

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

---

## **Official Report of Debates (Hansard)**

F-11

## **Journal des débats (Hansard)**

F-11

### **Standing Committee on Finance and Economic Affairs**

Pre-budget consultations

Committee business

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

Consultations prébudgétaires

Travaux du comité

1<sup>st</sup> Session  
44<sup>th</sup> Parliament

Tuesday 13 January 2026

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

Mardi 13 janvier 2026

---

Chair: Hon. Ernie Hardeman  
Clerk: Lesley Flores

Président : L'hon. Ernie Hardeman  
Greffière : Lesley Flores

### **Hansard on the Internet**

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

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

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

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

### **Index inquiries**

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

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

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

---

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



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

ISSN 1180-4386

## CONTENTS

Tuesday 13 January 2026

Pre-budget consultations .....	F-285
City of Brockville; Kemptville District Hospital; Kingston Accommodation Partners .....	F-285
Mr. Matt Wren	
Mr. Frank Vassallo	
Ms. Krista LeClair	
Lanark, Leeds and Grenville Addictions and Mental Health; Brockville General Hospital; Kingston Interval House.....	F-295
Ms. Kim Gifford	
Mr. Cameron McLennan	
Ms. Kimberly Compeau	
Port of Johnstown; Ontario Medical Association, district 7; The Food Sharing Project .....	F-304
Ms. Leslie Drynan	
Dr. Anirudha Garg	
Ms. Brenda Moore	
Ontario Conservation Accelerator; Kingston Native Centre and Language Nest; Mr. Greg Ridge.....	F-313
Mr. Peter Kendall	
Mr. Brandon Maracle	
Rideau-St. Lawrence Real Estate Board; Brockville Public Library; Ontario Dental Association.....	F-322
Mr. Chris Wiltshire	
Ms. Christine Row	
Dr. Lance McIntosh	
Mr. David Gentili	
AdvantAge Ontario; Tourism Industry Association of Ontario; Eastern Ontario English Catholic Teachers' Association .....	F-331
Ms. Lisa Levin	
Mr. Andrew Siegwart	
Mr. Andrew Donihee	
Committee business.....	F-340



## LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS

Tuesday 13 January 2026

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES

Mardi 13 janvier 2026

*The committee met at 1005 in the Aquatarium at Tall Ships Landing, Brockville.*

## PRE-BUDGET CONSULTATIONS

**The Chair (Hon. Ernie Hardeman):** Good morning, and welcome to Brockville. I call this meeting on the Standing Committee on Finance and Economic Affairs to order. We're meeting to conduct public hearings on the 2026 pre-budget consultations.

Please wait until you've been recognized by the Chair before speaking. As always, all comments should go through the Chair.

The Clerk of the Committee has distributed committee documents, including written submissions, to the committee members via SharePoint.

To ensure that everyone who speaks is heard and understood, it is important that all participants speak slowly and clearly. As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes in this time slot will be used for questions from the members of committee. This time for questions will be divided into two rounds of five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the official opposition members, two rounds of five minutes and 30 seconds for the recognized third party members and two rounds of three minutes for the independent member of the committee.

I will provide a verbal reminder to notify you when you have one minute left for your presentation or allotted time to speak.

With that, we also ask each presenter to identify yourself by name to make sure that we can record it in Hansard and make sure the great presentation you are about to make is attributed to the right person.

CITY OF BROCKVILLE  
KEMPTVILLE DISTRICT HOSPITAL  
KINGSTON ACCOMMODATION  
PARTNERS

**The Chair (Hon. Ernie Hardeman):** The first three presenters today are Matt Wren, Kemptville District Hospital and Kingston Accommodation Partners. Kingston Accommodation Partners will be virtual.

With that, Matt Wren will start the presentation. Welcome to the committee this morning.

**Mr. Matt Wren:** Good morning, Mr. Chair and members of the committee. My name is Matt Wren. I am honoured to serve as the mayor of Brockville.

It's my pleasure to officially welcome all of you to our beautiful city here today and to one of our two tourism anchor attraction sites, the Aquatarium at Tall Ships Landing. This venue reflects our community's spirit of innovation and resiliency and a deep connection to Ontario's heritage and economy.

I would like to thank our local member, the Honourable Steve Clark, for inviting me to take part today and for his tireless advocacy on behalf of the city of Brockville and all of Leeds and Grenville.

On behalf of city council and our residents, I also want to acknowledge the significant financial support of the Ontario government. These investments are vital to delivering essential services and maintaining the assets to underpin daily life.

Funding programs like OCIF and OMPF allow us to strategically improve our roads, bridges, water and waste water systems and municipal buildings. These aren't abstract projects; they're the backbone of our community. When a road is repaired, it means safer commutes. When water systems are modernized, it means clean and reliable service for homes and businesses. These investments ripple through our economy and quality of life.

Homelessness, as you all know, remains one of Ontario's most pressing challenges, and Brockville is no exception. The property tax system was never designed to address these needs, yet municipalities are on the front lines.

Here in Leeds and Grenville, provincial funding for homelessness-related supports has grown from \$1 million annually in 2022 to over \$10 million in 2026, once our HART hub is operationalized. That increase is truly transformative, and we're deeply grateful, but the need persists. So I would urge government to extend the Homelessness Prevention Program funding in the 2026 provincial budget because communities cannot sustain these services without continued provincial partnership.

We're also appreciative of the province's support in the first phase of modernizing our recreational facilities. Nearly \$1 million was contributed by the province towards the replacement of the steel roof of the Brockville Memorial Civic Centre, our main arena. That investment unlocks

our ability to move forward this year with phase 2, preparing exterior amenities so that we can eventually conduct an arena expansion that includes a twin pad.

We are shovel-ready and eager to proceed, once a sufficiently sized provincial-federal grant program for recreational infrastructure becomes available. We strongly encourage the provincial government to urge the federal government back to the table with municipal recreational infrastructure funding.

We're also doing our part to advance provincial priorities on housing. In 2024, Brockville recorded the highest number of housing starts in over 40 years, since MPP Clark was mayor. In 2025, we didn't just meet that benchmark; we substantially eclipsed it. This achievement underscores our commitment to addressing Ontario's housing supply challenge and supporting sustainable growth, and we are ready to continue to do so.

**1010**

Mr. Chair, I'm not here today with a shopping list, but I want to share the reality of infrastructure funding challenges faced by a community of 22,000 residents. Our director of operations aptly describes us as "too small to be big and too big to be small." A recently completed asset management plan identifies a significant shortfall over the next decade for asset renewal and maintenance, to the tune of \$90 million. To fully fund these needs, we would require either untenable tax increases or a sharp rise in debt. Neither option is sustainable.

Beyond maintenance, we need to replace major amenities. I've already mentioned a \$40-million recreational project that we are working on. Another is a replacement of the main sewage pumping station, a \$30-million project. We're grateful for the province's proactive steps in adjusting the eligibility for the use of the health and safety stream, which allowed us to apply for assistance, and we eagerly await announcements on those allotments. That kind of flexibility demonstrates the kind of partnership that municipalities need, and we appreciate it.

We also face pressures in emergency services. The Brockville Police Service is the oldest police service in Ontario, established in 1832. It's operating from a 1980s building that is undersized and outdated. A new headquarters will cost \$35 million or more. Similarly, our fire halls—one of them built in 1905—will soon require replacement or major upgrades. My ask is, I wonder if the province might consider an infrastructure funding stream for emergency services facilities. We all know that these are not optional services. The operational costs are rising quickly, even before factoring in bricks-and-mortar renewal.

Another critical project on the horizon is the replacement of the main terminal building at the Brockville Tackaberry regional airport. This facility is not just a local asset; it serves the province through air ambulance operations and OPP helicopter missions, including vital cross-border security work. The replacement will be a multi-million dollar undertaking, and we hope the province will recognize its strategic importance.

And finally, Mr. Chair, while we value annual funding streams like OCIF and OMPF, inflation has dramatically affected their purchasing power. To illustrate, we use these funds for roads, and the cost of a load of asphalt has more than doubled since 2020. While construction costs climb at double-digit rates, static funding formulas cannot keep pace, and the reality is our ability to deliver these projects is affected.

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

**Mr. Matt Wren:** I recognize these pressures mirror those faced by the province itself, Mr. Chair. The asks are immense, and we understand the resources are finite, but I hope my brief presentation provides a clear, local example of the challenge that municipalities encounter and the opportunities that come from working together. Brockville is committed to being a strong partner in building a resilient, prosperous Ontario, and with continued collaboration, we can ensure that communities like ours remain vibrant, safe and sustainable for generations to come.

Mr. Chair, thank you. And to the members of the committee: We appreciate your presence today.

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

We now will hear from the Kemptville District Hospital.

**Mr. Frank Vassallo:** Thank you very much, Mr. Chairman, and thank you very much, committee members, for the invitation—in particular, MPP Steve Clark, for having me here today.

Despite substantial investments in the health care system, Ontario's hospitals are facing some of their toughest challenges. The government has made significant investments to help hospitals tackle the challenges of the COVID-19 pandemic, and has also invested in other parts of the health system, including the investment Ontario has made in Kemptville District Hospital directly, by way of a base funding increase of 5% this year—unheard of for small, rural hospitals, where we typically receive 2% to 3%, so a huge thank you to the government for that, as well as the financial support they've given our local homelessness and addiction recovery treatment hub, our own HART hub. We have a pilot under way, and we're hoping to show great results by the end of March of this year.

I would like to publicly thank MPP Steve Clark for his tireless advocacy on our behalf, and for his passion for primary care and mental health services. While these are positive investments, they haven't brought the level of systemic change needed—with emphasis on "systemic" change. We need to fundamentally reimagine and redesign how regional hospital networks can be formed. We need to shift from hospital silos to interconnected and interoperable health care systems. The aim is driven by the need for better patient outcomes, increased efficiency and improved preparedness for crisis. When we invest in technological advancements such as digital tools and platforms, we enable seamless data exchange, breaking down technological and operational barriers to interoperability.

We have a golden opportunity to start this redesign at the regional health sector stabilization planning tables, or

HSSP tables, that are currently under way. They've been formed to identify efficiency opportunities in the face of mounting deficits. This is unique—we normally do it as a one-on-one engagement with government, but we're doing this together with all the hospitals in the region.

The instability in the hospital system is not a new problem, as many factors year over year have led to this situation. Moving through pandemic recovery, hospital finances were impacted by factors such as high inflation, population growth and continued aging, and unfunded cost pressures over which hospitals have little control. Some of these unfunded costs include necessary IT and health information systems upgrades. Case in point: At Kemptville District Hospital, we incur annual costs of \$1.1 million, attributed to operating our hospital information system, Epic; cyber security; cyber insurance; and general maintenance of our IT infrastructure.

I have long argued for IT infrastructure to be included in HIRF, or the hospital infrastructure renewal fund. HIRF currently funds the repairs of roofs, windows, generators, HVAC etc. I strongly suggest that IT infrastructure is just as important as the aforementioned items in terms of operating a safe, high-quality hospital in today's world.

The bottom line is that recent investments have been used to keep the doors open and maintain access to care for Ontarians. This is a good thing. We need to start investing in change to incentivize change. Demand for care is expected to increase in the time ahead, driven largely by population aging. Rising costs have gone beyond normal price inflation and often involve new spending requirements. Costs are rising across all categories as hospitals must spend more on cyber security, housekeeping, infection control, new upgraded health information systems, drugs, additional CT and MRI capacity, and much more.

The local-level impacts of inadequate system funding will differ across communities, but across every community, we'll feel the pressures in some way. Kemptville District Hospital has worked extremely hard to be internally efficient over the last four years—which has contributed to our financial health compared to some of our peers—although we have had to make significant investments that have worsened our structural deficit, as well as make investments in critical health resources for the region, like opening our CT scanner in 2025. In addition, we have worked diligently to align with our government partners to achieve the goals they have for the health care system.

I want to cut to the chase here in terms of the recommendations going forward. As I mentioned earlier, we need systemic change. We need to reorganize how the system is organized.

In conclusion, management expert W. Edwards Deming said it best: "Every system is perfectly designed to get the result it gets." If we want different results from hospitals, we have to fundamentally redesign how hospitals work together, not in silos. Financially bailing out the current system is not a long-term solution; we need investment and change. Change is essential for organizational survival, growth and meeting the needs of a diverse population

with diverse and ever-increasing health needs. We recommend that hospitals are provided with predictable, multi-year financial planning assumptions over multiple years, such as 2026-27, 2027-28 and 2028-29.

There are other opportunities to strengthen the hospital system and invest in long-term solutions. Innovation is key to decreasing disease, improving treatment and creating better health outcomes.

Investments in hospital-based research, digital infrastructure and expanding scope of practice for health care practitioners improve access, enhance efficiency and create better outcomes.

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

**Mr. Frank Vassallo:** Thank you, sir.

Regional capacity planning will also ensure hospital resources are being maximized while protecting health system capacity. Hospitals can lead this by leveraging the deep understanding of our communities' health care needs and existing system gaps. While hospitals are assembled at regional health system stabilization planning tables, we need to facilitate and enable across hospital efficiencies on the clinical and back-office fronts. Those are areas that we haven't touched so far.

**1020**

Finally, we, as a progressive rural hospital, will continue to focus on working together with government and system partners to ensure that the health system changes and adapts to meet the needs of communities not just today but well into the future.

On that, thank you very much, Mr. Chair, and members of the standing committee.

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

We now will hear from the Kingston Accommodation Partners, and that one is going to be virtual.

**Ms. Krista LeClair:** Good morning, Mr. Chair, and members of the committee. Thank you for the opportunity to speak with you today. My name is Krista LeClair and I'm the executive director for Kingston Accommodation Partners. Today I'm representing the Kingston community, the tourism industry and the accommodation sector that supports tourism, employment and downtown vitality in Kingston.

I want to begin by aligning my remarks with the submission from Councillor Gregory Ridge, who you will hear from this afternoon. His presentation will clearly outline how the mental health, addictions and homelessness crises are affecting downtown Kingston's public safety, municipal capacity and economic stability. I'm here to reinforce that message through a very specific economic lens: investment, attraction and sport hosting.

For Kingston and for many Ontario communities, economic growth, public safety and investment readiness are inseparable. Tourism is often discussed as discretionary. From an economic development perspective, it is core infrastructure. In Kingston alone, over two and a half million visitors generate over half a billion dollars in visitor spending every year. They contribute \$353 million

to GDP, support more than 4,300 tourism-related jobs and generate \$24 million in municipal tax revenue.

Hotels are the foundation of this system. Without accommodations, Kingston cannot host events, attract visitors or convert interest into economic impact. But hotels alone are not enough.

Sport hosting is one of the most reliable forms of tourism-driven economic activity. Sport visitors travel in groups, stay multiple nights, spend per trip, fill hotels mid-week and in shoulder seasons, and return year after year. For the accommodation sector, sport tourism is what allows us to stabilize occupancy outside the summer peak, maintain year-round employment and reinvest in our properties.

Kingston has the geography, reputation and community capacity to be a premier sport hosting destination. What we do not have is the infrastructure and the big competitiveness to match that potential. Sport is widely considered to be severely underfunded in Ontario and across Canada at both the community and the high-performance levels. This has led to a funding crisis affecting numerous sport organizations, athletes and local programs.

A preliminary report by the federal government's Future of Sport in Canada Commission in August 2025 stated that the entire sports system is broken and urgently needs a substantial injection of funds to ensure organizations can continue operating.

In addition, Canada's population growth has put pressure on sports facilities, and infrastructure development hasn't kept pace. The current Ontario Sport Hosting Program is highly oversubscribed, and sport accounts for less than 0.1% of provincial and territorial budgets in Canada, which has failed to keep pace with the actual costs of running the system.

Kingston currently lacks a modern, competitive-ready aquatic facility, sufficient indoor tournament-scale sport infrastructure, adequate arena capacity to support events and, critically, a robust provincially supported sport bid fund.

As a result, Kingston is losing events, not because we're unqualified but because we're outbid. Two examples illustrate this clearly. SailGP represents a global, high-value sport tourism opportunity. Kingston has the waterfront, the wind, the accommodation capacity and overall expertise to host such events. However, SailGP operates in a highly competitive global bidding environment where host jurisdictions bring significant bid incentives, infrastructure commitments and government-backed hosting funds. Without comparable provincial tools, Kingston cannot compete and Ontario loses international exposure, visitor spending and long-term investment potential.

Similarly, the Memorial Cup is one of the most significant sporting events in Canada. Hosting it requires not only an arena and hotel capacity but substantial bid funding to offset costs and compete with other cities. Across Canada, provinces routinely support Memorial Cup bids through dedicated sport-hosting funds. Ontario communities like Kingston are at a structural disadvantage

when those tools do not exist at scale. These are not theoretical losses. They represent millions of dollars in visitor spending, lost shoulder season demand and missed opportunities to showcase Ontario communities on national and international stages.

Across Canada and beyond, governments are investing aggressively in dedicated sport-hosting and bid funds; multi-use sport and recreational infrastructure; competition-ready aquatic facilities; and arenas designed for year-round multi-event use. Thank you for the investments this government has provided other communities throughout Ontario to date in this space. However, despite being the largest tourism market in the country, Ontario lacks a coordinated provincial approach that allows mid-size cities to compete on a level playing field. This is not a marketing issue; it's an investment attraction issue. The investment attraction policy recommendations advanced by sector partners such as the Tourism Industry Association of Ontario are clear: Ontario must deploy targeted, place-based capital tools that unlock municipal and private investment.

For Kingston, a provincial partnership would mean a provincial sport-hosting and bid fund that enables fair competition; support for aquatic, arena and indoor sport infrastructure; capital tools that de-risk municipal and private investment; and alignment between tourism, sport and economic development priorities. With the right assets, Kingston could host sport events 12 months of the year, driving stable hotel occupancy, workforce retention, downtown vitality and sustained provincial tax revenue.

As Councillor Ridge will highlight in his presentation today, investment does not occur in unstable environments. Sport rights holders and event organizers are assessing public safety, visitor experience, downtown conditions and system capacity. Without adequate provincial investment in mental health care, addictions treatment, detox capacity and supportive housing, municipalities are left managing crises that undermine confidence and readiness. From an investment attraction standpoint, this directly affects event selection decisions, infrastructure return on investment and long-term competitiveness.

Kingston Accommodation Partners urges the province to recognize that sport tourism infrastructure is economic infrastructure. Bid funds are essential investment tools to be competitive, not optional incentives. Pools, arenas and multi-use facilities enable year-round growth, and provincial partnership is required to unlock municipal and private capital. Ontario cannot expect communities like Kingston to compete nationally or internationally without the same tools available elsewhere.

In closing, Kingston Accommodation Partners strongly supports the call for increased provincial leadership and investment in mental health—

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

We'll start the first round of questioning with the official opposition. MPP Pasma.

**Ms. Chandra Pasma:** Thank you very much, Chair. Thank you to all of our witnesses for being here this



morning. I wish we had more time to ask you many questions about your presentations because I think you've raised some important issues.

But I'm going to start with Mr. Vassallo—some questions about what you're getting at with efficiencies and regional planning. The Queensway Carleton Hospital is in my riding, and today, it's at 114% capacity. The emergency department is at 130% capacity. And when hospitals like Almonte and Carleton Place or Kemptville have to close their ERs or have capacity challenges, those patients are coming to the Queensway Carleton and adding to capacity challenges at the Queensway Carleton. The last thing that we want to see is hospitals losing capacity.

The Ontario Hospital Association has said a billion dollars is needed to address funding shortfalls and capacity challenges and put hospitals on a stable footing. I saw from your financial statements that in this year's budget, the Kemptville hospital has a deficit of \$873,000, which is significant for a small, rural hospital. I know the Winchester hospital had to actually close patient beds in order to minimize their deficit, and that wasn't even enough to reduce the operating deficit.

So what kinds of efficiencies are you talking about for small, rural hospitals like Kemptville that would allow you to reduce that deficit without receiving additional operating funding?

1030

**Mr. Frank Vassallo:** Through you, Mr. Chair, to the MPP: Thank you very much for acknowledging the challenges that we face.

You're absolutely right. Small hospitals, and even medium-sized hospitals, are facing challenges in keeping their EDs open—a very important service for the community. Many of our hospitals are nearing 110%, 120% occupancy.

As I said in my remarks, if we keep doing the same things and just throwing money at it—I'm not saying money isn't an important injection, but we need to fundamentally change the way we work with our partner hospitals. So I'll give you a quick example: The reason we only closed our ED for a few hours in the last three years—that was it—is because we forged a meaningful partnership with the Ottawa Hospital, where we pooled our physicians. Their large pool of physicians and ours that was inadequate, low numbers—we worked together to fill every single shift, 24/7. We're very proud of that.

