of doing, and enhance the system by bringing in more people to inspect homes, more hours of dedicated care, mandatory air conditioning, and also modernize a lot of the beds. So we recognize the issue. We went through COVID, which was a difficult time as well. So this is a province-wide issue.

Here, specifically, in Dryden—you touched on your specific issue as it relates to long-term care. Is there just one long-term care in the city, or are there multiple homes?

Mr. Roger Nesbitt: Thank you for the question.

Through the Chair: There is one long-term-care facility in Dryden.

Mr. Stephen Crawford: You were suggesting that a growing percentage of the people in the facility are coming from these unincorporated communities. Is that a trend that's occurring right now, and where do you see that trend over the next five or 10 years? And how acute is the demographic issue of the aging population here in Dryden, specifically?

Mr. Roger Nesbitt: Through the Chair: For the demographics, both in Dryden and the unincorporated fringe population around Dryden, on average, ages are actually higher than the rest of the province. I think that's covered in our brief. The demand on long-term care services will grow, most definitely. And those current residents—as I mentioned in my presentation, it's absolutely not restricted to just municipal residents. The long-term-care facility provides services to all area residents, no matter where or how they pay property taxes and so on and so forth.

Mr. Stephen Crawford: You focused on long-term care, which I appreciate. While you're here and representing the city of Dryden, are there any other issues you would like to bring to the committee's attention in terms

of where you would like to see some government support or policy changes?

Mr. Roger Nesbitt: Through the Chair: That's a fantastic question. I'm really glad you asked that.

The city of Dryden has the highest municipal policing costs in the entire province—currently, we're well above our neighbouring municipalities, which also incur extremely high policing costs, when compared to the average OPP policing costs across the rest of the province. We've been asking for help there for a few years now and would very much enjoy additional help.

Part of this request in trying to find additional funding and such within our current fiscal budget is to deal with an infrastructure deficit. Currently, the city of Dryden estimates that we have close to a \$300-million infrastructure deficit, which is a staggering amount for a community our size. That leads to multiple issues, from affordability—we're in need of additional housing, just like many other communities across the province and across the country, but with that infrastructure deficit, it goes without saying that we can't afford what we have today, let alone putting in new infrastructure to facilitate that additional housing stock we so badly need. So that's an area that we call upon the province to—I know they recognize it, absolutely, but we're calling for help in that regard, as well.

Mr. Stephen Crawford: The policing costs are high, relatively—is it because of the smaller population base? What's the rationale for that?

Mr. Roger Nesbitt: It's purely from a call-for-service standpoint. There are multiple root causes.

The city of Kenora, the town of Sioux Lookout, the town of Fort Frances, the city of Dryden—we are all experiencing much higher per-property policing costs than the rest of the province, and Dryden is, by far, the highest, currently, and will remain that way for at least the next couple of years.

Mr. Stephen Crawford: Thank you very much.

Debbie, thank you for having us in your region. We appreciate it.

I want to ask you if people in your community have taken advantage of the RAISE program, which the government of Ontario brought out to support Indigenous entrepreneurs. We've done \$15-million funding for that.

Ms. Debbie Lipscombe: This Friday, our women are getting together and they're having a women's gathering up in Winnipeg. We have over 200 women coming together, and part of that is having people come in and do the presentations—it's really finding out what they need. That's where our focus is for that program—bringing awareness around the program. We have a lot of small crafters, women who do beading, who do ribbon skirts and sell them at the powwow. That's where our goal is—to leverage that into an online business or a business marketing strategy, and giving them the skills to do that.

1040

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

Ms. Debbie Lipscombe: That's our focus—really bringing that micromarket to the larger scale.

Mr. Stephen Crawford: I would think there's tremendous opportunity for that.

In any of your communities, is there much in the way of tourism at all?

Ms. Debbie Lipscombe: There is a fair bit of tourism, and that is something our economic unit is trying to grow, as they do have an ecotourism strategy that they are working on. They are working on other pieces related to what is the business plan and how do we create an ecotourism business plan? All of our communities have summer powwows all throughout the weekends. How do you build that over the winter months and make it a year-round activity? We do have a lot of lakes and rivers. We have a lot of opportunity. It's really just being able to put people together and put the resources at the same table.

Mr. Stephen Crawford: No doubt it's a beautiful part of our country that more people should experience.

The Chair (Mr. Ernie Hardeman): The time is up.

We will go to the official opposition. MPP Mamakwa.

Mr. Sol Mamakwa: Thank you to the presenters: Roger and Sami, online, and also Debbie from Treaty 3.

We know that this area in northwestern Ontario is a very unique area. I think the issues related to what is being spoken about from Dryden and also Treaty 3—there is certainly some alignment.

Roger, you spoke about the long-term-care facility—that there is one in Dryden. How many beds are there in that facility?

Mr. Roger Nesbitt: Through the Chair: Just over 90.

Mr. Sol Mamakwa: What's the population that you serve in the area?

Mr. Roger Nesbitt: If you look at the combined population for the unincorporated as well as Dryden, we're close to 12,000, but that doesn't include our First Nation communities that are in the area and some of the smaller municipalities—the township of Ignace, the township of Machin, and so on and so forth. It's quite a large population, when you look at the geographical area that our long-term-care facility has to service.

Mr. Sol Mamakwa: Thank you for that.

Debbie, you spoke about the elders' sweater. You come with the voice of the elders, the elderly. Thank you for that. Sometimes we forget about the elders; we forget that they are the ones the history and the teachings come from, from our perspective.

You spoke about some of the First Nation laws that we have here.

You spoke about the transition table that you want to be able to start engaging your people with, along with the government. Could you elaborate on that transition table?

Ms. Debbie Lipscombe: A lot of our youth grow up in care. I grew up in care. I was adopted as part of the Sixties Scoop. I'm a foster parent, and my children are the first generation that hasn't grown up in care. My granddaughter and my daughter live with me—that protective piece—but a lot of youth don't have that benefit. They grow separate from community. They grow separate from the language. They lose a lot of those skills and the cultural supports, the mental wellness supports—how to live a traditional life.

All of those coping skills, all of those things that our elders taught my generation, how to be resilient—they're disconnected from those.

When we talk about youth in transition, it's really—how do you actually come back to community? How do you get a house? How do you get a job?

Many of our children, when they go into care, have had multiple placements. So, again, building that trust, building that support network and being able to really have good outcomes—and not just education, but well-being outcomes. Mino-pimatisiwin—we all want to have a good life, and really, that's the goal of any youth-in-transition table that we can put together. That would involve the province and the federal government. We all have to work together. We all live in the same space.

Mr. Sol Mamakwa: When you talk about the child welfare system, the child welfare laws that they have, I know that they're very colonial, and you guys are trying to go back to—in Treaty 3, you have your own laws now. Our laws were always something that you'd just talk about, and not written on paper or written in stone.

I really hope the government listens and starts looking at ways on working towards real reconciliation, because I know some of the issues that we face in the north—our needs align.

I'm just wondering, when we talk about child welfare—and you talk about data, you talk about the social aspects of it, even the environmental issues that we face—how can your nation, the Treaty 3 area, further work with the province of Ontario to make this society better? Can you talk a little bit about that?

Ms. Debbie Lipscombe: Our child welfare laws, Abinoojii Inakonigewin—and it doesn't specifically target children who are in need of care. It talks about all of the children. Each and every one of us has a responsibility to the children in our families, the children in our communities, the children in our nation and in the broader borders. So I think that when you go into that sort of situation where you know you have that responsibility and you're accountable for that—I think that's what's really important. Each and every one of you here have that responsibility, not for just your own children, but for all those children.

Mr. Sol Mamakwa: Thank you. I'll pass it off to MPP Kernaghan.

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

Mr. Terence Kernaghan: Debbie, thank you for your presentation. I want to thank you for the work that you do and for sharing your personal story.

I'm also interested in hearing more about youth entering care. The state has been called a terrible parent—kicking kids out with little or no supports; after working with the Child Welfare Political Action Committee, they actually mentioned courses that kids have to take, including things like, "How to not get pregnant," and "How to apply for social assistance." It doesn't exactly set the bar high or really empower youth whatsoever.

What supports would you like to see provided for kids who are leaving care, who have not been adopted?

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

Ms. Debbie Lipscombe: I think that as a parent, you want the very best for your children, and I think that is the goal for the province, as well—the very best for all of our children, with education, mental health, housing, jobs. That's the bar.

Mr. Terence Kernaghan: Absolutely. Education is one of those keys. It's something that the province could provide to make sure that you can—it is one of the greatest democratizing forces, to provide that education, to allow kids to achieve their goals and to achieve their dreams.

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

MPP Andrea Hazell: Thank you, everyone, for coming in and presenting today.

I want to start with Roger. You just gave a very alarming deficit number for infrastructure: \$300 million. Did I hear that right?

Mr. Roger Nesbitt: Through the Chair: You absolutely heard that right, yes.

MPP Andrea Hazell: I want to expand a bit further on my concerns with what I've heard from your presentation today.

You no longer have policing services. I'm just wondering about the protection of your population. How has that been going?

Mr. Roger Nesbitt: Thank you for that question.

In February 2022, we disbanded our small municipal police force and transitioned over to the OPP. The transition went well, and since, the OPP have provided phenomenal service to the community. That's being recognized, I think, across the population. I hear nothing but good, positive comments in regard to the OPP. So anything that I state in regard to policing costs is no reflection on the OPP or the service that they provide—it's the fact that in northwestern Ontario, in the Kenora district and the Rainy River district, we have some of the highest municipal policing costs in the entire province. As it stands today and as it will stand going into 2025, Dryden has the highest, by far, per property policing costs in all of Ontario. That financial pressure is crippling for us. Before we transitioned to the OPP, we had some of the highest policing costs in the province, as well. That was part of the reason to transition.

1050

MPP Andrea Hazell: I want to ask you another question, which is very important.

Bearskin Airlines just announced that they will no longer be providing services post-COVID—I think as of May—because of ridership. How will that impact your population?

Mr. Roger Nesbitt: I'll switch gears and talk about scheduled passenger service for a minute.

Bearskin Airlines, owned by Perimeter Aviation, announced that they were pulling their scheduled passenger service out of the cities of Dryden, Kenora and Fort Frances, leaving all communities without any scheduled passenger service. Basically, major municipalities, or the bigger municipalities west of Thunder Bay, now no longer are connected via air. We do have some land connections

via bus, but those aren't overly convenient, either, for residents. Public transportation in the northwest area, in our regions, is significantly lacking at this point. It's a huge concern from a standpoint of economic development, health care, being connected, and trying to attract businesses and investment and employees. All of our organizations and businesses are trying to recruit employees and trying to attract them into our area. It makes it very difficult when we can't tell them that we have scheduled air passenger service.

MPP Andrea Hazell: Thank you for putting that on the record. I hope there are alternative solutions for that, because that's terrible news.

I want to shift now to the YWCA. Sami, coming from my riding of Scarborough–Guildwood, I'm very familiar with women and girls who are impacted by gender-based violence. There are no shelter beds for them. There is nowhere for them to go. They will sleep in their cars. They will live in their cars. Some become homeless, on the street, or they go back to their partner and then they get killed.

I know you're having budget pressures, just like every other not-for-profit organization. Can you talk to me about your multi-faceted approach in place for these women? Do you have those wraparound services?

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

We will go to the government. MPP Dowie.

Mr. Andrew Dowie: I'd like to thank all the presenters for being here.

I'd like to start with YWCA Toronto. Thank you for your presentation. I think it does put a spotlight on something we definitely need to discuss, which is violence against women and intimate partner violence.

In my community, the Homelessness Prevention Program supports one of our two shelters, and the Ministry of Children, Community and Social Services provides funding for the other.

I'm wondering if you could elaborate a bit as to how the funding is distributed to the YWCA and whether, through the services you provide, you are receiving, via the city of Toronto, any funds from the Homelessness Prevention Program.

Ms. Sami Pritchard: Thank you for your question.

Specific to our violence-against-women shelters, we receive funding from MCCSS—the provincial government—for that, and we receive funding from the city for our emergency shelters. I hope that answers, in short, your question there.

We were happy with the funding that we received with the rollout of the NAP in the last year. We're really hopeful to see that ongoing funding that is secure beyond just the three to four years that are ahead of us, because we want to make sure that we are able to sustain the services and those wraparound supports that we provide.

Mr. Andrew Dowie: Almost two months ago, the Ontario government announced an additional \$18.7 million in the Ontario-STANDS program, supporting programs to end gender-based violence and to support the victims, and a substantial amount of that—\$18.14 million—is to hire

approximately 400 gender-based-violence service providers across the province. That helps them hire more staff, improve their services, and increase their ability to provide services to women and children. The remainder, the \$546,000, is to be invested in the Women's Economic Security Program and the Investing in Women's Futures Program, to allow for that pathway to independence and to put a barrier between that partner who had been abusive or violent, allowing the independence and the prosperity of the victim. I'm wondering if you might be able to shed some light on how this funding is being received—the \$18.7 million, on top of the \$1.4 billion that had already been allocated. Could you share a bit about how this funding is being used as it's being distributed?

Ms. Sami Pritchard: I don't have the specifics on how it's being used as it's distributed, but I can certainly speak to acknowledgement that having deeper investments into our programs to address violence against women means that our ability to provide services is strengthened; it means that our ability to meet the heightened demand for violence-against-women services is supported. At its core, it means that more women, gender-diverse folks and their families have greater access to life-saving and stabilizing supports.

I really want to emphasize, too—and I know I've spoken to this—that when we seek to address gender-based violence, it's vital that we consider the vast inequities that exist in our society that further hinder women, girls and gender-diverse people. So thinking about unaffordable housing, financial insecurity and limited access to support services, which exacerbate these experiences of intimate partner violence and the likelihood that a person will experience violence; being largely impacted by their socio-economic status and other social identities—we know that is amplified, when we consider people living with disabilities, precarious immigration status, Indigenous women, newcomers and beyond.

Addressing gender-based violence is not linear. It does not stop at someone leaving a violent situation for a shelter. It has to include having those wraparound support services that are trauma-informed and culturally appropriate—it is ensuring that those who have left that violent situation and are ready to rebuild their life in a home can access housing and have economic security, and having access to legal supports, child care and other supports that they need in order to make that move. Ultimately, we want to ensure that there's an ecosystem of support that's in place for folks to have access to care and support for as long as they need it.

Mr. Andrew Dowie: The government recently embarked on a broader strategy to incite entry into skilled trades careers, with a particular focus on women in skilled trades.

There's a non-profit in my community, Build a Dream, that really goes to bat for offering those opportunities to women of all ages. They introduced me to a delightful young lady who is now working for Enbridge. I met her at Dreamer Day this past December, and she really identified what having a career in the trades meant in terms of her independence and being able to grow as an individual.

Would you say that the government's efforts to promote these careers are on the right track, or are we on the wrong track, by trying to encourage entry where we don't have a lot of women today?

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

Ms. Sami Pritchard: I know Ontario is facing a severe labour shortage across many industries. At the same time, there are many women and gender-diverse folks who are willing and eager to fill these jobs and are unable to do it because of lack of access to the affordable training that they need in order to secure that employment.

I think it's imperative to recruit more women into roles in traditionally male-dominated fields and ensure that women have the skills that they need to enter and to excel in these lucrative, secure and in-demand roles, in fields like skilled trades, data science and advanced manufacturing.

What we'd like to see is investment in multi-year funding for employment training and upskilling programs for women and ensuring such programs are offered by women-focused non-profit organizations to ensure they're geared and consider the impacts of things that women go through, such as violence and beyond. I spoke a little bit about that prior.

We'd also like to see modifying Employment Ontario to include women as a priority category in order to ensure that those clear gender targets and funding allocations are there and present.

The Chair (Mr. Ernie Hardeman): That concludes the questions, and that concludes the time for this panel.

I want to thank all three of the presenters, both at the table and virtually, for the time you took to prepare and the great way you delivered your message. I'm sure it will be of great assistance as we prepare the 2024 provincial budget. Thank you very much for all you do.

1100

CITY OF KENORA

RED LAKE DISTRICT HIGH SCHOOL

AGRITECH NORTH

The Chair (Mr. Ernie Hardeman): The next panel will be the city of Kenora, Red Lake District High School, and AgriTech North.

As they're coming to the table, I have to read a motion for the members.

Members, the motion adopted by the committee on pre-budget consultations states that witnesses appearing before—remotely; however, a maximum of one individual may appear in person on behalf of an organization, and any additional representatives of that organization shall participate remotely.

We have three representatives in the room from the same organization. Do we have agreement to allow the representatives to participate in person? We have unanimous consent. So moved.

As was mentioned in the opening, the presentations will be seven minutes. I will give notice of one minute left—

don't stop, because that's the positive minute out of the presentation; it's that one that takes you to "thank you," when you hit seven minutes.

We also ask that every presenter state their name for the Hansard as they start the presentation.

With that, we thank everybody.

The first presenter will be the city of Kenora.

Mr. Andrew Poirier: Thank you for having us here again today. I always enjoy this time to convey some of the issues that we have in the city of Kenora. My name is Andrew Poirier. I'm the mayor of the city of Kenora.

I know we're under a considerable time crunch. I did provide some copies, and we will send that in electronically.

There are two items that I'd like to speak to today, for sure. I'll start on the infrastructure side. I'm sure there are many other organizations that have come here today seeking money and that. I can honestly say I'm not necessarily here to look for the government to spend more money. I'm here today to talk about infrastructure—and we have all kinds of reports that we can send off.

We have a unique situation in the city of Kenora. We are three municipalities that were combined into one just before the government was looking to do that in the 1990s. We have a huge land mass—for a city of 15,000, it's a huge city. It's challenging, because, like everywhere around northwestern Ontario, we have lots of rock, so whenever you go to do something, our costs are exponentially higher than—and I have this argument in Toronto: Don't compare us to London, Ontario, and Orillia and Ottawa and that. We're different; you need to see it. So our costs are higher.

In the package about infrastructure, I just wanted to say—and I have some of the figures here from our city. Just on the capital side, the OCIF funding—the Ontario Community Infrastructure Fund: When I got back on council in 2018, it was around \$800,000 a year, which was well spent at that time; believe me. Over the last couple of years, the government has made changes to it, and in 2023, our allocation went from \$825,000 up to just a tad over \$2 million. So I'm not here to complain; I'm here to thank the government and whatever committees that come together to decide that that's a good thing. It's money well received, money well spent. And then for 2024—because we finished our budget process now—it's \$2.364 million. It would be great to have millions more, and we will look for other funding opportunities when the need arises, when things come up and when government releases other pots of funding and money. There was a commitment, at least in 2023, to that increase for five years. I would ask the government and this committee to consider keeping that funding at least at the 2023 level, when it was increased. It would almost double—well, it more than doubled. That would make things a lot easier for the city of Kenora.

Again, our land mass, our—we're in the billions for infrastructure that we have, because of the size of our community. Our water and waste water system is like no other one in northwestern Ontario because of our topography. We have something that's called pumping

stations that we literally need, because of elevations and rock, to move water and waste water. One of those is worth over a million dollars now, when we put a new line in—and that’s above ground. That’s not doing anything underground. That’s just allowing things to pump from point A to point B. So we have other challenges that other municipalities—and uniqueness.

On the infrastructure side, as much as I would like to come here and ask for—if you gave us \$100 million, we wouldn’t bother you for the next 10 or 15 years. I know that’s not doable; it’s not realistic.

But if that OCIF funding—and I know it affects all the municipalities; all the mayors and councillors I’ve talked to throughout the province who received that. It was welcome news. Ours was considerably higher than we thought it would increase. If those funding levels could stay at 2023—so if you’re looking at 2022 with a pot of money, and then you’re looking at 2023, and adjust it for inflation or however you’d want to look at it. If that could stay there, that would go a long way to helping all of us—and again, I’m here representing one city—to deal with some of our backlog and our infrastructure deficit.

We have the ability to kick in a substantial amount of money on an annual basis. Last year, we did over \$20 million—for a city of 15,000, that’s a lot. Just on capital, that’s a lot of money. This year, we’re at about \$13.5 million. So if we get that help, we can leverage it and do much more.

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

Mr. Andrew Poirier: On the infrastructure, I could talk a lot more, but I want to move on to the next one.

You have the package here, and it has long-term care at the bottom. Over the last two months, I’ve had the opportunity to meet with the new Minister of Long-Term Care—it’s not so much about how they operate; it’s how they’re funded from a municipal level. In the Kenora district—and my friend who was sitting right here before me, his mayor and myself met with, in early December, the Minister of Long-Term Care. The way it’s done in our jurisdiction, and it’s kind of an anomaly in the province—and again, I can’t get into all the specifics, but our municipality funds at the rate of \$2 million to our long-term care—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time, Mr. Mayor. Maybe we can get the rest out in the questions.

Our next presenter is Red Lake District High School, and the first speaker can start.

Ms. Callie Kristoff: I’m Callie Kristoff. I’m a grade 10 civics student, and I am presenting on behalf of Red Lake District High School. It is an honour to be speaking in front of you today.

We are here today to ask for funding for the REACH project. REACH stands for Regional Events, Arts and Cultural Hub. The building would include a new arena, a walking track, as well as an amphitheatre. The design of the structure is eco-friendly, and it would hit the target of net-zero emissions.

I’m a figure skater, and I have been skating since I was three. I also help to coach the up-and-coming skaters. Because of this, the state of our arena is of great importance to me, not only for myself, but for the future generations of Red Lake.

1110

Our current arena was built 62 years ago, and it was funded and constructed by volunteers. Unfortunately, it is nearing its end of life. Paint constantly falls on us while we are skating, which can be unsafe, and it can damage our blades. Band-aids such as a mesh net have been used, but these will not last.

With the REACH project, Red Lake would have a new arena, spaces for businesses and shops, multi-purpose rooms and a safe, fully accessible facility. All of these will be available for many user groups, such as figure skaters, hockey players and many more.

Now I will pass on to my co-presenters. Caitlin?

Ms. Caitlin Fetterly: John C. Maxwell said, “When you understand that being connected to others is one of life’s greatest joys, you realize that life’s best comes when you initiate and invest in solid relationships.”

My name is Caitlin. I’m a grade 12 student at RLDHS and an active member in the community, as a figure skater and a musician.

Every community needs a place for members to gather, whether it’s to watch a grandson’s first hockey game or a neighbour skate her first solo. At any given event, you can see three generations cheering on their local high school team, winter carnival or Junior A hockey team. It is a chance for people to be with others and build relationships and harbour a communal sense of belonging. For those who live alone or whose children who have moved away, it offers a place to connect with acquaintances and renew friendships.

The new centre would not only ensure these valuable experiences continue, but would add more to them. With the addition of a stage for live performances, children and adults can develop appreciation for the music, drama and dance that is enjoyed thanks to the local Patricia Players, high school art programs, and the Wilderness Entertainment Series—additionally providing opportunities for our two dance studios in town to hold performances on the stage.