We're also working with other hospitals in the region to share back-office services. We also need to build regional clinical networks, in particular with surgery. For example, the CHEO children's hospital is running out of OR capacity. We have OR capacity in our smaller hospitals. So we're just in the early days of forging a surgical network with the CHEO hospital and other neighbouring hospitals so we could reduce the wait-list of those important surgeries for kids.

The essential point is partnership. I've been saying to our board for years—it may sound a bit dramatic, but I really believe it's the case—partner or perish. We really

have to start partnering, looking beyond the walls of our hospital for efficiencies.

The hospital system hasn't fundamentally changed. We have a lot of technology. As we move to private rooms from large wards, we may get some changes, but the way that the hospital is organized is fundamentally the same. We need to incentivize change. We need it for the future, and we need to act now. We can't wait for 10 more years.

I've been hearing people talking about systemic change for 27 years. I've been in leadership for 27 years, and it's time we actually do that.

**Ms. Chandra Pasma:** So when we're talking about regional planning or a regional hospital approach, that includes the Ottawa Hospital, CHEO, Queensway Carleton, other area regional hospitals.

**Mr. Frank Vassallo:** That's right.

**Ms. Chandra Pasma:** These aren't small hospitals. It's not a small region. Ottawa itself is not a small region. So what kind of cost are we talking about to actually provide that support, allow for that planning, ensure that there is funding to cover the cost because it's not like it's revenue-neutral to move surgery from CHEO to Kemptville. So what kind of cost are you actually envisioning for this regional planning?

**Mr. Frank Vassallo:** That's an important question. Again, through you, Mr. Chair, to the MPP: We're not sure the exact costs at this time. We haven't started those discussions in earnest. We just reached out and realized we've got mutual interests and we need to start planning. Now, Ontario Health established these health sector stabilization planning tables. As I said earlier, we normally deal with the ministry, one-on-one; we're now together with all the hospitals in the east region, and I believe it's through those discussions that we'll find opportunities for creating these regional programs, whether it be surgery or better ED efficiency, and then of course cost will be associated with that calculus. That will be the investment that I'm talking about—the new investment in a new system.

**Ms. Chandra Pasma:** And what amount are you looking for in terms of support for infrastructure like IT—

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

MPP Cerjanec.

**Mr. Rob Cerjanec:** Thank you, and through you, Chair: I appreciate all of the presentations this morning.

Mayor Wren, I'm just curious around the homeless situation here in Brockville and understanding that the upper-tier municipality—which I know is separate from the city itself. How is that relationship, and what is working well and what isn't working well right now?

**Mr. Matt Wren:** Through you, Mr. Chair: Thank you for the question. We've had a strong focus and a strong working relationship with the counties of Leeds and Grenville throughout my time in this position. Certainly coming out of COVID, homelessness hit our community in a big way for the first time. We have a tremendous working relationship. The challenge is that the epicentre of homelessness is in our separated municipality, but we

rely on provincial funding flowing through the united counties of Leeds and Grenville to deliver the services for the issues being faced right here in our community.

I think, by and large, we have been managing very well and working very well. We are having some challenges at the moment because we're transitioning to put more investment into supportive housing.

In the past year, Mr. MPP, we've created, in this small region, 49 supportive housing units. That's 49 people who had a bed to sleep in, in a unit of their own, this Christmas, who didn't last Christmas. That was a concerted effort between the city and the counties, with provincial funding and federal funding to make that happen. So I think we are working very well together.

**Mr. Rob Cerjanec:** Do you know what amount of that funding was to secure those 49 supportive housing units, and what did that model look like here?

**Mr. Matt Wren:** The Homelessness Prevention Program funding tripled in our region during this term of council. From a little over a million dollars a year in 2022, it increased to \$3.6 million a year—I believe is the number—in 2023 and forward.

We've also been the recipient of HART hub funding, which will add another \$6.5 million for the region.

The city had a vacant building on a piece of land that we provided without any rental cost to the united counties of Leeds and Grenville. So they had no cost for the land and building. The cabin project itself—25 cabins, I believe—cost around \$2 million. And then they retrofitted our building into a dormitory-style building with federal funding to the tune of about \$800,000.

**Mr. Rob Cerjanec:** Are you seeing pressure now on municipal taxpayers in order to try and step up and support reducing the homeless population here?

**Mr. Matt Wren:** Well, the impact on the municipal taxpayer at this point in time has been on the effects of homelessness, the increasing costs. We cleaned up 85 encampments last year and took away tons and tons of refuse.

Our police service calls are increasing. Our paramedic calls and fire calls are increasing. Those are the kinds of costs that local taxpayers face.

**Mr. Rob Cerjanec:** In terms of the by-name list, has that been continuing to go up, or are we now seeing a decrease here?

**Mr. Matt Wren:** I wish we were seeing a decrease. It has not increased dramatically. Over the last three years, it has probably increased from around 120 persons to around 160.

**Mr. Rob Cerjanec:** I noted in your presentation, we are definitely seeing that a lot more needs to be done to address homelessness, to help find people safe housing with wraparound supports to deal with the very complex mental health and addictions challenges. There's so much more work to be done.

You raised a lot of infrastructure challenges right now in the city. Is the city hoping for infrastructure funding from the provincial and federal governments? How much

is that being borne by municipal property taxpayers right now?

**Mr. Matt Wren:** The challenge is—we are about to debate our 2026 budget tonight, and there is not enough money available from the local municipal taxpayer to apply towards our capital budget because of the ever-increasing costs of emergency services.

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

**Mr. Matt Wren:** Police, fire and ambulance take up \$20 million of our \$48-million levy. If we can get support on those emergency services and some of these bigger infrastructure projects, we would be able to devote a little bit more local tax dollars to our local infrastructure needs.

**Mr. Rob Cerjanec:** I take it you are hearing from your constituents that they are struggling with property taxes and the costs and the expenses to deliver really important services? I assume that's the case here.

**Mr. Matt Wren:** Municipal taxes are the only tax bill that people actually know the amount of, MPP Cerjanec. So people can focus very closely on those, and they know when the bill goes up. They don't know how much they paid provincially last year.

**Mr. Rob Cerjanec:** Perfect. Thank you, Mayor.

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

We will now go to MPP Brady.

**Ms. Bobbi Ann Brady:** Thank you to all of you who have come early this morning to advise us on what you need and how you see things.

I'm going to start with Mayor Wren. I want to congratulate you on your housing starts. You made a comment about MPP Clark being mayor 40 years ago—he's aging well. Anyway, I hear you, as I do all municipalities that I come into contact with, who reiterate that evidence shows that water, waste water, roads, emergency services—key infrastructure—is not keeping pace. I'm going to unpack a lot here so stick with me.

**1040**

I'm curious if Brockville can actually support growth today. Because as I see it, the taxpayer can't wait for infrastructure to be upgraded in five or 10 years. I think it's important to understand that development charges rarely cover the full life-cycle cost of infrastructure. And what we are seeing happen, I believe, is senior governments mandate growth, but they're not providing long-term, predictable infrastructure funding.

We know that housing can be built quickly, but infrastructure takes a lot longer to plan, approve and also fund. So how is Brockville managing that timing gap without compromising service levels?

**Mr. Matt Wren:** Through you, Mr. Chair: Thank you, MPP Brady, for the question. It's a very tough balancing act at the moment, and I think it was exacerbated with the dramatic rise in the cost of construction that came out following the COVID-19 pandemic.

A quick example: We replaced a railway overpass bridge. We were fortunate to receive funding support from the federal and provincial governments. It was costed out before the pandemic at \$1.6 million. Well, after the pan-

demic, when we could actually get the job done, the cost increased to over \$3 million. So with those projects, the costs have doubled.

We realize the pressures that are upon every level of government. As I mentioned in my presentation, if things like OCIF and OMPF could be considered for an increase to keep up with inflation, that would be very helpful.

**Ms. Bobbi Ann Brady:** And if those increases don't come, if we don't see the monies flow, I'm wondering if your council is prepared to slow or pause development approvals until infrastructure can keep pace. I'm just wondering to what extent is your council responding to provincial housing targets rather than looking at local infrastructure capacity.

**Mr. Matt Wren:** We haven't got the targets. No, we will not slow development. Growth is key to solving our problems. We need to grow.

**Ms. Bobbi Ann Brady:** So people pay for these services?

**Mr. Matt Wren:** To some extent, they will have to help.

**Ms. Bobbi Ann Brady:** Thank you.

**The Chair (Hon. Ernie Hardeman):** We'll now go to the government. MPP Clark.

**Hon. Steve Clark:** Welcome to Brock-Vegas, everybody. We're very proud of the Aquatorium.

Krista, I just want to first of all congratulate you on your appointment to the township of Leeds and the Thousand Islands council. When you were doing your presentation, it brought back memories of Governor Whitmer in Michigan. I'll use the words "taking away" our Memorial Cup in Kingston because she created a fund exactly like you were suggesting. So it brought back a painful memory but I appreciate your presentation, and good luck on the TLTI council.

Your Worship, thanks for your kind words. I agree with you 100% about the homelessness prevention fund, as not just the minister who created it. It was a great fund and the city is certainly doing great work with the county. It's nice that you keep reiterating that it was \$1 million and now it's \$10 million with the HART hub, so I appreciate that.

You talked about OCIF and OMPF. I want to go back to OMPF because, in the 2024 fall economic statement, we announced an increase from half a billion dollars to \$600 million over a two-year period. It's really our largest municipal support program and it's no strings attached. It's an unconditional grant program which used to be around a lot back in the old days, but now it's really that signature plan.

So, tell the committee how important that type of no-strings-attached program for municipalities is and what you're able to do with it in Brockville.

**Mr. Matt Wren:** Through you, Mr. Chair: Thank you, MPP Clark. It's such a critical and helpful program for us. Again, as I mentioned, tonight we table our budget. Those funding sources just help us immensely to move projects forward and get them completed. The fact that there are no strings attached allows us the flexibility to prioritize. We need to balance what is funded by debt, what can be

funded by grants, what can be on the tax base, and having that flexibility is critical, allowing us to move many things forward.

**Hon. Steve Clark:** That's good. Thanks, Your Worship.

Mr. Vassallo, I want you to talk, not about what you presented, because I thought you did a really good job and I appreciated your answer to MPP Pasma about the collaboration that Kemptville has been able to do with some of the Ottawa hospitals and some of the opportunities we've got with the CHEO surgical opportunities, both in Brockville and Kemptville.

But I want to talk about the big primary care expansion that the government is committed to. You've got a really innovative program, a primary care hub, that I'd like you to talk about to the committee today. Could you speak a little bit about the application that's been supported by the Ontario health team and how it would change how people deal with the Kemptville District Hospital?

**Mr. Frank Vassallo:** Through you, Mr. Chair, to MPP Clark: Thanks very much for the question. The essence of what we put forward—we put forward a proposal to Dr. Jane Philpott's group for a nurse practitioner-led clinic. It's incredibly vital to the community.

A lot of people know this, but I will just restate: EDs across this province and country are catchalls for a lot of failures in the system in terms of building capacity. We are really proud to serve the public, but again, in the spirit of redesigning the system, we need a different model than totally relying on family physicians to fill the void. We're not going to get enough family physicians. We took a different stance. We went to the nurse practitioner course of action.

Our proposal, as MPP Clark mentioned, is very unique in that the essence of what we are doing is partnership—heavy emphasis on the word "partnership." We are partnering with our fantastic municipality of North Grenville, who have been a huge supporter of our hospital for the last 60 years or more. We have the three local primary care practices that are also partners with us, and community paramedics. We also have the local mental health services and the hospital. We're all partnering together to actually put forward this effort to get nurse practitioner clinics going.

The key deliverable is attaching 10,000 patients who are not registered with a primary care physician at this point. They will have a physician to guide their care through their lives, we hope. That's something that we're very proud to do. Finally, we already have the space. We already have the space fitted up. We're ready to go if the funding arrives.

**The Chair (Hon. Ernie Hardeman):** We now have 23 seconds.

**Hon. Steve Clark:** That's fine.

**The Chair (Hon. Ernie Hardeman):** We will go to MPP Bell.

**Ms. Jessica Bell:** Thank you to the presenters for coming here today. My first questions are for Mayor Wren. I just want to confirm: You mentioned that there

were 120 to 160 people who are homeless in Brockville. Is that number correct?

**Mr. Matt Wren:** That is the number on the by-name list for Leeds and Grenville, so it doesn't necessarily mean that they're in the city of Brockville.

**Ms. Jessica Bell:** I also heard you mention the various needs that your city is facing, from infrastructure to additional support for supportive housing and the need for additional housing for emergency services, correct? My first question is: Do you have an overall funding request to the province to address the gap between what you're currently getting and what you would need to address some of these key issues around emergency services, infrastructure and homelessness?

**Mr. Matt Wren:** Through you, Mr. Chair: Thank you, MPP Bell, for the question. As I said in my remarks, I didn't come here today with a shopping list; I came here today to help the committee understand the types of pressures that our municipalities are dealing with to keep the lights on with our current budget and the things that are facing us ahead.

As I mentioned, emergency services are not optional. There are increasing requirements through the new legislation in policing, for example. There are ever-increasing requirements in fire departments. With the cost of keeping those departments operational and up to standard, and then along comes the need for a new building, it would be great if there was an infrastructure funding stream available to help small municipalities, especially those with their own municipal police forces, to replace those aging buildings.

**Ms. Jessica Bell:** I noticed tonight that the budget consultations that you're having would include a property tax levy of approximately 5.72%. Is that correct?

**Mr. Matt Wren:** That's the increase in the levy. The actual impact to the taxpayer, thanks to all the growth we're experiencing, will be about 4.5% if the budget is finalized as presented.

**Ms. Jessica Bell:** Tough conversations to have. If you don't receive additional funding for emergency services and additional supportive housing infrastructure, what range of property tax hike would you expect residents to be facing?

1050

**Mr. Matt Wren:** Through you, Mr. Chair: The emergency services infrastructure that we need to replace is—we're talking about a three-to-five-year conversation. So there's not going to be any immediate impact on the taxpayer.

If we have to fund that new police station ourselves, it's going to be debt that the city will need to take on, and the cost of servicing that debt, when those dollars could be used for other things. So any assistance on those large-ticket items will allow us to deploy local tax dollars for other priorities.

**Ms. Jessica Bell:** I can imagine in an affordability crisis that there are many residents in Brockville who are very concerned about any kind of property tax increase.

My next questions are to the president and CEO of Kemptville District Hospital. Thank you so much for

being here. I read your submission and I listened to you carefully. One of the take-home messages I received is that there is a real need for stable, regular, consistent funding—base funding—for hospitals year in and year out, correct?

**Mr. Frank Vassallo:** Through you, Mr. Chair: Correct, MPP Bell.

**Ms. Jessica Bell:** What I also noticed—one of my jobs is to look very carefully at what the government is allocating to health care. What we have seen with the latest budget and with the fall economic statement is that while overall health care funding is looking at going up by about 1%, that's not enough to cover the increased need and demand for health care, population growth and the fact that inflation in health care goes up faster than average inflation. It should be approximately 4% a year if we want to maintain service levels.

If you don't get the kind of funding increases that you are requesting, how is that going to impact service levels and patient outcomes at your hospital?

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

**Mr. Frank Vassallo:** That's a great question—through you, Mr. Chair, to MPP Bell: Thanks for the question. We need to continue our work developing partnerships across clinical and non-clinical areas.

We are very grateful. As I mentioned earlier, we typically receive 2% or 3% funding to our base—that's important: base. We have a 5% increase.

We need to do our part and form those regional partnerships in terms of redesigning the system. But one thing we needed to do is not take on any more IT debt. We took on a new hospital information system, Epic, and in order to serve our providers—our great nurses and physicians at the hospital—we entered into a managed service contract with another hospital for IT so we can offer 24/7 support. So when a physician is in the ED and needs some help with our hospital information system, they can call a help desk, it's staffed 24/7, and we have instant service for those physicians. We need to continue to develop the partnerships in order for us to deliver the care that our public needs.

**The Chair (Hon. Ernie Hardeman):** We'll now go to MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: Thank you, Mr. Vassallo, for your presentation today and thank you for the work that you do in leading the hospital in the community here.

Around ER closures, I just looked it up online. I think the last time there was an ER closure would have been in 2023 or around there.

**Mr. Frank Vassallo:** Approximately, yes—through you, Mr. Chair: Yes, MPP Cerjanec, that's exactly right. It was just for a day.

**Mr. Rob Cerjanec:** How is your hospital able to avoid that? I understand that you have a partnership with the Ottawa Hospital. How is that partnership, I guess, working?

**Mr. Frank Vassallo:** Well, thanks for the question—again, through you, Mr. Chair, to MPP Cerjanec. The program that the ED put in place was based on a 15-year

partnership with the Ottawa Hospital doing total joint replacement surgeries. We also do spinal surgeries through them and gynecology surgeries in partnership, through them—tremendous service we're bringing to our local community; care closer to home, if you will.

We found that having the partnership with the Ottawa Hospital with the orthopedics provided an opportunity to speak with them in very, very quick order—this is over 24 hours. I'll note, we only closed our ED for 24 hours during that period in order to get this thing started.

They really wanted to help us because it's a systemic change. What's in it for them, the Ottawa Hospital, is they could better manage the patients that ultimately go to the Ottawa Hospital. So they're really going both upstream and downstream to manage care.

It wasn't just an HR bailout; it was a systemic change, sir.

**Mr. Rob Cerjanec:** People should really be able to access health care in their community, so I'm glad, through that partnership, you're able to help advance that.

You mentioned something really interesting around cyber security and IT and infrastructure. Understanding that your hospital might be a little bit smaller than one in a large urban centre—are the provincial programs and support right now around IT and cyber security infrastructure enough for a hospital like yours?

**Mr. Frank Vassallo:** We're fortunate that we have a regional hub for cyber security out of Ottawa. We're part of that network, so that's a very good value. We're contributing approximately \$80,000 towards that network. That includes the cyber insurance as well. We're okay with that; that's a cost that we could live up to.

It's the \$900,000 a year that we're paying towards Epic—and it's so important to reiterate what I mentioned, through you, Mr. Chair: This is very important to add to the HIRF, the hospital infrastructure renewal program. Every hospital in Ontario is now calling itself a "smart" hospital with all the digital health. We need to help support them.

**Mr. Rob Cerjanec:** That digital infrastructure really is almost as critical as the physical infrastructure and the human infrastructure nowadays in today's day and age, so we definitely need to do more there. Thank you very much.

Krista, thanks for your presentation. You touched on a topic that I think is really important: being able to play community sport. What that turns into is, sometimes, the leagues and the travel and the tourism opportunities as well.

We know that sport in Ontario is underfunded when we look to other provinces. If there aren't any additional changes (a) to get more people into sports and (b) to be able to bid on those tournaments, what is going to be the impact to the Kingston area economy?

**Ms. Krista LeClair:** Thank you very much for the question. Through you, Mr. Chair: We'll continue to lose bids. So, we'll lose bids, as MPP Clark mentioned, to Michigan. We've lost several bids to Nova Scotia; they have a robust bid fund there. Out west, there are bid funds.

So there are lots of other jurisdictions that are doing this really well.

We have seen investment from our province in sport; it's just not enough to continue to be competitive. We see those funds flowing to certain communities for larger events, but sport can be a lot of things. This can be NOSSA and OFSAA and many different things—I mean, cheer-leading competitions. It's endless, right? Sport happens in all communities, and I think that's a really important point to this. Sport can happen and be there to contribute, to grow all communities, but right now, we're seeing sport competitions go outside of Ontario or to Ontario, to a couple of different destinations and that's it. I think there's a huge missed opportunity there.

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

**Ms. Krista LeClair:** And then we'll continue to see the depletion of people entering these sport organizations, because I think what we often forget is that these annual tournaments or regional competitions, national competitions that we see hosted in communities are often big fundraisers for these local sport organizations. So the local sport organizations are missing out on the opportunity to raise the funds that they need to keep fees low, to keep participation, and that's what we want to see: Kids coming in at the participation level and then growing into these athletes that we all love and celebrate.

**Mr. Rob Cerjanec:** Very quickly, in terms of the workforce in the hospitality sector, I assume that's coming from, potentially, people almost living an hour away as well, right?

**Ms. Krista LeClair:** Yes—

**The Chair (Hon. Ernie Hardeman):** Thank you very much—not quick enough.

MPP Brady.

**Ms. Bobbi Ann Brady:** I'll start with Mr. Vassallo. I noticed, yesterday, there was an announcement—KDH announced the targeted closure of your interim long-term-care and convalescent care program, and you will see 12 LTC beds closed.

We know, in 2025, Ontario's wait-list for LTCs stood at about 50,000 people. You spoke about systemic change and investing in transformation, and I fully support that. I'm just wondering if you can explain how closing such critical beds at this point in time aligns with the idea of systemic change, and how does this decision impact regional LTC wait-lists and numbers?

**Mr. Frank Vassallo:** Thank you very much, and through you, Mr. Chair, to MPP Brady: It's a great question.

I just want to remind folks, if they're not well versed in how we came to be an interim—emphasis on the word "interim"—long-term-care provider, that about 19 years ago, we didn't have enough acute care activity. We didn't have the partnership mindset. We were going to lose those 12 beds. They were acute beds, by the way. We were a 40-bed hospital that had 40 acute beds at the time. So in order to keep the beds in the community, we gladly met the need in the community at that time.

1100

Since that time, we've had 254 net new long-term-care beds added to the local community. And we've done a lot of research and found that convalescent care services are underutilized woefully in the region. So we believe there are enough services for the convalescent care and beds for the long-term-care patients.

What we don't have is capacity for acute care. We need to get back to our acute care game, reinstate our acute care status. A lot of times, we're approaching 100% or over 100% occupancy.

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

**Mr. Frank Vassallo:** We need to serve our community, on the acute side, not just for today but tomorrow—because it's coming. We have one of the fastest-growing municipalities in all of eastern Ontario and an older population with a host of diverse health needs. We need to prepare for the future.

It was a difficult decision, but I believe at the end of the day we'll be recognized as making the right, prudent forethought in making that decision, MPP Brady.

**Ms. Bobbi Ann Brady:** Thank you.

I'll quickly go over to Krista. To what extent can Kingston's existing infrastructure—hotels, transportation, venues—absorb increased tourism generated by expanded sport programming, and where do you see the most significant capacity gaps?

**Ms. Krista LeClair:** Through you, Mr. Chair: Thank you for the question.

I think the biggest opportunity, the lowest-hanging fruit, is looking at 12 months of the year. So, yes, in the summer we have some room for some sporting events, but we do also see a lot of leisure travel at that time. I would say, as a community, all of our assets—

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

We'll go to the government. MPP Racinsky.

**Mr. Joseph Racinsky:** Thank you to all of the presenters for coming out this morning. We really appreciate all of your presentations.

My question is for Mr. Vassallo. We're doing pre-budget consultations, and so we're going to hear a lot of requests for money, and that's part of what we're doing here. I appreciated your comments that we need to be looking at changing the system, looking for efficiencies, not just throwing more money at it, while still recognizing that investments are important.

We are making investments. The province's health sector investment, as a whole, is going to be \$92.8 billion in 2026-27. That's up from \$61 billion, when we took office seven years ago. So it's a massive increase over seven years, which is very much needed.

Coming from a rural area with a small, rural hospital as well, I know you're very focused on efficiencies—and Minister Jones is very focused on that as well—and how we can have the most efficient, effective system possible. I just wanted to give you more opportunity to share some ideas that you might have on what kind of changes we can make to the system to drive that efficiency.

**Mr. Frank Vassallo:** Through you, Mr. Chair: Thanks very much, MPP, for the question and the opportunity to add a bit more colour.

I firmly believe that our work over the last 12 months led to the government's recognition that we are efficient and we need to be somewhat rewarded or compensated for that. I believe that was a major driver of that increase in our base funding. So that was fantastic.

In terms of what we hope the government will do—and I don't have the specific numbers because we haven't had those integration discussions, those network discussions—but at these health sector stabilization planning tables, we need to figure out what exactly we need to do as a system. We know money motivates a lot of folks, so perhaps a 1% or 2% increase in a base budget of a hospital would only be given with the proviso that they demonstrate and actually do some of that integration work with hospitals; I don't believe it's going to happen otherwise. The rhetoric, the talk, the narrative about integration and networks, as I said, has been going on for over two decades. We need to actually put our money where our mouth is, so to speak, and actually put these models in place; we can't afford not to. We can't afford to keep throwing money at a bad system. None of us would do that. It's not wise.

I want to invest in a new system, a new model, that's going to be able to look after our children and grandchildren for decades to come, sir.

**Mr. Joseph Racinsky:** I think even the change with the long-term-care beds and then recognizing the whole system you have as a community is evidence of that work that you're doing, so thank you.

Both Your Worship and yourself mentioned the HART hubs in your presentations and how thankful you are for that. I just wanted to ask both of you just what kind of impact you see that program having here in this community.

**Mr. Matt Wren:** Through you, Mr. Chair: I wish I could tell you more, but the funding envelope that was provided was for Lanark, Leeds and Grenville. The Lanark site got operationalized very recently, and the Brockville site will come on board this spring. We're still working through the pieces to get that up and running.

But it was such welcome news, because I think we've all learned providing someone with accommodation is not solving the problem—so 50% of the people the united counties of Leeds and Grenville would house from the by-name list would be homeless again within six months because they did need support to get through their daily lives and get their feet back on the ground. We believe the HART hub approach will go a long way to not only getting someone housed, but keeping them housed by solving some of the severe problems that are impacting their life.

**The Chair (Hon. Ernie Hardeman):** MPP Kanapathi.

**Mr. Logan Kanapathi:** How much time is left?

**The Chair (Hon. Ernie Hardeman):** You have 1.3.

**Mr. Logan Kanapathi:** Thank you to all the presenters. It's good to be here in Brockville—a good feeling and a wonderful, beautiful city. I'd like to thank the Honourable Steve Clark for your leadership, not only for your

beautiful riding, Leeds–Grenville–Thousand Islands and Rideau Lakes, but also for your leadership in the House as the House leader.

With the time left, I want to ask my question to Mr. Vassallo. I like your idea. The best ideas come from people like you. That's why we are here. You talk about "systemic"—what a powerful word—how you need a systemic change, structural change, innovative change in the health care system. I don't have that much time. Could you elaborate on that? What kind of structural change would you like to see in the health care system?

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

**Mr. Frank Vassallo:** Through you, Mr. Chair: It's a partnership. It's really a three-way partnership. It's a partnership with us; the partnering hospitals, of course; and the government. I think the Ministry of Health, through Ontario Health, needs to sit down and think about an investment model, an incentivized model, that really brings that system into the right orbit, if you will. We need them to be partners. I'd be disingenuous if I said—

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

That concludes the time for this panel. I want to thank all the panellists for their participation and the time they took to prepare and to present so ably your views to help us along with the budget. With that, thank you very much.

LANARK, LEEDS AND GRENVILLE  
ADDICTIONS AND MENTAL HEALTH  
BROCKVILLE GENERAL HOSPITAL  
KINGSTON INTERVAL HOUSE

**The Chair (Hon. Ernie Hardeman):** As we're changing the table, the next table will be Kim Gifford, Brockville General Hospital and Kingston Interval House. Kingston Interval House will be virtual. With the other two that aren't virtual, I hope they're coming to the table because the clock's a-tickin'.

As we've said for the other panellists you will have seven minutes to make your presentation. At one minute I will say, "One minute." Don't stop. That's time for the punchline, and at seven minutes the discussion will be over.

With that, first we'll hear from Kim Gifford. The floor is yours.

**Ms. Kim Gifford:** Thank you, Mr. Chair. Thank you for the opportunity to speak with you all today. My name is Kim Gifford. I'm CEO at Lanark, Leeds and Grenville Addictions and Mental Health, locally known as LLGAMH. I'm here to share the early success of our new HART hub and outline three funding priorities critical to sustaining services and supporting vulnerable populations. This matters because mental health and addictions challenges are rising across Ontario, and rural communities like ours face unique barriers: distance, limited resources and fragmented systems. Investments today will determine whether people get timely care or fall into crisis tomorrow. We are grateful for the province's support,

especially with the expansion of the HART hub model and the 4% base funding increase in budget 2025.

# 1110

**HART hub early success:** In December, we launched the first HART hub in Lanark. Leeds-Grenville will follow in the spring. Already, 65% of our treatment beds are occupied by clients who have begun intensive programming, daily psychoeducation, weekly counselling and, soon, one-on-one psychotherapy. The remaining beds will be occupied by the end of this month.

To deliver comprehensive programming, the HART hub has established various community partnerships that are essential in ensuring wraparound supports to our clients. Before the HART hub, care was fragmented; now, clients have a single entry point to coordinated recovery.

One client told us, "I came to the HART hub feeling a little nervous about how it would work and what treatment would look like for me. I have felt safe and supported throughout my time here. Groups have been going well, and I have been able to talk to staff about my previous treatment experiences and share my ideas for success."

This model works. It's changing lives. It brings together key ingredients of long-lasting recovery and reduces reliance on emergency services.

As we move forward, we would like the provincial government to consider incorporating HART hub funding into our agency's base funding to provide us with more long-term stability and operations for client support.

**Priority 1, annual operating increases:** The 4% increase in budget 2025 was a great start, but without predictable annual increases, inflation will erode those gains within two to three years. Overall, the last decade, inflation has averaged 2.6% annually. Without stable funding, agencies like ours risk cutting programs or delaying innovation. Rising costs for staffing, utilities and program supplies means that even maintaining current service levels become a challenge without predictable growth.

**The ask:** LLGAMH echoes the call from Addictions and Mental Health Ontario, AMHO, for a recommended annual funding increase of at least 2.5%.

**Priority 2, workforce sustainability:** Our sector faces a significant wage gap—estimated at \$300 million—compared to other publicly funded employers. This gap makes recruitment and retention extremely difficult, and we've had a significant number of qualified candidates decline offers because our wages cannot compete with hospitals in other sectors. Our agency has been challenged to recruit specialized roles like addictions counsellors and psychotherapists, where there is an approximate \$15 per hour wage gap. For our clients, the wage gap can mean longer wait times for services and fewer options for clients in crisis.

**The ask:** Again, in alignment with AMHO, we're asking the province to begin closing this gap within three years to stabilize operations and ensure we can meet growing community needs.

**Priority 3, a youth wellness hub:** Youth aged 16 to 25 fall into a transitional gap between child and adult services. In Lanark, Leeds and Grenville, services are frag-

mented across separate youth and adult systems, causing many young people to fall through the cracks during those critical years. Mental health challenges are often intertwined with social factors like housing instability and unemployment, yet youth in our area are rarely connected to these supports in an integrated way. Locally, youth also face significant barriers to care, including the need for formal diagnosis, referrals and travel. The closest youth wellness hubs are in Kingston and Cornwall, out of reach for many young people in our region.

We propose a local youth wellness hub offering low-barrier, walk-in access to integrated care: mental health, addictions, primary care, peer support and social services all under one roof. This would be operated with existing youth providers in our region.

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

**Ms. Kim Gifford:** Estimated annual cost is \$700,000 for staffing, administration and occupancy. This hub would also create a smoother transition for youth into adult services, reducing gaps that put recovery at risk. It would connect mental health care with housing, employment and education supports, because recovery is about more than treatment alone. Every intervention for youth mental health isn't just care; it's prevention. Every dollar invested today avoids significant future costs in the emergency, justice and health systems. Additionally, it's hope. The dollars invested today mean fewer kids in crisis tomorrow, fewer families torn apart and a stronger, healthier Ontario for generations.

Thank you for your time and consideration. These priorities—predictable funding, workforce sustainability and youth-focused care—are investments—

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

We will now hear from the Brockville General Hospital.

**Mr. Cameron McLennan:** Good morning. My name is Cameron McLennan. I'm a vice-president at Brockville General Hospital. I've had the pleasure of serving our community at Brockville General for the past 19 years. Thank you for the opportunity to speak today, and to allow us to share some of our successes and opportunities we see for the future of health care in Brockville and the surrounding communities that we serve.

People in our communities, as with all communities across our province, deserve health care that is safe, of high quality, easy to access and timely, and we as a publicly funded hospital have a duty to provide that care. We want to thank the Ontario government for their acknowledgement and continued support of the work community hospitals like ours provide to those who depend on our services.

Brockville General is an anchor institution for our community. We're the second-largest employer in Leeds and Grenville, and provide educational opportunities through partnerships with many post-secondary institutions, including St. Lawrence College and Queen's University. We continually assess programs and services to make sure we are meeting the needs of our communities.

We invest wisely in technology, equipment and upgrading our aging infrastructure. We're responsible with the funding we are provided and work hard at being efficient, while not sacrificing quality patient care.

In 2020, we were proud to open the Donald B. Green Tower. This new build has been a welcomed addition to our hospital and has provided our patients with a state-of-the-art environment to receive care at a time when they are most vulnerable. It has helped with recruitment and retention of staff and physicians and contributes to the positive professional image the hospital desires.

On the contrary, the new build has highlighted the aging infrastructure of our west wing that was built in the 1950s. The rooms are small, doorways to the rooms and the bathrooms are too narrow for beds and walkers, and there are not enough private rooms or bathrooms for the number of patients in the unit. The hallways are often cluttered due to a lack of space to store equipment such as infusion pumps, wheelchairs and medication carts.

In addition, our current emergency department was opened in 2003. At the time the new department was designed and built, it was done so to accommodate approximately 19,000 visits per year, which is about 52 per day, on average. Today, we're seeing over 30,000 annually, or 82 visits per day. That's 58% more patient volume than the ED is designed to accommodate, with no indication that this is going to slow down.

Compounding issues with the limited space in the ED is the length of time patients are in the department. The burden of illness is such that many patients require admission to the hospital, but by the time they present to the emergency department, the hospital is constantly operating in a state of overcapacity. Some examples of the impact of using these additional spaces are decreased throughput for surgical services programs—sometimes resulting in cancellations, or limited or cancelled electroconvulsive therapy—and increased staffing needs and sustained pressures on our hospitalists, who are caring for these patients spread across the hospital.

Even with the use of unconventional spaces—using day surgery and other spaces that are not designed for care—we are consistently anywhere from five to 12 patients within our 13-stretcher ED for in-patient beds, resulting in increased physician initial assessment times and ambulance off-load times, simply because there's nowhere to see patients.

**1120**

In 2025-26, we submitted a balanced budget. This was possible through some one-time funding and reduction of non-union positions. As we look to next year's planning, early numbers show a \$5.6-million deficit. We support—and are actively participating in—the hospital sector stabilization planning, but balancing next year's budget without service reductions or further staffing cuts will not be possible.

As an anchor partner of the Lanark, Leeds and Grenville Ontario Health Team, we are committed to working towards the goal of connecting everyone in our area to a primary care provider by 2029. We recognize that many



people who live in our communities do not have timely access—or in many cases, any access—to primary care, and Brockville General may be the only option for health care for a lot of people. The hospital simply does not have the infrastructure to continuously fill gaps in primary care without sacrificing some of our own core deliverables. While we continue to work on primary care attachment, a short-term strategy is required to ensure equitable access to care for residents of Leeds-Grenville.

One solution is expanded bed capacity, but within our current building, we do not have the space to create more in-patient beds without major capital redevelopment. While we have submitted our pre-capital plan for our next redevelopment project, we have not received a planning grant to start that needed work.

However, we believe that offering an alternative location for health care for those who do not currently have a primary care provider and do not require emergency care would provide better value for dollars spent. A health care hub that has a service delivery model that focuses on preventative care, maintenance care, non-emergent episodic care and that provides timely access would divert care from the emergency department and avoid admissions to hospital through early management of illness. This would free up the emergency department to focus on emergency care.

Brockville General is in the process of acquiring a neighbouring property—a former public school—which could be utilized for this purpose. We have developed and submitted a proposal, and look forward to exploring this opportunity and the benefits to residents once we acquire this property.

As a publicly funded hospital, we take our fiscal responsibility seriously. We understand the government has a number of competing demands and that we are in a time of uncertainty.

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

**Mr. Cameron McLennan:** We want to acknowledge and thank MPP Clark for his ongoing advocacy in support of our hospital. We extend our appreciation to the Ministry of Health and the provincial government.

Thank you for the opportunity to present today at this important session.

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

We now go to the Kingston Interval House, and this is virtual.

**Ms. Kimberly Comeau:** Good morning. Thank you for the opportunity to speak today. My name is Kimberly Comeau and I'm the executive director of Kingston Interval House. We support women and children fleeing gender-based violence across Kingston and the surrounding region through emergency shelter, counselling, advocacy and prevention services.

I would like to begin by thanking the Ontario government for its recent investments in additional shelter beds, including those at Kingston Interval House. These investments are making an immediate difference for women and children fleeing violence.

I'm here today to speak to the realities facing gender-based violence organizations and to highlight how sustainable equitable funding in the 2026 budget is essential not only to survivors' safety, but to broader social and economic health in Ontario.

Kingston Interval House is part of Ontario's network of violence against women shelters. Like many smaller and mid-sized organizations, we operate with limited capacity to diversify revenue while facing increased demand and complexity. We are expected to meet legislative requirements, provide trauma-informed care, collect and report data, maintain safe facilities and retain skilled staff, yet our funding model has not kept pace with the actual cost of delivering these services.

Gender-based violence is not decreasing; in fact, it is becoming more severe and more complex. Survivors are navigating intersecting challenges including housing instability, poverty, trauma, immigration barriers, substance use and child welfare involvement. These pressures increase lengths of stay in shelter and intensity of service without corresponding increases in operational funding. This is not a short-term surge; it's a structural shift, and our funding model has not adjusted accordingly.

Shelters across Ontario are experiencing chronic underfunding. At Kingston Interval House—like many others—this results in staffing challenges, wage compression, burnout and difficulty in retaining experienced staff. Funding is often program specific and inflexible, limiting our ability to respond to real-time needs. We are also expected to make up shortfalls in our operating budget through fundraising, which is unpredictable and unreliable and cannot replace consistent, adequate core funding.

While recent investments to address underfunded beds were welcome and long overdue, they represent a catch-up of more than two decades.

The housing crisis is one of the most significant pressures on shelters. Emergency shelters are increasingly functioning as long-term housing because survivors have nowhere safe and affordable to go. This creates bottlenecks that prevent access for women and children in immediate danger.

Stable, indexed and flexible funding is not an administrative preference; it is a safety issue. It allows organizations to plan responsibly, retain qualified staff, meet legal and reporting requirements, ensure adequate staffing levels and invest in data and digital capacity. Most importantly, it ensures survivors receive consistent, high-quality support at the moment they need it most.

In the 2026 provincial budget, we are asking for equitable, indexed core funding that reflects actual operating costs—currently, we require close to \$320,000 in fundraising to make up the deficit—funding for underfunded beds and programs across the province, operational funding alongside housing capital investments, long-term planned investments to stabilize the sector and reduce crisis-driven spending.

Gender-based violence carries profound human and economic costs. Sustainable investment in organizations

like Kingston Interval House saves lives, strengthens communities and reduces long-term public expenditures.

Thank you for your time and consideration.

**The Chair (Hon. Ernie Hardeman):** That concludes the presentations.

We will start the first round with the third party. MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: Thanks for the presentation, Kim, and for your perspective of the challenges in the sector. It's something that, as we've been doing these pre-budget consultations, I've heard in other communities as well. It really is a provincial challenge, when we're talking about workforce sustainability—the wage gap that you're seeing in your profession. So you're definitely asking for money in order to do that, and I think that is really important.

Are there any other things that the province can be doing to help with workforce sustainability?

**Ms. Kim Gifford:** I certainly think that the investment will go a long way.

I'd say the other challenge, currently, is the impact there has been on community colleges. Those are often entry-level jobs for us. Locally, we have lost the addictions and mental wellness worker program, which was a key program for our agency—from an entry-level position. So we've had to look elsewhere to find other resources, but those other resources, from an education perspective, are at a distance.

**Mr. Rob Cerjanec:** Would you say there are people within the local community who would like to enrol in those types of programs and now aren't able to?

**Ms. Kim Gifford:** I would agree.

**Mr. Rob Cerjanec:** This is really a province-wide challenge that I'm seeing in not just urban centres, but in rural and smaller-town communities. These programs, these colleges are a lifeline for communities, in order to have people to help provide addictions and mental health support. We heard it in the hospitality sector, in so many areas where there are jobs and opportunities after.

Are you finding folks in the sector who might be starting with you—and then are they going to another organization that's able to pay more, or are some of them leaving the sector entirely because of that wage gap?

**Ms. Kim Gifford:** I would say the harder-to-recruit positions either decline offers made to them when they're simultaneously getting other offers that pay higher and it's difficult to get them to come through the door, or they leave after a short tenure.

**Mr. Rob Cerjanec:** What would that stability mean for your clients and the people that you serve?

1130

**Ms. Kim Gifford:** It creates wait times for clients; it creates transitions amongst services. When someone leaves, we're often moving clients to other therapists, which impacts someone's ability to move forward, and sometimes you lose people in those transitions.

**Mr. Rob Cerjanec:** I appreciate you sharing that.

Around supportive housing, what are the needs within the region right here?