As you can see, there are many benefits to be proposed by REACH for the Red Lake community. However, there is also the potential for the new facility to provide a place of refuge for communities across northwestern Ontario in the event of an evacuation due to the increase in forest fires that we have seen in recent years. In 2023, more than 700 fires and 441,000 hectares of forest burned between April and October, nearly three times as many hectares as the 10-year average. By having this facility, Red Lake can alleviate the pressures placed on other community centres such as Thunder Bay during these times of crisis.

This connection between communities can be a bridge that brings us together during times of struggle and joy.

The former chief of Pikangikum First Nation, Dean Owen, said, “A facility such as this in Red Lake would

strengthen our relationship and would provide opportunities for our youth, families, and elders. It would bring the entire community and region together and provide a healthy venue for all to enjoy.”

Ms. Katherine Leblanc: My name is Katherine Leblanc. I’m a grade 10 civics student. I’m here to talk about the important of the REACH centre in our community and the effect it could have on people’s mental health and well-being.

To start off with some background, people come together for hockey and figure skating at our current arena and to support people participating. In doing so, lots of people see each other, and it gets people out of the house and interacting. This has a huge effect on the mental and physical health of people, especially seniors needing a safe place to go walking without the dangers of ice and other hazards that come with unpredictable weather in the north.

The new centre would have a positive impact on the mental health of our people and the way that they live.

It’s also good to mention that during the winter months, the days are shorter and colder and people are notably unhappier. A recreation centre could help get people through these difficult months that are harder for members of the community, with more social interaction and recreation opportunities.

The medical officer of health for the Northwestern Health Unit said, “Beyond the physical and psychosocial benefits, recreation is a wise financial investment resulting in savings in health, social service and justice costs.”

In closing, we would like to thank you for the experience to be engaged citizens. As well, we will be the future voters in 2026.

We’ll send the presentation to Justin Gelderland, who is at the Cochenour Arena with our mayor, Fred Mota, to answer any questions you may have about the project we are advocating for.

Mr. Justin Gelderland: I’m Justin Gelderland. I’m actually at the rink right now. This is where I learned to skate and where I played hockey my whole life. I’m fortunate enough to have the opportunity to play junior hockey in my hometown, and without a rink here, kids would be missing out on that and have to move away to different towns and cities to play hockey. It’s not something we want. We want kids to grow up here, we want them to be known for playing in Red Lake, and we want to have a rink.

The Chair (Mr. Ernie Hardeman): We’ll now go to the third presenter: AgriTech North. The floor is yours.

Mr. Benjamin Feagin: My name is Benjamin Feagin. I’m the CEO of AgriTech North. I’m here to speak on behalf of our experience with NOHFC. We, frankly, wouldn’t exist without the support of the province and the feds, so I’m very grateful for the opportunities that have been provided in order to establish this business. We’re the first year-round grower of fresh produce in northwestern Ontario. We’ve quickly become an essential service infrastructure project for northwestern Ontario. We serve Sioux Lookout, Kenora, Red Lake and Dryden with deliveries and pickup locations for fresh produce on a

year-round basis, and we’re the only ones to do so. So this comes with a lot more responsibility than being a farmer.

We are also responsible for our own distribution chain. The last for-profit distribution chain, through Loudon’s, went bankrupt even though they had lucrative contracts. So it’s not a viable region to have a distribution chain, for example, operating for profit.

So much of the food insecurity issues are exacerbated by the distance between smaller communities. That’s what’s being pointed to in the food costs going up that are contributing to food insecurity. We have started a foundation specifically to address this problem and to move distribution into the non-profit arena, so we have a lot more to be here for than just business alone.

We are also developing a food system. We can’t do everything ourselves. We have limited capacity. So we support other small business owners or potential small business owners who are currently at the hobbyist level achieve scale, so that way they can participate in the food system. They also rely on these kinds of programs. So I’m here to try to encourage additional small business funding through various channels, whether that’s federal or provincial. We become tax-paying, and that generates revenue for the municipalities in addition to the funding that has been given to us.

I want to bring attention, as well, to—that we managed to get through the system at a very particular time where we had a very supportive regional representative. That regional representative has changed back to who it was before, and we have a series of denials for small businesses. We find that even patentable technologies are not considered innovative, for example, by this regional rep. I’m just pointing to substantial structural issues with access to the funding on the ground level. I’ve requested data, but there’s not enough time to do a Freedom of Information and Protection of Privacy Act request, and NOHFC didn’t respond to my inquiries for data in regard to how the funding is being distributed regionally. But based off of personal experience, which is all I can speak to without data, the multiple businesses that we have sent have been automatically denied before they even enter into the application process, based on a minor part of their application.

So there are some serious concerns that we have over who is the direct consultant or representative of the funding on the ground level, who’s in those seats. In my opinion, that should be a representative of the community who lives there, who has a vested interest in that community; not someone from somewhere else who’s here just temporarily fulfilling a role, because that’s what we’re finding is causing some issues. Their job is a lot easier when they say no.

Again, we started out as a \$1-million food security infrastructure project. We’ve raised \$5 million over the last year, and our next goal is \$50 million, and that’s to build a distribution centre here in Dryden in order to serve the entire region, including all 33 fly-in communities. This also includes establishing infrastructure in all the airports. We have a massive infrastructure project on our hands

with both a beneficial corporation and a foundation, and we're launching a consultation firm which will be investment-ready. So we'll be one of Dryden's top employers very quickly, if all this is successful, within the next couple of years. And we have an infinite resource in the sense that we're growing food here. We're not using land mass, because it's all indoor vertical farming, so we're not contributing to the same resource extraction issues that we have with typical industry in the region.

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I just want to take this opportunity to spread my appreciation. And on behalf of other small businesses that we're supporting and their future applications, we could definitely use more support in order to help them participate in the system.

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

That concludes the presentations for this panel.

We'll now start the first round of questioning with the independents. MPP Bowman.

Ms. Stephanie Bowman: Thank you to the mayor, the students from Red Lake District High School, and Benjamin from AgriTech for being here—all very interesting presentations. I commend you—especially the students, because it takes courage to do something like this. You all did great. Well done.

Mayor, I'll start with you. Last year, I recall that some of the challenges you talked about, when we were in Kenora—you were looking for the opportunity to grow the tax base, and you also talked about the opioid addiction and the need for more policing. I'm just scanning your presentation here. I'm wondering if you could give us a quick update on that—and why, now, the shift to the long-term-care focus. That, I think, is a new message coming from you this year.

Mr. Andrew Poirier: Is it okay if I start with the long-term care?

Ms. Stephanie Bowman: Sure. You have 30 seconds.

Mr. Andrew Poirier: In a nutshell, in our jurisdiction, including Dryden and the Kenora district, we have what's called an unorganized territory outside—we don't tax them. They don't belong to our municipality. They are taxed by the provincial government; money flows into the Ministry of Finance. We want them to pay for that service that they are receiving, just like I am as a taxpayer in Kenora, through the Ministry of Finance.

We've met with long-term care. I have had a conversation with staff in the Ministry of Finance. At a conference last week, we brought it up again and so did Dryden. We're looking for cost relief there. Again, that goes to all the things we would like to do—and grow the community. For us, there's \$800,000 on the table. We have a formula that works here, in this district, which we would share with the government and help implement that. It's money that's there. It's collected. That's why I said we're not looking for someone to go out and raise taxes or do whatever. We want to have people pay for services that they're entitled to, just like people in the incorporated areas.

So that's the gist of the long-term care—maybe the title should be Ministry of Finance now; I'm not sure. We'll work on that.

About—

Ms. Stephanie Bowman: I'll stop you there, just because I have to get to the next two. Sorry. We'll get it in the next round, maybe.

I'll go next to the school and to the REACH project. I think you guys did a great job in talking about the benefits that this would bring to you and your fellow students and seniors and community members. Could you talk a little bit about what you know about the cost? Did they share with you what the cost of this project would be?

Ms. Callie Kristoff: The overall cost of the project will be \$39 million. Of course, we're not going to ask for all of that. We're looking for between \$5 million to \$10 million—if possible, of course.

Ms. Stephanie Bowman: We heard a lot over the last couple of days about how small investments, especially in small towns, can make a really big impact. So I think it would certainly be money well spent, and I wish you all well. It looks like you're doing some fundraising, as well, and I hope that goes well too.

Benjamin, I think it's great that you're supplying the north with fresh vegetables and produce—and as a small business; correct?

Mr. Benjamin Feagin: Yes. We started—

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

Mr. Benjamin Feagin: —as a small business, but we have [*inaudible*] structures now, like the foundation, for example.

Ms. Stephanie Bowman: That's great.

You talked about getting support from both the provincial and federal governments. Could you talk a little bit more about that and just what that has meant to you, and what additional supports, very specifically, you would like to see in this budget for businesses like yours?

Mr. Benjamin Feagin: We have probably received over 50 grants at this point, or have been approved into them. The NOHFC has been essential from a capacity increase perspective. The feds are mostly from an R&D perspective. I know prior research scientists with the U.S. Department of Energy, so I've managed large-scale infrastructure projects before and raised money for them. Agriculture and Agri-Food Canada has been essential to research and development. We're addressing gaps in the financial sustainability of growing food in the north year-round by bringing new technologies to market, including a new greenhouse—

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

We will go to MPP Ghamari.

Ms. Goldie Ghamari: Thank you, everyone, for being here.

I'd like to start with Callie, Katherine, Caitlin and Justin. Thank you for being here. It's always great to see young people getting involved. It's not often that Ontario politicians come to northern Ontario, although we were in Kenora last year—and I'll get to you, Mayor, as well in a

moment. I think this is a really great opportunity that you're taking, and I'm proud of all of you. I hope you get an A+. I just want to put that in there. I don't know if this is for grades or not, but for whoever is listening, I'm putting it in Hansard—A+, please. I just want to say that your presentation was very informative. I appreciated that, and I appreciate all of you being here.

I think it's a great added touch, Justin, that you are at the rink itself, because it also helps us to visualize the rink.

The one thing I would recommend for the next time you're doing a presentation, especially when you're in front of a finance committee, is to make sure the numbers are in there. That's why I think MPP Bowman asked how much the project is going to cost. I was very impressed that you knew the answer right off the bat, so that's great.

I have a follow-up question for that, and I hope it's not too tough. You said the overall project is \$39 million and you're looking for somewhere between \$5 million to \$10 million. How much have you raised so far, roughly?

Ms. Callie Kristoff: I'm not quite sure about the exact costs. There have been grants applied for by the REACH committee and the town, so the majority of it will be covered if we are accepted for the grants.

Ms. Goldie Ghamari: Are they provincial grants, municipal grants, federal grants?

Ms. Callie Kristoff: There are a couple of federal grants. I believe there was a provincial one also applied for.

Ms. Goldie Ghamari: You guys have really done your homework, then. Fantastic. I think this is great—the advocacy.

And you can take photos if you want, while you're up there. We won't mind.

I'd like to turn to Mayor Poirier. I remember last year, we were in Kenora, and you gave us a tour of Kenora during the lunch break. It was a good opportunity to see some of the investments and some of the construction as well. In your presentation today, when you were talking about rock and how that adds to the cost in terms of building an infrastructure—having had that opportunity last year to see that, it really helped me to understand and, I know, committee members as well, and to visualize that.

I know you were cut off a little bit when you were speaking about the long-term-care infrastructure, so I'd like for you to finish that part of your presentation.

Mr. Andrew Poirier: I think I had started to talk about the long-term-care issue. In a nutshell, what we're looking for—and I've made it very clear publicly, and I will do it again, because some people in the unorganized territories think that it's the first step to taking them over or whatever, that's not what I'm here about today. If they receive a service and they live where you're sitting—and it's literally people aligned that close—one house pays \$12,000 a year on a lake and the other one pays \$1,200 to the provincial government. They basically get the same services.

Ms. Goldie Ghamari: And that's because of that sort of amalgamation?

Mr. Andrew Poirier: The unorganized—yes, the lines that are drawn for whatever—

Ms. Goldie Ghamari: What would be the most practical solution, then, to ensure that it captures this particular unique situation?

Mr. Andrew Poirier: The provincial government sets the mil rates for the taxation on unorganized properties. It's got nothing to do with neighbouring municipalities. Money is collected, and eventually it works its way to the Ministry of Finance.

Ms. Goldie Ghamari: Sorry; what I'm asking is, is this situation in this area unique, or is this something we find in other parts of the province? I'm just wondering if this is specifically a northwestern Ontario issue. I'm wondering, if regulations are made, would this impact other areas of—I don't know the answer to that.

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Mr. Andrew Poirier: It possibly could. There are very few of them that still operate under that model, like with—

Ms. Goldie Ghamari: Right. But you're looking for specifically a northwestern Ontario solution.

Mr. Andrew Poirier: We're looking for the Kenora district, which is made up of nine municipalities; again, I'm only speaking for mine, but at some point, hopefully, I'll be speaking for all of them. They're all aware of this. They've all seen the numbers we've crunched. It's a \$1.9-million ask, so that means if the Ministry of Finance—and we know they collect tens of millions of dollars from unorganized territories. And they disperse money—I'm not suggesting they don't—to our district service board—

Ms. Goldie Ghamari: I understand the issue. It's just more like, what would be the most practical solution? You're saying incorporating them, including them into the—so that the municipalities—

Mr. Andrew Poirier: In the funding mechanism—

Ms. Goldie Ghamari: Yes—have the same—

Mr. Andrew Poirier: —so it would drop our allocation, and it would just come from another source.

Ms. Goldie Ghamari: So it levels out the playing field.

Mr. Andrew Poirier: It levels out the playing field. It's \$1.9 million for all nine municipalities, if you follow the mechanisms that we use now to fund unorganized municipalities for social services and a health unit and so on and so forth. If that—

Ms. Goldie Ghamari: That's really helpful. Thank you so much.

I'd like to go to Benjamin for my last question. We've had presentations in Sudbury and in Thunder Bay and now here today in Dryden, and a common feature is discussions about food insecurity. I was wondering if you could explain what the real issue is behind food insecurity in northwestern Ontario. I'm from the Ottawa region, and I just want to make sure that I'm fully understanding what the real issue is when it comes to this.

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

Mr. Benjamin Feagin: Often, the core issue that limits food security projects from taking off, historically here over the last 20 years, is a lack of local production on a year-round basis, because regular land-based farms only

operate four to six months out of the year. You can't support a land-based activity and solve food insecurity, and so vertical farms, in our opinion, are one of the essential components of resolving food insecurity. But it's a completely different practice area, and there's no Canadian training facility that we can hire people out of or support as entrepreneurs that have been trained in year-round agriculture. We're developing adult education around that for that reason. But we find that's the biggest reason why local food security projects never actually make it off the ground—just the lack of production and sourcing the product itself from somewhere local.

Ms. Goldie Ghamari: And it's really due to agriculture and farming and, I'm assuming, maybe shipping?

Mr. Benjamin Feagin: Yes.

The Chair (Mr. Ernie Hardeman): To the opposition: MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch to the presenters. Andrew and the students from Red Lake District High School, it's good to see you again. It's good to see young people take part in the process on the needs of Red Lake, the needs of people in northwestern Ontario. Benjamin, thank you for your presentation, as well.

I know that there is a person online from Red Lake. I know the facility that they're asking for. One of the things that he spoke about was that he played hockey there. In the north, we face a lot of mental health issues, mental health crises, a mental health suicide crisis. Hockey is not just a sport; it's a prevention mechanism that will help youth to enjoy life.

Justin, can you explain how hockey helped you grow into a young man?

Mr. Justin Gelderland: Hockey was huge for my youth. It gave me lots of skills that I use today with learning how to work as a team, being a good person, being around the community and helping out. We volunteer and we teach minor hockey on Wednesday nights, so it's really good for the community, and it's good for me as a person. I feel a part of the team. They're a part of my family. They're something I can identify with—like I'm not alone. If I'm ever feeling sad or depressed, I have a family away from my family that I can always trust with my issues.

If we don't have a rink here, kids aren't going to have that opportunity to make these connections, and they're going to have to move away from our town if they want to play hockey, and that's just not feasible.

Mr. Sol Mamakwa: During the presentation and in questions, we were told, as a committee, that the total cost is around \$39 million. It's only a small percentage that they require.

I hope the committee here, especially on the government side, starts investing in the north. Red Lake, specifically, and also the riding of Kiiwetinoong are part of Ontario, and we need to be able to invest in that.

Benjamin, I have a quick question on food security. It's becoming an issue all over Ontario, especially the north. I do travel far in northern Ontario, as well, to the fly-in First Nations. There was one time that people sent me pictures and somebody sent me the price of a chicken breast in

Sioux Lookout, and it was \$7, I think, and then in Sandy Lake, which is just north of Red Lake, it was \$54—the exact same thing. I think that's what we're talking about.

How can you at least support the produce that's there? Are there any plans to work with some of the fly-in and surrounding First Nations communities and whatnot? Can you elaborate on that?

Mr. Benjamin Feagin: We work with regional Indigenous governments like Grand Council Treaty 3, who just passed, the last spring session, a food sovereignty mandate for their region. It's the first time since treaty signing that they've committed time and money to resolving food insecurity in their communities. We authored that plan. We work closely with the Indigenous communities in the fly-in communities, where we're bringing technologies to market that break down the barriers that limit them from doing it themselves. That's really the end goal—to have food security from within, not brought or delivered to those communities. So we're not a franchise model. We want to move towards education and helping and assisting and incubating businesses within the communities to take over that project for their own benefit.

We also distribute food product at the same price here everywhere, so we actually take the loss of the distribution currently in order to make sure that food security is brought to these communities. Sioux Lookout, Red Lake and Kenora pay the same price as people here, where we grow it. That's how we're tackling food insecurity.

Mr. Sol Mamakwa: I'm going to go back to Red Lake District High School and students Callie, Caitlin and Katherine. You provided this handout, and there's already a design. Does that mean it is shovel-ready? Is it ready to go and you just need the resources?

Ms. Callie Kristoff: Yes, it is. All the designs are made, and we are shovel-ready. We just need the funding for it.

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

Mr. Terence Kernaghan: How much time do I have, Chair?

The Chair (Mr. Ernie Hardeman): You have 1.2 minutes.

Mr. Terence Kernaghan: I'm going to start off with Benjamin from AgriTech North. I want to congratulate you on your success. You've leveraged \$1 million from NOHFC, and you've raised \$5 million, as well. You have answered the community need in an innovative way.

I think your comments, as well, about having a representative who actually lives within the community and is responsible to that community makes good sense.

Is there anything that you mentioned in your presentation that you'd like to add to right now?

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Mr. Benjamin Feagin: The current capacity of the NOHFC to fulfill a project of this scale is not there. So, for a major infrastructure project, we need much more substantial buy-in than what's generally offered for standard small businesses. That's why we did the foundation as well, but we see that we're approaching the threshold of—where we've done the launch stream, we've done the growth stream, we've done the innovation stream. So

we've tried to leverage as much as we can, but we're at the precipice now where we have this \$50-million distribution centre that's coming through the tubes for 2025. We're leveraging as much as we can, raising money through private foundations, but we're at a point where there's not an established program, and we need some sort of pathway to be able to realize that substantial of a project—

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

We'll now go to the independents. MPP Hazell.

MPP Andrea Hazell: Thank you, everyone, for coming in and presenting—very well done in presenting your proposals.

I want to start with the mayor of the city of Kenora. You gave us two documents, one for long-term care and one that says, "Critical Infrastructure Support Urgently Needed." I didn't hear a lot of details about it. Maybe I missed it; I apologize if I did.

Correct me if I'm wrong here, but you received over \$2 million from the government, which would have gone towards road and bridge maintenance. I want to zero in on that. Was that enough funding to get you what you need for your infrastructure that you're asking for?

I'm going to follow up with another question, so I hope you remember the first one. Highway 17 twinning from the border of Kenora—that is not expected to be completed until the end of the decade. How much of a priority is this for your population?

Mr. Andrew Poirier: With your first question, I guess the short answer to that is, it's never enough. We also understand that governments operate and have to support all kinds of things, not just roads, bridges and sewer and water and such. I guess the thing that I was looking at or trying to articulate is that there was that increase between 2022 and 2023. My request here today is, I would hope that the committee could take it back and talk to the powers that be. We would like to see that as consistent, ongoing, stabilized funding. Is it enough? No, but I also know what to ask for and what not to, what's reasonable and what's not reasonable. That would go a long way to helping us deal with some of the items that you spoke about—roads and bridges.

And just a little tidbit—and I guess I'm going back a couple of mayors ago in our city: We have 21 bridges in our city.

MPP Andrea Hazell: I was coming to that, yes. You went from 19 to 21—because in your document, you said 19 bridges, which is more than any other municipality in northwestern Ontario. I wanted to zero in on that. In your document that says it's critical—I'm thinking about your 15,000 people—in transportation or deficit, or how were the road conditions, how were the accident conditions. You said, "In the growth plan for northern Ontario, it states that efficient, modern infrastructure is critical to northern Ontario's future and that infrastructure, in general, are the building blocks for economic growth and community connectivity." So I just thought that this might have been the dagger in your presentation today.

Mr. Andrew Poirier: Well, yes, that would be part of it and that—but bearing in mind the amount of time I have. I guess I wanted to say that we're thankful for what we get, but we would like to have that maintained—that consistent capital funding under the old grant—

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

MPP Andrea Hazell: But, Mayor, if you don't ask, you're not going to get support—go in for the whole cow.

Mr. Andrew Poirier: Well, we ask on a regular basis for bridges. We've been barking, complaining, screaming and yelling since they were downloaded in the late 1990s with whoever the provincial government was—so it's not as if we haven't been advocating. So it is a problem, and it's going to become a problem of the province pretty soon, when we can't afford to fix them.

MPP Andrea Hazell: That's why I wanted to drill down in this part of your presentation.

I'm going to move to Benjamin.

Benjamin, I was a business owner, and the quickness of your model and your success is amazing. But I have one question to ask you: How sustainable is your success model past 2025?

Mr. Benjamin Feagin: Currently, the research and development that we're doing is addressing the cost element of year-round growing, such as our own operation, eliminating—

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

We will go to the government. MPP Anand.

Mr. Deepak Anand: Amazing presenters. I've got too much to unpack, too much to ask.

I'll start with Benjamin. You can finish what MPP Hazell was asking.

Mr. Benjamin Feagin: Yes—just eliminating the costs to achieve financial sustainability long-term, so that way, if this precipice closes, everything is self-sustaining long-term. That's how we are addressing that—through bringing new technologies to market that cost half as much to operate and, as a result, reach financial sustainability.

Mr. Deepak Anand: How are you utilizing the technology to offset some of the costs?

Mr. Benjamin Feagin: We have a new greenhouse structure, ETFE, that we have a provisional patent on in order to halve the cost of growing in a greenhouse, which will change the agricultural industry across the entire nation, if not the world.

We're also doing a number of other technologies to lower the labour overhead of year-round growing, using existing farms today and solving their problems.