**Ms. Kim Gifford:** For supportive housing, we have a number of facilities in Brockville. I would say our biggest difficulty at this point is the accessibility of those buildings. They were bought in the early 1990s, so often just residential homes. They all have stairs. They all have difficulty.

The other piece that we're seeing with respect to supportive housing is clients being left in inadequate situations often on their own would benefit from additional supportive housing if there were access, and not being able to get into long-term care for a variety of reasons—(1) maybe not meeting the threshold, and, (2) often the serious mental illness issues come into play, where there isn't specialized care in long-term facilities for serious mental illness.

**Mr. Rob Cerjanec:** Thank you.

Kimberly, thanks for your presentation. I have one question. A couple of years ago, I believe there was some federal funding that flowed through the provinces for proposals around intimate partner violence, supporting survivors. Was that something that your organization was able to access?

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

**Ms. Kimberly Comeau:** Yes, for sure, it was. The problem with funding sometimes is that it is very inflexible. When funding comes down for a specific program or there are rules around what that funding can be used for, it doesn't allow us to respond to real-time crisis, or if our roof falls in, or if our shelter is full and we need to find another spot for a woman to stay. So while the funding is welcome, it's not flexible to meet our needs. Again, there's still a huge gap in what we're receiving and what our operational costs are so that we are having to fundraise just for operational costs.

**Mr. Rob Cerjanec:** Thank you. Yes, so, longer-term, predictable and—

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

MPP Brady.

**Ms. Bobbi Ann Brady:** I'll go over to Cameron. Given the significant number of residents without access to primary care, many of whom rely on BGH as their only point of care, what strategies are you exploring to strengthen primary care capacity for Brockville?

**Mr. Cameron McLennan:** There's about 7,000 or so individuals within the region that don't have access to a primary care provider. So that does have a big impact on the hospital and the emergency department—and not just the ED. It flows through the entire organization.

So the main strategy that we've put forward as a hospital is the creation of a health hub at a neighbouring adjacent property which we are intending to purchase. What that would do is provide non-emergent opportunity for services, so urgent care-type services to individuals so that they can get the care that they need from a physician or from a nurse practitioner in a timely manner and on a basis that would allow for appointments and access much easier than in the emergency department. That's the approach we are taking to try and take relief off of the

existing primary care partners so that they can focus on their mandate.

**Ms. Bobbi Ann Brady:** Great. We know that these shortages are driving patients into our emergency departments. We see it all over rural Ontario, especially. Perhaps you said it, but I'm wondering how many additional patients BGH could serve if your proposed infrastructure expansion was funded.

**Mr. Cameron McLennan:** Probably the easiest way to answer that is to articulate what we see in terms of overcapacity. At any given time, we're typically between 150% and 170% over capacity on our acute care beds.

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

**Mr. Cameron McLennan:** We're a 172 in-patient bed unit, so if you can extrapolate that math, there's certainly a huge need for us not just to have a new facility to serve the people we need to serve today, but of course, we've also got growth in the aging demographic that we need to account for in the next 10, 20 years as well.

**Ms. Bobbi Ann Brady:** Thank you. I represent a very rural riding, and we struggle with attracting doctors to the area as well. I'm wondering, what is the main push with respect to attracting physicians to this area?

**Mr. Cameron McLennan:** Our approach has been to really focus on highlighting the community and the wonderful place to live that is Brockville and the Thousand Islands region. We've had some success and we've certainly had some success with supporting internationally trained physicians coming into the province through the province's new programs, ready to practise. Where I think we could benefit further, though, is having a recognition from the province that those new physicians could, in turn, after completing their training—

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

MPP Clark.

**Hon. Steve Clark:** Kimberly, I just want to thank you for the work you're doing at Kingston Interval House, providing support and shelter to women and children who are fleeing gender-based violence, so thank you for your work.

Kim, I'm going to come back to you, on behalf of MPP Jordan and I, about the great news about the Lanark, Leeds and Grenville HART Hub.

I'm going to start with Cameron, because I can say things that Cameron can't. Two years ago, we were here; Nick Vlacholias was then the CEO. We talked about the need for a school that had just—we got a brand new school here, Swift Waters elementary. The Commonwealth school is now vacant. It's literally right beside Brockville General, and because Brockville General is landlocked, that's a property that we feel is very key for the primary care hub.

I want, Cameron—first of all, I want to thank the hospital. They've led the charge since we've been in government. They've helped us fix the funding formula for medium-sized hospitals. They've helped us with the working capital deficit. The Donald B. Green Tower was literally built in the middle of the pandemic, on time and

on budget, so I just want to thank you for all of your support.

I think it would be appropriate for members of committee, since it's already come up about the primary care hub at Commonwealth, to talk about what's going to be there as well. It's not just a nurse practitioner-led clinic; there's community paramedicine. I think it would be good if you could just take a moment and talk about some of the opportunities that that property provides Brockville General.

**Mr. Cameron McLennan:** Sure. Maybe I'll start by saying, the proximity of the school to the hospital—it's literally adjacent and across the street. We need to acquire that property regardless of what we do in the short term. We need that property in order to develop our new redevelopment project, because we are landlocked and we can't go up. We need that space, so we're going to have it.

The proposal that's been put in, which is to create a hub, which, quite frankly, is an urgent care clinic—that is only one small component, as you've indicated, MPP Clark. What it also does is allows us to expand our partnerships with family health teams and other care providers, because we see there are opportunities for them to co-locate within that facility. So, again, we can have turnkey operations for new physicians within the area, where they don't have to go out and lease or buy land and property in order to operate their own independent facility. We can provide those services right at, what is now, the Commonwealth Public School. It also allows us to bring in some services that you may not normally see in an urgent care-type clinic, where perhaps we could do really quick lab turn-arounds, diagnostic imaging and things like that that you wouldn't be able to do if you weren't in close proximity to the hospital.

**Hon. Steve Clark:** Thanks. I think space has been a challenge for years and I think all the partners are pretty happy that the Commonwealth is available and that Brockville General is considering the purchase, so thanks for the answer.

In terms of Kim, on behalf of MPP Jordan, we were so happy to be one of the 28. We were worried that all the HART hubs were going into big cities and we felt very strongly that there should be a rural, small-town HART hub—all due respect to Peterborough; it's still bigger than Brockville.

The other thing that is important is to talk about the differences between the Lanark site and the Leeds-Grenville site. I know you talked about occupancy at 65%. Can you just talk a little bit about the differences between the two sites and how they work together with Lanark, Leeds and Grenville Addictions and Mental Health?

**Ms. Kim Gifford:** Absolutely. I think the key difference between the Lanark site that's currently open and the Brockville site is that the Brockville site will offer community withdrawal. We're currently managing that in Smiths Falls—unable to admit clients because we don't have access to those beds—with support from the Brockville General Hospital concurrent disorders stabilization unit as well as Kingston detox.

1140

Once we have the Brockville site open, we will be able to also provide the community withdrawal for clients that need that, and we would work with clients that may need to come from the Lanark area. They would come to the Brockville site—we would ensure they could get to us; we have transportation as part of our model—and then we would transition them back to the Lanark site if that's their home community.

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

**Hon. Steve Clark:** I think what a lot of people don't understand is the fact that there are so many services that are provided through Lanark, Leeds and Grenville, and we're not talking around the corner, right? They're in very different locations. They're very different populations. So, 65% are now occupied at Lanark. What's the plan for Brockville?

**Ms. Kim Gifford:** The Brockville site, I think, will be similar. We will start reviewing clients that need to come into those services in advance of our opening. In Lanark, we had clients who were ready to go. We had a grand opening Friday; we were admitting people on Monday. I see the same transition for the Brockville site. I think that we will use our Lanark site for training and getting staff up to speed in advance of Brockville opening so that it can just be a smooth transition to once we have the keys, we can go.

**Hon. Steve Clark:** Thanks.

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

MPP Bell.

**Ms. Jessica Bell:** Thank you to the presenters for coming here today. My first questions are for Cameron McLennan, the vice-president of Brockville General Hospital.

Thank you for your summary. Just to summarize: There is a need for infrastructure funding to rebuild the west wing of the hospital. The emergency department needs to be upgraded as well, to cope with the increase in volume. Do you have a price estimate for what this would cost?

**Mr. Cameron McLennan:** Yes, that's a good question, and it's definitely expensive. We do have already, submitted to government, our pre-capital redevelopment proposal, and it is essentially for all the acute care services, so it's our ICU, our ED, our operating rooms, diagnostic imaging, lab, medical-surgical patients, pharmacy and a variety of other things. So it's quite a large expansion. At the time that the pre-cap was submitted, I believe the estimate was somewhere around the \$230-million range, but as you probably heard from others today, the cost of inflation has escalated quite quickly, and I anticipate that cost to grow substantially over time.

**Ms. Jessica Bell:** Thank you for that summary. My second question is just to clarify a statistic you mentioned, which is that the Brockville hospital is operating at 150% to 170% capacity. Would that be correct?

**Mr. Cameron McLennan:** Yes, that's specifically the acute care beds. For example, our in-patient mental health

program does not operate at the same capacity, but on the acute care side, those are the numbers that we have seen.

**Ms. Jessica Bell:** Do you have an overall estimate on what level of capacity the Brockville hospital is operating at?

**Mr. Cameron McLennan:** If you include all capacity, we're sitting at about 125%.

**Ms. Jessica Bell:** That's very high.

**Mr. Cameron McLennan:** Yes.

**Ms. Jessica Bell:** I notice that you mentioned that in the next year's budget, your hospital is looking at having a \$5.6-million deficit. I'm assuming that's operating?

**Mr. Cameron McLennan:** That's operating dollars, yes.

**Ms. Jessica Bell:** What would happen, in terms of patient outcomes, if that shortfall was not met by additional funding?

**Mr. Cameron McLennan:** It's a good question. Certainly, we are 100% committed to not having negative impacts on our patient care. When we look at funding gaps of that nature, what we typically do is look at opportunities for efficiencies in administration, look at benchmarking data to see where there are clinical areas that could be more efficient, but certainly that work has been done over the years and the opportunities are diminishing. But we always, always look at clinical care outcomes or clinical areas last and only in collaboration with partners, with Ontario Health East and with the Ministry of Health.

**Ms. Jessica Bell:** I can imagine it's very difficult. I have a number of large hospitals in my riding—I represent a downtown Toronto riding—and many of them tell me that the fat has been cut and additional cuts will require looking at cuts to muscle and bone. It's very concerning.

My second question is focused on Kimberly Compeau from Kingston Interval House. Thank you for speaking today. As you're probably aware, the issue around domestic violence has been front and centre in the Legislature this last legislative session. I have two questions to you, and you can answer both of them.

The first one is: Can you describe the unmet need for services for people—families, women, children—who are fleeing domestic violence in your area? So describe the unmet need.

And then the second question is—there are a lot of recommendations that came out of the reports that were written. In your view, what would be the top three things that the Ontario government could do to address the issue of domestic violence?

**Ms. Kimberly Compeau:** Yes, for sure. What we're seeing is a lack of affordable housing, safe housing options, which prevents women from being able to move out into the community. Women are choosing to return either to their abuser or sometimes become homeless.

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

**Ms. Kimberly Compeau:** We keep women as long as possible, but I would say safe, affordable housing is the biggest pressure.

For any recommendation coming forth from reports, I would say that it would have to be approached with a full

and comprehensive process, with engagement with the community and consultation, just to make sure that it's effective in practice. Sometimes what is in theory doesn't translate into practice very well. So I would say that any recommendation would need to be really comprehensively sorted out for research, with the community in mind.

**Ms. Jessica Bell:** Thank you. Can you describe the unmet need for services in your area?

**Ms. Kimberly Compeau:** The unmet need—goodness—would definitely be second-stage housing. That's an unmet need that allows women to stay in shelter longer—

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

We'll now go to MPP Hsu.

**Mr. Ted Hsu:** My first question is for Ms. Compeau from Kingston Interval House. Again, thank you very much for the work that Kingston Interval House does. I was wondering if you could provide an estimate of the total cumulative gap in percentage between inflation and your actual core funding over the last 10 years. It's built up over the years. What's the gap? And you can choose whatever time scale you want.

**Ms. Kimberly Compeau:** The last fiscal year we had to raise over \$320,000 just for operational costs, which represents about 18% of our budget. Our second-stage housing, while staffed by our staff, was funded by the ministry. We don't receive any funding for that, and to operate that second-stage housing is close to \$290,000 a year, which requires additional writing of grants and fundraising as well.

**Mr. Ted Hsu:** Could you just give a quick example of how one-time funding from the provincial government affected the retention of experienced staff members? Is there a brief story you can tell just to illustrate that?

**Ms. Kimberly Compeau:** Sure. I think that when we receive one-time funding, it's hard to plan and put plans in place. While we can maybe hire a temporary outreach counsellor or temporary front-line staff, once that funding has run out, we then have to look at shrinking our staff again.

We are a 24/7 operation. We require staffing 24/7. And so, when staff are cut, it puts women at risk. We currently are staffing only one person overnight because that's all we can afford, which is a huge safety issue. The one-time funding, while great, it doesn't allow us to make any kind of long-term plans or sustainable approach to client care.

**Mr. Ted Hsu:** Would you say that the lack of stable, inflation-indexed core funding puts more stress on your employees, aside from the stress of work they already do to help the community?

1150

**Ms. Kimberly Compeau:** Yes, absolutely. We are finding it difficult to retain staff. This is a high-stress, high-pressure environment. Our staff are minimally paid—just barely above minimum wage—and yet they require a high-level skill set to work with the women and children that are here. It is, again, very high pressure, and we are finding that we're losing staff to bigger organizations who

have the ability to pay more with less safety risk and less stress.

**Mr. Ted Hsu:** Thank you, Ms. Compeau.

I have a question for Mr. McLennan from the hospital. I was really interested that you're working towards a resource for preventative and maintenance kind of care instead of episodic acute care to relieve the burden on the hospital. I think that's a really good idea.

What about public health? Do you think that the hospital could be helped with more of an investment in public health?

**Mr. Cameron McLennan:** Yes. Any sort of public health investment opportunities to invest in proactive health management certainly could keep individuals away from an emergency department or even, frankly, an urgent care clinic if they had the tools and resources available to them to understand their health, plan their health and work with partners who understand their condition and can train and educate them on them. I see public health playing a role there, and certainly, I'm sure any funding that could improve those services would benefit the hospital.

**Mr. Ted Hsu:** I'm a little bit concerned because Southeast Public Health recently announced that they wanted to close eight satellite offices in rural areas. Do you have any comment about it? It's controversial. I don't think it's a done deal, but what would you like to see happen in that case?

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

**Mr. Cameron McLennan:** I'll refrain from commenting just because I'm frankly not that familiar with that situation or that media release.

**Mr. Ted Hsu:** Okay, that's fair enough. I think we should just be careful about reducing access to public health services, and I agree with you that investing in public health would help our hospitals.

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

MPP Brady.

**Ms. Bobbi Ann Brady:** I was remiss in the first round for not thanking all of you for being here and taking time out of your busy schedules to join us.

I'm going to focus this line of questioning, though, back to you, Kim. You spoke about the workforce sustainability and the wage gap. I'm like a broken record on this committee with respect to home care and long-term care. Now we can add mental health and addictions to it. A tree cannot stand if its roots are rotten, and so I fully understand your ask and I appreciate your three funding priorities.

I'm wondering if you can suggest for this committee what policy or legislative changes we might look at to improve outcomes for our youth struggling with mental health and addictions.

**Ms. Kim Gifford:** I think that things like wellness hubs—my experience with youth is transition is often where we lose them. They're engaged in children's mental health. Coming to adult mental health systems can be very intimidating. I think coming in without a youth component really distracts or intimidates youth from engaging.

So my focus on a youth wellness hub was really about creating a space where it is an investment specifically

directed to youth, and it is prevention, I think. It is trying to get to people ahead of there being complex problems. Youth end up on the street. I don't have the stat in front of me, but it's not long before they end up with addictions issues. Getting to people ahead of that is really where we need to go.

**Ms. Bobbi Ann Brady:** That leads into my next question, because I was going to say that we know wait times can significantly impact outcomes. I'm curious if you can tell me—I know that in my neck of the woods, the riding that I represent, youth wait a significant amount of time for services.

So I'm wondering what the average wait time is for youth to access counselling in this area, and not only counselling. What about psychiatry?

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

**Ms. Kim Gifford:** I would say, for counselling, our current wait-list is probably, in comparison, not bad. It's about 60 days.

However, with youth, I think that 60 days is often too long. We really need a more immediate response for youth—strike while the iron's hot. You lose them in 60 days, as you do lots of people with substance use disorders. So 60 days is too long.

**Ms. Bobbi Ann Brady:** And I suspect that they are travelling to see a psychiatrist, if need be?

**Ms. Kim Gifford:** They may, although we do have transportation solutions that we can provide to support people to have access to psychiatry, which we also provide in-house.

**Ms. Bobbi Ann Brady:** Would you say that is the biggest challenge—that we are failing our youth with respect to mental health and—

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

MPP Saunderson.

**Mr. Brian Saunderson:** I want to thank each of our presenters today, not only for coming to share your input, but also for the important work you do in our communities. Thank you very much for that.

I'm going to focus my question on you, Kim. I come from a similar area: Simcoe county, with 16 member municipalities. We've opened a HART hub there as well. It works on a collaborative basis, leveraging some of the existing supports that are in there.

I just want to get some idea of the specifics. You said you have about 65% of your beds filled in the Leeds-Grenville site that you've opened—how many beds is that?

**Ms. Kim Gifford:** So that's in the Lanark facility—

**Mr. Brian Saunderson:** That's for Lanark, yes.

**Ms. Kim Gifford:** Lanark has 16 intensive and supportive treatment beds. I think right now we're at eight, and we will have the balance of those filled by the end of this month. Really, the barrier to filling those is having access to the detox and people currently being in that system, which—then they come directly to us.

**Mr. Brian Saunderson:** And then we heard the Brockville is going to be opening, we hope, in the spring—some time in there. How many beds will it have?

**Ms. Kim Gifford:** Brockville will have—between community withdrawal, supportive, intensive treatment, and supportive housing—51 beds.

**Mr. Brian Saunderson:** You said, in your opening comments, that this model works. I'm wondering if you can walk us through what the differences are and how you see the new HART hub model being more successful.

**Ms. Kim Gifford:** I think the biggest difference is the integrated care. The fragmented system that we've managed for addictions over the last number of decades is really ineffective. It's people going far from home—you stay at a detox centre for maybe seven, 10 days, and you leave there and you go back to what you left. So what's the investment there? Then you wait for three to six months, maybe nine months, to get to short-term treatment. You can spend 30 days there. If you need something beyond that, then you can wait again. So, really, it's the fragmentation.

**Mr. Brian Saunderson:** So this provides a more consistent, streamlined process—

**Ms. Kim Gifford:** All under one roof.

**Mr. Brian Saunderson:** Okay.

Kimberly, I'm going to include you in this conversation. What I've heard is that the transitional housing, supportive housing to get those in immediate need in both worlds and then back out to more independent living and transitioning back out—those are critical needs for both of your sectors.

**Ms. Kim Gifford:** Supportive housing is a program that we've operated for a long time, and it is a highly sought-after program.

I'd say our biggest challenge right now is—(1) as I said earlier, accessibility, and (2) aging infrastructure. We've really worked hard to manage the aging infrastructure over the last number of years and have been able to make some improvements. But we do not have accessible buildings. That's our biggest challenge, especially with the aging population and the serious mental illness.

**Mr. Brian Saunderson:** How many transitional bed housing units do you operate?

**Ms. Kim Gifford:** We own 11 properties in Brockville. Those range from five beds to 10 beds. There are also two treatment facilities that are 10 and 12 beds, but that's not supportive housing treatment.

**Mr. Brian Saunderson:** Kimberly, you've talked about the costs for operating the transitional beds so that you can get out—because what you're finding is that the shelter beds are becoming tied up, which backs up the whole system.

How many transition beds do you operate?

**Ms. Kimberly Compeau:** We have 18 apartments, one- and two-bedroom apartments that we offer to women—rent-geared-to-income. The maximum stay there is supposed to be one year, but we do have women who are staying close to three years just because there is no

other option in the community for them, which then leads to backup in our emergency shelter. People are staying up to six months, sometimes longer, when it's meant to be a three-month stay.

1200

**Mr. Brian Saunderson:** What is your current wait-list then?

**Ms. Kimberly Compeau:** For our transitional housing the current wait-list is six months-plus, depending on how quickly women are receiving housing offers.

**Mr. Brian Saunderson:** As I said, thank you very much for all the work you do.

Those are my questions, Mr. Chair.

**The Chair (Hon. Ernie Hardeman):** MPP Rosenberg. One minute.

**MPP Bill Rosenberg:** Thank you, Chair. Through you, I want to thank everyone for being here today. I want to thank Kim especially for the work that you do with mental health and addictions. It doesn't choose communities; it's in all our communities, whether you're a million people or 500 people.

But I'd like to talk a little bit about the Ontario Autism Program that we have. It provides children and youth access to supports such as applied behavioural analysis therapy, speech-language pathology, occupational therapy and mental health services. If you could talk a little bit about some of the more popular or in-demand supports for families and individuals as it goes through the program.

**Ms. Kim Gifford:** With respect to Ontario autism?

**MPP Bill Rosenberg:** Yes.

**Ms. Kim Gifford:** I would say it's a very under-resourced area for our agency. It is—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. That concludes the one minute.

We'll now go to MPP Pasma.

**Ms. Chandra Pasma:** If you would like to finish that answer, Ms. Gifford, please go ahead.

**Ms. Kim Gifford:** It is a growing population that we acknowledge, and certainly something that we would want to put more resources into as we see the number of children that are impacted today.

**Ms. Chandra Pasma:** Thank you, and thank you to all the witnesses for being here today. We really appreciate it.

Mr. McLennan, I'm going to start with you because when you were speaking about the Brockville hospital situation, it sounded like you could be talking about the Queensway Carleton Hospital in my riding: built for 100,000 people, serving 500,000; acute care beds over capacity; backing up the emergency room because there are more people in stretchers sometimes waiting to be admitted than there are stretchers available for incoming patients.

You gave us a good overview of what the impact that is right now for patients: the reduced services, the longer wait times. But when you're talking about being 150% to 170% over capacity in your acute care beds, that doesn't sound sustainable. So how long do you have before the

consequences for patients become more severe, and what would those consequences look like?

**Mr. Cameron McLennan:** It's certainly over capacity, and it has an impact on flow throughout the hospital as well. Our strategies that we put in place ensure that the patients don't have negative outcomes, but certainly there are some impacts to our staff.

An example of that right now is we're in the process of planning to temporarily relocate our professional practice area, so that we can put patients into our professional practice area, because it's a better place for them to receive care and it is outfitted with the headwalls and various things that they need. But it means we are displacing our education for our staff, so the folks who we need to be well trained and educated to provide those services are not going to get the experience that they deserve when we have to relocate professional practice.

So we are implementing strategies like that that do have implications, but the implications are not seen to a great degree by the patients or their outcomes.

**Ms. Chandra Pasma:** You mentioned that you've been using the day surgery space for medical beds. Is that resulting in cancelled surgeries? And then what is the impact for those patients who've had their surgeries delayed? Does it increase complications or complexity for patients?

**Mr. Cameron McLennan:** It can have an impact in terms of scheduled surgeries. There haven't been many but there have been some that have been delayed and rescheduled. ECT services can be impacted as well.

I think the biggest impact, though, is the care that the individuals in that space receive. An example of that is there are no shower facilities for these individuals, and it's quite close corridors, so we're not able to provide the optimal care for which they deserve.

**Ms. Chandra Pasma:** How often, on average, would you say patients are staying in that unit then, given that it's less-than-optimal care?

**Mr. Cameron McLennan:** In terms of any individual patient?

**Ms. Chandra Pasma:** Yes.

**Mr. Cameron McLennan:** Any individual patient might be in that for a day or two, but the space is occupied on a consistent basis with patients.

**Ms. Chandra Pasma:** Right. So it is genuinely unconventional, much the way that a hallway would be.

**Mr. Cameron McLennan:** Yes. Certainly much better than a hallway, but an unconventional space.

**Ms. Chandra Pasma:** Yes. Well, it certainly sounds that way when your hallways are also very narrow when people have to navigate them.

How long would it take to build that additional capacity—the urgent care centre—once you receive funding from the government?

**Mr. Cameron McLennan:** So the urgent care centre or the health hub could be up and operational fairly quickly if the capital dollars and operating dollars, and of course the permission to operate it, were received. The

cornerstones of what needs to happen, of course, is we need to purchase the school and we need to proceed with some renovations. The school is vacant. The school board is willing to negotiate so we can acquire it relatively quickly. I would say we could probably be up and operational within about a six-month period of time with the necessary commitments that we need.

**Ms. Chandra Pasma:** Okay. Thank you, and I hope that funding is forthcoming.

Ms. Gifford, just quickly, what you were saying about workforce stabilization in your sector resonated so much. In Ottawa, we have Rideauwood addiction services and Amethyst services who are raising the same issues. They're facing difficulties recruiting, but also the departure, which means instability for the patients themselves.

And so, I'm wondering if you can give us a sense—what does that mean for an individual's recovery journey? So not just long wait-lists and wait times for the sector, but for an individual, what does that mean?

**Ms. Kim Gifford:** It would depend on where the client was. So certainly, we have psychotherapy in Lanark HART hub; I think that transition would be smoother because there are other supports immediately in that area and around. If a client was coming to our site looking only for psychotherapy, and that person left, it would be a challenge. We would do our best—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. I hate to do this a second time, but that does conclude the time for that question and the time for this panel.

We thank you all for the time you took to prepare and the time you spent to so ably present to the committee, and I'm sure it will benefit the committee as we move forward.

With that, the committee stands recessed until 1 o'clock.

*The committee recessed from 1207 to 1301.*

**The Chair (Hon. Ernie Hardeman):** And with that, we call the meeting back to order. Good afternoon, everyone. We will resume the 2026 pre-budget consultations.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes in the time slot will be used for questions from the members of the committee. The time for questions will be divided into two rounds of five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the official opposition members, two rounds of five minutes and 30 seconds for the recognized third party members and two rounds of three minutes for the independent member of the committee.

I will provide a reminder to notify you when you have one minute left in your presentation of the allotted time to speak. That doesn't mean stop talking because the one minute clicks on, so the punchline is yet to come. Please wait until you are recognized by the Chair before speaking. As always, all comments should go through the Chair.

Any questions from the committee? Everybody has been through it often enough now to understand it all. Thank you very much.

PORT OF JOHNSTOWN  
ONTARIO MEDICAL  
ASSOCIATION, DISTRICT 7  
THE FOOD SHARING PROJECT

**The Chair (Hon. Ernie Hardeman):** With that, we will move on to the first panel of the afternoon. The first panel is the Port of Johnstown, the Ontario Medical Association, district 7 and the Food Sharing Project.

The first one to present will be the Port of Johnstown. The floor is yours.

**Ms. Leslie Drynan:** Thank you very much. I would like to start on a personal level and mention that it's leaders like you that have helped shape my perspective in leadership throughout my career and helped me grow local communities.

**The Chair (Hon. Ernie Hardeman):** I think I forgot to mention everybody starts off by stating their name so Hansard can make sure we attribute the great presentation to the proper person.

With that, the floor is yours.

**Ms. Leslie Drynan:** Okay, I'll restart. My name is Leslie Drynan and I'm the general manager at the Port of Johnstown.

As I was mentioning, it's leaders like you around this horseshoe that have helped shape my perspective and leadership over the span of my career: It helped me help communities grow, which has led me here today. Over the last year, I've joined the Port of Johnstown from local-level administration and now, I am very proud to be the only female port manager in this province.

I will begin by saying ministers, MPP Clark, members of the consultation panel and your respective staff, I offer a sincere thanks for the opportunity to present today. On behalf of the Port of Johnstown and the township of Edwardsburg/Cardinal, I want to thank the government of Ontario for its continued leadership and commitment to agriculture, agri-food and trade-enabling infrastructure—sectors that are foundational to Ontario's economy and to the farmers, workers and businesses that we serve every day.

We are deeply grateful for the time and attention shown in 2025 by Premier Doug Ford; Ministers Flack, Cho, Jones, Clark and Lecce; and staff, who visited the port and surrounding industries. Seeing our operations first-hand and engaging directly with our workforce strengthened our shared understanding of what reliable infrastructure means to Ontario's supply chains.

I also want to thank MPP Steve Clark personally for his consistent advocacy and leadership in championing the port's role in protecting Ontario jobs and strengthening regional economic resilience.

Who are we and what is our strategic vision? The port is strategically located on the St. Lawrence Seaway at the



gateway between eastern Ontario, Quebec and major Great Lakes markets. This position enables efficient, low-cost marine access to domestic and international trade corridors while directly connecting Ontario agriculture, agri-food and industrial producers to global markets. Its proximity to rail and highway networks strengthens multi-modal supply chain resilience, reduces congestion and emissions and positions the port as a critical inland trade hub supporting Ontario's economic competitiveness.

Our strategic vision is directly aligned with that of the province: to protect and modernize core trade infrastructure; strengthen supply chain integrity and domestic capacity; enable job creation and private sector partnership; support agriculture, agri-food and diversified industrial growth; and deliver a measurable return on public investment. This vision is fully supported by a progressive future-focused municipal council that understands the port as a long-term economic engine for eastern Ontario and is committed to responsible growth, partnership and delivery.

Every year, the port directly supports 1,200 to 1,600 local farms, major processors including Greenfield Global and Ingredion and thousands of indirect jobs across farming, transportation, logistics, processing and construction. By shortening haul distances, reducing congestion and maintaining Canadian-controlled routes to market, the port strengthens our supply chain security, lowers costs for producers and protects jobs across rural and urban communities alike.

Ontario's investment at the port is consistently leveraged through existing strong private sector partnerships including Masterfeeds, CREWS rail, Da-Lee Group, V6 Agronomy, Logistec and Rideau Bulk terminals. These partnerships support direct port employment, long-term industrial jobs and a growing network of spinoff economic activity across the region.

Ministers, 2025 was a stress test. Despite drought conditions and a difficult harvest, the port of Johnstown remained operationally resilient, continuing to move product, support farmers and maintain supply chain continuity when reliability mattered most. This resiliency is a direct result of prior government investment, disciplined asset management and a clear focus on operational readiness.

It is proof that infrastructure funding at the port delivers real-world outcomes, even under pressure. To unlock the port of Johnstown's next phase of growth, fully realize its strategic potential and protect the economic resilience Ontario's agri-food and trade sectors depend on, we are respectfully seeking provincial partnership on three critical priorities. The first is rehabilitation of our main dock, and the second is to finalize natural gas servicing and extension of water and sewer services to port lands.

Why the \$20-million dock rehabilitation is a strong ROI for this province: The port's main dock is mission-critical infrastructure that underpins marine access for agriculture, fertilizer, aggregates, salt and industrial products. A \$20-million dock rehabilitation represents a sound and responsible provincial investment because it protects decades of existing public investment in port and marine infrastruc-

ture. It extends the service life of a core trade asset by several decades. It reduces the risk of supply chain disruption, unplanned outages and costly emergency repairs. It sustains and creates jobs across agriculture, logistics, marine services and construction and preserves Ontario's competitiveness on the St. Lawrence Seaway.

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

**Ms. Leslie Drynan:** From a fiscal perspective, this investment prevents significantly higher future costs, stabilizes revenue-generated activity and safeguards economic outputs that far exceed the initial capital contribution. We are in the process of developing a class 5 design and engineer and will be shovel-ready in 2025.

The two additional growth enablers are a natural gas servicing expansion and water and sewer extension to a 37-acre port property. This would unlock modern industrial and agri-food investment, enabling new employers, expanded processing and higher-value job creation on port lands.

Ministers, the port of Johnstown is aligned with Ontario's mandate, supported by a forward-thinking council, trusted by private industry and proven in delivery. These investments will create jobs, strengthen Ontario's supply chain, leverage private capital and deliver long-term return on public investment.

We are ready to continue delivering for Ontario in 2026 and beyond—

**The Chair (Hon. Ernie Hardeman):** Thank you, that concludes the time, and hopefully we can get the rest of the presentation in during the question period.

We will next hear from the Ontario Medical Association, district 7.

**1310**

**Dr. Anirudha Garg:** Good afternoon, Chair Hardeman and members of the committee. My name is Dr. Anirudha Garg, but I often go by Ani and I'm happy for you to refer to me that way. I'm a family physician practising in Kingston, Ontario, and I serve as chair of district 7 of the Ontario Medical Association. Thank you for the opportunity to speak with you today, as you prepare for the upcoming provincial budget.

I am glad to be here to talk about a plan from Ontario doctors that we call, We Won't Give Up. It is focused on actionable priorities and solutions to fix Ontario's health care system. We've shared copies of the plan with each of you.

Before I speak about systems and infrastructure, I want to briefly explain why this matters to me. My family immigrated to Canada when I was only four years old. I was raised in Kingston; I did my elementary school, my high school and two university degrees there. After that, I moved to Australia about 16 years ago and I did medical school and training there, as well as practising independently as a physician.

I returned to Canada in 2022 to practise as a family physician, locally. I am Canadian, I'm very proud to be Canadian and I love this country. However, the conditions of the health care system upon arrival were, frankly, appalling. We can do better. It's not because our clinicians

aren't capable that our health care system is in this state—in fact, they are quite exceptional. It's because the systems that are supporting them are failing.

Having practised inside two public health care systems, I can say with confidence that some of what we struggle with in Ontario is not inevitable; it is structural and it is fixable. We can do this, but we need a vision.

Ontarians contribute billions of dollars to health care every year. In 2023-24, approximately \$26 billion flowed through OHIP to pay for insured medical services. Yet the digital systems supporting that spending are fragmented, outdated and poorly integrated. We see the consequences of this every single day.

An Ontario surgeon spent 15 hours reattaching a crushed hand, finger by finger. He was successful in his endeavour; however, he had to wait two and a half years to be paid.

A pediatric specialist spent 10 days caring for a dying infant. She had to choose between asking grieving parents to stand in line for OHIP paperwork or working for free. She chose to work for free.

Surgeons providing reconstructive breast surgery after mastectomy have faced such frequent billing rejections that some have left the public system entirely.

These are not rare stories. Nearly 90% of Ontario physicians report having OHIP claims rejected or flagged for review in the past year. That is not billing inconvenience; that is systemic waste. These are not people problems; they are infrastructure problems.

Based on my experience practising in these two systems, I have been developing a proposal that I personally refer to as OHIP 2, Ontario health intelligence platform, and it's in the dockets that I provided you. It is a complete overhaul of Ontario's digital health backbone with interoperability as the mainstay. We need to be able to communicate with each other.

In Australia, a national digital health backbone was built across states and territories for less money than Ontario has contemplated spending just to modernize OHIP's billing system. It was not perfect, but it worked, and it continues to function for the people there. We can do the same.

OHIP 2 is not a tech project; it is essential public infrastructure, and I implore the committee to consider it. Modernizing OHIP alone is not enough. Ontario must modernize the entire e-health backbone. That will allow us to communicate not just with patients, but with each other. It will follow the patients where they go, and it will allow us to centralize our health care system and provide the care that we need to be providing.

Vision matters and vision is what creates hope. I ask you to consider that. Thank you.

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

Our next presenter will be the Food Sharing Project.

**Ms. Brenda Moore:** Hello. I'm Brenda Moore, and I'm the chair of the Food Sharing Project, a student nutrition program partner which provides the nutritious food and the equipment for the breakfast, lunch and hearty

snack programs in 88 elementary and secondary schools in the city of Kingston and the counties of Frontenac and Lennox and Addington. I would like to thank you for the opportunity to speak, following what I hope was an enjoyable lunch.

If you were a student in any of Ontario's elementary or secondary schools, you might have had the opportunity to access nutritious food for your lunch provided by one of the many student nutrition programs. Unfortunately, food purchased with funds from the Ontario government doesn't provide much of a lunch or even a snack.

With no increase in the annual core funding of \$32.6 million since 2014, Ontario is spending nine cents per student per day, which is the second-lowest investment in all of the provinces and territories of Canada.

What does nine cents buy? I ask you to refer to the visual in your package. Nine cents buys one quarter of a hard-boiled egg, one third of a bagel, one fifth of a glass of milk, one ounce of hummus, one third of an apple. To be clear, nine cents only buys one of those things. How did your lunch compare?

To meet the skyrocketing needs of children and youth, student nutrition programs across the province rely on donations, grants and fundraising to supplement nine cents per student per day to provide students with snacks but have little hope of providing the fulsome breakfast or lunch which children and youth need daily to ensure their physical, mental and social well-being. In Ontario, where one in three children live in a household struggling to afford food, nine cents is nonsense.

Every week, the Food Sharing Project delivers fresh fruit and vegetables, grains, dairy and protein items with a value of approximately \$25,000 to the schools, and our programs are offered to all students, regardless of need, in an inclusive environment. Schools choose from a variety of models, such as sit-down breakfasts, hearty snacks in classroom bins or grab-and-go lunches, based on the needs of their students and the availability of space and volunteers.

We are a member of the Ontario chapter of the Coalition for Healthy School Food and passionately support their 2026 pre-budget submission, which asks the Ontario government to increase its investment by \$210 million per year to enable student nutrition programs across the province to give all children and youth access to a nutritious and fulsome meal every school day. This funding increase is a direct investment in the future of Ontario, as well-nourished children have the potential to be the leaders and productive citizens of tomorrow. Additionally, it's a tangible action that this government could make to take pressure off families who are struggling because of the unrelenting affordability crisis. With food prices 4.7% higher than last year, a hearty meal at school will fill the nutritional gap which children experience as many families turn to ultra-processed food because fresh fruit and vegetables, whole grains, dairy and protein items are out of reach for many working Ontarians.

Investing in school food programs has tremendous potential to advance provincial government priorities.

School food programs have been shown to support higher student achievement, including improved learning, behaviour and school attendance. Providing Ontario students with more nutritious, fulsome school meals will improve EQAO test scores and high school graduation rates, allowing more children and youth to reach their full potential and to build Ontario strong. Healthy school meals will also mean improved physical health outcomes for students, helping to decrease visits to primary care providers and ERs, and, over time, reducing the \$5.6 billion in annual diet-related health care costs in Ontario.

At the Food Sharing Project, an increase in our funding will allow us to ramp up our Lunch Is Ready! program, which we started as a pilot in March 2025 with funding from the National School Food Program. Lunch Is Ready! offers students in eight elementary schools a freshly prepared lunch once a week, consisting of a hearty main item, fruit and milk. A second model in five other schools offers students a weekly hot main item.

1320

Lunches are prepared in a commercial kitchen by the Food Sharing Project kitchen team or by a local vendor. Since March 2025, we have added two new positions to our team and moved four part-time positions to full-time. We have added new food procurement vendors and are trying to support local farmers as much as possible during the growing season. In seven months, we provided an additional 30,000 meals to students in our community, and we can't wait to do more.

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

**Ms. Brenda Moore:** With a grant from the city of Kingston and the United Way, our first hub in an unused high school cafeteria will open next month, and that will provide meals for the students at that school as well as two other elementary schools. We have learned from our experience and have a solid plan, with two more high schools waiting in the wings. All we're missing is the funding.

Our school coordinators call us to increase their weekly food orders because the kids are so hungry. They tell us that students at their school eat a lot of food on Friday and are really hungry on Mondays. Kids tell us that the best food they eat all day is at school.

We at the Food Sharing Project implore the Ontario government to send a clear message to families in our province that the success and well-being of our children and youth is a priority, and they deserve a better investment than the one that puts their needs second from the bottom in Canada. We can do better in Ontario. We must do better in Ontario. Our future depends on it.

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

We'll start the first round of questions with the independent, MPP Brady.

**Ms. Bobbi Ann Brady:** Thank you to all three of our presenters this afternoon.

I'll start with Mr. Garg. We know that Shelley Spence, Ontario's Auditor General, found in her late 2025 report that the Ministry of Health is not overseeing properly OHIP physician billings, and you've detailed that today.

The ministry's outdated system is failing to flag high-risk claims, leading to a significant waste of taxpayer dollars that I feel we could be putting on the front lines and helping our health care teams.

While we were in Peterborough on finance committee hearings, we also heard about the outdated system, and one of the presenters actually talked about real-time billing. I recently returned from two conventions in the United States and spoke to state reps from Ohio who said that they actually use real-time billing in Ohio and it's reducing errors significantly. I'm wondering, from the OMA's perspective, could a similar real-time billing model work here in Ontario and what benefits or challenges should the government be aware of before considering real-time billing?

**Dr. Anirudha Garg:** Could you explain what you mean by real-time billing?

**Ms. Bobbi Ann Brady:** When a physician or when a health care professional actually inputs it, it is right there. It's not being put into the system a day later or two weeks later. And it would probably help with those physicians or those surgeons waiting two years for payment.

**Dr. Anirudha Garg:** I think that would be an essential part of an overhaul of the system. I think we need to remember that fixing one aspect of the current system won't fix the overall system. Just fixing OHIP itself and introducing real-time billing, for example, is not going to fix the overall communication problem that we're having in our health care system.