Mr. Deepak Anand: Are you in touch with the Ministry of Agriculture and the University of Guelph? These are the two sources that you should—happy to help.

Mr. Benjamin Feagin: We currently are collaborating with Collège Boréal, Lakehead University and 20 other universities and colleges around the world. Absolutely.

Mr. Deepak Anand: Thank you.

I have to talk about this. I'm quite passionate about this, as well. Before running in the election—in 2018, in the city of Mississauga, every high school had a sports facility.

Malton was the only one, with two high schools—zero sports facilities. Think about the situation. I took it to heart, and I wrote the school board, the federal government and the provincial government. Now, after five years, we have two high schools and we have two sports facilities, two track fields. But it wasn't easy.

I'm looking at the design. Basically, you're not asking for one facility; you're asking for two facilities. You're asking for a sports arena, (a), and then you're asking for a performing arts centre, (b). You can physically see the difference between the two buildings. Have you thought, rather than going with both, that maybe you should have one? Once you physically have one, the cost is lower, and then you can utilize that as a model to bring in more people and to build a case for the second one. Have you thought about that?

Goldie has already given an A+ to your presentation. It was amazing.

Interjection.

Mr. Deepak Anand: A++. I'll add it to that.

Mr. Fred Mota: Good morning. If I could comment on that, we have applied, previously, through—

The Chair (Mr. Ernie Hardeman): Could we have the name of the speaker first?

Mr. Fred Mota: Certainly. I'm Mayor Fred Mota from the municipality of Red Lake.

Going back for a prelude, we had applied through the province to be nominated, originally, through the community, culture and recreation fund. We were not nominated by the province to go forward to the federal government for funding.

We've continued on our path for both the arena and a performing arts theatre through a federal program called the green and inclusive community buildings fund; the reason that we had both facilities was because there was more opportunity through the federal government for funding.

That being said, we're very thankful to Minister Rickford and the NOHFC program. They've been helping us with design, and we realized that we may be able to do some stackable things for the arena. But if we are unsuccessful with the GIBC application, we will be seeking a stand-alone arena only, which is a cost of approximately \$20 million, to answer your question. And then we would do an addition later, at that point.

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Mr. Deepak Anand: There was an opportunity; it was called the ICIP fund. That's what we utilized. Technically, the ICIP fund would, say, take 40% from the federal government, 33% from the provincial government, and the rest of it has to be generated either by the school board, through donations or the city, or could be a collaboration of all. Having said that, I think we don't have that anymore, but hopefully we will have it in the future. So keep an eye on that, as well—something that you can think about and look at, maybe not necessarily for both. If you're already successful in one, maybe you can use ICIP in the second one.

I totally agree with you; definitely, more facilities mean more opportunities for the youth. By building more opportunity, we're actually helping the community. So keep up the good work. Do not leave it. This is a great project. I don't have the authority to sign the cheque, so I'll have to—

Interjection.

Mr. Deepak Anand: Yes, and you have potential donors beside you. Goldie is actually giving you a hint.

They actually also mine gold, Goldie, so they may be able to look at the gold cost, as well—so we're now going to give that also.

Mayor, thank you for presenting. A lot of challenges—I always see that from the rural communities, from the northern communities.

In terms of your ask—you were very kind in asking, and thank you for that kindness—what's the number one priority and what is the cost of it?

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

Mr. Andrew Poirier: The number one priority is long-term care, which would shift into finance—because we've already started those conversations with the different ministries. We've had lots of productive meetings. That right there, for my municipality—and I'm not speaking for Mayor Mota, but he's affected by this—is almost \$800,000. Right away, we have \$800,000 by having someone pay for a service that they're receiving.

Again, I'm not talking about raising taxes; I'm talking about money that's collected. Make sure that it gets to who it's supposed to get to. That has been our whole argument. It has never been about raising taxes—because I've seen the eyebrows of some politicians when it was first brought up. It's nothing to do with that. If we could get that money, the financial capacity that our municipality has—

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

We'll now go to MPP Kernaghan.

Mr. Terence Kernaghan: Thank you to our presenters.

I'd like to start with Callie, Katherine and Caitlin. I'm always so impressed when young people come up and make their voices heard. You did a fantastic job. I completely look forward to all the things that you're going to achieve in your lives. You've outlined with the REACH plan some fantastic, dynamic uses, the ways in which it would help the mental health, the physical health, the social feeling within the community. It is very thoughtful, very comprehensive, and seriously well done.

I also recall that the finance committee met and heard about this centre last year. At that time, the committee learned that the arena was 61 years old. I also learned the community has been advocating for this for well over 12 years.

Despite its flaws, what has the current centre meant for you as well as your peers?

Ms. Callie Kristoff: I've grown up there. I've been figure skating there, like I said, since I was three. I grew up with the other figure skaters, like these two here. Again, I've really just grown up there. I've learned a lot of skills,

like person skills, being able to talk with new people. I've gotten to enjoy carnivals each year. We get to perform for our town, and that's really important. You might know of Eric Radford. He's an Olympic figure skater, and he came from Red Lake. So it's a really big deal to us. It's very important that we have an arena to be able to carry on figure skating and hockey playing.

Mr. Terence Kernaghan: That's excellent. Can you also speak to the conditions of the current arena? What is it like right now?

Ms. Caitlin Fetterly: Like you said, it's 60-plus years old, and that shows. The ceiling is dilapidated, which is very unsafe. There are a lot of leakages in the hallways, so we have to put buckets out, which is a health and safety issue. The ramp outside—there are holes; it's not wheelchair accessible. A lot of things like that accumulate and make it unsafe and unusable, in some ways.

Mr. Terence Kernaghan: I think the ways in which you've planned this out—it's very thoughtful in that it doesn't just look after one discipline or one sport; it thinks about all the needs of the community. Despite the price tag of \$39 million, your ask is really quite modest. It really is money well spent. I do hope that this time the government is listening. You have our votes. I think it's a wise investment in the community. Right now, the government currently has \$5.4 billion sitting in an unallocated contingency fund, so they could fund it, just like that. I do hope that they will see the wisdom in this plan, because I think it is very thoughtful. It would make such an incredible difference in your community. So I want to thank you for your presentation.

I've got to say, it was a little disappointing to hear government members ask you to cut your dream in half, to ask what it would look like to have half of the centre—because I think, in its state which you've presented, it would be such a benefit for the community.

Next, I'd like to move back to AgriTech North and Benjamin. What would support from the government mean for AgriTech? What kind of difference would that make?

Mr. Benjamin Feagin: In the infrastructure projects, for example—in my opinion, distribution should live in the foundation as a community resource, not in the business. The business needs to focus its financials specifically on the farming end of things and making that financially sustainable.

Our focus is not on profit. That's why we're a beneficial corporation. We pour our revenue back into infrastructure—so it's really what it means as far as infrastructure for the community. It would mean an end to food insecurity in the region, with the first local, large-scale source of fresh produce grown year-round, and the distribution to support all the remote communities in the region as well, throughout the unorganized Kenora district.

Mr. Terence Kernaghan: Now a little bit of an unfortunate or darker question: What would happen if AgriTech ceased to exist?

Mr. Benjamin Feagin: The status quo would maintain—which is that food insecurity continues to worsen.

COVID really brought the issues in our supply chain calamity to a head, where even our roadway communities had bare shelves. I don't see that getting any better. If anything, it's getting worse, especially with recalls increasing. We're bringing new technologies to the market that could completely change the game for remote communities. So if we cease to exist, none of that will happen.

Mr. Terence Kernaghan: Why is vertical farming such a key element of your business? Can you speak to that?

Mr. Benjamin Feagin: For us, it's a combination of vertical farming and greenhouse growing. We have an innovative thermal management technology to use the waste heat from vertical farms to heat the greenhouse year-round, so we can double-use energy, in addition to the greenhouse innovation. These are important parts because it allows us to grow year-round, whereas with land-based activities, you can't. So it's an essential part.

Also, people are moving towards organic diets, but there's not enough land in the world for everyone to eat an organic diet, so vertical farming and greenhouse growing is an essential part of reaching that demand without giving up so much that results in clear-cutting and such in our regions.

Mr. Terence Kernaghan: Most definitely. It responds to the space we're in as well as the seasons, and I think it makes a great deal of sense.

Mayor Poirier, I recall visiting Kenora last year. Thank you again for presenting to the committee.

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

Mr. Terence Kernaghan: Is there anything that you did not cover in your presentation that you'd like to include for the committee? I know you ran out of time.

Mr. Andrew Poirier: Well, I can expand on infrastructure. When I go to Toronto and I meet ministers and that—I'm from the great city of Kenora, but I'm also the one who has 21 bridges within our municipality, and nine of them were downloaded by the provincial government when a bypass, or an alternate route, lost its status, or funding, as a connecting link. For a municipality of 15,000, this is our struggle. Those four bridges coming into Kenora, that corridor, which is to a hospital in another part of a community, that's probably—

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

We thank all the participants very much for being here this morning, for the time it took to prepare and the great way that you presented. We very much appreciate it, and it sure will assist us as we move forward.

With that, the committee is in recess until 1 o'clock.

The committee recessed from 1201 to 1300.

The Chair (Mr. Ernie Hardeman): Welcome back. We will now resume consideration of public hearings on pre-budget consultations 2024.

Before we begin, we'd like to again ask the members and staff present today if they could please limit the amount of WiFi using during the meeting, especially

during virtual presentations. We want to thank you all for your co-operation.

As a reminder for each presenter, you will have seven minutes for your presentation, and after we've heard from all the presenters, the remaining 39 minutes of the panel time slot will be for questions from the members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members, and two rounds of four and half minutes for the independents as a group.

As the presenter, individually, as I said, you will have seven minutes. At six minutes, I will give you a one-minute notice. The best part of your presentation will start then and go to seven minutes, and I will say, "Thank you," and that will be the end of the presentation.

We also ask the presenters both virtually and at the table to make sure they start the presentation with introductions to make sure we get the right name to the right presentation.

ARCHITECTURAL
CONSERVANCY ONTARIO
KENORA-RAINY RIVER
DEVELOPMENTAL SERVICES EXECUTIVE
DIRECTORS GROUP
DRYDEN PUBLIC LIBRARY, ONTARIO
LIBRARY ASSOCIATION AND
FEDERATION OF ONTARIO
PUBLIC LIBRARIES

The Chair (Mr. Ernie Hardeman): I will introduce the next panel: Architectural Conservancy Ontario; Kenora-Rainy River developmental services executive directors group; and Dryden Public Library, Ontario Library Association and Federation of Ontario Public Libraries.

We will start with Architectural Conservancy Ontario.

Ms. Deb Crawford: My name is Deb Crawford. I'm from Architectural Conservancy Ontario. Thank you very much for fitting me into your schedule. This is my first time in one of these hearings, so I'm a little nervous, but we'll move right along.

As I said, I'm here from Architectural Conservancy Ontario. We've been around for a long time, since 1933. We have 16 branches across Ontario, and we have around a thousand members.

I'm sure everyone is familiar with what's top of mind for Ontarians these days, and usually right at the top is housing and housing affordability. That's what brings us here, primarily, to speak with you today.

Ontario's heritage is part of the framework that we have today. Even the More Homes, More Choice supply action plan from May 2019 recognized that our heritage is important to Ontarians. It's still codified within a number of legislative pieces, and it is still important in the economic development, tourism, and near and dear to the hearts of many.

Across Ontario, there are over 7,300 properties that are designated under the Ontario Heritage Act, and over 228 municipalities have designated properties. We also are one of the—if not the only—few provinces in Canada with heritage conservation districts, with well over 23,000 properties in there.

ACO is here to talk to you about heritage building grants. With all of those properties and remembering that housing is important to all Ontarians—we're here to talk about that. Alberta has a grant program. It's simple, it's direct, and it encourages the conservation and reuse of heritage properties. We want to focus it on homes, whether it be keeping people in their existing homes that are designated under the act or reusing those homes for affordable housing, for group housing, transition homes—anything but allowing them to suffer from demolition by neglect due to financial constraints. The beauty of the grant is that it is an incentive to take care of the property that you have. Right now, we have not a lot of grants. We have property tax relief incentives, and of course, the money comes after the fact, not before. It is all voluntary. It sits with the municipalities. The rebates go from 10% to 40%. And we all know that municipalities already are very stressed and pressured with the expenses that they're having to absorb as we address the need for housing.

I know developers are not necessarily what I would consider friends of heritage, although many of them are. But one of the things that they've said is that if you're going to do a grant, it should be simple. The fund should be enough that you can cover—it's worth your while to apply for it, quite frankly. With today's interest rates, one of the benefits of this is that you get upfront costs that are covered and can initiate the construction.

We're actually looking at, or recommending, two streams: one, to actually do conservation work, and the second is to cover some of the services, the studies, the architectural work that's required in order to make this stuff happen. We are asking for \$10 million a year. When you compare that to the Alberta program, their 2023-24 budget was just over \$1 million. They have around 800 properties. So when you do the math, it means that we would be, comparatively, just for those individual properties that are designated, well in excess of \$10 million a year. That's why we want to focus it on housing specifically, and focus it on designated properties and expand into those heritage conservation districts.

I will just offer a bit of a summary. The benefits of keeping, repairing and reusing what we already have creates more economic growth. It contributes to housing choices. It saves the environment. It helps Canada and Ontario meet climate targets.

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

Ms. Deb Crawford: It grows the green economy, and it strengthens communities.

Thank you very much. I look forward to your questions.

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

We will now go on to the next presenter: Kenora-Rainy River developmental services executive directors group. The floor is yours.

Ms. Sherry Baum: I'm Sherry Baum, the chief executive officer of Community Living Dryden-Sioux Lookout. I'm a long-time citizen of our region, and I live in Sioux Lookout. I have my colleagues behind me from Kenora and Red Lake, and my board chair, Laurie McCarthy.

I bring greetings from the Kenora-Rainy River developmental service agencies executive directors group, representing agencies providing supports in Sioux Lookout, Dryden, Kenora, Red Lake, Fort Frances and Atikokan. We represent a vast geography of developmental services support that includes supporting multiple people from both the surrounding areas and the farthest remote fly-in Indigenous communities.

We previously met with Minister Greg Rickford, Minister of Indigenous Affairs, to present similar information, and he encouraged us in our advocacy efforts. I also contacted MPP Sol Mamakwa.

We support people who have gifts to offer our communities as participating members of society. We are agencies that support adults to reach their goals and aspirations and to flourish and feel a sense of belonging and purpose in our communities.

We do recognize the significant support from the government through the pandemic and in stabilizing our front-line workforce wages. Many agencies, however, have resulting compression issues and will struggle to recruit and retain the necessary management and administrative staff.

We are part of a province-wide campaign called #5ToSurvive, coordinated by Community Living Ontario, which you are very familiar with; this is together with 115 local member agencies across the province, of which we are all members.

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We are here to elevate the voices of people with developmental disabilities and their families so their personal, social and support needs are met.

Over three decades, developmental services organizations have received cumulative base funding of less than 4%, although the cost of living has increased by nearly 60%.

We are calling upon this government now, in the 2024 Ontario provincial budget, to include stabilization investments for developmental service transfer payment agencies across Ontario, with an immediate base funding increase of 5% and a commitment to sustainable and ongoing annualized funding.

We also call for a 5% increase to Passport and Special Services at Home budgets. As you know, 5% is equal to \$110 million for transfer payment agencies, \$30 million for the Passport Program, and \$5 million for Special Services at Home budgets.

The Community Living Ontario document—which I will send another copy of, but you already have—makes the case for investing in developmental services to avert the very high risk of negative outcomes for people and

families. Despite Ontario making great strides in supporting people to achieve good health and quality of life, people we support continue to be among the most marginalized and vulnerable, and, historically, underfunding creates significant avoidable costs for Ontario health and for the social services system.

Agencies in the Kenora-Rainy River region have become quite resilient and innovative and have done their part to find efficiencies, streamline processes, modernize, develop partnerships and use social enterprise to remain stable in an economy and a context that has been challenging. We have done our part. The people we support increasingly need a specialized type of support by very skilled staff. This is a result of the harms of historical, intergenerational trauma. We have some of the most compassionate and sacrificial staff, who are dedicated and trained.

Without base funding increases, the future is one of cutbacks. Cutbacks mean loss of jobs, but inevitably, loss of supports for the most marginalized and vulnerable people and families. Cutbacks mean a deterioration of service. Agencies across the province are feeling cornered to consider archaic ways of supporting people that look back to a history of less choice and inclusion and more isolation from greater society.

We do support the government's goal in the Journey to Belonging framework to offer more choice and control by people and their families, and we are getting ready for an individualized funding framework. We work closely with our community partners for people to access all the community-based supports that they deserve, but we are called upon to do the work that no other sector is able to do and, often, is beyond the family's ability to continue supporting or for people who have no intact family support.

Without base funding increases and the resulting cutbacks needed for agencies to survive, people we support will have less choice and inclusion, and are in jeopardy of harm and will not thrive.

We recognize that this historic underfunding crosses political boundaries. It speaks to the value that we put on some of the most marginalized and vulnerable citizens and families. It is time to value all citizens equally.

Multiple sectors have received base funding increases, and developmental services agencies languish behind. It is 2024, and agencies cannot wait anymore. We need the 5% to survive. But, really, people who depend on our support need this to thrive.

Thank you.

The Chair (Mr. Ernie Hardeman): We will now go on to the next presenter: the Dryden Public Library, the Ontario Library Association and the Federation of Ontario Public Libraries.

Ms. Caroline Goulding: Thank you so much for allowing me to speak to you today. My name is Caroline Goulding. I am the CEO and chief librarian of the Dryden Public Library. I'm also president of the Ontario Library Association and a former board member of the Federation of Ontario Public Libraries.

Ontario's public libraries are critical and cost-effective resources in their communities. We are central to thriving local economies and economic growth. Millions of Ontarians rely on local public libraries in their communities to work, learn, connect to community and government services and to find or train for a job. As an example, we had someone in just this morning working on a three-hour course on one of our public access computers. An investment in public libraries will directly support people, their communities and the local economy.

Today, I am going to talk to you about the creation of an Ontario digital public library and increases to the First Nation Salary Supplement and Public Library Operating Grant.

The first investment I am going to discuss is the creation of an Ontario digital public library. This initiative would provide critical e-learning support and fair access to modern e-resources. It would leverage the province's significant buying power to give all Ontarians access to a common core of high-quality e-learning and online resources.

The Ontario government has already recognized the crucial role public libraries play in broadband Internet access, having made a \$4.8-million investment to install or upgrade broadband connectivity at over 100 public libraries across the province.

"E-resources" is the term used for online databases and subscriptions. It does not include e-books or audiobooks. It does include things like ancestry.ca, language learning resources, online tutoring, early literacy supports and more.

The creation of an Ontario digital public library would be incredibly beneficial to Dryden. We are a small, rural community. The variety of resources that I am able to purchase is significantly less than what can be purchased by larger centres. As an example, Hamilton Public Library's e-resource budget is \$75,000 annually; mine is just over a \$1,000 a year. Hamilton Public Library users have access to Gale Business Plans Handbooks online as well as Scott's Directories; Dryden Public Library users do not have access to these kinds of resources. This is just one example.

Currently, e-resources are purchased individually by libraries. In Dryden, we purchase exclusively through the Ontario Library Service's provincial and supplemental licensing programs. For those of you who may not be familiar with the Ontario Library Service, it is a mandated organization through the Ministry of Tourism, Culture and Sport that supports Ontario's public libraries. Their e-resource licensing program allows libraries to achieve some economies of scale, but not to the same level that the Ontario digital public library would be able to achieve.

The cost of an e-resource is tied to your population size. You pay per person, based on the last census, and larger populations have a lower per-person cost. This means I pay more per person for a resource than what a larger library needs to pay. These costs only ever go up, and each year I find myself renewing fewer and fewer e-resources, because we simply cannot afford to increase our digital collections budget.

I can also tell you, anecdotally, that I have community members approach me and ask why we don't have access to resources that their kids or their friends have access to in southern Ontario. The only answer I can ever give them is that we simply cannot afford those resources.

There is a growing demand for e-resources. The Ontario digital public library would allow us to meet that demand, while being significantly more cost-effective and ensuring equality in access. Other provinces have already successfully implemented similar initiatives. The cost of an Ontario digital public library would be between \$10 million and \$20 million annually.

In addition to the Ontario digital public library, we are asking that the province work alongside First Nations public library leaders to implement a sustainable funding model for public libraries on-reserve to ensure that these important local hubs are fully funded and viable.

Public libraries on-reserve are chronically underfunded. Currently, the First Nation Salary Supplement is less than \$15,000 a year. Librarians on-reserve rely on one-time grants or donations to develop collections, programs and services. Of the 133 First Nations communities in Ontario, less than 40 have a public library, and that number keeps falling.

As an immediate first step, we are asking that the existing direct provincial funding support for public libraries on-reserve be enhanced. This enhancement would sustainably fund library operations and ensure a living income for front-line library staff in these communities. The cost of this program would be about \$2 million annually.

Lastly, we are asking for an increase to the Public Library Operating Grant. This grant has not been increased in 26 years and is tied to the size the community was in 1997. The value of provincial library funding has decreased by 60% over the years. We are asking for a targeted investment that would focus on areas of shared community and provincial priority, including supporting economic recovery through job training and skills development, addressing the community impacts of mental health and addictions, providing services and resources to assist with high-needs members of the community like newcomers, working families, seniors and vulnerable members, and supporting early literacy and K-to-12 success.

In conjunction with this investment, the Ontario government and Ontario's public libraries would work alongside municipalities to ensure that this critical investment builds upon and enhances existing municipal support for public library budgets. The investment would cost about \$25 million annually.

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Thank you so much for allowing me to speak today. I'm grateful for the opportunity to talk about the needs and priorities of Ontario's public libraries.

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

That concludes the presentations. We'll now start the questioning with the government. MPP Crawford.

Mr. Stephen Crawford: Thank you to all three presenters for having us in your community of Dryden today. We really appreciate it. It's great to be up in the north.

My first question will go to Architectural Conservancy Ontario. Your focus, obviously, is on this grant that you touched on. You mentioned that Alberta has a grant, so I have a couple of questions. Number one, how is it going in Alberta? Is it something that has had a lot of take-up? Is it something where companies or developers would apply to the government, and it would be a government-designated building that would be able to get these grants? And how long has this been going on in Alberta? Are there other provinces that have used this?

Ms. Deb Crawford: Well, Alberta's program—for this fiscal year, their budget is about \$1.16 million. They are fully subscribed. They work very hard to make sure that they can give their applicants some money towards their application. It is a whole range. They do not specify the type of activity, but they do cap it at \$100,000 per location. And it is matching funds—so if it's \$100,000 that they are applying for, then the project itself is \$200,000. So the investment is quite substantive. The types of projects could be commercial, could be residential. They do not specify, except that it is geared to designated heritage properties within the province.

I know Saskatchewan has quite an interesting one, but I wasn't able to get a lot of details on it; I know Manitoba has; BC has. Even Ontario had a grant program back in 2000-02 called the Heritage Challenge Fund and, in two years, it exceeded all expectations in terms of take-up, and at that point, the program was actually ended.

Mr. Stephen Crawford: I guess the idea of the grant is to encourage development in some buildings of, obviously, historical value that might not take place should there not be a grant. At the end of the day, the government doesn't want to invest money in projects that are going ahead anyway, because there are guardrails around heritage buildings. But if this is having an impact on getting some transformations of some of these buildings and keeping them, that might not have occurred—then it potentially has a better impact. Would you agree?

Ms. Deb Crawford: Absolutely. One of the things that we're looking at is, there are a number of heritage buildings. They're designated under the Ontario Heritage Act. Heritage buildings, whether you like it or not, take a lot of extra maintenance. They're older. They need things. They need to be upgraded. This is why we're looking for the grant to assist that—to make sure that those buildings are conserved, that they do meet the needs of the existing home and, if not, perhaps that they will be adequately maintained and sold or reused. I'm thinking of many churches that are now vacant, and they could very well be converted into housing—there are a number of locations across Ontario where that is. There's a school that was converted to residential apartments. The Oxford Estates in Tillsonburg is an example of things that can happen.

You're right; you don't particularly want to invest in a project that's going to happen one way or the other. But right now, we're looking at, how can we address the

housing needs in communities as quickly as possible? It takes an awful lot less to fix an older building, especially a heritage building, than it does to tear it down, do all the approvals and everything else and build whatever else. It gets housing that much quicker and houses people that much more, and it's an opportunity to support projects that would not necessarily go ahead with today's interest rates.

The Alberta model has 50% of the approved value of the grant which is released upon approval of the application. That covers a lot of upfront costs for anybody who is looking at it and makes things happen that much quicker.

Mr. Stephen Crawford: Thank you very much.

I'll move my questions now to the Dryden library—thank you, again, for us being here in your community.

I know libraries play a critical role in all communities, big and small, and may be even more impactful in small communities—but certainly across the province—as a gathering place for people, a source of information etc.

Could you give me some sense of the utilization of the library over the last 10 or 15 years? Are there more people who access it, or less? Is it more online, more in person? Just give us some idea of what's happening there.

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

Ms. Caroline Goulding: Our use is increasing year over year. Obviously, the pandemic disrupted a lot of that use, particularly in-person. But we are finding every year, our in-person visitors, the number of computer users we have, our circulation—particularly online circulation—are going up and up and up. Part of that has to do with some of the changing social structures. I like to say that the library is the only place you can loiter in town. You can come; you don't need to spend anything. We're just happy to have you there. So we do get a lot of people who spend a significant amount of time at the library, and some people who visit us daily.

Mr. Stephen Crawford: You're seeing an increase in terms of people—

Ms. Caroline Goulding: Huge. And the number of programs that we offer is just—and the people who are coming to them every year. The charts I have—you can just see.

Mr. Stephen Crawford: How much of it—

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

To the opposition: MPP Kernaghan.

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

I'd like to begin with Sherry. Can you speak about the DSO wait-list for housing?

Ms. Sherry Baum: For housing, in particular, or supports?

Mr. Terence Kernaghan: Yes, for placements and supports within your organization.

Ms. Sherry Baum: I know that the DSO has significant wait-lists. We are regularly given the top 5% of that list. It's actually a priority list, not a wait-list, which means that it is fluid as people's priorities get raised. Typically, with all of the agencies in Kenora-Rainy River, when we have a vacancy or there's an urgent need with a person in our

communities, they go to the top of the priority list, and people who have been waiting on the waiting list remain there. So it's the urgent needs that are met first.

As far as the actual numbers on the DSO right now—I can't quote that, but I can send that. I can find that out very easily.

Mr. Terence Kernaghan: Do you often hear stories from parents who are waiting for placements for their children—often, adult children with developmental disabilities?

Ms. Sherry Baum: Absolutely. We hear stories from families where the parents are aging. We hear stories from our local communities and from the Far North. We work together with our clinical partners, MMW, which is through Surrey Place and through the Sioux Lookout First Nations Health Authority and our agencies in our region. So we hear about the needs in the Far North, as well—often, great needs where parents are aging and are unable to keep supporting their adult children.

Mr. Terence Kernaghan: There's an organization in my area, Family-Directed Alternative Support Services. They're parents of adult children with developmental disabilities. Many of the parents are in their senior years.

Have you heard stories of parents who are left with no other option than to drop their children off at a hospital?

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Ms. Sherry Baum: Not recently, locally, but I have heard of stories like that around the province.

Mr. Terence Kernaghan: You mentioned the compassion and the self-sacrifice of the great people who work within the sector. Could you expand on what you meant by that, for the committee?

Ms. Sherry Baum: What I mean by that is that our work is not as easy as people might think. Our work now is helping to support people to live in the community who have already been marginalized. Most have been in child protection throughout their lives, have been separated from their families, have experienced great traumas in their own life, which means that by the time we're supporting them in adulthood, they have many challenges, and our staff have to have very specialized support themselves for the trauma that they are being exposed to. I'm not just talking about stories of the past, but in the present. We support people even who are involved in trafficking, justice, mental health and addictions. The traditional supports that the public thinks about are not what the new kind of support that we do is.

In fact, I'll say that a lot of people we support actually don't have families. Around the province, I know in some communities, there is a lot of family involvement. In our experience up here, families have been disconnected from each other, and that is part of the travesty, as well.

Mr. Terence Kernaghan: You're asking for base funding increases—as well as Passport and special supports at home.

Are the professionals in the sector paid properly?

Ms. Sherry Baum: I'm going to say that up here in northwestern Ontario, my staff in our agency are paid well. I'm going to be really honest. Around the province, there

are agencies where they're not paid well. Ours are paid well, and with that extra \$3 an hour that was given by the government, that has helped with staff.

But our staff, with the complexity of the support they give, can't do it on their own. They have peer support teams. They have management that help them. There are more meetings than regular. There's more sick time. There's more stress time. Our staff are paid well, but they still need the infrastructure to support them.

The base funding is for basic things like rental increases. We have to subsidize, for instance, a lot of the rents for people we support. For new people we support, we're allowed to ask for subsidies as part of the budget, but for historical ones, we have to take care of it within—we've been doing everything within and finding efficiencies.

So I would say, to answer your question, our staff are paid well, but that's not everything.

Mr. Terence Kernaghan: I also want to ask—and this is a legitimate question based on some of the government's decisions based on Passport funding: Does anyone age out of a developmental disability?

Ms. Sherry Baum: No. They're lifelong.

Mr. Terence Kernaghan: Does it make any sense that individuals have to reapply for Passport funding when they turn 18 and have to prove, again, developmental disability?

Ms. Sherry Baum: It doesn't make sense at all.

Mr. Terence Kernaghan: Is it red tape that the government could eliminate immediately?

Ms. Sherry Baum: I believe so, and it could save money too.

Mr. Terence Kernaghan: I appreciate your comments, Sherry.

I'd like to move over to Architectural Conservancy Ontario. Deb, this is from your website: "encourages the establishment of branches to monitor local communities to keep heritage emergencies from developing."

How does the preservation of heritage sites encourage community-building and community cohesion?

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

Ms. Deb Crawford: Older buildings are often in older neighbourhoods. Older neighbourhoods have a sense of well-being, have a sense of place and a sense of history. It's many of those older neighbourhoods that are part of the heritage conservation areas. They have many of the older designated heritage buildings.

I come from a little town, Keewatin, a little on the other side of downtown Kenora, and I went there to visit after my mom passed away. I went to the church that was there, and it was a church that I grew up with. And I—

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

We'll now go to the independents. MPP Bowman.

Ms. Stephanie Bowman: Thank you to our presenters for being here today.

I will start with Deb from Architectural Conservancy Ontario.

Deb, your proposal includes a condition that the buildings already be designated heritage, and I'm wondering if you could just talk about the challenges in getting that, and the effects of Bill 23 on that.

I think your proposal is a great one. I would love to see, again, reusing buildings or dedicating them to get housing built faster, as you say, especially since the government is behind on their housing targets.

Could you talk about any challenges in getting that designation that would precede getting this grant that you're proposing?

Ms. Deb Crawford: Bill 23 actually increased the level, the threshold of buildings that are eligible for being designated. It used to be one heritage value, and it's now two, so it makes it that much harder.

As of the 1st of January, 2023, when Bill 23 took effect, there were well over 37,000 properties that were listed on heritage registries. Bill 23 said that all of those properties would lose any protection that they had in two years. It actually said if you added a property, listed it to a heritage registry, it only had a life of two years of protection. And for those that were listed on the 1st of January, 2023, and lose the protection next year, it's five years before it can be added. That actually means that it's more difficult to protect those properties. It's perhaps an incentive to designate a property, but so much of the process of designating and doing the research and justifying the heritage value of it is done by volunteers across Ontario, so it has made it incredibly more difficult—all the more reason why we take care of what we have.

Ms. Stephanie Bowman: I would just encourage the government to re-evaluate that decision and perhaps backtrack on it, because we all know that maintaining some of our heritage is, as you say, valuable for preserving our communities.

I want to turn now to the public libraries. Caroline, thank you again for being here and for speaking out.

Back in 2018, the Liberal government announced that they would support a digital public library. The funding was announced. The funding was set aside. Sadly, that fell when the government changed. This government cancelled that decision. I think that we need to remember that this has been on the table now for at least six years, maybe longer; maybe before that, as well, it was being talked about and being advocated for.

This is an example of what I've heard a lot in these hearings—

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

Ms. Stephanie Bowman:—that there are small investments that can make a really big difference in communities—\$300,000 for nurse practitioners in Capreol and Sudbury. It's bigger than that—\$15 million—but it will make a huge difference.

Just talk again about the ability to leverage that investment across the whole province, and especially into Indigenous communities here in the north.

Ms. Caroline Goulding: The economies of scale that we'll be able to use and ensure that everyone has access to the exact same resources regardless of where in Ontario

they live will be huge. Like I said, I do hear from people, and I do get complaints that Dryden can't offer them the same level of service—of course. We're a different-sized community. But if we were able to leverage the entire province to get the same core suite, that would be absolutely phenomenal.

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

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Mr. Andrew Dowie: Thank you to all the presenters.

I would like to start with the Ontario Library Association. Thank you for being here. I am a former, 12-year-long member of the Ontario Library Association. I served as the vice-chair of the Essex county public library, and I was actually on the other side, trying to lobby governments for more funding for libraries during my time. So I appreciate your efforts here.

I'm not only a big library supporter, but I'm a library user, with three memberships to my name in my region. One of the great things is that many libraries allow non-resident access, which actually introduces you to a number of different reference materials. I think it dovetails into why the request for a provincial digital service—because ultimately, there are some ways of getting it, but does it need to be that cumbersome? And there is the potential for economies of scale.

I'm hoping you might be able to elaborate a little bit as to how the vision differs from the Ontario Library Service consortium that jointly purchases electronic resources today.

Ms. Caroline Goulding: The way it's different is, we are still buying individually. The OLS will negotiate on our behalf, which I am incredibly grateful for, because I would not be able to get the discounts that we can get through them, but I still do have to buy on my own. Everyone is sometimes buying slightly different resources, and the way that this would be different is, the province would be doing the purchasing. So I wouldn't have to be finding this money out of my own budget in order to be going out and finding these resources. We would be able to negotiate based on everyone in the province and not just your individual population.

The other thing that happens sometimes is, you'll get a per-population figure, but the vendor says, "We have a minimum payment." Regardless of what you might have paid because you live in a smaller community, you have to reach their minimum threshold. So then you end up paying even more per person than what other libraries that are from larger centres end up having to pay.

Mr. Andrew Dowie: So the publishers will not recognize a consortium. Is that what I'm hearing?

Ms. Caroline Goulding: Not by saying like, "Okay, you have, say, a population size of 500,000 people who are buying this resource." No, they still look at us as individuals.

Mr. Andrew Dowie: Next, I want to ask about the direction of the association. I attended the super conference, and I saw some slides about what was presented last week by the On Canada Project. I'm very concerned with what has been put forward in terms of the audience of the On

Canada Project. It calls itself the largest inclusive and accessible opposing force to the hate, division, fake news and anti-human rights rhetoric spread by the far-right in Canada, claiming people like “Pierre Poilievre, the Jordan Petersons, the Andrew Tates, the Danielle Smiths and the Doug Fords, and the rest of the far-right white supremacists of the world.” In reading that, that this is an invited speaker to the super conference and the super conference is generally paid for through property taxes—really, it’s all taxpayer-funded at the end of the day. Even though there’s registration, it’s levied from the local library boards. I want to express my concern and try to understand why this was selected as a segment of the super conference and why this—it seemed to be an acceptable representation of, say, the government’s political view.

Ms. Caroline Goulding: I can honestly say that I wasn’t aware that was on the schedule, so I can’t speak to it specifically.

As I’m sure you’re aware, the super conference is planned by a large group of people, so there are various parts of the library sector that OLA represents, from health libraries to public libraries to library boards to school librarians to special librarians to information librarians and university and college librarians. People volunteer to plan their stream of the super conference. I’m not sure which stream that was in, but I can promise to look into it and have a conversation about how that selection process is looking and why that person was selected.

Mr. Andrew Dowie: I can share it was on Thursday, January 25, 11:15 a.m. to 12:30 p.m., and it was called “Public Libraries Spotlight.” Samanta Krishnapillai was the presenter. It included graphics which were very much political graphics against the government of Ontario—or our political leaders, rather. It just had some very one-sided interpretation of—call it the government’s perspective on issues. I found it very concerning, especially having been a super conference attendee in the past.

Libraries are where open thought and open dialogue ought to be, but there isn’t evidence of someone representing the other side either, and this seemed to be taking it too far. I’m worried that this is where, ultimately, tax dollars are going—to support this divisive rhetoric that the Ontario Library Association’s conference put forward.

So I’d appreciate you looking into it and providing an answer.

Ms. Caroline Goulding: Again, my apologies, and thank you for bringing that concern forward.

Mr. Andrew Dowie: Thank you.

Chair, how much time is left?

The Chair (Mr. Ernie Hardeman): You have 1.4 minutes.

Mr. Andrew Dowie: Thank you.

My next question is for Deb from Architectural Conservancy Ontario. Thank you for your presentation. I used to be on my local heritage committee back when I was municipal councillor, so I’m very familiar with the process.

I understand the concerns you’ve expressed for the loss of parts of our heritage as a result of the government’s Bill 23.

I guess I’d like to ask the question of you that, should these properties have been a priority for preservation—the ones that are listed but not designated—why would they not have reached the top of the list for designation if they were a priority for the municipalities?

Ms. Deb Crawford: The option of listing was introduced, I think, around 2005, and they had no end to the duration that it could stay on the municipal registry as a listed project, so there was no rush to do so. There was enough research done on the property that it was valued, that it was identified. If that property was put at risk, if there was a demolition application or something came in, the municipality and the heritage committee had the opportunity for a 60-day period to say, “No, wait, it is important”—

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

We’ll now go to the opposition. MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch, Chair.

Thank you, Deb, Sherry and Caroline, for talking about the issues that we face here, especially in the northwest, northern Ontario.

Sherry, if you can share with the committee with respect to some of your asks, I guess, with respect to the increase of the programs—the 5% that is needed. I think it would be a good time to paint a picture of, sometimes, the geographic issues that we face and just trying to get access to services. If you can share that a bit, that would be great.

Ms. Sherry Baum: Just the context of where we provide service up here, Mr. Mamakwa, the travel costs, the vast geography—we’re not just talking about driving; we’re talking about flying, as you would know, in the Far North. We are entering into a time where we really want to work in partnership with Indigenous communities, chiefs and council, and their support services for people who are asking us to broker their individualized dollars. It’s very expensive to provide that support because of the costs up here: the cost of housing, the cost of heating, the cost of electricity, gas, all utilities. Even the lack of housing—there aren’t even places to live for people who are asking us to support them. These increased costs keep going up and up and up, and we haven’t stopped supporting people, so we’ve had to find efficiencies here and there.

And a number I have heard—the individualized dollars that people are using, the Passport funding, in Indigenous communities north of Dryden and Sioux Lookout. According to the DSO, the last I heard, only 30% of the people who have Passport dollars are able to actually use them, because they can’t find workers to contract and they can’t find services that they can actually use. It’s a lack of services. So we’re having people reach out to have us help them with fee-for-service for their individualized dollars.

1350

Mr. Sol Mamakwa: You mentioned some of the First Nations that you work with, Indigenous communities. What are some of the First Nation health or other organizations that you collaborate with that are in line to be able

to provide the developmental services for the people who live in this area?

Ms. Sherry Baum: The Sioux Lookout First Nations Health Authority is a partner with the MMW clinical services that are through Surrey Place. Throughout our region, we have clinical regional access coordinators, and two are housed within my agency, but there's another one at Sioux Lookout First Nations Health Authority. They have a developmental services division, mostly working with children, but we collaborate with them and wish to collaborate more.

Also, within our ED group, both myself and Kenora are on our Ontario health teams, so we're in conversation and hearing about what our Indigenous partners are sharing about health care. Even those that are not signatories—let's say the Sioux Lookout First Nations Health Authority—are in partnership with the Ontario health team and wanting to talk about what their needs are in the north.

We work with nursing stations. We work with the doctors who are assigned to work in these northern communities. We work in great partnership with case conferences, a lot with health care, and a lot with emergency services and with the services that people are accessing before they transition. We try to make that transition smoother.

Mr. Sol Mamakwa: Thank you.

Caroline, back on February 5, I got a call from Eabametoong First Nation, and they lost their whole school that day. They had no chance to fight it. They had no way of trying to get back whatever equipment or records that they had. Within the riding of Kiiwetinoong, it's probably one of the mid-sized communities—about 1,500. You're talking about 300, 400 students. I know [*inaudible*] libraries are connected to schools. So how can Dryden Public Library, or even the library association, or even the Federation of Ontario Public Libraries, these organizations that you represent, support Eabametoong in getting back up? Right now, they are down.

Ms. Caroline Goulding: Both the Federation of Ontario Public Libraries and the Ontario Library Association are member organizations, and some of the main ways that we help libraries in Ontario is advocacy, is coming to these groups, having these conversations about where the funding is coming from, where it is going, and where it is inadequate for needs.

Particularly with First Nations libraries, because there is no sustained funding pot for libraries beyond, really, the First Nation Salary Supplement, what libraries on-reserve are told to do is to—

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

Ms. Caroline Goulding:—seek funding from the education funding that the reserve gets, which has obviously been proven to be substandard. I think there was a court case last year about that. So it's really, really difficult for libraries on-reserve to make it work, and a lot of people do try to do that.

Specifically, with Eabametoong, I'm not sure offhand what exactly we can do. What we tend to do as libraries is, we talk to one another, we find out how can we support, and then we try to offer what support we can.

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

MPP Andrea Hazell: Thank you, everyone, for coming in and presenting. It's much appreciated.

I want to go to Caroline. I know you've had a lot of questions pointed at you this afternoon.

I want to talk about the Indigenous communities—I want to continue from that last conversation, because it's quite alarming for me, and it's a big concern.

With your services that you're providing today, what's the impact it is doing for the people you're serving, education-wise and skills development-wise? Don't talk to me about the broad picture. I just want you to zone right into the Indigenous communities.

Ms. Caroline Goulding: Specifically with Indigenous communities, like in Dryden?

MPP Andrea Hazell: Yes.

Ms. Caroline Goulding: The way public libraries work is, we tend to be focused within the bounds of the municipality—so it's whoever we are serving within our municipality; we can also make contract for services with groups outside. For instance, in Dryden we have a contract for service with Migisi Sahgaigan, which is Eagle Lake First Nation, so any band member can get a Dryden Public Library card.

The services that we offer in terms of jobs and skill development is—we do have some online resources that help with that, and we also have our public access computers. They're free for anyone to use, to come and access the Internet. What we do see a lot of people coming in to use our services for that is—they're coming to do, say, online courses. Some employers, for instance, will say, "Before you start, you need to get your WHMIS, you need to get this, you need to get that." So they come into the library, and we get them set up and we help them get those certifications. And then a lot of what we end up doing with that is helping people navigate online, find the resources that they're looking for—

MPP Andrea Hazell: Can I just interject here?

Ms. Caroline Goulding: Yes.

MPP Andrea Hazell: Can you zero into the youths? They are our future. Are they the ones using the library? Do you have the data? Do you have a percentage on their usage?

Ms. Caroline Goulding: Not offhand. Anecdotally, I can tell you that the majority of our programs are for youth or families. For those, we've seen increased use year over year, with the number of kids who are coming out. We focus a lot of times on STEAM programming—science, technology, engineering, arts and math. What we are doing is trying to support kids in that development. We have a Lego robotics day. We have our Wednesday Whatevs, which is really a fun thing where we put out a whole bunch of different craft supplies and let kids create what they will out of recycled materials and other supplies.

It's really exciting to see people, kids especially, get excited about coming to the library.

MPP Andrea Hazell: Well, they get excited.

I want to ask you another question. Why is there a lack of funding for the Indigenous communities?

Ms. Caroline Goulding: I think it has to do with the way the funding model works. Anecdotally, what I have been told is that the federal government will say, “This is a public library, so it has nothing to do with us,” and then Ontario governments say, “This is on-reserve; therefore, it’s a federal issue.”

MPP Andrea Hazell: You’re representing the Dryden Public Library, the Ontario Library Association and the Federation of Ontario Public Libraries. I’m thinking that is a very strong body. I just think you guys have to voice your challenges a bit more for the Indigenous community. I hope next year you’re not back at the table asking for funding, particularly for the Indigenous community.

My next question will go to Sherry.

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

MPP Andrea Hazell: How difficult is your model in supporting the families with disabilities? It takes a special kind of people to do what you’re doing.

Ms. Sherry Baum: We are just looking for people who value community and value people. For the more difficult, challenging work, we are having a hard time with recruitment, to be honest, and I was—

MPP Andrea Hazell: That’s where I was going next. How are you doing with that?

Ms. Sherry Baum: I did say we have good wages, but we’re always in catch-up. We have great competition up here. We are behind everyone else, even though our wages compare to everyone else in the province.

MPP Andrea Hazell: Could you talk to me about that catch-up and competition?

Ms. Sherry Baum: What I’m saying is, in the surrounding sectors, the salaries for front-line staff are higher.

The Chair (Mr. Ernie Hardeman): That concludes the time for the question, and it also concludes the time for this panel.

I want to thank everyone for all the time you took to prepare and to do a great job of coming here to present. We very much appreciate your contribution.

DRYDEN REGIONAL HEALTH CENTRE
KENORA DISTRICT SERVICES BOARD
ONTARIO MEDICAL ASSOCIATION,
NORTHWEST DISTRICT

The Chair (Mr. Ernie Hardeman): The next presenters will be Dryden Regional Health Centre; Kenora District Services Board; and Ontario Medical Association, northwest district.