**Ms. Bobbi Ann Brady:** Can you explain that disconnect of the communication?

**Dr. Anirudha Garg:** In my day-to-day practice, for example, when I see a patient and I need to do a referral, I can refer to a surgeon. I have to pick which surgeon to send them to. When I send that referral off, I don't know whether that surgeon has enough time to see this patient. They might reply to me; they might not. I have to set a reminder to remember to chase that referral down. Because we don't have centralized intakes, we don't have the ability to track these referrals. They often get lost. Patients don't get seen. Patients get sicker. They present to emergency, and we spend more money.

**Ms. Bobbi Ann Brady:** So how do we fix that?

**Dr. Anirudha Garg:** We need a centralized system.

**Ms. Bobbi Ann Brady:** Thank you. I'll save my next one for the next round.

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

**Hon. Steve Clark:** First, Chair, I just want to acknowledge that we've got a special guest in the crowd: the local mayor of Westport, Robin Jones. She's also the president of the Association of Municipalities of Ontario. It's great to see you, Your Worship.

I just want to take this opportunity to thank you—Brenda, Doctor and Leslie—for not just providing very thoughtful remarks to the committee, but for the work that you do in your own communities. Thank you so much.

Leslie, I want to give you a chance to finish your thought on the two projects that are in your package: the natural gas servicing completion and the water and sewer

extension to the 37-acre port property. They're two smaller items, compared to the dock rehabilitation. You didn't get a chance, so I wanted to give you a chance now to finish your thought on both of those.

**Ms. Leslie Drynan:** The natural gas servicing completion is an approximately \$3-million project. This was initiated a few years ago, when we received federal funding at the time, actually, for a new grain dryer and we were unable to connect that grain dryer to natural gas. So it's currently running on propane because of the cost for that extension. So we would be asking for provincial support to unlock this infrastructure, which would enable us to transfer the dryer to natural gas, and for future business opportunities.

With respect to the water and sewer extension, the port, about two years ago, purchased a 37-acre property across the road from our existing facility, and we're asking for a modest one-kilometre extension to transform this property into a fully serviced road/rail-connected site, into investment-ready—so, right now, the only thing missing to make that investment-ready and shovel-ready is the extension of water and sewer services for one kilometre.

**Hon. Steve Clark:** Some of the members of the committee might not know the history of the port. It's a federal port that the township of Edwardsburgh/Cardinal took over. You were great in terms of the ask for the dock extension. The existing port was expanded under the federal-provincial program, so it would have been under Dalton McGuinty's provincial government and Stephen Harper's federal government—probably one of the most non-partisan events I've ever gone to in my life because everybody was congratulating everyone. To me, when I first became an MPP, it was like Field of Dreams—"If you build it, they will come."

Talk about the last port expansion and what it was able to do to your bottom line and how it was able to grow business for farmers and other folks in eastern Ontario.

**Ms. Leslie Drynan:** We believe that the port of Johnstown, with its strategic location, is an absolute gem to eastern Ontario, the province, the nation and internationally. We feel the port is very underutilized right now, and for the sole reason that when we speak to clients and customers who are going to either the port of Montreal or the port of Hamilton—they do that because that's what they've always done. We feel that we are the missing link, that we can help with that—take transports off the road. We can help with the congestion in those larger ports. We've recently completed a new strategic plan, and we are ready and willing and open for business. The previous government supports have really helped put us on the map, but we feel that this gem—we can take this to the next level, and we are ready and willing, looking for partners to do that with us.

**Hon. Steve Clark:** You talked about the fact that after the report is done, you'll be shovel-ready. Give the committee an idea of how long that rehabilitation—because that's a major piece of your port operation. So let them know, if there was that opportunity, how long it would take to be able to get that online.

**Ms. Leslie Drynan:** We could do that in less than 12 months. We would have to do this strategically because of the grain terminal—the grain terminal is over 100 years old. Our busy season, harvest, is typically from July until the end of December. Strategically, that construction, ideally, would take place in 2027, between January and June, to get most of the work done, so we wouldn't impede any vessel traffic.

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

**Hon. Steve Clark:** In terms of the natural gas piece, remind the committee—because natural gas literally goes right by the site, so it's not like we're bringing it anywhere. It literally is there today.

**Ms. Leslie Drynan:** That's correct. It's just the capacity.

**Hon. Steve Clark:** How much time?

**The Chair (Hon. Ernie Hardeman):** You have 40 seconds.

**Hon. Steve Clark:** Just quickly—so, salt: Talk to us a little bit about salt, because it has been in the news lately and, again, it's something we do at Johnstown.

1330

**Ms. Leslie Drynan:** Sure. So our riverfront wharf—the port of Johnstown has three salt contracts with Compass, Windsor and Cargill, so we are the largest salt enabler in eastern Ontario, with the partnership of Rideau Bulk.

The MECP over the past few years has had issues with some of the salt contamination. We do have a salt retention pond. But we have a very committed council—

**The Chair (Hon. Ernie Hardeman):** The time is gone, so thank you very much.

We'll now go to MPP Pasma.

**Ms. Chandra Pasma:** Thank you so much to all of our presenters for being here today.

Ms. Moore, I'm going to start with you. The statistics that you offered were pretty shocking: nine cents per day per student at a time when food prices are rising but the amount of money coming from the province of Ontario isn't, and I hear all the time, too, about the level of hunger in our community, and I just want to confirm: The ask of the coalition is for \$210 million annually?

**Ms. Brenda Moore:** Yes. Certainly, what we're looking for is a plan towards that. Obviously, \$210 million in one year is an incredible increase, but what we need is a plan, because there has been no plan since 2014, and the world is incredibly different than it was in 2014. Those dollars, as you can see, only go nine cents per student per day across the province.

**Ms. Chandra Pasma:** I actually don't think it's too much of an ask, because I quickly crunched the numbers, and it is an additional five cents per student per day, and I think when you look at the scale of the food crisis, which you've outlined, 15 cents per student per day is not much better than nine. Maybe you're now getting half to two thirds of the boiled egg; you're still not getting a boiled egg.

So if our school food providers are able to take that amount of money and maximize the impact to feed more hungry students, I think that would be fantastic and badly

needed. I'm wondering if the coalition has any numbers on how many additional students this could feed. I know in Ottawa we have a wait-list. I believe London has a wait-list as well. How many additional schools or students would we be talking about being able to bring into food programs if this funding was provided?

**Ms. Brenda Moore:** I believe the number is 900,000 students. In a lot of communities in Ontario, we are dealing with wait-lists, we are dealing with programs that don't run five days a week. We're fortunate in Kingston that we have been around for 40 years, so we've got some good financial management behind us, so we can provide a program in every single school in our area, but that's not the norm. We would definitely appreciate a big change in that funding. I can tell you that the Canadian average is 63 cents, and the leader in the Canadian contributions is Nova Scotia, which is \$3.30 per student per day.

**Ms. Chandra Pasma:** Wow. That's incredible. If the average is 60 cents, then this increase would only bring us up to one quarter of the average across the country.

**Ms. Brenda Moore:** Correct—but we have to start somewhere. We can't have another year ago by with no increase in that funding as food prices continue to skyrocket.

**Ms. Chandra Pasma:** Yes, I completely agree. We have 2.1 million students in the province, so 900,000—that's not even food programs reaching everyone, but that would be a significant increase in our capacity to support students.

One thing I hear frequently from teachers and principals is the impact of hunger on learning, and I'm wondering if you could provide some more information on that for the committee.

**Ms. Brenda Moore:** One of the things that happened in a school where we did our Lunch Is Ready! program, one of our pilot schools, we started feeding every student in that school, and it was 200 students in that school, but every student got an amazing lunch: a main item that could be a chicken ranch wrap—or one of our specialties is our bento boxes, because we find that lots of elementary kids like to eat little bits of things. So tzatziki and hummus and pita and falafels and little chicken salad pinwheels, all with fruit, go really far when they have two nutrition breaks.

That principal called me and there was a pause before she could start talking because she was crying. That day, every single student in her school was well-nourished—that one day. So it's very impactful.

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

**Ms. Chandra Pasma:** Thank you, and thank you for the work that the school food project does. It's incredible.

Just very quickly, Dr. Garg: Thank you. You mentioned in your response to MPP Brady the challenges of follow-up for referrals, which is something that I know the OMA has also flagged as an issue for retention for family physicians, and had a proposal for providing administrative support as a way of retaining physicians. I'm wondering if you could expand on that.

**Dr. Anirudha Garg:** Yes. One of the issues right now is that we work in silos, more or less, in our health care

system. Certain communities have certain resources that are available to them, and the ability for family physicians to communicate with specialists is relatively broken. Currently, we're still using faxes. We don't have the ability to use emails or appropriate e-health referrals—

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

We'll go to MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: I would just like to say, Brenda, thanks for sharing your comments today around the importance of student nutrition, food in schools, and what it can do to help students be productive in school and be able to reach their full potential. Thank you very much for your comments.

Thank you as well, Dr. Garg, for your advocacy here today. I'll be talking a bit later on with the head of the Ontario Medical Association, as well. I'm really interested to hear more about some of the challenges, so thank you for sharing those experiences.

Leslie, I wanted to just ask one or two questions around the port. I represent the riding of Ajax, the town of Ajax. We're in Durham region. It's suburban; the 401 runs right through it. If you live in the greater Toronto area, traffic gridlock is a nightmare, and I know for the members who might not live in the GTA but have to leave Queen's Park to get home, it is a disaster.

So I'm wondering, from your perspective, if we're able to expand the port of Johnstown, what those benefits could be to our transportation network in the province.

**Ms. Leslie Drynan:** Sure, definitely. Thank you for the question. We offer a rural environment with access from the 401, the 416 and B-train access off the ramps, so there's ample opportunity for expansion, ample opportunity to remove the congestion from the highways through trucks, with the capacity to support more rail and marine business.

**Mr. Rob Cerjanec:** Is your port working with the Ontario Marine Council and the work that they're doing in the province?

**Ms. Leslie Drynan:** We are, yes. We were not part of the actual marine council study but we are working closely as a member of that council.

**Mr. Rob Cerjanec:** As the critic for economic development and innovation, I think it's really important that we are able to utilize our waterways, our Great Lakes, to be able to do it.

In terms of the investment that you're asking, are you looking for it jointly provincial-federal, or what does that look like in your mind?

**Ms. Leslie Drynan:** We are obviously open to any partnerships with the ask. We ourselves are willing to commit as well, whether it's a third, a third, a third or—we see the value in this as a necessity and we will be going through with the project regardless.

**Mr. Rob Cerjanec:** Before I hand it off to MPP Hsu, I'll just say I do see the economic development potential of that port there. In looking it up, I'm very impressed for the potential that it can be for eastern Ontario and the province as a whole.

I'll pass it over to my colleague MPP Hsu.

**The Chair (Hon. Ernie Hardeman):** MPP Hsu.

**Mr. Ted Hsu:** A quick question for Dr. Garg: In your estimation, what per cent of the time does the average family physician waste because of a lack of good digital systems? Can you put a number if you had to guess what per cent?

**Dr. Anirudha Garg:** It would be a rough guesstimate. It would depend on the physician themselves, but at the minimum 20%.

**Mr. Ted Hsu:** Where do you work?

**Dr. Anirudha Garg:** I work at Kingston Community Health Centres, which is a committee health centre specifically targeting low socio-economic groups.

**Mr. Ted Hsu:** How many family physicians are there?

**Dr. Anirudha Garg:** Five.

**Mr. Ted Hsu:** So, you're saying that if we had good, proper digital systems, it would be like having an extra doctor for free at your clinic.

**Dr. Anirudha Garg:** Absolutely.

**Mr. Ted Hsu:** Okay. I think that's a really good illustration of the problem that we're facing with poor digital systems—as you put it, a “digital backbone.” I guess we would start with a digital backbone.

1340

Dr. Garg, you have a plan, which you distributed. Actually, I don't have the package, but that's okay; I'll ask you for it later. But can you tell us, who is on board with your plan? Who have you talked to—because there are many moving parts to the health care system. Who's on board?

**Dr. Anirudha Garg:** When you say “on board,” what do you mean by that?

**Mr. Ted Hsu:** Who have you talked to who thinks it's a good idea?

**Dr. Anirudha Garg:** I've been in discussions with OntarioMD, which is the Ontario Medical Association's e-health arm, or digital advocacy arm, I suppose. And I had meetings with the CEO there to discuss this. I think this is a very important topic that needs discussion. I have emailed a copy of these plans to other MPPs, and I've had discussions regarding it.

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

**Dr. Anirudha Garg:** I think this is more about getting the message across that we need a vision. We need an overhaul. We can't be fixing one thing at a time and hoping the rest of the system will just fall in place. It won't. It doesn't work that way. Everything in health care is connected.

**Mr. Ted Hsu:** Have you been able to talk to people inside Ontario Health?

**Dr. Anirudha Garg:** I have tried. Let's call it that.

**Mr. Ted Hsu:** So let me note that a lot of people don't know how Ontario Health works. It's not easy to understand, and I just want to make that note for the record.

**Dr. Anirudha Garg:** I would like to concur with that.

**Mr. Ted Hsu:** Thank you.

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

MPP Brady.

**Ms. Bobbi Ann Brady:** Brenda, I'll move to you. Programs like your food sharing program, we know that they provide important support to students and families, but they also highlight a broader issue of affordability for families. And I hear from my constituents who question where we end when it comes to feeding students at school. So, from your perspective, should government policies focus more on making life and meals more affordable rather than normalizing resilience on school-based food programs, and what steps could be taken to address the root causes of food insecurity in our schools?

**Ms. Brenda Moore:** We believe that the root cause of food insecurity is poverty and the solution for poverty is basic income. So we would support that. But in the meantime, every day, children are coming to school without enough food to be able to access the curriculum and the learning that they need to be successful. We can't ignore what's happening every single day in every school across the province while at the same time trying to advocate for a solution to poverty, which is basic income.

So we find that our work of, daily, feeding kids takes an incredible amount of our energy and time, but we are always advocating, and we are always also very clear-minded that we're not a solution; we're a Band-Aid. But we have to provide that Band-Aid, or we're abandoning our children.

**Ms. Bobbi Ann Brady:** Yes, absolutely. I appreciate the work you do, but my wish for you is that one day we will not need your services, so, thank you.

**Ms. Brenda Moore:** And we wish we were out of business.

**Ms. Bobbi Ann Brady:** Yes.

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

**Ms. Bobbi Ann Brady:** And I'll move over to you, Ms. Drynan. Considering the port's dependence on a strong agricultural base, I'm very concerned. I represent the majority of farmers in my rural riding, and we're very concerned about the loss of agricultural land to development, and I'm just wondering whether or not you feel development could negatively affect your port's future growth and its ability to meet the mandate governments have invested in.

**Ms. Leslie Drynan:** The short answer is no. We have a very supportive council, counties council—eastern Ontario is very supportive of our agricultural areas and not removing those portfolios from the files.

**Ms. Bobbi Ann Brady:** So then why would it be underutilized?

**Ms. Leslie Drynan:** How do I politically correctly—I think just years of dormancy of doing what works. We have a very successful—at the grain terminal, and what we want to now turn the focus to is the rail and marine sector. We're at capacity essentially with our grain terminal. We turn over a million tonnes of commodity through our terminal every year, but from the rail and marine perspective—

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

We'll go to the government. MPP Kanapathi.

**Mr. Logan Kanapathi:** Thank you to all the presenters. Thank you for being here. Thank you for all your great work you do each and every day in your community.

My question to the doctor, Anirudha Garg—am I pronouncing that right?

**Dr. Anirudha Garg:** You can call me Ani, if you want.

**Mr. Logan Kanapathi:** Thank you. So you mentioned how our system is fragmental, so structurally, you can—

**Dr. Anirudha Garg:** Sorry, I can't hear you.

**Mr. Logan Kanapathi:** You had mentioned in your presentation that our system is fragmental. You said it was workable and fixable. What does that mean? I'll give you more time to elaborate on that.

**Dr. Anirudha Garg:** Are you asking what I mean by "fragmented systems"? Is that right?

**Mr. Logan Kanapathi:** Yes.

**Dr. Anirudha Garg:** I see.

If you think of the health care system like a human body, the communication network is the nerves, right? Currently, our nerves aren't talking to each other. So my ability, for example, to refer to a specialist is highly dependent on my knowledge of that specialist existing and their wait times. I have no ability to actually understand what their availability is. So that is one example.

Let's say I see a new patient and they, for example, maybe were a patient in Toronto. I have no record of what has happened for them prior to them seeing me, unless they brought a copy of their records. Oftentimes, they don't have a copy of their record, or they couldn't afford getting a copy of their record because there is a private fee attached to being able to mobilize it, so I have to repeat tests and repeat referrals to get a baseline of that patient. This wastes money, this wastes time and it costs lives, makes people sicker, because it's harder for them to access care. It congests our system, and it reduces our ability to access timely care.

**Mr. Logan Kanapathi:** And also, you mentioned about structural issues, but fixable—we could be able to fix. We could bring more efficiency and effectiveness to the system. I know the family doctors, talking to the specialists, referrals—still, some doctors are doing it through email.

**Dr. Anirudha Garg:** Sorry, I can't hear you.

**Mr. Logan Kanapathi:** The family doctors are doing the referrals through email. Also, my wife is a family doctor. She uses email and phone calls. She sometimes picks up the phone to call and refers the patient. There are still some areas where the system is working—

**Dr. Anirudha Garg:** Where the system is working? Yes.

In comparing my experience in between Australia and Canada—we have some of the best clinicians in the world. We rock. We're awesome. We're passionate, innovative, caring, incredibly knowledgeable. The people are what keeps our health care system afloat at the moment. We're asking for the support of the government to fix the underlying structure, because if we do that, we will have the best health care system in the world, absolutely.

**Mr. Logan Kanapathi:** Thank you. Thank you for sharing your experience from Australia. They have a good model too.

I'll pass it over to MPP Smith.

**The Chair (Hon. Ernie Hardeman):** MPP Smith.

**Mr. Dave Smith:** Leslie, I'd like to come back to you. You're asking for \$20 million to rehab your dock. Obviously, you've got some business case scenarios in there—what that would generate for you for revenue. I'm curious, though, about the natural gas expansion. You would know how much propane you're going through in a year. You know what the cost of propane is versus the cost of natural gas. Do you have a total of what there would be in savings by switching from propane to natural gas?

**Ms. Leslie Drynan:** Unfortunately, not off the top of my head, but we do have that data.

**Mr. Dave Smith:** Okay, but it would be significant?

**Ms. Leslie Drynan:** It was significant at the time, yes.

**Mr. Dave Smith:** My understanding, at the moment, is propane is about 80% more in cost on it than natural gas. So this is something that would definitely benefit the long-term viability of the port, if we were to do that.

**Ms. Leslie Drynan:** That's correct.

**Mr. Dave Smith:** Do you have a cost to dig the hole to run the pipe the 100 metres that it has to be run?

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

**Ms. Leslie Drynan:** Yes, we do. We have the—the infrastructure is there; the capacity is not, and that's what the \$3 million would provide.

**Mr. Dave Smith:** Okay. So in essence, it's only a \$3-million cost, but we're probably talking about a 50% reduction in your overall operating cost for the—

**Ms. Leslie Drynan:** Long-term, yes. Correct.

**Mr. Dave Smith:** —which would be a pretty quick payback for you.

**Ms. Leslie Drynan:** Turnaround, yes. Yes.

**Mr. Dave Smith:** Okay. There was a third expansion you were talking about as well—sorry, I didn't catch it. What was that?

**Ms. Leslie Drynan:** That was the water and sewer expansion for one kilometre to the 37 acres of undeveloped port land right now.

1350

**Mr. Dave Smith:** And that would allow for expansion on the port, then?

**Ms. Leslie Drynan:** That's correct. It's across the road. It has hydro access and the only thing that's missing right now is water and sewer connection.

**Mr. Dave Smith:** So it gives you more storage capacity for product coming in that doesn't have to necessarily be loaded right away onto a ship?

**Ms. Leslie Drynan:** That's correct.

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

We will now go to the official opposition. MPP Bell.

**Ms. Jessica Bell:** Thank you to the presenters for coming in today and sharing your expertise in the work that you do.

Most of my questions are going to be focused on Dr. Garg. I am from Australia, so it's good that you brought up the example of there being two high-quality, mostly publicly funded health care systems and you having direct experience with the two.

My first question is focusing on the matter of OHIP billing. I sit on the public accounts committee—and I work with the Auditor General—that looks at issues to address health care inefficiencies. One thing that came up about a month ago is the issue around OHIP abuse. The Auditor General found out that there are some doctors and some specialists that are in some cases billing approximately 10 times more than the average specialist or doctor in their same field. One of the issues that she identified is that there's only about eight staff at the ministry level that are responsible for overseeing about \$26 billion worth of OHIP billing.