We will give the instructions again. The presentations will be seven minutes per presenter. As you get to the six-minute mark, I will say, “One minute”; don’t stop, because I’m going to say, “Thank you,” one minute from then, and it will be over.

We also ask each presenter, as you start, to make sure you mention your name for the record to be sure it’s properly recorded for your presentation.

1400

With that, the floor will first go to the Dryden Regional Health Centre.

Ms. Doreen Armstrong-Ross: My name is Doreen Armstrong-Ross, and I am the president and CEO of the Dryden Regional Health Centre. Thank you for this opportunity to speak here today for the pre-budget consultation process.

The Dryden Regional Health Centre is an integrated organization consisting of a 42-bed acute-care hospital which provides emergency oncology and in-patient, out-patient and obstetrical care, for a combined total of 12,000 patient days a year, as well as 15,000 ER visits, about 110 births, and an extensive surgical program. We are also the community mental health program providers, with over 8,000 appointments per year, with services including therapy, addiction medicine, case management, crisis and stabilization.

Our family health team is also integrated into our organization. There, we provide about 26,000 appointments a year, with 20% of those patients having no family doctor. Through innovation and integration efficiencies, a wide range of services is offered in all programs.

DRHC supports the priorities set out in Your Health: A Plan for Connected and Convenient Care. In our communities, we are a central point into the local health care system, offering timely, high-quality and culturally safe care to diverse populations across our geography.

DRHC is thankful for recent investments in health care in Dryden. The government made several investments this year in Dryden Regional Health Centre—first, the fall announcement of accepting and funding our pre-capital request to expand dialysis services to Dryden Regional Health Centre. We are very grateful for the recognition and financial support from the government for this very impactful and important service.

The hospital infrastructure fund, or HIRF: DRHC received an unprecedented \$835,000 this year. This HIRF funding will be used for chillers and medical vacuums. Ongoing investments in HIRF funding are necessary to maintain aging hospital infrastructure and to position DRHC to provide the highest level of care in the community today and going forward.

DRHC has used health human resource funding extensively with programs like the Enhanced Extern Program; the Clinical Scholar Program; the Community Commitment Program for Nurses; the ED Nursing Education, Retention and Workforce Program; the Grow Your Own Nurse Practitioner Program; and the temporary locum fund. They’ve had significant positive impacts on staffing challenges faced by DRHC and have enabled us to attract and retain staff with innovation, yielding success. We would request that their continuation and enhancement for small, rural and northern—SRN—hospitals continue.

The Surgical Innovation Fund and the surgical professional training fund allowed DRHC to expand surgical services, to include the first urological laser surgeries performed here in late November and the first spinal surgeries in September of this year. These, combined with

an extensive slate of orthopaedic, urology, general surgery, plastic, ENT and OB/GYN surgical services, allow DRHC to maximize the use of our resources efficiently to provide high-quality care close to home.

DRHC performed a combined total of over 1,600 surgical procedures. While many of these are local, DRHC also provides surgical services to the region, thereby reducing wait times even outside our traditional catchment area, as part of our regional surgical program in the north-west. Quality-based procedures and bundled care funding models allow us to continue to grow these services. Expanding these programs to high-wait specialties like urology would have even greater positive impacts on patients and the ability of small hospital surgical programs to help be a solution, even provincially, for surgical waits.

DRHC, like all Ontario SRN hospitals, is dealing with mounting financial pressures related to physician staffing, HHR shortages, digital infrastructure and security developments, and overall increased supply costs due to rising inflation and interest rates. Three key areas need focus: increasing labour costs, non-labour inflationary costs, and service growth. Demographics are changing within Ontario's rural and northern communities as populations age and overall health needs increase alongside the trends in prevalence of complex conditions. As core of our health system, DRHC must be appropriately resourced to keep pace with the demand for health care services.

Recognizing recent government of Ontario investments dedicated to recruitment, retaining and compensating of health care providers, more opportunities are ahead to support SRN hospitals in meeting these demands for health care services. Dryden Regional Health Centre is well positioned to bring innovative solutions to the forefront and be a leader in what small, rural, northern health care can look like, but financial pressures are putting this at risk. We ask for your support in ensuring DRHC, along with all small, rural, northern hospitals, be recognized for the integrated, core and health hubs they are in their communities—that provide a wide range of services, on what is usually community-based services.

I thank you for your time today. I have provided some resources and will provide some more electronically, and information, if you wish to contact me, is in there.

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

Our next presentation is from the Kenora District Services Board.

Mr. Henry Wall: Hello. Good afternoon. Boozhoo. Thank you so much for coming to Dryden, where you just find out how remote Toronto really is from our perspective. I also want to acknowledge that we are meeting on the beautiful and traditional lands of Treaty 3 territory. Thank you for having us, and thank you for listening. You can always tell an organization or a province's priorities by what's approved in the budget, and so we certainly value this opportunity.

I'm the CEO of the Kenora District Services Board. Really, two things, in seven minutes, that I'd like you to consider—one is housing. Much in terms of I think what

you've been hearing, what we're facing is housing is no longer not just affordable, but it's also unattainable, no matter your income, in the whole district of Kenora. That's one piece. But I think there's a way forward. We've seen this coming. This did not sneak up on us last year or the year before. Over the last 40 or 50 years, we've seen the housing shortage come. I think there are ways that northern communities can actually be empowered: Remove the lottery system to apply for housing projects, but then also have programs that are based more than just on census population—that's looking backwards, and it completely disrespects the fact that our communities are actually hub communities; they're gathering places where people attend education, find healing, access health care and so forth. I think those things need to be considered when we look at the north, let alone the potential for the development, in terms of resource development, in northern Ontario.

The other piece is labour force. There is a labour force strategy, but, in a way, when we look at it in terms of the number of babies who are born in our district every single year, we should not have a labour shortage by definition. We have over 850 babies born every single 12 months, so why do we have a labour shortage? There's something not working, and I think this is, in part, where my message on that is—employment programs in Ontario really are being transformed. There is a new age of employment programs—who delivers, how it's delivered. But I really want to implore you: Empower the communities to take ownership of how education and training is actually done in communities.

With the KDSB, we have about 440 employees, and we deliver a wide range of services from land ambulance to community paramedicine—we do over 15,000 911 calls every single year—to early learning and child care. We have over 150 ECEs who work for KDSB, not counting all the different programs that we support. We do housing, community housing and all sorts of range in housing. We are probably the largest housing provider to seniors and the elderly in the district—also with respect to pre-employment and life stabilization programs. Generally, every single day we have between 6,000 and 7,000 people whose lives we touch, in terms of the programs we provide.

With housing, how did we get here? Well, we have one of the fastest-growing populations in Ontario, if not the country. But when we look at it in terms of affordable housing or social housing, community housing, our biggest boom was back in the 1980s to 1990s—in the district, we had about 510 units created in those 10 years; and then for 1990 to 2000, we had 139 units. And then for 2000 to 2010, we had zero community housing projects built. In a decade, there were zero homes, community housing, built. That's starting to pick up, and the reason it's starting to pick up is that we advocate hard, and we have allies like Minister Rickford, who is fighting for the region, but it's by happenstance and living off unspent funding from other, larger centres. This is where, in part, I think we need to make it a bit more systemic, predictable,

so we can plan, because it does take quite a bit of resources to coordinate the development of infrastructure, especially on the housing side.

1410

As I've mentioned, we've seen this coming for a long time. When look at our wait-list for affordable housing, a decade ago we had about 450 households waiting for housing. We now have close to 1,500 families, seniors waiting for—in fact, it's 1,451 households right now, today, waiting for housing. What is interesting is, the largest growth in the last five years that we've seen are actually elders and seniors. So I think when we talk about homelessness in this province, we have another challenge with respect to housing affordability and being able to attain housing, and that is that our seniors are being priced out of the market; we're starting to see it on our wait-lists for housing.

The other piece that we're starting to see, especially in this district, but I think across northern Ontario: The ER and the hospital beds are starting to become homes for seniors—in the form of the ALC patients. I think this is where—the province is spending the money, but I do think there is a different way to do it. It is a long-term strategy; it is going to supersede, probably, multiple terms of government. But we do need to invest in housing.

In part, we have another very interesting phenomenon in northern Ontario right now—that it costs more to build than that house is worth on the market. What that means is that we cannot necessarily solely rely on the private sector to help us. This will require an all-of-community approach and all-of-government approach to help get housing built, and I know we can do that—we're demonstrating to do that.

The other part is, I mentioned, on the labour piece: Empower communities to take control of labour programs, how it's done—when we pair the housing and labour piece, we can start to plan where it is. Right now, a lot of our young people, just to attend high school, have to get on a plane and travel hundreds and hundreds of kilometres. And if you're a young family—

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

Mr. Henry Wall: —to upgrade your education, you have to leave your home, then you have to find child care, you have to find housing. This is where, I think, in part, the north has become so dependent on importing our talent. I think we could turn that around. If we empowered our young people through made-in-the-north labour programs, we wouldn't need to rely on the south as much as we do.

If I have a couple of seconds, I just want to say, when we moved to Canada back in 1995, my first job was working out in the fields. I remember when you were first elected. I want to say thank you for your advocacy for rural communities. You've been at it a long time. I remember, as a kid, seeing you—and this was in Oxford, Elgin county. I just want to say meegwetch for all that you've done, not just for the government, but for communities.

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

And I just want to point out to the committee, I didn't have extra time for that.

Now we'll hear from the Ontario Medical Association, northwest district.

Dr. Stephen Viherjoki: My name is Dr. Stephen Viherjoki. I've been a family physician in Dryden for the past 16½ years. I work in a family medicine clinic, in our local emergency room, and I do hospice work. I teach students and residents, and I'm currently the regional chief medical information officer.

Given my wide roles in the region, I can confidently say that the issues I raise certainly apply to all of northern Ontario, and mostly to the province as whole.

As you know, there are still significant challenges for patients to get access to the care that they need. Here in the northwest, these problems are exacerbated manyfold. For example, recently, I admitted a patient to the hospital from our emergency room for a completely preventable problem. This lady has some mobility issues, and she has very poor vision because of diabetes. She needs to take insulin. She can't see well enough to operate her insulin pen, and we had a plan in place for her to have nursing care to help her twice a day. We have excellent home care providers here, but they are stretched so very thin that it only took one person to call in sick, and then she had no nursing care for that day, and she ended up hyperglycemic and sick in the hospital. Because of ongoing pressures, it took many weeks before we were successfully able to get her back to the community.

In October of this year, following extensive consultations with physicians, system partners and the public, the OMA released our latest document, titled Prescription for Ontario: Doctors' Solutions for Immediate Action. This contained 11 pragmatic solutions to address three urgent health care priorities. The progress to date in fulfilling 51 of 87 recommendations in our Prescription for Ontario demonstrates the effectiveness of working together to improve health care. We thank the government for listening to us in that document and making progress, but we feel there is much more to do. The solutions are designed to create sustainable and long-lasting changes in Ontario by addressing three main problem areas. This includes, first, the need to fix the crisis in primary care and ensure everyone has timely access to a publicly funded primary care team within three minutes of where they live or work. As you know, the number of unattached patients is growing steadily, and the situation has long surpassed a crisis stage.

A staggering 2.3 million Ontarians are without a family physician, and this number is on track to rise to 4.4 million in 2026, without intervention.

This crisis is especially challenging in northwestern Ontario. According to analysis from the OMA, over 90,000 people from my district, which is the northwest, are not attached to a family physician; and more than 140,000 patients are unattached in the northeastern section. According to the Northern Ontario School of Medicine, we need another 200 family physicians and 150 specialists. The problem is only getting worse. As you've probably seen in the media, 10,000 patients in Sault Ste. Marie are

about to lose their primary care, starting May 31. The physician retention and recruitment issues have also led to the closure of obstetrics at 10 northern hospitals between July 2022 and September 2023, and three were closed for over a year. These conditions also exacerbate issues in the ER. The lack of family doctors who also provide care in our emergency rooms in the north results in unsustainably high workloads for those who remain, and we are forced to sacrifice our primary care practice just to keep emergency rooms open.

We heard from Dr. Laurel Laakso, a colleague of mine and chief of staff in Sioux Lookout. She tells us they only have half as many doctors as they have funding for. As a result, those doctors have to work longer hours to keep the doors open to the emergency room. If the ED closed, there would be nowhere else for those patients to go. The Sioux Lookout hospital estimates that closing its doors to its emergency room would result in two to four deaths every 24 hours.

The workload burden is compounded further by the burden of unnecessary administration. Family doctors report that they, on average, spend 19.1 hours a week on administrative tasks. This time would be better spent by enhancing physicians' work-life balance, spending more time with their patients, or taking on new unattached patients.

Our solutions are centred around increasing community capacity and tackling hospital overcrowding. Far too many northern Ontarians are languishing in hospital beds when they could be discharged and cared for better elsewhere. We need to remove barriers to ensure people can access care in the right settings, ensuring they are coordinated and integrated into the rest of the system.

The strains in the health care system have ballooned over decades, and the unique challenges faced in northern Ontario leave us further and further behind. It's going to take decades to fix these issues, but we have to start somewhere, and we must start now.

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

Dr. Stephen Viherjoki: To address the growing crisis of unattached patients and ensure that every Ontarian has access to a family physician, team-based-care funding must be significantly increased. Primary care teams also lead to reduced system costs by diverting patients from costly emergency room visits. Many patients in the north would have their travel time reduced by hours if they could receive the necessary care in their community and not at the hospital often hours away.

1420

We need to support more networks, hubs of care and providers and other innovative solutions to enable physicians to practise confidently in rural and remote and isolated communities. It is daunting to be the only physician in a community.

As I previously noted, a greater description of our pre-budget recommendations can be found within the OMA's written submission. I encourage you all to read it—

The Chair (Mr. Ernie Hardeman): Thank you very much. Hopefully, the rest of it can be put into the question round.

We'll now start the first question round. MPP Kernaghan.

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

I'd like to begin the questions with you, Dr. Viherjoki. Thank you for the presentation.

Doctors are the backbone of the health care system. Primary care practitioners are 80% of health care and, really, the gateway to all other aspects.

I do think that, given your history, you're uniquely qualified to comment on the health care system, given the variety of roles that you fill.

One of the OMA's asks is to expand access to team-based care, as you've mentioned. Can you speak to the value of the model of team-based care and what that could provide for patients in Ontario?

Dr. Stephen Viherjoki: In terms of positive impacts, primary care teams—or team-based care—have been shown to reduce system costs by diverting patients away from emergency rooms, reducing time spent in hospitals, and identifying issues earlier and promoting healthy living. Evidence from British Columbia suggests that a very sick patient without access to high-quality primary care teams can cost that province's system \$30,000 per year, but when they're attached to a comprehensive primary care, family medicine model, that same patient costs \$12,000. Extrapolating to Ontario, where there are currently so many patients without team-based care, there would be significant cost savings to our overall health system.

Mr. Terence Kernaghan: I want to thank you for sharing that very upsetting story about the diabetic patient of yours who had to be admitted to a hospital because of just one person's sick day, and missing that insulin dose and being hyperglycemic. It's truly scary.

How long did that individual end up spending in hospital? I'm sorry if I missed that information.

Dr. Stephen Viherjoki: I'm sorry to be somewhat vague, but this is a really small community, so I'm not going to give a lot of detail. But at the end of the day, she was six weeks, plus or minus a few days, after also having developed complications of her hyperglycemia and time spent in bed.

Mr. Terence Kernaghan: Wow. It's why something, I think, that the OMA has asked for is appropriate funding for home care and home care providers—because that is an upstream investment, wouldn't you say? Had that individual had the support when and where she needed it, would it not have cost significantly less?

Dr. Stephen Viherjoki: I absolutely believe that she wouldn't have been in the hospital that time, for sure. I think there is huge room to prevent a lot of those admissions and complications.

Mr. Terence Kernaghan: Most definitely. Even though we are looking at the numbers, it really is the human cost as well. That should not have happened to that woman. I'm glad she's doing well, and I hope she's feeling better.

I'd like to move over to the Dryden Regional Health Centre. Thank you for your presentation, Doreen.

It has been deeply concerning, in the province of Ontario, that we've seen 1,200 health care closures in

Ontario in 2023, 868 emergency room closures. It is deeply disturbing.

Can you speak to the hospital sector's growing reliance on the private agency nurses, and is it a wise expenditure—that the province should be allowing this to happen?

Ms. Doreen Armstrong-Ross: That's a really interesting question. That really ramped up, of course, during the pandemic, when there was a mass exodus of human resources. So I would say there are a couple of caveats to this, but agency nurses, at a point in time, were absolutely necessary. They were necessary for the care of the patients, to keep hospitals and services running. It's at a cost, however, and it's a very costly human resource model. So I would say, yes, we need agency nurses until all those HHR things that I was talking about—the investments in students and getting people trained and into the organizations.

At our hospital, we've been very fortunate, with minimal agency nurse use, but with extensive supports for HHR, to not get to that point. We certainly have a very wonderful foundation at our hospital that contributed to bursaries, that sort of thing, and return-of-service agreements so we can get those human resources and really minimize the agency cost.

I know there is a lot of discussion around the cost of agencies, and it's a capitalist venture, so the costs are varied in different parts of the province and based on the need—but there has to be something in place, and it's not just an end. There's a lot that needs to happen before we can get to where we don't need agency nurses. I think there are definitely things that can be done at the provincial level. Individual organizations, as well, need to look at the retention and recruitment of their staff, to not be reliant on agency staff.

Mr. Terence Kernaghan: Absolutely. This committee has heard loud and clear that the north does require a certain degree of agency nurses, and that is a simple necessity, but would you be in favour of a cap to make sure that the province is only allowing a certain amount of spending on that so that there isn't, across the province, overspending on agency nurses?

Ms. Doreen Armstrong-Ross: My first answer would be no, because I feel like the north probably would be disadvantaged with that. If you looked at the overall spend, even though we are spending a lot per population per staffing resource, the bigger hospitals in the south are probably using a much more per person spend. So I would worry about that.

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

Mr. Terence Kernaghan: I completely understand. A decision in the south does not necessarily make sense in the north. I appreciate your candour on that.

Do you think it is a wise expenditure for the government to continue to fight and attack nurses in court with their very costly appeal to Bill 124?

Ms. Doreen Armstrong-Ross: Well, labour costs just in general are a quagmire now and, as I mentioned, it's probably our biggest—70% of our costs are labour costs and the increase of labour costs, so it's necessary to work

with our unions. The ONA union is one of the largest in the province, and most nurses in the province are part of that union. Collaboration, which we do with our own local union, is always healthy and effective, certainly.

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

Ms. Stephanie Bowman: Thank you to the presenters today.

Doreen, I will start with you. I know you know that the Auditor General report said that there was 25 times the use of agency nurses in northern hospitals and that there were 15,000 hours of agency nurses prior to the pandemic and now they're using 391,000 hours.

It's interesting to actually hear you say—I think it's the first time in the two years I've been on this committee that I've heard someone say that they haven't had a challenge with their health human resources from a nursing standpoint or they haven't had to use agency nurses in a big way. It doesn't look to me, based on the press, that you've had any ER closures—so, again, one of the few hospitals that didn't. Your obstetrics unit didn't close either.

How are you doing this? You mentioned that the foundation is giving some bursaries. Are they able to top up your staff payments so that the turnover is low here? What's going on? How are you making this work?

Ms. Doreen Armstrong-Ross: No, we absolutely did not break any union contract negotiated wages. We did use some agency—I think, at the height, we had four, and we have two right now that we use. We use those strategically to keep services open and to keep our staff healthy and whole. We actually used agencies over the summer so we could provide vacation to our staff. I think that's the big answer. We have definitely had nursing challenges in staffing, but we put a lot of effort into dealing with those very proactively very early on.

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Ms. Stephanie Bowman: What has your turnover been in nursing just over the past five years?

Ms. Doreen Armstrong-Ross: Overall, we've had about 11% turnover. It's not really high, but we have a lot of open—we have maternity leaves. The bulk of our nurses are in those years when maternity leaves are extremely prevalent, and being 18 months, it's a lot of FTE time to fill. Certainly, we've had holes, but we've been able, with our proactive HR policies and investment, to use agencies as strategically as we can to minimize the cost of agencies and keep all our services open.

Ms. Stephanie Bowman: What have your nursing agency costs—have they gone up by 10%, 15%, 20%?

Ms. Doreen Armstrong-Ross: Well, they went up 100%, because we never used them prior to the pandemic.

Ms. Stephanie Bowman: What do you spend now on agency nurses?

Ms. Doreen Armstrong-Ross: It was about \$200,000 last year.

Ms. Stephanie Bowman: So up from zero to \$200,000 in a year.

Ms. Doreen Armstrong-Ross: Well, over the course of about three years. Prior to the pandemic, we never used agency at all.

Ms. Stephanie Bowman: What's your budget for next year?

Ms. Doreen Armstrong-Ross: In terms of agencies?

Ms. Stephanie Bowman: Yes.

Ms. Doreen Armstrong-Ross: Zero. We do not want to use them. We're actively trying to get there. We did not budget for agencies. That's something the board and I discussed—that our idea is not. It is contributing to our deficit in this situation, but we're not going to budget for agencies. That's not what we want. We want staff.

Ms. Stephanie Bowman: Sorry; I'm really just stunned, to be honest. It's the first time.

Ms. Doreen Armstrong-Ross: We're a bit of an anomaly in there.

Ms. Stephanie Bowman: What is the magic here in Dryden, where you're able to keep your nurses when every other hospital across the province—

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

Ms. Doreen Armstrong-Ross: Yes, it's a lot of work. We spend a lot of time with recruitment and retention activities.

Ms. Stephanie Bowman: Like what? Give me an example. Maybe you should be running the Ministry of Health.

Ms. Doreen Armstrong-Ross: Well, my HR was at the high school yesterday talking to the civics and careers class about careers in health care. They're at Confederation College and Lakehead University in Thunder Bay next week talking to nursing PN students and NP students about what it's like to work here.

Our foundation—like I said, we have return-of-service that we give after the second year of nursing school is completed. We will offer return-of-service so we know we have those nurses, when they graduate after year four, coming to our organization.

We've maximized the programs that I mentioned to the best that we possibly can to retain nurses—and recruit, because some of the funding around mentorships, we've self-funded—

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

We'll go to the government. MPP Anand.

Mr. Deepak Anand: First of all, I'd like to thank each one of you for opening up the doors of your community for us. This is my first time in Dryden or on this side of the province. When we come here, we see it physically first-hand—not that we understand your pain, but at least we can feel a pinch of it.

Doreen, congratulations on being awarded the Best Practice Spotlight Organizations designation from the Registered Nurses' Association of Ontario—I think that's the hard work that you and your organization are doing. That shows the results, as well, and that's why the nurses love to work with you. You all are into noble professions. Serving the community is the best thing you can do.

You did talk about: “DRHC is a progressive and visionary organization that had great success in implementing innovative programs and services to bring quality care closer to home for its service area.” When you say “innovative programs,” what are you talking about? How can we leverage it?

Ms. Doreen Armstrong-Ross: Well, I'll talk about our surgical program there. We're doing things in a small hospital that you won't see anywhere else, really, in the country—those laser urology procedures that I talked about, spinal procedures that are normally done in much larger organizations. We've worked over many, many years to expand and to enhance the quality and the training and education of our surgical programs so that we can offer these things that are not offered elsewhere in small hospitals of our size. A 42-bed hospital offering these is pretty unprecedented.

Outside of our region, we work together with the hospitals in Fort Frances and Kenora, and they offer some of these procedures as well, so we've been really able to expand on that regional surgical program that has done that.

The other thing is our integration. We have the family health team and community mental health. We work extremely closely with our physician group, and it has allowed us to really provide services to our community. We have our family health team going to two of the reserves that are closest to us and providing service at the Dryden Native Friendship Centre here in town—so going to where people are and providing those services.

I would say, overall, we have a real growth mindset, but it's just getting more and more challenging with the current deficit we're in and the budget deficit we're projecting for next year.

Mr. Deepak Anand: I'm looking at the Ontario Hospital Association document that you provided, and you said “Grow Your Own Nurse Practitioner model to other professionals, including lab and diagnostic imaging technologists”—something which we actually did support through Anderson College, through the SDF fund, not necessarily going through the normal route of getting you funding or giving a blanket tuition freeze or tuition free to more people to join in. But if there is a need for that sort, if you know a training institute—there is a program called Skills Development Fund. It's very simple. We take money from you, taxpayers; we invest that money in training, and we make the people employable. And once they're employed, it's a win-win situation: They're serving the community, and they're paying taxes; in other words, they pay back what they got. So consider that. Anderson College was one example. We provided them the similar funding.

Thank you again for everything you do.

Moving on to Henry at Kenora District Services Board: You said it so well, one thing—that hub model. I'm a parent of two children, and the best thing—you ask my wife—would be, I wish they're working in the same city where we live and they're giving back where they got. This is what you talked about, and I think you're right.

Sitting next to a model, which Doreen talked about—going to the high schools and telling them to work here in the health care sector and give back where you got from.

Is there anything that we can do, in perspective of labour force support from the Ministry of Labour—that I can take it back?

Mr. Henry Wall: The short answer is yes. I think just with respect to, say, First Nation education institutes—they play a vital role in our communities. We talk about reconciliation and culturally appropriate services, and I think it's important—who's delivering the service, who's working front line.

I think there's a real opportunity, through the Minister of Labour, Immigration, Training and Skills Development, to say, "How do we empower organizations like Seven Generations Education Institute to"—just as an example, it's a program we delivered here in the community so that students from our communities or neighbouring communities can actually attend school here, get the skills they need, whether it's nursing, paramedic service. We have two programs that we work with Seven Gens on, and that's ECEs and paramedics—and just new with the expansion. We can't compete with the south in terms of getting people to come up here, but I think we could if we started training our own paramedics here.

In part, the general college system, just the way the seats have been historically—it really disadvantages First Nations students from the north. So I do think it's going to require some intentional, specific investments, allowing—this is footprint. We do need infrastructure—we can't just wish it to be, and everybody is in a classroom. I think we can use technology, create virtual classrooms. But it's still going to require some investments on that technology side.

Mr. Deepak Anand: I truly encourage you to look at the SDF capital stream. I'm not sure if you applied the last time—

Mr. Henry Wall: We did, yes. We're just waiting.

Mr. Deepak Anand: We actually had a similar conversation last year, when I was at the budget consultation with one of the northern communities in Sudbury. They actually had a board—local community heroes. Those people who are born and raised in that community—

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

Mr. Deepak Anand:—educated and giving back by working in the same community. They call them a local heroes board—something which you can encourage and to look at it.

You talked about a housing problem—you said 1,500 families looking for social housing. And how many are totalling—

Mr. Henry Wall: Those are households who are on KDSB's wait-list for affordable and community housing. That doesn't count those who had given up to be on the wait-list. It also doesn't capture those who are looking for market housing. So that is strictly from a community and affordable housing wait-list standpoint.

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Mr. Deepak Anand: What's your suggestion for that solution on this?

Mr. Henry Wall: In part, there are two mechanisms that the province currently has. One is the Canada-Ontario Community Housing Initiative. It's a more census-population-based allocation. It doesn't work. You could probably fit a couple of countries in Europe into our district. Our allocation is about \$900,000 a year. So we can build—

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

MPP Kernaghan.

Mr. Terence Kernaghan: Doreen, it has been in the news recently—and I believe this was in the Ottawa area—that the province has issued most recently waivers allowing hospitals to carry debt. Some have even been left with no other choice but to take out high-interest loans. Is this a wise fiscal move that the province should allow? Should a household that is struggling to make ends meet sign up for a high-interest credit card?

Ms. Doreen Armstrong-Ross: That's a very challenging situation. Thankfully, my hospital is not in that place right now. But there is the immediate need of hospitals, specifically those that are into that place where they're out of cash and taking loans—often now that they can't get loans, so they're getting bailouts that they need to pay back and really can't—maxed out lines of credit, that sort of thing. So it's a very precarious situation, and I think, definitely, that needs to be looked at—and specifically with small, rural and northern hospitals, a real look at what the funding model is and what makes sense for the services provided by hospitals in small communities. It is different than larger hospitals in larger communities with much more community services being provided out of that budget that is often not funded.

Certainly, we do not have these in Dryden, but the ELDCAP long-term-care beds—and I can't really speak much to it because we don't have them, but I do know from my colleagues—is a very challenging situation, financially, to deal with.

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

Mr. Sol Mamakwa: Thank you, Chair. Meegwetch.

Thank you, Doreen and Henry and Stephen, for the presentations. This afternoon, you make an interesting list of presenters, because, Henry, you talk about what you're struggling with—the social determinants of health—and then you go into a hospital and you're just trying to manage the effects of social determinants of health, and then, Doctor, you deal with the results. It's just really telling on the impacts, on what's going on—the unnecessary suffering, the needless deaths that we continue to see in the north. I think sometimes the decision-makers in the south do not understand who we are and what we're about and what we're trying to do here.

Henry, in your presentation, you spoke about homelessness. I know that you and I have had a number of discussions regarding homelessness and how the current approach to homelessness is not working. The only thing that we're doing is keeping them alive this long, whereby if we don't help them, they're here, but they're here—but we have to get out of that, whereby we keep them alive for

much, much longer. What's that solution that you think would work?

Mr. Henry Wall: It's actually, I think, quite in the title too—"homeless" means somebody who doesn't have a home, and there's a physicality to that. So I think, in part—and this is where all governments need to work hard at this—the reason we have a homelessness crisis off-reserve is because there are not enough homes on-reserve. It's that simple.

We hear quite often, through our shelter system, various shelters, whether it's Red Lake, Sioux Lookout, Kenora, that it is better—at least there's something—to be homeless in Kenora or Sioux Lookout. That's not good. So I think in part, we need to build more homes in First Nation communities. By doing that, families won't be punished.

We hear there are probably more children in the child welfare system right now than there were at the height of the residential school legacy. That's going to morph itself into homelessness. It's just a matter of time. We're starting to see that.

And it is about building homes. It is really that simple. For example, here in Dryden, 5% of homes in the community right now were built after 2021—sorry; 2020—and one. So that's 23 years—5% increase; Kenora is just shy of 7%. So we just haven't kept up building homes, and I think that's, in part, why we have people on the streets.

What's happening on the streets is that more and more vulnerable people with complex needs and individuals with developmental disabilities are pushed out of the housing market altogether, into the shelter system.

Build homes. That's—

Mr. Sol Mamakwa: Thank you.

I'm going to turn to Stephen. There was something that you said that was kind of scary: If the Sioux Lookout ER closed, there would be two to four deaths per day. Sioux Lookout is a small town of 5,000 or 6,000 people, but it services 30,000 other people up north, where my riding is.

I know the current approach to the mainframe agreement that the physician group has with Ontario is not working. When you say that only half of the FTEs are covered—and that means they have to work.

What would be the answer, for physicians in the north—to make sure that physicians come up north, as well?

Dr. Stephen Viherjoki: Thank you for the opportunity to answer that question.

OMA, right now, has a couple of suggestions. The first is that the Practice Ready Ontario program—it is currently set to fast-track 54 medical graduates into northern and remote practice through structured supervision.

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

Dr. Stephen Viherjoki: That needs to be expanded, and we're asking that, by 2026, there's a threefold increase in that program to try to get it to 150 new physicians per year. The other is to continue to support rural family medicine residents. They have some special programs with regard to debt forgiveness and service returns—to continue supporting those programs so that we can generate local rural experts who want to work in our region.

Mr. Sol Mamakwa: I know that what you described earlier is a health care crisis—because when you talked about that one patient, that's exactly what's going on. There is, again, unnecessary suffering and needless deaths, and we have to work together in the north to be able to bring these issues up to this government that's in power right now.

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

MPP Andrea Hazell: Thank you for coming in. They were very detailed presentations. I'm just going to zero in on what actually was a concern for me while you were presenting and what sparks something to me.

Doreen, I'm going to start with you. I want to know your funding model. The Ministry of Health gave you most of your funding, right? Over \$20 million in—I think it's 2022-23.

Ms. Doreen Armstrong-Ross: Yes.

MPP Andrea Hazell: You were only able to get about \$250,000 from donations. How sustainable is that, with your funding? You're carrying a deficit of \$1.3 million. Isn't that affecting your services to your patients?

Ms. Doreen Armstrong-Ross: It will, eventually. We do have to get in line with our budget at some point. So, yes, small hospitals are funded as a base budget. There's very little opportunity to increase our funding—some with the QBP and bundled care that I mentioned, and increasing surgical services.

We're certainly exploring opportunities to be able to get funding for community services we provide that community providers would be able to get funding for: for example, outpatient physiotherapy; a lot of lab work we end up doing at the hospital that—somewhere else probably would have a community lab that could do that; as well as a number of other things.

We do need a funding model that looks at what the services are, what the services need to be—and then be aligned with that. It's going to be a very difficult process to look at all these hospital deficit budgets across the province and really decide on service cuts—when we're hearing more and more increase in every aspect of our services we deliver.

1450

MPP Andrea Hazell: Yes, I just wanted you to get that on record, because I thought your services did not face any deficit.

I'm going to go to the OMA. You've got 43,000 doctors, physicians, medical students and retired physicians. That's a big group. And you've got a lot of doctors in that group, I'm assuming—the percentage of your doctors.

Are your students studying to become doctors?

Dr. Stephen Viherjoki: Yes, so, basically, everyone, once they enter medical education in Ontario, is a member of the OMA.

MPP Andrea Hazell: I just want to say thank you for the services. I appreciate that. We all appreciate that.

I'm not too sure if you can comment on this, but I've learned that the Ministry of Health is attempting to renegotiate on its year three commitments in the most

recent physician service agreement. If that happens, what can be the impact to your services? And is this agreement okay at this point in time, when we are facing so many shortages of family doctors?

Dr. Stephen Viherjoki: The OMA and the government are currently negotiating—

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

Dr. Stephen Viherjoki: —so I don't think I could comment on the specifics around the negotiations.

I do think that there were expectations from family physicians and physicians around the province, and there were expectations based on what anticipated growth and funding budgets would be. Unfortunately, for the family physicians in Ontario and all doctors, when population growth exceeds expectations and some of your funding model is based on savings in the system, if the system grows beyond your control, you don't get the benefits of that; so the government spends more, despite people trying to be very prudent and responsible with providing health care. So physicians, I think, sometimes feel that they're punished for doing good work, because we have no control over the number of patients we see.

MPP Andrea Hazell: Thank you for that information—

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

We will now go to the government. MPP Ghamari.

Ms. Goldie Ghamari: Thank you to all the presenters. I appreciate the time you took to be here.

I have a question for the OMA.

Dr. Viherjoki, what kind of doctor are you?

Dr. Stephen Viherjoki: Family doctor.

Ms. Goldie Ghamari: Fantastic.

My parents wanted me to be a doctor, but I have a phobia of needles, so I went into law instead. That was a great failure for my father. He still looks at me to this day and says, "You could have been a doctor."

I have a question for you, more related to the OMA.

I have a situation in my riding in Ottawa. My riding is called Carleton. Geographically, it's larger than the city of Toronto. That's just one part of Ottawa, but geographically, it's still large—not quite as large as up north, but for southeastern Ontario, it's still pretty large. It takes me about an hour to get from one corner to another, and because it is very sort of rural and spread out, similar to communities like here—things are not very close to each other.

There's a group of doctors who have been trying to create an FHO in that area, especially since there is one doctor in one of the rural communities, a community called Greely. His name is Dr. O'Connell. He's a family doctor, and he's going to be retiring this summer. There is no one to really replace him. That's going to leave at least 1,400 patients in the village of Greely, which is one of the areas I represent, without a family doctor. He has been there for a very, very long time. This is something that I have been working on with the community, with Dr. O'Connell and with other doctors for over a year now, when people first brought this to my attention. The doctors

came together and tried to create an FHO. They submitted that application to the ministry, and they met all the requirements except for the five-kilometre limit. Apparently, there is a requirement that when establishing an FHO to take over a family practice, those facilities have to be within five kilometres or something like that. Are you familiar with the five-kilometre thing?

Dr. Stephen Viherjoki: I don't think it applies up here. We deal in triple digits mostly.

Ms. Goldie Ghamari: But you're familiar with it?

Dr. Stephen Viherjoki: Yes.

Ms. Goldie Ghamari: Okay. I put in a letter of support for that application, and I asked the ministry to consider an exemption in that situation, because in my riding, because it's so rural—even though it's considered urban, it's very rural—things are spread out. Nothing is within five kilometres—my house to my office is 25 kilometres, and that's not even driving halfway through the riding. Anyway, it was rejected. So I followed up with the ministry, and the ministry said that there is nothing they can do about it, because this is part of this five-kilometre term that the ministry had negotiated with the OMA prior. Because this is something that the OMA had wanted, the ministry's hands are tied, and it's up to the OMA.

My understanding is, the ministry is currently in negotiations with the OMA to update that contract, agreement or whatever it is.

You said there is an exemption for the north. Is that correct?

Dr. Stephen Viherjoki: Yes. I think we all understand the fact that the current funding models for family physicians aren't designed for rural or remote areas. We know right now that—

Ms. Goldie Ghamari: It's the five-kilometre thing, though, right? It's not the funding, or I don't know if it's the funding, but it's—what I was told is, because the facilities are greater than five kilometres apart, then they can't qualify for the FHO.

Dr. Stephen Viherjoki: I don't think that's specifically correct—

Ms. Goldie Ghamari: I'm not putting you on the spot. I'm just trying to understand.

Dr. Stephen Viherjoki: —because I think there are large family health organizations in the province that span multiple areas and different towns, and they count. My roster limit is about 100 kilometres. So the ministry would allow me to take patients out to about a ring of 100 kilometres away and call them my own.

Ms. Goldie Ghamari: Do you have any advice or suggestions for me? I know right now the OMA is in negotiations with the Ministry of Health. It would be inappropriate for me to reach out to the OMA because OMA is represented by doctors; I've asked the local doctors to reach out. Is there anything I can do or is there some sort of message you can pass along to the OMA to ask them to consider some sort of exemption for rural communities like mine?

Dr. Stephen Viherjoki: I think we completely agree that team-based family care is really the standard and the

expectation of patients now, and that's what the OMA is advocating for. Students, residents and people coming out of training programs now—that's all they know. In fact, to train residents, you have to be in that type of practice. So that's what your future providers are going to expect and want.

I think that getting a hold of your local district chair at the OMA—if you don't have that, I'm completely able and happy to get you that information, to do that advocacy and to touch base with the local physician group who are interested in doing this. That's the way to start—

Ms. Goldie Ghamari: Oh, yes. I've been in contact with them constantly. They have my numbers. We text back and forth. It usually takes forever to hear from a doctor. But I text them, and it's great.

Dr. Stephen Viherjoki: We have good regional coordinators who are going to be very happy to help you with this.

Ms. Goldie Ghamari: I would love to find a solution. If there is some sort of model or something that's working in northwestern Ontario, I'd love to see that adapted in other rural parts of Ontario. They might not necessarily—

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

Ms. Goldie Ghamari: Thank you so much for that. I would be happy to connect with you and get any advice I can on that. I appreciate that very much.

For the rest of the presenters, there's not much time left, but I want to thank you for being here for your presentations today. My colleague MPP Anand asked some really informative questions, and I was taking notes. So I just want to thank you for taking the time to be here. It's important to be a part of this process and to get involved. It's not often that we come to Dryden, but I'm really glad that we are able to be here and meet in person because I think it reminds everyone that Ontario is much larger than just Toronto. And I say that as someone from Ottawa who complains about Toronto as well.

I have no further questions.

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

I want to thank the panel very much for all the time you took to prepare and to come here and present all that information to us. I'm sure it will be put to good use as we work on putting together a great 2024 budget for the province of Ontario, particularly as it relates to health care. Thank you very much for being here today.

The next panel is all virtual, so we'll just have to wait for a few minutes, until we can get them online.

The committee recessed from 1501 to 1505.

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ANDREW FLECK CHILDREN'S SERVICES

The Chair (Mr. Ernie Hardeman): I call the committee back to order. We have our 3 o'clock appointments, I

think, all virtual on the screen. We have the Osgoode Care Centre, the Osgoode Care Centre board of directors, and Andrew Fleck Children's Services.

We will start the presentations. You will have seven minutes for the presentation. At six minutes, I will let you know you have one minute left, and at one minute, I will cut it off and go on to the next presenter or to the questions.

We also ask that each person speaking, when they start speaking—the first thing they should do is introduce themselves to make sure we get the Hansard right and identify who said it.

With that, we'll start with the Osgoode Care Centre.

Mr. George Darouze: Good afternoon, Chair, and members of the committee. I hope that you are doing well. My name is George Darouze. I am the city of Ottawa ward councillor for the area which Osgoode Care Centre is located in. I'm also a member of the board of directors, and I'm also on the executive committee, which is a position I have held since 2015. Today I am here on behalf of the Osgoode Care Centre to bring to your attention the critical need for increased funding to support the essential services which it provides for the residents in southeastern Ontario.

The Osgoode Care Centre is a 100-bed, non-profit long-term-care facility which provides exceptional care to all of its residents. The facility is currently facing pressing issues that require immediate financial assistance, particularly with regard to the replacement of the deteriorating septic system tank and the necessary renovations.

The Osgoode Care Centre's mission is to provide a long-term care of choice where residents can enjoy life fully, providing that option close to home for rural residents. The values of the Osgoode Care Centre can be understood through an acronym, CARING: commitment, accountability, resident-driven, inspirational, nurturing, and growing together. All of these values contribute to the making of the Osgoode Care Centre, an extremely important location in our rural community.

The Osgoode Care Centre plays a very important role in the health and well-being of the community it serves. However, the aging septic system has become a major concern, posing a risk to the facility's functionality and overall sanitation. Timely replacement is necessary to ensure the safety and health of the residents and to maintain compliance with health and safety standards. The septic system issue is one component in the future of the redevelopment of the Osgoode Care Centre.

The province of Ontario has identified a need for increased investment in long-term-care bed creation and upgrades by 2028, which is definitely needed and appreciated. I would encourage the committee to consider the needs of this location in a rural area. The ability for families and residents to remain close is extremely important. The physical environment plays a crucial role in the well-being of the individual who is receiving care, and redevelopment is envisioned in the context of continuing the Osgoode Care Centre's desire to provide the feeling of a home rather than an institutional environment. Upgrading, modernizing and expanding the facility from 100 beds to

160 beds will not only enhance the quality of life for residents, but it will also contribute to the overall efficiency and effectiveness of the care provided and provide additional capacity in line with provincial priorities.

Other health entities in Ontario have received one-time funding allocations from the province in relation to other important health services due to the growing needs that they have. I would ask that the committee consider a one-time allocation of sorts for the Osgoode Care Centre as well, in order to supplement the investments being made in long-term care.

In conclusion, I would urge the committee to consider allocating increased funding to the Osgoode Care Centre to address these urgent needs. By doing so, we can ensure the continued provision of high-quality care and support the residents. The positive impact of this funding will extend beyond the immediate improvements, fostering a safer, healthier and more livable environment for those who depend on the Osgoode Care Centre.

I appreciate your time and the opportunity to speak on this today. Your support is valuable in securing the necessary resources to address these critical issues. I'm available to provide any additional information or answer any questions.

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I would like to introduce, on my hand left-hand side, Lori Norris, the executive director of Osgoode Care Centre.

Thank you very much, Mr. Chair and committee.

Ms. Lori Norris: Thank you, Councillor Darouze.

Again, I am Lori Norris, president and CEO. The Osgoode Care Centre is a warm and welcoming long-term-care home. There are 100 residents, 300 families, friends, volunteers, students, pets, and over 140 staff. Like any small town, ours is a community of people with aspirations, dreams and a desire to live life to its fullest. At Osgoode Care, residents work, play, shop, worship, paint, garden, sing, dance, and volunteer.

What I'd like to share with you are three core strengths. First is the operations. We run a very efficient home—balanced budget with no deficits, since I started in 2010. Our reputation is very good, and COVID was a test of our service excellence. We anticipated just how devastating this virus could be and proved to be, and we jumped into action. We were in front of the provincial directives, and we did not have one death as a result of COVID—not one.

Our vision and drive: to reduce helplessness, loneliness and boredom, the three plagues of living in a nursing home. We became a registered Eden home. This is a philosophy of care and not a program. It stems from resident decision-making that makes life worth living. Resident engagement is vital. We are often the first when new programs come out, and the community supports this.

Third and lastly: our community, which is growing. It's aging. And the staff work in the community they live in. We are also the second-largest employer in our community.

We all want to choose a home that feels like a home and not an institution, when we need it.

Thank you very much.

The Chair (Mr. Ernie Hardeman): We will now go to the Osgoode Care Centre board of directors.

Mr. David Eggett: Good afternoon. My name is David Eggett. I am addressing you today as the volunteer chair of the Osgoode Care Centre board of directors. I'd like to provide a little historical context on the home as it impacts our future. The Osgoode Care Centre was conceived by like-minded community members 40-plus years ago in the former township of Osgoode. It was situated roughly at the geographic centre of the township on previously agricultural land. Accordingly, the home was built without municipal services. The Osgoode Care Centre is a well and septic environment.

While the township was helpful in facilitating processes, the funding was acquired by fundraising appeals to township residents, built by us, for our community. Since the opening of the home in 1986, much has changed. The amalgamation of the township as part of the city of Ottawa and provincial policies as to how long-term care is structured and managed has changed the community nature of the home and created a somewhat unique circumstance for the Osgoode Care Centre within the province.