What is the OMA's position on OHIP abuse? I think it can be safe to say that most doctors do not do that, but what is the OMA's position on addressing OHIP abuse?

**Dr. Anirudha Garg:** We don't condone it, obviously. We live in a country with a public health care system and we need to be responsible with that money because we're responsible to the public. I think it's completely reasonable to have appropriate investigations if they're required.

We have to remember that the current system that we have was developed in, I think, the 1960s or 1970s. It's built on COBOL, which we only have a few programmers left for. Eventually they're going to die and then we have—

**Mr. Dave Smith:** It's from 1955.

**Dr. Anirudha Garg:** Sorry—1955.

*Interjection.*

**Dr. Anirudha Garg:** Right.

**The Chair (Hon. Ernie Hardeman):** Order.

**Dr. Anirudha Garg:** Irrespective, we need to overhaul it. If we wanted to catch this abuse, or if you want to term it “fraud”—sure. It's a lot easier if we overhaul the system.

We have to remember that in any large population, you will always have a bell curve. There will be a percentage that will abuse it and there will be a percentage that don't use it properly. The vast majority, 99%, will sit in the middle and use it as it was designed.

While I don't condone such activity, I can say that a new system would help us catch it.

**Ms. Jessica Bell:** Okay. Thank you for that.

The second question that I have is around the family physician shortage. The Auditor General, again, did a deep dive into this and found that there's a whole lot of issues with our primary care system. She had a lot of recommendations. I'm not going to go into them here. I'm sure the OMA has read them.

One thing that I have noticed is that the government is spending a lot of energy on recruiting new family doctors to enter the system—more training, making it easier for people from other countries to come here and work. But there continue to be issues with keeping the family doctors that we have and expanding the number of patients that are attached to them. You've already addressed some ex-

amples of how that can be dealt with around administration and reducing the administrative burden. What are some other recommendations that you think we should look at to keep family doctors practising as family doctors?

**Dr. Anirudha Garg:** There are so many examples. It's difficult being a family physician in Ontario. There are a lot of complexities that are attached to it. I think one of the major issues, of course, is burnout and the ability to have timely care for patients. Something that's not brought up very often is the moral injury that is attached to patients getting sicker and not being able to help them. Sometimes it feels like you're helpless.

I have a patient, for example, that needs psychiatric care. I know she needs psychiatric care, but it's a three-year wait to get a psychiatrist in Kingston.

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

**Dr. Anirudha Garg:** What am I supposed to do? Sometimes I have to be the specialist and I have to experiment and it's outside of my scope. So of course, some family physicians will say, “Nope, I'm not going to do this anymore.” They decide to hang up their boots and do something more specific. Comprehensive family medicine in Ontario is having significant difficulties and I think in the mid- to long-term it may be a dying breed if we don't fix the system.

**Ms. Jessica Bell:** An issue that I often hear—I represent a downtown Toronto riding—is the value of the family health team, where you have a family physician working within a team with social workers and nurses, so that there are easy referrals and they can balance the many competing needs that a patient might have. What do you think of the family health team model? Do you think it's something invested in more heavily?

**Dr. Anirudha Garg:** Yes, I think it's absolutely fantastic. One of the—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. That answer will have to wait for the next question. MPP Hsu.

**Mr. Ted Hsu:** I have a question for Ms. Moore from the Food Sharing Project. First of all, thank you for the work that you and your volunteers and other staff do.

One of the issues in schools these days is violence and disruption. In schools in the Kingston area, there is probably one classroom evacuation on average every week. I was wondering if you think that proper school nutrition would help with that problem. Do you think the two are related in any way?

**Ms. Brenda Moore:** I think that is an absolute direct connection. I'm a retired principal, and I can tell you that when a student came to me off the schoolyard or from their classroom, one of the first things I asked them was, “When was the last time you ate?”

You know how you feel if lunch is a little bit late. You don't maybe have the patience that you would normally have. You don't have the calm outer being to be able to bounce a comment that some other little kid makes off you, and you are very, very reactive. I would say there would be a lot of medical connections to support what I'm



saying. But as an educator, I saw that all the time. You can visually see a child who is active and reactive and angry—feed them and you can visually see the calm come over them. It absolutely would help the violence in schools.

**Mr. Ted Hsu:** Thank you very much. I just want to point out for the record that we had meetings in Kingston a month or two ago, and educational assistants came to explain their experience and showed the scars on their hands from incidents in the classroom.

The other thing I want to say for the record is that it affects all the students, because if you have a classroom evacuation, there's no instruction going on. If a classroom is disrupted for whatever reason, the teacher has lost their focus and can't help students. So everybody should be worried about this, not just the families or friends of a particular kid who's not getting enough to eat.

**Ms. Brenda Moore:** No, we believe that school food needs to be available for everyone because everyone needs it—perhaps for a different reason, but we all need to eat. At least once a day would be great, but we can start with once a day with a fulsome meal and go from there.

But it has to be universal because there are benefits for everyone. I would say if you have food going into a classroom and you compare it to a classroom that does not have food going into it, I am quite certain there would be a very different tone, even perhaps visual in terms of who's focused on their tasks, who can stay in their seats. We ask kids to do a lot of things that are against their natural sort of way of being, and sitting in a chair and focusing is one of them. If we can't support them to do that in the best way they can do it, I think we are failing them and the bottom line is food.

**Mr. Ted Hsu:** I want to talk quickly about other impacts. Maybe the answer is that you can't comment, but I was wondering if you could comment a bit about the potential impact of a school food program on Ontario local agriculture.

**Ms. Brenda Moore:** Did you say agriculture?

**Mr. Ted Hsu:** Agriculture. That's right.

**Ms. Brenda Moore:** Absolutely. In Kingston, we have an incredible community of farmers around us. Particularly with the Lunch Is Ready! program, we're providing more fulsome meals, so we need more selection of fruits and vegetables in particular. We have been accessing directly farmers—in particular, Salt of the Earth Farm on Highway 2 has been a great partner for us—and we've been able to purchase their products at wholesale prices.

1400

That helps us because we can't pay the price at the market stand. We can't afford that. But with our buying power, and that's the other thing that's great about—if we could build more food procurement and build into the purchasing power of all of the schools in the province shopping for food, if we had more support that way, that would also help our bottom line. We are very eager to work with farmers.

**Mr. Ted Hsu:** Thank you very much.

A really quick question for Ms. Drynan: How will the operations at the new Picton Terminals affect the port of Johnstown?

**Ms. Leslie Drynan:** We actually don't see that as much of a threat. We feel that there's room for everyone at the top and they've been a great partner with us so far. P&H who's building the terminal there is one of our great brokers and we are supportive of their business.

**Mr. Ted Hsu:** Thank you very much. Thank you, Chair.

**The Chair (Hon. Ernie Hardeman):** Thank you. That concludes the time not only for the questions but for this panel.

We want to thank all of you for the presentations this afternoon, the time you took to prepare them and the great way you made the presentations. Thank you very much, and it was really quite helpful to the committee.

ONTARIO CONSERVATION  
ACCELERATOR  
KINGSTON NATIVE CENTRE AND  
LANGUAGE NEST  
MR. GREG RIDGE

**The Chair (Hon. Ernie Hardeman):** With that, we will move on now to ask the next people to come forward: the Ontario Conservation Accelerator, the Ontario Federation of Indigenous Friendship Centres and Kingston Native Centre and Language Nest and Greg Ridge.

*Interjections.*

**The Chair (Hon. Ernie Hardeman):** If anybody is going to talk at the other end of the room, please leave this room. If we could have the discussions taken outside so we can carry on with the next panel.

Thank you to this panel. I just mentioned who they were, and we will start with the Ontario Conservation Accelerator. Everybody, we should point out to start with introducing yourself to make sure we get the names correct for Hansard. With that, the floor is now yours.

**Mr. Peter Kendall:** Chair Hardeman, committee members, thank you for inviting me to address you here today. I have family in Brockville so it's always a great pleasure to come and visit this beautiful city. My name is Peter Kendall, and I am the executive director of the Schad Foundation and the chair of the Ontario Conservation Accelerator, or OCA for short. I'm joined here today by my colleague Mike Hendren, who is the executive director of OCA.

OCA is a charity that owns lands and partners with land trusts, municipalities and all levels of government to accelerate parks and conservation initiatives across Ontario. After only a year of operations, we have four dozen partners, 150 projects in the hopper and a budget of nearly \$40 million. Our small and mighty team are seasoned professionals that have been responsible for leading four of the five largest private conservation projects in Canadian history.

One of the reasons we started this organization was to respond to the incredible demand for access to parks here

in Ontario. Every year, Ontario Parks is seeing a record number of visitors, and this past year was no exception with nearly 14 million visits. Frankly, it's easier to teach a moose to text than it is to get a campsite in Ontario during prime season.

The Ontario government has recognized this need and has been taking action, including establishing the first new conservation reserve and operating park in a decade, the first new urban provincial park and adding campsites across the province. In 2025, Ontario actually led the country in creating more parks and protected areas than any other province, including provinces like Quebec and BC that are known for their park system. One could almost say that we're adding parks almost as quickly as we're cutting red tape.

However, more still needs to be done. We simply don't have enough places for our citizens and visitors to access. To address this, OCA has developed a unique partnership with Ontario Parks to create and expand parks through an innovative public-private partnership. Under this program, we've been working together to identify private lands that either abut existing parks or unique assemblies of land that could be turned into parks. OCA then acquires the lands through donation, fee simple purchase or land swaps, and transfers them to the park. We've done this successfully at the Uxbridge urban park, the French River Provincial Park, and we've added several properties already to the incredible Charleston Lake Provincial Park just north of here, to name a few.

As mentioned earlier, these are just a few of our over 150 projects under way. These new and expanded parks help communities access nature, enjoy outdoor recreation and benefit from tourism-related economic growth. They help keep tourism dollars in Ontario, or put another way, they help people spend more money in places like Brockville rather than going south of the border.

But we can't do this alone. We can leverage, and have leveraged, tens of millions of dollars of philanthropic contribution for these projects, but these donors expect the province to match these funds at some level. After all, we are giving you the properties.

OCA is recommending that budget 2026 create a \$30-million land securement fund over three years to work with partners like OCA to expand parks and conservation reserves. I want to be clear: We are not asking for funds for OCA, but rather for MECP to be able to co-fund these projects with us and other partners. This is by far the most cost-effective way to dramatically increase the size of Ontario's park system, ensuring that all Ontarians have access to nature.

As Theodore Roosevelt put it, "Conservation means development as much as it does protection." This is smart growth, smart investment and lasting legacy. Thank you again for the opportunity to appear before you today.

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

Next, we will hear from the Ontario Federation of Indigenous Friendship Centres, Kingston Native Centre and Language Nest.

**Mr. Brandon Maracle:** Shé:kon Sewak. Thank you so much for the opportunity to participate today. My name is Brandon Maracle. *Remarks in Kanien'kéha.* I also go by Karonhyataye, or "along the sky." I have the opportunity to serve Kingston and my local Indigenous community as the executive director at Kingston Native Centre and Language Nest.

It's part of my teachings that before any opportunity to meet, especially in an important meeting, that I would share Ohén:ton Karihwatéhkwén, or "the words before all else." So, if you wouldn't mind:

*Remarks in Kanien'kéha.*

I took a quick moment to thank all the people at the committee here today, my co-presenters, the communities we serve and the broader Ontario population, and of course, the fish. I thank the Mother Earth. Although she sleeps now, she still provides in the Creator.

Our little centre, Kingston Native Centre and Language Nest, supports the urban Indigenous population within Kingston. We're part of a network of 31 friendship centres across Ontario serving the 406,000 Indigenous people within Ontario. That's about 3% of the population. But 88% of that population lives in an urban centre. Kingston itself has a sizable Indigenous population, just south of 5,500, and that's according to the 2021 census data. I'm also mindful that Indigenous populations continue to be some of the fastest growing within Canada.

Friendship centres continue to be a backbone for Indigenous service systems for over the last 50 years, but today, demand far outpaces funding. This is particularly experienced in Kingston through the threat of the loss of our Kingston Indigenous legal centre, which provides substantive legal services to Indigenous folks without income testing.

As a friendship centre executive director, I can't speak on behalf of the OFIFC, but I do wholeheartedly support their request for \$16 million across key programs in priority sectors. These includes areas such as children and youth supports, housing stability and Indigenous mental health and wellness. I'll speak to those now.

About 7.7% of the child population is Indigenous, but they make up 50% of foster care cases. The Human Rights Commission has identified this as a pipeline to poverty, homelessness, justice involvement and poor health. But programs run through the friendship centre, such as Akwe:go and Wasa-Nabin—those are our youth and children's programs—provide upstream interventions, allowing us to reduce risk and trauma to these youth, allowing us to keep families connected, allowing us to keep children in school, reducing the burden on the rest of Ontario.

**1410**

But a challenge remains: low wages. The truth of the matter is that friendship centres cannot compete with our peer services. The \$16.4 million—and more specifically, the \$1.24 million requested for Akwe:go and Wasa-Nabin—would allow us to competitively pay our employees on par with other services within Western organizations.

Housing is on the forefront of most Ontarians' mind and even that much more within Kingston. Urban Indigenous people are overrepresented within the transient population. This leads, again, to a reliance on emergency shelters, on health care and justice systems. But the friendship centre housing models have an answer: They provide safe and affordable housing with culturally appropriate, wraparound services that are Indigenous-led and grounded.

Capital is important—it builds houses—but operational funding runs homes, and those operational funds would allow us to bring in the cultural and wraparound supports and house Ontario's Indigenous population. In my opportunity to work in housing previously, I noticed immediately the effects of lack of programming supports and wraparound services. Those who shifted from a transient population to housed without the necessary wraparound services failed. So I support, among the \$16 million, a \$1.6-million annual increase in operational funding for the friendship centre housing models.

Lastly, Indigenous mental health: Urban Indigenous communities are young; about 37% are under the age of 25 and they are overaffected by the opioid crisis. This has been experienced directly by my clients, my friends in Kingston, where predatorial drug dealers target Indigenous youth and women for muling and for the sale of these contaminated substances.

Friendship centres deliver an Indigenous mental health program which provides peer counselling under the evidence-based, Western model, integrating Indigenous ways of knowing and being, including medicines, land-based activities and traditional teachings. However, again, we are not able to support the needs that are required. We need a two-person staffing model. This will allow us to expand our services beyond our current into more addiction supports, more mental health supports, larger supports within culture—and again, reduces the reliance on hospitals, on courts, recovery supports and strengthens families.

Our Indigenous mental health program was on the forefront, the boots on the ground during the tragedy that occurred in September 2024, when two individuals were murdered at the integrated care hub. The Indigenous mental health coordinator was vital in supporting those folks and the Indigenous population within that.

These are just three areas that the \$16 million would affect. Other areas would include: Indigenous youth employment; operational capacity; seniors care; justice diversion; gender-based violence prevention, including our Anishinaabe Niin program, or I Am a Kind Man; emergency preparedness—which is particularly on my mind as Kingston received 200 evacuees from Kashechewan First Nation on Sunday evening; and early learning opportunities.

The OFIFC proposal totals \$16.4 million annually across 31 friendship centres, not just Kingston—

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

**Mr. Brandon Maracle:** Thank you. Oh, sorry, I apologize. I thought I had more time.

This is a modest and cost-effective model which allows Ontario to save billions on addressing crises. These invest-

ments keep families together, strengthen communities and reduce long-term provincial spending, but most importantly, it is the beginning work of reconciliation. Thank you. Niá:wen. Thank you for your time and consideration. I yield for questions.

**The Chair (Hon. Ernie Hardeman):** Thank you very much, and with that, now we will go to Greg Ridge.

**Mr. Greg Ridge:** Chair and members of the committee, thank you for the opportunity to appear before you today. My name is Greg Ridge and I'm the Kingston city councillor representing King's Town district, a socio-economically diverse downtown district in the city's urban core. I serve on the board of directors of the downtown business improvement association as well as the Kingston Police Service Board.

I'm here today to speak to something that you're likely hearing a lot, across the province, about and that is the growing mental health, addictions and homelessness crisis, and the serious impact these challenges are having on local economies, public safety and our long-term viability. Kingston's downtown is our central business district and one of the city's most important economic engines. It supports thousands of jobs in tourism, retail, hospitality, food services and public administration. In 2024 alone, Kingston welcomed 2.5 million visitors, generating more than \$500 million in visitor spending, contributing \$353 million to their GDP and supporting over 4,300 jobs, many of them located in the downtown.

Downtown businesses are already under pressure from structural changes such as hybrid and remote working, reduced weekday foot traffic, the rise of online shopping, uncertainty with tariffs and the ongoing situation with the United States and continued affordability challenges for households. These pressures have been compounded by a worsening mental health and addictions crisis and a growing number of people experiencing homelessness. In Kingston, 372 people are currently identified as chronically unhoused. This is an increase of more than 8% from the previous year. At the same time, wait times for provincially publicly funded rehabilitation services can reach six months or longer, meaning people who are ready for help can't access it when they need it. As a result, downtown business owners and front-line workers are increasingly placed in unsafe and unfair roles: managing overdoses, responding to mental health crises, dealing with vandalism and harassment and often waiting hours for the necessary supports to arrive. This affects not only business but residents, visitors and people in crisis themselves.

These challenges are also placing a significant strain on our police and health care systems. Kingston Police are responding to a growing number of non-criminal, low risk mental health calls. In 2025, officers spent more than 1,400 hours waiting in hospitals to transfer individuals into medical care. This is time that officers do not have to respond to other public safety issues, and it is not an effective use of police resources.

Kingston, like many municipalities across the province, is taking action, doing more with less and continuing to

divert limited municipal resources into mental health and addictions resources. In Kingston, we have expanded low-barrier shelter capacity, invested heavily in supportive and transitional housing, created a 24/7 harm reduction hub, strengthened bylaw enforcement tools, explored options through Ontario court systems, partnered with community agencies to provide additional resources and services, and dedicated significant municipal funding to these efforts. We are also the first municipality in Ontario to develop what the province now calls a HART hub—in this case, it was an integrated care hub model. And we are seeing that people, regardless of the wraparound supports, need more immediate rehab and detox options.

We are at the limit of what we can do as a municipality. Property taxes were never designed to fund complex health care and social service systems. Municipalities do not have the mandate, expertise or sustainable revenue tools to address mental health and addictions challenges at this growing scale. That is why we are asking the province to focus on investment in these three key areas:

First, Ontario needs to increase capacity for treatment, rehabilitation and detox services, with wraparound supports, so people can access the care when they are ready. Delayed treatment leads to relapse, chronic homelessness and escalating health care and public safety pressures.

Second, the province must invest not only in building supportive housing but in the ongoing operating funding required to provide mental health, addiction and health resources to keep people housed and stable. This keeps people out of emergency rooms and provides people with the resources that they so desperately need.

Third, municipalities need stronger provincial tools and coordinated systems to help maintain public health and safety in downtown cores, particularly when individuals are unable or unwilling to access services, and encampments are creating unsafe conditions.

Yes, this is a humanitarian issue, but it's also an economic one. When downtowns struggle, small businesses close, people lose their jobs, tourism declines and municipal revenues shrink, placing additional pressures on public services across Ontario. Targeted provincial investment upstream through more treatment, supportive housing and coordinated care reduces downstream costs to policing, emergency rooms and municipalities while helping people get the care that they need.

I thank you so much for listening, for your time and consideration. I would be happy to answer any questions you have. Thank you.

**The Chair (Hon. Ernie Hardeman):** Thank you. That concludes the three presentations.

We'll start the first round of questions with the government. MPP Clark.

**Hon. Steve Clark:** Thanks, Chair. Through you, I want to thank Greg and Brandon and Peter for your very thoughtful presentations today. I also appreciate that Peter gave a shout-out to Mike Hendren from the Ontario Conservation Accelerator.

**1420**

You mentioned Charleston Lake, so we've got to talk more about Charleston Lake. You brought it up. It was a topic at Queen's Park, and it was part of Bill 26, Mr. Dowie's conversation about creating two different new park opportunities. I felt some of the discussion at committee was a bit—maybe they didn't understand it.

I want you to use Charleston Lake as an example, because I was very impressed at the meeting that I was at in Toronto, where you talked about the accelerator and the partnerships that are taking place with land trusts and other organizations, and how these new styles of parks can be added to an existing park property, to really get the most out of these neighbouring properties that are right up against the park right now. Maybe you can elaborate on that using the local example.

**Mr. Peter Kendall:** Absolutely. Thank you for the question. There are really two parts to the Charleston Lake expansion program that we are working on, and the goal is to add 50% more to this park, which is really at capacity for most of the season and one of the most popular parks in the province.