The fact that the home is a well and septic environment is but one example of the unique nature of the Osgoode Care Centre. The majority of non-profit homes within the province have some form of benefactor. Examples include ethnic-cultural communities, faith-based support, association with a hospital and/or municipal funding. The Osgoode Care Centre has none of these. Combined with the home not engendering the kind of community support that led to its creation, the Osgoode Care Centre is essentially an orphan non-profit entity. The Osgoode Care Centre also finds itself in the awkward position of being classified by the Ministry of Long-Term Care as an urban home associated with the city of Ottawa—this, despite the fact that the city's services of water and sewer are not there, and we don't even have access to Ottawa hydro.

From a city perspective, the Osgoode Care Centre resides in the rural areas. The city of Ottawa, geographically, is 80% rural. As outlined by our CEO, the Osgoode Care Centre is a well-functioning 100-bed home, and we wish to augment to 160 beds.

Financially, as it pertains to day-to-day operations, the Osgoode Care Centre has performed well. In terms of small-scale fundraising for programs and activities to enhance the quality of life of residents in the spirit of a resident-centric environment, we have been quite successful. In addition, we have been able to raise funds to assist with maintenance and minor capital outlays. At issue is our capacity—really the lack thereof—to raise the kind of funds that would be required to meet the provincial requirements for redevelopment and to increase the capacity of the Osgoode Care Centre. Frankly, given our circumstance as an orphan, that future is bleak.

I'll turn it over to Steve.

Mr. Steve Coupland: Thank you, David.

My name is Steve Coupland, and I'm a volunteer on the board of directors. I joined the board of directors because of my first-hand experience with the Osgoode Care Centre.

My father suffered from Alzheimer's and spent the last six years of his life in the home.

The day that we moved my father into the Osgoode Centre, we truly didn't know what to expect. It's a difficult decision to make when placing a loved one and, like most families in our situation, we were understandably nervous. From the moment we walked through the front door, we were met by caring staff who immediately reassured us all would be okay. It's like visiting an extended family. This was tremendous in alleviating any second-guessing in the decision we had made. Every staff member and volunteer we met that day called my dad by his first name, made him feel welcome, and thus provided much-needed support and comfort to my mother and our family. My dad had a long and difficult journey that was hard on him and our family—a journey that would have been much more difficult if not for the outstanding care and support from Lori and her team. We feel extremely lucky, as a family, that dad was able to spend his final years in such an enriched and safe environment, and we remain grateful to the Osgoode Care Centre for providing such quality of care and support.

That's why I feel quite strongly about our request here today. As previous presenters have mentioned, the Osgoode Care Centre is in a position to expand from 100 beds to 160 beds and provide their excellent care to even more families, but to achieve this worthy goal, we need the government's help. Through the work of a reputable consultant, we have a development plan and initial costing for the proposed expansion.

At this point, I was going to try to share my screen, but I haven't been able to manage that. I think the Clerk distributed a couple of slides, hopefully. The first one just shows where the centre is right now, how it looks. If you go to the second page, you'll see three phases there. On the left-hand side, phase 1, the first step, is to remove our existing—you'll see where the existing septic tanks are. They need to be decommissioned and moved to a new area. The current system is at the end of its life and has to be replaced regardless of whether the proposed expansion goes forward or not.

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

Mr. Steve Coupland: We were fortunate enough to acquire the land necessary for the new septic system through a very generous donation.

Once the new septic is in place, the next step would be to create a 128-bed unit, which you'll see in phase 2. That will be completed mid-2027. Once the new build is operational, then all of the residents would be moved over and the additional 28 beds immediately accessible to new families.

Next, phase 3 would be to tear down the older wing of the existing home, turn the remaining 32 units into two 16-bed behavioural units with a link to the new centre. We estimate this would take about a year to complete. Slide 3 will show the final.

Our consultant has provided us with an estimate of \$71.3 million plus financing. This estimate includes 7%

contingency, 8% for inflation. And these numbers are based on the—

The Chair (Mr. Ernie Hardeman): Thank you very much. Maybe if we just leave the screen up there for a minute, the committee can look at it.

We will now go to Andrew Fleck Children's Services. The floor is yours.

Ms. Kim Hiscott: My name is Kim Hiscott. I'm from Andrew Fleck Children's Services, and I'm here to talk about an opportunity that we were wanting to invest in and to construct alongside Perley Health.

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I'm sure you're very well aware of this wonderful federal and provincial initiative called the Canada-wide early learning and child care program. Since its implementation here in Ontario in March 2022, it has made a significant difference to families who are able to access a licensed child care space. Addressing affordability and the cost of child care has enabled parents to enter the workforce, but, as you predicted, it has also led to significant waiting lists. Ontario's agreement includes expanding the number of licensed child care spaces, and speaking as an existing multi-service, multi-site, not-for-profit organization in Ottawa, we are ready and willing to proceed, but we need assistance.

Andrew Fleck Children's Services has existed for over a hundred years. We have 18 licensed group sites co-located in a variety of settings: buildings we own, school spaces, workplaces, housing, post-secondary institutions, churches. We are also a licensed home child care agency with capacity to support 350 self-employed home child care providers. In addition to licensed care, we offer special human resourcing services, care in women's shelters, EarlyON services, and more.

One key to our success is our focus on collaboration and community connections. Let me explain by showcasing one example of this: Before 2020, so even before CWELCC was announced, we were having conversations with Perley Health, a well-known, not-for-profit long-term-care home in Ottawa. Their CEO presented to this committee recently. Together, we wanted to consider how we could integrate children and seniors. Yes, this has been done somewhat—there are examples of co-location elsewhere in our province—but our intention is true integration, where the children know the grand-friends' names and the seniors know the children's.

Andrew Fleck Children's Services already has two community-based intergenerational programs, and thanks to private funding, these and the Perley are being set up as demonstration sites so we can share our success with others. The Perley is committed, because they recognize the benefits not only for the seniors and children, but also as an employee recruitment and retention support, where the child care hours can mimic the shifts, ultimately supporting working parents as effectively as possible.

So here we are today with a dedicated location, a key partner, concept drawings, costing estimates and architects moving us to the building permit stage, and approved CWELCC expansion spaces. Great. So we should be good

to go—except the only funding approved so far are the CWELCC rates as of March 22, 2022, which won't cover our operating expenses, and a small amount of start-up funding, which won't cover the cost of construction.

My understanding is that for CWELCC expansion spaces going forward, the cost of construction for leasehold improvements is to be rolled into occupancy costs and part of operating funding, leaving us to figure out financing. Okay, we can do that, but it's obvious that the CWELCC rates for March 2022 cannot cover those costs, so we are stuck. We cannot proceed with this project or our others without confirmation that our costs would be covered. This is not an Andrew Fleck Children's Services-exclusive issue; this is Ontario-wide and needs to be addressed by the province.

I'm especially frustrated by the potential delay, because we are well aware of what a difference this co-located program will make, definitely, for staffing and children, as I've already mentioned, but also for the seniors of varying abilities and mobilities, living with the Perley. We have purposefully planned for early learning and child care to be located right at the core of the campus, where the children will be seen and heard from both their interior and exterior spaces. Their dedicated space will have windows where the children can see out and the seniors can see in. Same with the outdoor area—we will have an open door, where grand-friends can spend time, as they wish, on their own or, if necessary, accompanied.

We also plan that children will eat their lunch in a central dining room. The engagement between generations will be magical. I invite you to take a look at our website, where you'll find videos and pictures that can't help but make you smile. There is a video from Australia that documents the social and health benefits seniors obtained by being part of an intergenerational program, and the results were astounding. There is a video highlighting our current playroom with the Perley, and one of the residents expressed it beautifully when she said that it's a hub of happiness. There is also my favorite picture, where one of our preschool children at one of our other locations is looking at one of the visiting grand-friends, and it's obvious how enamored she is with him.

So, despite my current frustration, let me be clear: I am a fan of CWELCC and what it has done for families, but the existing revenue replacement model, which was not supposed to be the approach but which continues as we wait for the release of the funding formula, is not sustainable. Plus, we want to expand to address the high waiting lists but cannot, again, because of the lack of commitment to recover actual costs.

So what needs to happen? Obviously, a funding formula—one that covers our actual costs and respects the compensation levels needed for us to attract and retain qualified staff to deliver the quality of services children deserve.

I'm sure I'm repeating what you already know, but what is also needed is a way to cover our actual capital construction costs. Access to financing is one strategy, but so is capital construction funding, and that does not seem to be considered. We need construction funding that is

based on actual costs versus an out-of-date formula. Remember, under CWELCC, we no longer have the ability to individually raise fees to cover funding shortfalls, so the funding has to match our expenses.

I recognize that the implementation of CWELCC is a huge shift for our province, but we do have great examples of expansion ready to go that could be key success stories. Andrew Fleck Children's Services has multiple aspirational projects with keen collaborators lined up. My hope is that co-location, whether it be with housing, employers, seniors services or other sectors, will be a significant part of our planning going forward.

Thank you for your time. I'll be happy to answer any questions you have.

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the presentations.

We will now start with the independent. MPP Bowman.

Ms. Stephanie Bowman: Thank you to Osgoode Care Centre and to Andrew Fleck Children's Services for your presentations today. They're both really important areas of service for our province—seniors as well as children.

I'm going to start with Andrew Fleck Children's Services. I think, Kim, you have encapsulated and described really well what is actually going on in the province, under this government, around getting more daycare spots built. It is not happening. We've been hearing it across these hearings. We heard it last year. We've got empty spots because of the wages and Bill 124, a shortage of workers—literally spots that exist today that are not filled, over half within the Y, as I'm sure that you know. It was one of the first issues, actually, that came up when I got elected in 2022. I had a few daycares in my riding reach out and say, "We just can't figure this thing out." So here we are, 18 months, 20 months later, and like you just said, you've got the plans, you've got a space, you've got willing partners, and yet the numbers just don't make sense, and that's a problem.

We've got a federal government that came up with a great program. This province signed on last, and we know why. They say, "Oh, we got an extra deal"—well, no, you just got an extra year. But they just can't execute. It's kind of like the blue licence plates—actually, it came up in my conversations with a group of people here in Dryden and Thunder Bay last night—that you can't read. So here's another example: We've got an implementation of a program, and the implementation is failing. You've given a very clear example. The operational funding, not releasing the formula, is preventing you from building.

Can you share the impact for the families in your community who are waiting for these daycare spots? Just tell us a little bit about what they're going through there and why, again, building your centre is so important to your community.

Ms. Kim Hiscott: Waiting lists are really, really long, and families are really desperate for access to spaces at the 50% reduction—and even more so, anticipating that fees are going to be even more reasonable.

We also, as everyone is well aware, have an employee shortage—child care, yes, but also seniors services, PSWs.

So one of the interesting pieces for the Perley—and I'm sure if I were to talk to Osgoode, they would say something similar. Any opportunity where you can recruit, attract, retain staff is going to be something that any not-for-profit, well-governed employer is going to want to do—so this is an example where the Perley could be doing this. All of the other benefits for their senior residents are also really important—but being able to also attract staff.

One piece I want to make sure is understood: Andrew Fleck Children's Services—fortunately, as an employer, we don't have a huge challenge. We don't have any closed rooms or empty spaces because we have been able to recruit and retain our staff, because we do compensate reasonably—definitely not as appropriately as I would like, but at least our salaries are more reasonable and always have been. But we do need the funding formula. I have other aspirational projects, as well, definitely ready to go. We just need to know that our costs will be covered. I can't step out and take on—my project seems very minor compared to what Osgoode wants. I'm not suggesting their project is oversold; it definitely, I'm sure, costs a ton of money. We only need \$3 million, and we can finance that, but I need to know that my operating costs will cover that financing. We're just left kind of in limbo, and we're at a point where, very soon, we'll actually have to put the project on pause. That's going to be very, very disappointing.

1530

Ms. Stephanie Bowman: Thank you.

Osgoode Care Centre, thank you for your presentation, as well.

We know that not-for-profit homes have been delivering great care. It's wonderful to hear that you had no COVID deaths, as opposed to the for-profit homes, which this government—

The Chair (Mr. Ernie Hardeman): Thank you very much. That's time.

We'll now go to the government side. MPP Ghamari.

Ms. Goldie Ghamari: Thank you, everyone for being here and joining us today. It's always great to see you, Councillor Darouze—and, of course, Lori and David and Steve.

Steve, I would like you to continue the presentation. I know there is a lot that you were talking about, and I would like to give you an opportunity to have all the time you need to continue. You have about seven minutes.

Mr. Steve Coupland: Thank you very much. I don't need quite that much time. I think I'll just finish a couple of points I wanted to make.

I quickly ran through the development plan that we have in place. I think it is a well-thought-out, well-laid-out plan. We have got costing that we are very comfortable with, as I said, based on a development done in the area recently with similar costs. We put a 7% contingency fund in there, and we've allowed 8% for inflation, which I think are very good numbers. Basically, that comes up to, as I said, \$71.3 million—which really brings us to our ask and to the challenge we face. David outlined it. We're a stand-alone home without the ability to fund the redevelopment

ourselves. Because we don't have any collateral, we're not able to receive commercial loans and, frankly, at today's interest rates, if we get a commercial loan for \$70 million, I don't know that we could carry it.

So we're really here today to ask the government for a \$70-million grant to fund the redevelopment home. That will enable Osgoode Care to redevelop our home, continue to provide the much-needed service to our community and our vulnerable citizens and expand that service. That's really the nature of our ask.

We think we have a very good proposal here—well-thought-out, well-laid-out and, frankly, ready to go if the funding can be put in place by the province.

I'll just stop there. I'm sure the committee members have questions. So back to you, Ms. Ghamari.

Ms. Goldie Ghamari: Steve, thank you for that. I really appreciate it.

Lori, you're the executive director, I believe, of the Osgoode Care Centre. How long have you been at the Osgoode Care Centre?

Ms. Lori Norris: About 14 years—since 2010.

Ms. Goldie Ghamari: What would you say is the biggest challenge for a non-profit, stand-alone long-term-care home in a part of Ottawa that is considered “urban” but is actually rural?

Ms. Lori Norris: Well, certainly the well water and septic are huge, because that's not my wheelhouse and that's not your typical person's wheelhouse. It's very specialized, so that's one of the biggest challenges. And then, being a stand-alone home, not having any of those corporate supports—you're it—you have to be very versatile and creative, and you have to be on your game all the time. Sometimes it's really challenging when you don't have corporations pushing down new policies. It's a lot of work.

Ms. Goldie Ghamari: And what would you say contributed to the success of not having any COVID cases during the pandemic?

Ms. Lori Norris: I'm sure there is a bit of luck, too—because we aren't on city buses; we are a very tight-knit community, in the home.

I'm very focused on risk. I pay attention to what's going on in the news. I pay attention to a lot of things externally. So I knew something was happening before the directive came down to close the home.

Ms. Goldie Ghamari: Well, I just want to thank you and all the staff and volunteers and everyone at the Osgoode Care Centre for doing such great work in keeping the long-term-care home and the seniors and residents safe. It's very, very commendable and something that I think many other long-term-care homes, including non-profit ones, could learn from. So thank you for being the gold standard not just in my riding of Carleton but in Ottawa and across the province.

David, what would happen to the Osgoode care home if there was no assistance from the government whatsoever, financial or otherwise?

Mr. David Eggett: We are a 100-bed home. However, under the redevelopment plan, we are required to redevelop 68 of those beds. They do not meet the standards

that the government has set—which are good standards; I'm not complaining about standards. The other 32 beds are not subject to funding, so we wouldn't be able to upgrade them without doing some additional fundraising.

But the real issue that we wanted to deal with is in relation to the government's approach to increasing beds. We actually want to add 60 beds, so we would become a 160-bed home.

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

Mr. David Eggett: Okay. In the absence of being able to go to 160 and in the absence of funding, we would have to basically close the 68, and we really can't run a 32-bed unit. It makes no economic sense. We're trying to go to 160, but the net result could be zero because we may have to close. That's the way it is. There are already at least two homes in our region that are not redeveloping, and they, essentially, will be closing.

Ms. Goldie Ghamari: Which two homes are those?

Mr. David Eggett: One is Madonna, and I believe the other one is St. Jacques.

Ms. Goldie Ghamari: Thank you.

Mr. David Eggett: Lori, nod your head.

Ms. Goldie Ghamari: Thank you. I'll save my questions for the next round.

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

Mr. Terence Kernaghan: Thank you to all our presenters who have joined us virtually today.

I want to begin with the Osgoode Care Centre. I want to thank you for the work that you do. It's always impressive to hear and learn from homes that are responding to the community's needs and keeping their core mandate about care.

In the wake of the pandemic, we all learned that there was so much infection and so much death and so many problems with the for-profit model. And the horrors witnessed by the army, having to go into these homes and rescue people from basic neglect and dehydration—it was absolutely shocking.

So I'm always happy to chat with not-for-profit folks who really make sure that that money goes towards the seniors and goes towards that care, where it truly belongs.

I did want to ask: How much do you have to fundraise each year?

Mr. David Eggett: What we've been doing for fundraising is, for things such as improving the capability of the home to provide resident-centric approaches to care, and also minor capital and maintenance—for example, with the septic field and the well system, we go through a lot of hot water tanks. Essentially, we've had to replace them. So that's the kind of thing we fundraise for, and we do approximately \$300,000—maybe a little bit more—a year in fundraising to allow us to do that.

As Lori pointed out at the very beginning, from an operational point of view, if it wasn't for redevelopment, we would simply be continuing our approach of trying to continue the minor capital replacement. Ultimately, down the road, we would have to repair what we currently have. But essentially, we're able to run the home.

As Steve pointed out, the issue we have is, trying to get money from the commercial sector is a non-starter. They will not give us the money that we need.

1540

Mr. Terence Kernaghan: For that fundraising portion, how much of that comprises your yearly budget, in comparison to—how much is fundraising and how much is provincial dollars?

Mr. David Eggett: I'd have to pass that to Lori to answer.

Ms. Lori Norris: I don't have my finance girl here, but the fundraising portion—we have a \$12-million budget, and we get funded in programs and services, nursing and personal care, raw food, and the accommodation comes through from rent, and that goes back into the home. Fundraising dollars are very minute.

Mr. Terence Kernaghan: Thank you very much.

I'd like to move to Andrew Fleck Children's Services. I've got to tell you, I think it's really a fascinating model that you've come up with. Loneliness and social isolation have serious health impacts. We certainly learned that, again, in the wake of COVID. It really answers the need for seniors to engage fully in their communities.

As a former educator, I was often looking at ways in which we could introduce young children to folks in seniors homes, because I believe that there's a great deal of learning that can happen from one's older and wiser members of the community. It's also interesting to see the older people light up when dealing with a young person. It's a really unique, interesting and quite beautiful relationship.

You spoke, Kim, about the funding formula. Recently, Ontario removed a series of checks and balances from the funding rules for daycares that joined the national program. These are checks and balances that would make sure that people aren't making undue profits; they removed ineligible expenditures. These were checks and balances that would have prevented operators from using public money to finance their mortgages or pay executive bonuses, which is rather concerning.

I specifically want to ask, should operators be able to submit budgets? And if their costs are reasonable, should those costs be covered by the province?

Ms. Kim Hiscott: Absolutely. Again, yes, “reasonableness” is a really good way to phrase it. Of course, it has to be based on actual—and there have to be some parameters. The checks and balances that you talked about—again, we're a not-for-profit, so those checks and balances have always existed between our contribution agreement with the city of Ottawa. We've always had to do annual audits, and we've always, of course, tried—which is partly why, I think, not-for-profit child care programs are struggling now—to keep our parent fees as low as possible; we always managed based on the least amount of cost as possible. In fact, that's probably somewhat why we're struggling. A lot of it has been done, actually, on the backs of early childhood educators, at the expense of their salaries.

Mr. Terence Kernaghan: Absolutely. I believe that it was a welcome change to see the increase to early childhood educator salaries.

Would you also like to see the implementation of a wage grid to make sure that these very talented professionals have some sort of sense of security as well as an ability to see their salary improve in an incremental way?

Ms. Kim Hiscott: Oh, 100%. Of course, speaking about ourselves as an organization, we've always had a wage grid. Our salaries already do start higher than the minimum wage floor that was recently announced, so we're not eligible for any of that additional funding.

Mr. Terence Kernaghan: It's pleasing to hear that you recognize—

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

Mr. Terence Kernaghan: —the value that early childhood educators provide. I hope that the province will also recognize that, because an investment in children is an investment in our shared future.

My last question: Do you have to fundraise to fill gaps that are left by a lack of provincial funding?

Ms. Kim Hiscott: We actually don't because, again, our fundraising audience who would maybe be interested in fundraising with us would be our families, our parents. Previously, before CWELCC, there really wasn't any means for them to be able to participate in fundraising. We are a charity, so we do accept donations, and we're lucky to have a few generous people. We are given donations for very specific reasons. But we also believe that our operating costs need to be covered by our funding.

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

MPP Andrea Hazell: Thank you, everyone, for coming in and presenting.

My question is going to go to Lori from Osgoode Care Centre. I want to talk about your wait-list. Do you have a wait-list? I know you have 100 beds.

Ms. Lori Norris: Oh, yes, we do. We've got a rather large wait-list; I believe we're just under 500 right now. And if you're not in crisis, you don't get in.

MPP Andrea Hazell: So what happens to those vulnerable people who are on your wait-list? Where do you send them? Do they just disappear?

Ms. Lori Norris: Well, we don't manage the wait-list. That's home and community care and home care that I'm hoping is supporting those folks in the community.

MPP Andrea Hazell: You are reliant on volunteers. A lot of non-profit organizations are being squeezed right now because of COVID. Pre-COVID, we all had a lot of volunteers in the non-profit organizations. How is that impacting you, post-COVID?

Ms. Lori Norris: Well, we had to close to volunteers for a while, probably six months. We did lose but we also gained a lot of families, who became volunteers—part of our team. It was a little bit of, you lose and then you gain. And now we're slowly getting our volunteers back.

MPP Andrea Hazell: That is good to hear.

I'm going to stay on the Osgoode Care Centre board of directors. You mentioned a \$70-million grant that you are

asking for. Could you detail what is in that amount again for me, please?

Mr. Steve Coupland: It includes the entire amount to redevelop the home and move 100 beds to 160 beds. That includes hard construction costs, which is the actual construction, then it includes furniture and equipment to build the new home, including tubs and portable lifts, various things like that. And then there's all those soft costs in there, including the architects and engineering associated with it, the testing, the environmental studies, that sort of thing. So it is the entire cost of redeveloping the home.

MPP Andrea Hazell: And have you submitted that? Is it a cost analysis? I would like to look at the whole picture.

Mr. Steve Coupland: We have not submitted it yet. It is a draft discussion that we got from our consultant, and we haven't actually taken it to—we have a meeting next week with the ministry to go through it in some detail with them.

As I said, I've had a lot of experience with major projects, and we're pretty confident that this is a pretty accurate initial discussion.

MPP Andrea Hazell: I'm happy you're confident with it, because I would hate to hear that you have to close shop.

Mr. Steve Coupland: David did touch on this. The reality is that without the redevelopment fund, we eventually are going to have to close shop. It's kind of 160 beds or zero beds, and we need support from the government to go forward.

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

Kim, congratulations on your intergenerational service. I loved when you said, "Seniors know the children, and the children know the seniors."

I want you to share very quickly some success stories to validate the reason that you're here today.

1550

Ms. Kim Hiscott: I have a perfect one—

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

Mr. Crawford.

Mr. Stephen Crawford: Thank you to the presenters. It's great to be meeting you virtually today.

I have a question for the Osgoode Care Centre. First, thank you for all the great work you do in your community. You've been an exemplary institution, and I've heard very good things about you.

My question to you is related back to the lending piece. Could you explain to me what the issue is in terms of lending? Is it because you're a not-for-profit that you have some issues in terms of lending from banks for this facility? Is that correct?

Mr. Steve Coupland: Essentially, that's the case. We don't have any large financial backing. We have no collateral. Our asset is essentially our land, which isn't worth \$70 million. Commercial institutions aren't going to go forward with that, and frankly, interest rates are at 7% or 8%; that's quite a bit to carry, as well, on that amount, so that's a challenge.

I know the Ontario government has set up an infrastructure bank. We're hoping that is an opportunity. We're hoping, frankly, that it's more efficient than the federal one, but I'll leave that aside.

As I said, we've asked for a grant. That would be the best path forward for us.

Mr. Stephen Crawford: I appreciate that. And you are correct about the infrastructure bank that the government of Ontario is setting up and working on developing right now, so we'll certainly keep you posted on that.

One further question before I hand it over to MPP Ghamari: In terms of the people who are in your facility now, are you basically self-funded right now 100% from revenues from the people who live in your facility, or is there outside funding as well?

Ms. Lori Norris: So 80% of our funding does come from the province, through the Ministry of Long-Term Care. As I said, it was just being kept in buckets—nursing and personal care, programs and services, and then accommodation, which is the other envelope where physician services, raw food and then the rent comes in, helps to maintain the building, and also has to fund all your house-keeping, laundry, your dietary, your admin staff. And then the rest of that money would go towards—there's never any extra money left, but it goes to support and maintain the home.

Mr. Stephen Crawford: So provincial funding is the primary source, but you obviously have other sources that you touched on.

I'll pass it over to MPP Ghamari.

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

Ms. Goldie Ghamari: I want to touch on something that you said, David. I actually want Councillor Darouze to comment on this if he can.

David, both you and Steve mentioned that with the new provincial standards that have been put in place, there are 68 beds currently that don't meet the new standards and have to be redeveloped.

Before I go to George—what's the deadline for that redevelopment for those beds to be upgraded to the new provincial standards?

Mr. George Darouze: So the deadline, 2028—oh, sorry.

Ms. Goldie Ghamari: That's fine, George, if you know the answer.

Mr. George Darouze: The deadline for those is 2028, for us to bring the—

Ms. Goldie Ghamari: So you have less than four years to upgrade those beds, and if you don't upgrade them then you can't use them, which means the Osgoode care home goes down to about 32 beds, at which point it can't operate and it shuts down. Is that correct?

Ms. Lori Norris: Well, yes and no. By 2025, though, all homes have to be sprinklered. We are all sprinklered. We actually have a licence until 2030.

Ms. Goldie Ghamari: So the countdown is even less, basically.

Ms. Lori Norris: Yes. But we're sprinklered. We are in a better position, but we still need to move forward with our redevelopment project.

Ms. Goldie Ghamari: That's actually really significant, because the care home has been around since the 1970s, and it's pretty much the only long-term-care home in that area, especially in rural Ottawa. We all call it the jewel of Carleton, basically. Like you said, Lori, it is the second-largest employer, so it also provides a significant source of income for the community, and it actually allows nurses and PSWs to live nearby and not have to commute from work. It also encourages rural economic development and growth.

How many people are you currently employing? And once, or if, it gets to 168 beds, how many more do you anticipate hiring, roughly?

Ms. Lori Norris: I haven't done that number. We employ, right now, about 140 to 150 staff.

Ms. Goldie Ghamari: But it would be safe to assume at least 200, probably?

Ms. Lori Norris: At least.

Ms. Goldie Ghamari: How much time do I have left, Mr. Chair?

The Chair (Mr. Ernie Hardeman): You have 1.1 minutes.

Ms. Goldie Ghamari: Thank you.

In the final minute, I just want to thank you all for being here, especially the Osgoode Care Centre. Oftentimes, many organizations that are within downtown Ottawa get more exposure, and rural organizations like the Osgoode Care Centre are forgotten. I think it's really great that you are here, that you've taken the time. Every single dollar that you're asking for, I personally know, is a dollar well spent. You have the proven track record to show that, and I look forward to continuing to work with you.

Keep me posted on how the ministry meeting goes next week. I know that the Minister of Long-Term Care, Stan Cho, has visited the care centre recently. Premier Ford visited the care centre in 2019—several ministers have, as well.

In the final few seconds, if anyone wants to say anything—otherwise, thank you very much, and I will see you all soon. Take care.

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

We'll now go to the official opposition. Mr. Kernaghan.

Mr. Terence Kernaghan: I'd like to return to Andrew Fleck Children's Services. I believe the question was asked about sharing some success stories, so the floor is yours. Please go ahead.

Ms. Kim Hiscott: I was going to share a really quick one that I think you'll find fun. In one of our preschool programs, a little boy, three years old, asked the educator one day, "What day is it today?" And the educator said, "Well, it's Tuesday." The little boy said, "No, no, is it Shelly day or is it Jinsy day?" He wanted to know which grand-friend was coming to visit that day. To us, that's one example of great success, where the older adults have found a purpose, a place in their community. They're coming on a regular basis—this was one of our community-based ones—and the children are also really, really valuing those

relationships that they've built, that engagement that they've built.

Mr. Terence Kernaghan: That's excellent. Thank you very much for sharing that. I'm glad we had an opportunity to learn that.

I have a similar question for the Osgoode Care Centre. I wanted to give you the floor. Would you like to share any testimonials from the wonderful residents you serve?

Mr. George Darouze: Thank you very much for the question. I know that I did speak earlier, but I also have a personal story.

My father passed away three and a half years ago, and in the last few days he needed a space to kind of—he was in the last couple of days of his life. We were very fortunate that the care centre [*inaudible*], the Champlain LHIN, we were able to bring him in for comfort. But I'll tell you, the experience, even though it was sad to see my father breathing his last breath in Osgoode Care Centre, the accommodation and the people around us—they were amazing to deal with. It was so helpful to go through the process.

When my father passed away, I'll never forget, I was in one of the wings, and you could see I was not alone—it was the family of the Osgoode Care Centre. I'm passionate to serve on the board of directors and participate in all the events they do, because it has a special place in my heart—to me and my family. I never for one moment—myself or my family—felt that we were alone; we felt like we were around our family to the last moment, when my father passed away.

1600

I'm sorry; I get emotional about it, but I hope you understand. These are personal experiences. Not only myself but every resident who comes to our home feels the same. We have lots of testimony from other residents who came and visited our community. Steve and I share the same experience with our fathers, but there are many other people, not only from the Osgoode area but from across Ontario, from the eastern area, from the southern [*inaudible*], when they come to our house, they have the same feeling.

Thank you very much for the question.

Mr. Terence Kernaghan: Thank you very much for sharing that personal story.

It's important that people, in their last moments, are able to pass with dignity and with care and with respect.

It's something that this committee has also learned—that 50% of hospice beds are paid for by the province and then they have to fundraise for 50% of them as well, which is a concern.

I'm so glad that your father was in a place where he had the care that he deserved.

No further questions.

The Chair (Mr. Ernie Hardeman): That concludes the questions for this table.

We want to thank the participants very much for being here today and preparing for this presentation and doing a great job of explaining the situation and your asks.

MR. HOWARD MESHAKÉ

The Chair (Mr. Ernie Hardeman): We're now going to go to the 4 o'clock presenter: Howard Meshake.

Interjection.

The Chair (Mr. Ernie Hardeman): We need unanimous consent for the two people at the table. Hearing no objection, okay.

We'll have seven minutes for your presentation. At six minutes, I will give you notice that you have one minute left, and at seven, we'll go to questions from the committee.

With that, please start with an introduction of who you are so Hansard has that on record, and then the floor is yours.

Mr. Howard Meshake: Thank you. My name is Howard Meshake. I'm a member of the Aroland First Nation. Beside me is my wife, Jeannie Carpenter. She is a member of the Lac Seul First Nation. Today I'm here to share our experiences and challenges navigating and accessing services in the provincial health care system. A letter has been submitted to the committee, and I will present on some of the highlights.

Complex care needs: My wife, Jeannie Carpenter, suffered a severe stroke on August 2, 2018. This has left her hemiplegic, and she has a permanent tracheotomy. She has been diagnosed as requiring 24-hour medical supervision. She has been at home, in my care, since May 2020. Certain renovations and equipment were required before she could come home. There have been struggles to acquire safe equipment and reimbursement for equipment I purchased through the NIHB program.

Lack of quality care and coordination of services: Upon Jeannie's release, we went from 10 hours of home care a week to 35 hours—back to the present, which is four hours a week, three times a week. At one point, we essentially went one year without any personal support worker help and four months entirely without any home care services. It was a struggle. It was also suggested to me by Home and Community Care Support Services to relocate to an urban setting, should I wish to access better services.

During her stay at three different hospitals, Jeannie was hurt in a fall from a commode, had an ICU admission, and suffered neglect.

Diabetes management: I have lowered her A1C—which neither hospitals could do for her.

At home, Jeannie is treated with the dignity and respect that she deserves.

It has been frustrating to try to coordinate the necessary services. The lack of communication and case management across the organizations do not make it easy to navigate the system. It is not user-friendly.

Services closer to home: An accident that was sustained by Jeannie landed her in the hospital. I feel this could have been avoided with proper assistive devices at our disposal. A \$10,000 assistive device was not installed in our vehicle, nor did anyone help us acquire one. I was informed that her admission cost per day was \$1,500 for acute-care admission. This adds up to approximately \$90,000 for her 60-day hospital admission. This does not include the cost

of physician services, the Ornge flight to and from Sioux Lookout and Thunder Bay, and other specialty services Jeannie required. In the end, it cost the health care system more money for her hospital admission that could have been preventable.

Caregiver support: Tragically, our son was murdered on August 31, 2019. When it came to support services, he was the only one we had. Since that time, I have been doing this on my own. I have had no respite since bringing Jeannie home. We have also not had any time to truly grieve our son's loss. Caregiver health and safety is important, and not being able to have that equipment and support has placed my own health in jeopardy numerous times.

Advocacy and awareness: Being the sole caregiver since May 2023, I have used 400 hours of my personal time to look after Jeannie at home. Essentially, this means I've paid over \$100,000 for Jeannie's health care. This also means that once I exhaust my remaining 81.5 hours of personal time, I will have to quit my job to look after Jeannie at home.

In October 2023, Jeannie and I completed two awareness walks. The goal was to bring awareness to our failing health care system—a system that does not meet the needs of people requiring services. As a result of these walks, I learned that Home and Community Care Support Services buildings across our province continue to be closed due to the COVID-19 virus. As a taxpayer, how much overhead are our tax dollars paying for when it comes to these buildings that are not being used? The overhead must be in the \$100 million—yet, when it comes to accessing services, I am told, “We do not cover certain costs.” Also, why are my tax dollars paying \$100,000 in annual salaries to Home and Community Care Support Services when it's supposed to be their job to secure adequate services to people? Maybe if these private companies started supporting workers with adequate, competitive wages, they would not have a worker shortage. Maybe by supporting Jeannie's way—

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

Mr. Howard Meshake: —we would not have overcapacity in our hospitals from ALC admissions.

Ontario Direct Funding, a service provider that provides financial support to people with disabilities, also uses that same person's disability against them when it comes to qualifying for funding.

Ronald McDonald House's slogan is “Family is Medicine.”

I would like to share that even as a First Nation person living off-reserve, I still pay taxes. As an Ontario citizen, Jeannie is entitled to equitable health care services free of discrimination and neglect—which leaves me the question of fairness of our system. So not only do I, as a First Nation person, have the right to health care provincially and federally—we are now having to pay for our own health care. This breaches our treaty right to health and responsibilities of both provincial and federal governments—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. Maybe we can get the rest in with the questions.

1610

We'll start with the questions on the government side. MPP Crawford.

Mr. Stephen Crawford: I know you've got something you've prepared, so you can finish and put it on the record.

Mr. Howard Meshake: I only have two little parts left.

What I'm looking for is a truly transformed health care system for all people—a system that is fair and offers adequate treatment for people, regardless of where they live. The provincial system needs to honour our First Nations right to health care.

There are disproportionate costs between care in a hospital and long-term care and patients receiving services at home. Again, through our lived experience, we find it's more cost-effective to have service available in-home. Being cared for in the comforts of home, where it is available in a holistic way, will also increase the life expectancies of our loved ones and families.

Thank you.

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

We will now go to MPP Ghamari.

Ms. Goldie Ghamari: Thank you so much for sharing that.

First of all, my condolences on the passing of your son. I can't even begin to imagine what you must be going through, especially with the current situation.

If there's one message that I could take back to the Premier of Ontario, what would it be? We're all here right now, and we've come here to hear from voices like yours. I'd love to have a better understanding of what message you want me to take back to my colleagues and to the Premier of Ontario.

Mr. Howard Meshake: It would be to allow family members and caregivers to have that adequate service when it comes to Home and Community Care Support Services. One should be able to continue to work and have that service provider provide those in-home support services.

Ms. Goldie Ghamari: You spoke a little bit about some of the buildings that you said are closed and have been closed since COVID. Could you expand a little bit more on that? Are those specifically buildings in north-western Ontario—or is it across the province? I'd just like to learn a little bit more about what you learned.

Mr. Howard Meshake: To my understanding, it's across the province. When we did our awareness walk from Sioux Lookout to Dryden, I did not inform home and community care that I was doing so. When we got to Dryden, the building was closed, and there was a sign on the door saying, “We are closed due to the COVID-19 pandemic.” I even have a picture on my phone, because I took a picture of it.

Ms. Goldie Ghamari: You also wrote that this brings you back to your request for an assistive device to be installed in your vehicle. Has that been done yet?

Mr. Howard Meshake: No.

Ms. Goldie Ghamari: So that cost is still approximately \$10,000?

Mr. Howard Meshake: Yes.

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

Mr. Andrew Dowie: Thank you for being here.

I'm from southwestern Ontario, and I actually have a home and community care office literally across the street from my constituency office. It, too, doesn't have ideal public access; in fact, I think a lot of constituents come to see me just due to my location. I can truly understand the frustration.

I think if I put anything in this role, as an MPP—it's that a resident seeking help is just looking for someone to listen, to understand and see what they can do. And when you're not given that option, it makes it incredibly difficult to have faith and trust in the system.

So I certainly want you to know that I've heard and I know the members around the table have heard that having this in-person access is something that is important. How else is someone going to understand the empathy that is needed to really understand what your circumstances are—and having that two-way dialogue? Email and these remote methods have a place, but not in every circumstance. So I'm happy to take this back.

I was hoping you might be able to share the journey that you went on. How did you come up with the idea to have the walk to the office? And did you learn—apart from your bad experience, reaching a closed office—any other lessons along the way?

Mr. Howard Meshake: How my health is plays an important part of keeping her at home, and because of pushing her in her wheelchair, I actually had back problems after.

And just—time to reflect on everything during the walk, of when I brought her home to where I am today. It's heartbreaking to know that the design of our health care system does not support proactive care—rather, reactive care.

Mr. Andrew Dowie: Have you had an engagement since with home and community care about your experience?

Mr. Howard Meshake: Yes. We did another walk in Thunder Bay, from Sioux Lookout First Nations Health Authority to home and community care, which was about—

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

Mr. Howard Meshake:—one kilometre away from each other. We met with them there and, basically, their response to us was, "We don't have the workers."

Mr. Andrew Dowie: You mentioned in your submission that ParaMed is the provider. Had the issues you've raised been escalated to ParaMed, or have you raised them to—

Mr. Howard Meshake: They were there when we met with home and community care.

Mr. Andrew Dowie: They showed up?

Mr. Howard Meshake: Yes.

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

Mr. Terence Kernaghan: Thank you, Howard and Jeannie, for being here today and for sharing your story.

First, I want to extend my heartfelt condolences on the tragic loss of your son. Being a sole caregiver, being a sole

care provider and still coming here to committee is really a testament to how much you want to see this changed. Doing these walks, as well, for awareness is monumental work. Care providers are holding up a broken system. You've really shown what is happening here. You deserve far better from your provincial government.

At this time, I'd like to pass it over to MPP Mamakwa.

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

Mr. Sol Mamakwa: Meegwetch, Howard. Meegwetch, Jeannie. It's good to see you. The last time you presented at committee was in, I think, January 2020. I remember the members of the committee, especially on the government side, said that they would help you. Has there been any help since then?

Mr. Howard Meshake: No. I was going to mention that. I did present in 2020, and promises were made to me that support services would be looked at or inquired about, and actually one of them was that chair for the vehicle. There was no follow-through from anyone from that time.

Mr. Sol Mamakwa: I think the story of Howard Meshake kind of tells a story about the state of home care, especially in northwestern Ontario—because of the kilometres that they have to travel and, again, the unnecessary suffering that Howard has gone through.

Can you describe some of the, whether it's a personal support worker or a—provide some insight on what you've experienced when there's promised workers or—to come to your home for some home care?

1620

Mr. Howard Meshake: I'll give you an example. One day, a new worker showed up at my door. Not once had he ever been to our house or even worked with Jeannie, so he had no knowledge of Jeannie's abilities or disabilities. I said to him that, no, he was not to touch my wife. Why a male worker was sent to our house when we specifically asked, because Jeannie is female, and because of our First Nation beliefs—sometimes they want a female worker. And then, on top of it, it was a foreign person of a different nationality, not understanding First Nation culture. Until ParaMed was able to fix or ratify that situation, she went three weeks without any services at that particular time, because they couldn't find workers. That's the life I live. That's what I mean by they—no understanding or the miscommunication between workers. I've even gone to Thunder Bay a few times—I've asked ParaMed to secure workers when I go to Thunder Bay, so that I can do my job, and it's more of a headache trying to fight with a worker than it is actually helping me.

Mr. Sol Mamakwa: Howard, if you wanted service tomorrow, the following week, to do your job, what do you need right now?

Mr. Howard Meshake: I need a worker in our home eight hours a day. That would be nice—and that's not even asking for respite. That way, I'd be able to do my job.

Mr. Sol Mamakwa: Do you have any other things that you'd like to share with the committee?

Mr. Howard Meshake: I don't think I do. It's all in the letter that I presented to the committee—and it actually talks in more detail of what I presented. It's actually

probably more heartfelt than what I was able to present in seven minutes.

Mr. Sol Mamakwa: Can you explain how you got here and go through what you had to go through just to come here from Sioux Lookout?

Howard Meshake: For today?

Mr. Sol Mamakwa: Yes.

Mr. Howard Meshake: Well, I was almost late because I got 20 minutes down the road and realized I forgot my notes at home, so I had to turn around.

Anyway, my days start at about 8, 8:30 in the morning. If she's not ready to get up, then I just let her sleep. It takes me anywhere from about two to three hours each morning to get her ready. That's to get her out of bed, put her on the toilet and do her toiletry stuff, and at the same time, get her breakfast ready, get her pills ready—

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

Mr. Howard Meshake: —medications, all that stuff, and give that to her and then feed her.

Sometimes it takes me anywhere from 15 minutes to a half hour to get her shoes or jacket on, roll her around the house to get her into the vehicle. And depending on which vehicle I use, I need a transfer disc to get her in either vehicle. If it's the little truck, I just swing her around and put her in the vehicle and sit her down and push her back into the chair and buckle her in. If it's the full-sized vehicle, I literally have to stand her up, put her in my arms and lift her to put her in and out of our full-sized truck. At one point, I made a homemade ramp, where I used to drive the wheelchair up to get her on. That was probably even more strenuous on my body than it was to lift her.

That's where I speak about, in my letter, that should anything ever happen to me—we are outdoors people. We like going to the bush, and if anything were to happen to me up there, when we're by ourselves, how does that look for Jeannie's health care?

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

Ms. Stephanie Bowman: Thank you, Howard, for sharing your story and Jeannie's story.

Thank you, Jeannie, for being here, as well.

It does sound like it's a big effort just on a daily basis, but to make the trip here to tell your story—clearly, that was a big effort. It shows both the resilience of both of you, but also maybe the—I'm reluctant to use the word “desperation,” but nothing else is coming to me right now. You are doing all you can on your own and getting the care you can, and it makes me think that, while we have rules or we have procedures or we have systems, we have to bring the human element to those things. Sometimes they're not working for people, and your situation is one where that comes to mind.

You've got a great MPP in MPP Mamakwa, and I'm sure he's advocating on your behalf on a regular basis. I know that he cares. I just want to acknowledge that and also echo my support that—how do we find solutions here, right? I know that you've given some very specific asks. You've talked about the wheelchair being motorized. You've talked about having more care on a daily basis. I just want to say I'm adding my voice to that support.

I know that you're doing it on your own after the tragic loss of your son, and I'm very sorry to hear about that. As you said in your letter, you haven't even had time to grieve, so I think of you in that way, as well. I just hope that we can find a way to make the system work for families like yours, who are doing their utmost, on their own, to care. It's clear that there's a lot of love between the two of you and that you're dedicated to making sure Jeannie gets the care she needs.

I'm looking forward to hearing a good-news outcome out of this in terms of the solutions, so that you are able to both take care of Jeannie and take care of yourself going forward.

Thank you again for being here and sharing your story.

The Chair (Mr. Ernie Hardeman): Two minutes.

MPP Andrea Hazell: At the outset, I want to say thank you for coming in today. Your story sums up the day on a sad note for us. I don't think any one of us can walk out of here with a grateful heart and, “Yes, we finished the day.” It's very sad that you've had to reach this point—to bring your wife down here and to present to us. I look across the floor to my members. I know they're hearing you; I can tell from the questions that they're asking. I am pretty sure, from here on, something has to turn around for the betterment for you. You've got my heart, and I think you've got all our hearts here. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for coming in today to tell us your story. It's heart-wrenching, if nothing else, and I'm sure that the people are listening. Hopefully, something can be done to alleviate not just your problems but the problems that are created for people like yourselves in the system. I think we all have to work to try to make sure these things don't happen. It's by people coming out and speaking up, as you're doing—that will encourage the search for the answers for some of these things.

This concludes our public hearings for the pre-budget consultations 2024.

Thank you, again, to all our presenters—particularly you, Howard, and your wife.

The committee is now adjourned until 9 a.m. on Monday, February 12, 2024, when we begin report-writing to report our findings from our consultations.

With that, the committee is adjourned.

The committee adjourned at 1630.

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