There's a private land addition part, and so where this makes the most sense—there was one piece of land that was right in the middle of the park that the park has been looking at purchasing for about 10 years now. It was an elderly owner, in her nineties now. Something could have happened any time, and then they would have potentially lost that opportunity. Through this partnership, we were able to go and purchase the land right away, without all the government bureaucracy that's required for that, and we will sit on that piece of property until the government is ready to move it into the park. There are five or six properties like that, that we've been working with the local land trust on acquiring and moving into the park.

The second piece of that project was a large piece of public land, as well, that was currently undesignated public land. There were a lot of existing users on that land: snowmobile clubs, ATV clubs, a cross-country ski club and a lot of hiking as well. And so, the existing legislation did allow for those uses under certain circumstances, but it wasn't clear and didn't provide certainty to those users that those existing uses would be able to continue long-term. That's what the new bill and new classes of parks are allowing.

This, in our mind, brings more people out into recreation. It's being more inclusive of all the users that exist there long-term and people who've got interests in those areas, while still allowing us to expand the park system in a thoughtful way. It also provides better monitoring and control of those other uses.

**Hon. Steve Clark:** So in my case, I'm going to get a bigger park, right?

**Mr. Peter Kendall:** Yes.

**Hon. Steve Clark:** And, it's going to have new opportunities. So the existing uses are going to stay, but the actual park proper isn't going to change. The park will stay the same.

The accelerator fund, the way the Minister of the Environment explained it to me—regardless of who's involved, whether it's a land trust or private sale, there's always going to be some form of public access to the park. Can you speak to that?

**Mr. Peter Kendall:** I think I might put it differently. Historically, what I've called traditional park-users—so the hikers, the canoeists and bike people in some places—have been at odds with the ATVers, the snowmobilers and other motorized users. And it's been a bit of a shame because we all enjoy being out in the outdoors and using these areas. This process has brought everybody around the same table and working together on how we can continue to use the area for all of these uses, in a well-managed way.

**Hon. Steve Clark:** That's perfect. And then your budget ask: What could that potentially do in terms of adding property? Can you ballpark your budget ask versus the impact in Ontario?

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

**Mr. Peter Kendall:** That's a hard question.

**Hon. Steve Clark:** I can't ask all easy ones.

**Mr. Peter Kendall:** The greenlands program, the other land acquisition program run by the province has a 5-to-1 matching ratio on it, so I think we can do that or better through this program. From a dollar standpoint, it could leverage \$50 million in third-party or private contributions.

What that means in terms of hectares—we already have 150 projects under way. We've done the analysis across the province. There are 1,800 properties that could be added to provincial parks that we're starting to work on. Those are all at least 100 acres or more, so it could be substantial.

**Hon. Steve Clark:** Great, okay. Thanks.

Thank you, Chair.

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

**Ms. Jessica Bell:** My first questions are to Greg Ridge, the councillor from Kingston.

When you were talking about the issues that you're facing downtown, with businesses being impacted by individuals struggling with mental health, addiction and homelessness, it feels very similar to what is happening in downtown Toronto—very similar.

You mentioned that there were approximately 372 people who are unhoused in Kingston. Can you just confirm that, based on your numbers?

**Mr. Greg Ridge:** Yes. Thank you so much for the question. That's people who are currently identified through our housing system and social services as chronically unhoused, so yes, living on the street.

**Ms. Jessica Bell:** And then, you mentioned some of the proposed solutions to this, which would include thinking about what the provincial government could do with upstream solutions to address downstream problems. You mentioned increased capacity for treatment and wrap-around supports, increased investment in building sup-

portive housing and providing operations funding to provide help to people who are living in supportive housing.

What I would like from you is if you could just flesh those asks out a little bit more for us. What would that look like in terms of funding requests, the size of the request—just so we can get a better picture of how we can address some of these issues in Kingston.

**Mr. Greg Ridge:** Sure, thank you so much.

What we currently have in terms of provincial investment around our integrated care hub, for example—which is a safe supply site and is part of other services that I had mentioned that Kingston had developed and we have a permanent funding envelope from—for the province, it's \$2 million. We would be looking at investment that would be upwards of \$2 million, in terms of rehabilitation and detox services, to increase the availability for individuals. Currently, as I said during my presentation and in the written materials, it's approximately, at minimum, a six-month wait for individuals who are looking to access those services. In my experience with those individuals, when we have those conversations, when people come to myself or to other public officials looking for guidance to that, they want help immediately. They're looking for help immediately and if they are—as has been 100% of the case with my conversations—struggling with addictions to such a degree, they will, guaranteed, have a relapse in terms of that.

In terms of other services and investment, the city does a lot of investing in wraparound supports for social housing, supportive housing and transitional housing. We would like to see additional investments there. What that would mean in terms of a number amount, again, I would estimate—I didn't come here with those numbers, but we can look at what's provided elsewhere—\$3 million to \$5 million, in terms of investments the city makes in supportive housing. To match the municipal investments, I think it would go a long way towards the wraparound supports, in particular—the social workers, the health care that's needed for these individuals. I think that that would be incredibly important and it would also make sure that people stay in housing as opposed to relapsing or recidivism into being unhoused.

**Ms. Jessica Bell:** Thank you for those specific examples.

It's safe to say in downtown Toronto the problem is getting worse, not better. Would that be an experience you're seeing in Kingston?

**Mr. Greg Ridge:** Yes, that is the experience we're seeing. There's an 8% increase from last year in terms of individuals who are chronically unhoused.

Since I've been elected, our by-name list, which is what the housing department uses to track people who are precariously housed—so that includes chronically unhoused—went from 270 individuals to—now it's 600. That's within a span of three years, so it's definitely accelerating. It's not something that, even, has levelled out and is continuing to be a very, very serious issue, not just for the people who are affected by it directly but also for everybody else.

**Ms. Jessica Bell:** Thank you for that.

Additional questions for Brandon Maracle from the Indigenous friendship centre in Kingston—thank you for coming here. These are mainly just confirmation questions. The centre is asking for a \$16-million increase in funding to friendship centres?

**Mr. Brandon Maracle:** Correct.

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

**Ms. Jessica Bell:** And you mentioned that while 7% of kids are Indigenous, about 50% of them are accessing child welfare agencies. Is that correct, or no?

**Mr. Brandon Maracle:** Fifty per cent are foster care cases.

**Ms. Jessica Bell:** Foster care cases, thank you.

And then, you also spoke about the need to expand emergency services. You mentioned that there were 200 people from Kashechewan who had come down to Kingston.

1430

**Mr. Brandon Maracle:** Yes.

**Ms. Jessica Bell:** What kind of support do you provide for people who are here temporarily? And is the number of requests that you are receiving for emergency support on the increase?

**Mr. Brandon Maracle:** Yes, it's on the increase. The services that would be available to those individuals would be our entire portfolio, which would include a range of programs, including Indigenous mental health, assistance with grocery shopping, child care, youth programs, an alternative secondary school program, our legal services, language courses. Truly, the entire centre is supporting these individuals, which creates a high demand—

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

MPP Cerjanec.

**Mr. Rob Cerjanec:** Thank you to the three of you for your presentations.

Peter, I'm very interested in the work that the Ontario Conservation Accelerator is doing and how we can leverage folks with private resources who care very deeply about our natural environment and want to preserve that for the next generation and provide public use and access to it as well. I understand that the province has provided some funding in the past towards initiatives of this nature. You're asking for an additional \$30 million over the next three years. Is that correct?

**Mr. Peter Kendall:** Yes, that's correct.

**Mr. Rob Cerjanec:** Do you know how much has been privately invested—and I use the term “invested” because it's investing in our shared future—into conservation like this in Ontario?

**Mr. Peter Kendall:** No, not off the top of my head. We've been operating for two years now. We started with a \$1.5-million budget. We ended that year with \$10 million, and we're probably going to end this year at \$40 million—and we're one organization. So it's in the hundreds of millions. That's primarily for land conservation that's being locked away; not land conservation that is being added to parks to provide better access for people.

**Mr. Rob Cerjanec:** And you say you've got about 150 projects under way right now?

**Mr. Peter Kendall:** Yes.

**Mr. Rob Cerjanec:** So that \$30 million—I think it's along the lines of my colleague from here, MPP Clark. The impact that you might be able to have in the province in 10 years, 20 years—how many acres are we looking at? What does that look and sound and feel like?

**Mr. Peter Kendall:** It feels significant. I have a hard time putting it—I kind of feel like I'm in an Austin Powers movie here, with the fish tanks, and if I don't get the answer right, I'm going to be slowly lowered into the fish tanks.

**Mr. Rob Cerjanec:** The shots are going to be great after.

**Mr. Peter Kendall:** Certainly, we know the demand is there.

If you look at ways of expanding access to parks, this is by far, we feel, the most cost-effective way to do it. For example, we're looking at one up at Arrowhead. It's a large piece of land that has a lake on it. It's abutting the park. We're looking at a land swap there. Instead of having to build all-new infrastructure, the infrastructure comes right to the border of the park, and you can easily move it into that new section and have new campgrounds set up almost immediately at very low cost.

**Mr. Rob Cerjanec:** I appreciate that.

I'll just make one comment, Greg. In the town of Ajax, a little bit of a different community than Kingston in some ways—a bit more suburban, a little more interconnected to the GTA—we very much are experiencing many of the same problems and challenges that you are in Kingston, but I know, in MPP Hsu, you've got a great advocate there.

I'll pass it over to MPP Hsu.

**The Chair (Hon. Ernie Hardeman):** MPP Hsu.

**Mr. Ted Hsu:** I'll start with Mr. Ridge. You're a member of the board of directors, I think, of a downtown business association. If you polled your members, the downtown businesses in Kingston, what would be their number one concern?

**Mr. Greg Ridge:** Thank you for the question. It would be safety and security for their business and employees.

**Mr. Ted Hsu:** Let me underscore that: The number one concern of businesses in downtown Kingston is safety, and that's a result of the struggles that we're having with mental health and addictions and homelessness. So this is not just a social do-gooder thing. It has a big impact on our economy in Kingston, right?

**Mr. Greg Ridge:** That's correct, yes.

**Mr. Ted Hsu:** Is it fair to say there are people coming from different parts of the province to Kingston who are homeless or have—

**Mr. Greg Ridge:** Yes, that would be correct, that they're kind of migrating from one urban centre to another. Yes.

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

**Mr. Greg Ridge:** One specific incident that I can relate to you that proves this theory, aside from surveying that was done by the police and our housing services in 2021: There was an individual who attacked another person in a

shelter, slashing their throat. When the police investigated that incident, it was determined they came from Orillia not that long ago.

**Mr. Ted Hsu:** So is it fair to say it's a provincial problem that Kingston is trying to solve on its own and needs some help with?

**Mr. Greg Ridge:** I think you are correct. Every municipality is trying to solve this in their own way with the resources that they have. While I am very appreciative for the investments that have been made by the provincial government for these services in the past, based on the evidence—experiential and data-based—more is needed, certainly.

**Mr. Ted Hsu:** Okay. Thank you.

That's enough for this round.

**The Chair (Hon. Ernie Hardeman):** We'll now go to MPP Brady.

**Ms. Bobbi Ann Brady:** I'll follow up on my colleague MPP Hsu's line of questioning as well. I thank all of you for coming here this afternoon, first of all.

Mr. Ridge, I want to applaud the work that you have undertaken as a councillor. I feel your frustration with respect to helping return your community to a safe place to do business and to live. It doesn't matter where we go with the committee or as members of provincial Parliament in this province, we see every single community across Ontario facing the severe homelessness and mental health pressures, and I also see a patchwork of approaches.

Following up on what my colleague was saying, I'd like to know what makes Kingston's approach unique or strategically important for provincial investment. How would provincial support here in Kingston generate measurable, system-wide benefits? Because one of the problems I see is that we clean up issues in one town and we kick the can down the road to the next community. How do we prevent that?

**Mr. Greg Ridge:** Thank you so much for your question. I think that that's really important. Touching upon the strategic importance of Kingston: It's the largest health care catchment area for eastern Ontario, so it logically makes sense that individuals are going to come to that area if there are increased services in one specific place within eastern Ontario.

One of the arguments that could be made is to ensure that there's a strategic level of care that's existent within every urban area to help address that, in case there are cases of people going from one municipality to another as a result of that. It could be that other investments are made in specific urban centres and that as those investments are made there, part of the strategic approach is that those urban centres get more investments, both for those services and also for safety and security when it comes to policing, for example.

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

**Mr. Greg Ridge:** I think that those are steps that the government could take to address those issues in a more systemic way, because I do agree with you and your comments, because this is something which has been crudely described to me as whack-a-mole. You're trying

to address this here, and then it pops up here. Even within the municipality itself, these issues occur. You put in services here, and then they appear somewhere else in the city. That's why more of a blanket, strategic approach, I believe, is appropriate in this case.

**Ms. Bobbi Ann Brady:** Yes. I believe there's a role for the provincial government to play in that, to stop the patchwork of approaches from one community to another. There are communities who do it well and there are communities who don't do so well, so I believe there's a role.

I'm just wondering: From your perspective as a councillor, should we be leaving that responsibility in the hands of folks like you sitting around the council table, or would you be happy to have the province come in, get rid of that patchwork of approaches and create a more consistent playing field?

Then, following up on MPP Hsu's point about folks from other communities moving into yours, should we be looking at repatriation?

**Mr. Greg Ridge:** Thank you for those questions—

**The Chair (Hon. Ernie Hardeman):** Yes, very good questions, but no time for an answer. Thank you very much.

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

**Mr. Brian Saunderson:** I want to thank each of our presenters for coming today and sharing your expertise, but also for the hard work you do in your communities to help serve your constituents, as well.

I'm going to pick up a bit with you, Peter, talking about the importance of conservation and expanding the parks. We here in Ontario almost have half of Canada's population, with 40% of Canada's population. During that time, you indicated that this government has actually been the most aggressive in terms of expanding our parks.

But having said that, the expansion, I'm sure, is not keeping up with the population growth. We've seen from the pandemic how important it is for people to be able to get out into nature, to get out into their natural surroundings and enjoy that therapeutic value—and we've talked a lot about mental health and addictions today.

1440

But we had some discussion through MPP Cerjanec about other programs, and the Greenlands Conservation Partnership with the Nature Conservancy of Canada comes to mind. Since 2024, they have accumulated 166,000 hectares, which is about 20% of the size of the greenbelt, which is two million acres. We just recently made a four-year commitment for \$20 million to help them expand that program.

It sounds to me that there's a similar concept lying at the bottom of that with your request of \$30 million over three years to help expand our parks to give access, create new parks, expand operating parks and create new camping sites. And I think you said you could leverage about 5 to 1 on the private contribution, based on the provincial contribution. I'm wondering if you could just walk us through what you foresee would be the implications for the residents of Ontario.

**Mr. Peter Kendall:** Certainly. You're absolutely right: 5 to 1 is what the greenlands program has been achieving. It is officially a 2-to-1 matching program, but they've been doing a lot better than that goal.

Probably the best way to illustrate it—this past Monday, my wife and I were up at 6:30, waiting to try to get a campsite in Lake Huron for the summer. Seven o'clock rolled around, hit the button, didn't get the campsite. When we talk about having 14 million visitors to Ontario parks, what we're not counting in that number is all those people who hit the button and didn't get a campsite as well—so, huge additional demand and huge additional revenue opportunities for the province as well. If my number is right, I think parks cover about 85% of the total costs, so there's not many government programs like that out there.

The average Ontarian has to travel almost three hours to get to an Ontario park right now, so the work that you guys are doing—and we're helping to chair the committee for Minister McCarthy on urban parks. But that work is certainly incredibly important as well in getting access to nature closer to where people live as well—and, as you mentioned, certainly all the health benefits, the mental health benefits, and just the well-being of Ontarians and the economic development.

**Mr. Brian Sanderson:** Thank you for that and thank you for your work.

As a follow-up, I'm going to change tacks a bit and I'm going to turn to you, Greg. I came from the municipal sector as well, so thank you for the work you're doing in Kingston. I know municipal governments are the most efficient level of government, but also the most granular and the most immediate for their constituents.

Earlier today, we heard from Kim Gifford, who you may know is the chief executive officer of the Lanark, Leeds and Grenville Addictions and Mental Health program, and she was talking about the Leeds-Grenville HART hub, and also how it's going to be expanding into Brockville. Her comment to us is this is a program that's working. It's getting results for the individuals that are going through the addictions. Before, it was a fragmented process, and so now this is an improvement. But, certainly, we're seeing, with the rise of addictions and mental health, there are different stresses and certainly it's impacting our municipalities, as you've very well outlined.

It seems to me that we're dealing with a world where we have limited resources, so it's a bit about efficiencies and the scope of responsibilities of municipal governance. I know at AMO and through—

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

**Mr. Brian Sanderson:** Okay. I'll hurry up.

I've been involved with discussions about changes in service delivery, and we know that one of the big pinch points for housing is linear infrastructure—water and waste water—and that's a huge burden for municipalities. You have a 25% debt ceiling under the Municipal Act. And so, if we were to remove that from the municipal world and allow you to have more flexibility then in how you might be investing monies to most efficiently and

directly serve your residents, would that be of assistance to you?

**Mr. Greg Ridge:** Thank you for your question. I always think it's important that municipalities exercise financial prudence within the resources that they have. Removing that borrowing limit would be one way. Another way would be the introduction of municipal service incorporation that would allow additional leverage in terms of the assets that Kingston has already invested in. I actually would really support that initiative.

**Mr. Brian Sanderson:** Okay—and that's where I was going, municipal service delivery incorporation. I wasn't going to change your debt load. I'd get in trouble for that.

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

We'll now go to MPP Pasma.

**Ms. Chandra Pasma:** Thank you to our presenters for being here this afternoon.

Mr. Ridge, I'm going to start with you. What you were saying about downtown Kingston sounds very much like downtown Ottawa—not only downtown, but now spilling over into suburban ridings like mine, just because of how large the scale of the problem is.

You mentioned the wait time for treatment services. On the other end of that, I'm wondering, do you have a wait time, a wait-list, for supportive housing units?

**Mr. Greg Ridge:** Yes, we have a very long wait-list for supportive housing units. We currently have 295 supportive housing units in our housing stock. The wait time for that could be years. On our social housing registry wait-list, there are approximately 1,400 people on the wait-list. Each individual has different needs, so that has to meet the physical infrastructure of the unit—for example, it could be two bedrooms, it could be other accessibility considerations—and that can increase the time that people are waiting.

So, yes, on top of that bottleneck, we also have an additional bottleneck for individuals that qualify but are not able to get the housing due to it not existing.

**Ms. Chandra Pasma:** And I know you're not an expert in mental health and addictions recovery, but in your role as city councillor, have you seen what the impact is of being on a wait-list for supportive housing? You know, you've gotten treatment, your substance use disorder is under control or your mental health condition is well-controlled, and now, you don't have a place that's affordable with the wraparound supports. What's the impact on the individuals? What are you seeing as a municipality as a result of that?

**Mr. Greg Ridge:** We are seeing a large degree of recidivism back into being unhoused or being precariously housed. There have been studies done about this by the University of London—looking at London and Kingston in particular where recidivism rates can be as high as 80% for individuals who've gone through the service but then they're waiting or they're stuck in limbo for supportive housing.

One of the ways we reduce recidivism is obviously to make sure that the housing is available and wraparound



services are available as soon as possible. But it's also other programming that could be done in terms of introducing people to responsibility or senses of community. We've done the micro programs like that and funded them through city grants that have seen some success, but none of that will replace actual housing.

**Ms. Chandra Pasma:** So the low-hanging fruit is being done by the municipality and what you need is the support to actually provide the supportive housing so that you don't then have the cost of paying for the same intensive treatment twice?

**Mr. Greg Ridge:** That's correct.

**Ms. Chandra Pasma:** I noticed in your submission you said that "the time estimated to be spent by officers awaiting transfers to medical care for individuals with mental health and/or addictions was 1,426 hours." So, that's another area in which the city is then paying for the fact that there aren't adequate supports to assist these people in the first place.

**Mr. Greg Ridge:** That's correct, because then we have to invest in additional policing resources to make up for that gap. What ends up happening is that it becomes such a factor for policing that they are not able to respond to other crimes that may be of less severity but still require police intervention, due to so many officers literally waiting in emergency room waiting rooms with people for transfer. This is a huge issue in terms of pressures on our police, on top of other pressures for policing that municipalities face.

**Ms. Chandra Pasma:** You mentioned the need for sustainable operational funding for the supportive housing as well. If you can't operate a bed, it's essentially furniture. It's no longer a supportive place for an individual to live.

What's the gap for sustainable operating funding that the city would need to ensure that every unit is being used to its full potential?

**Mr. Greg Ridge:** We are already paying in terms of additional services for supportive housing—approximately \$3 million to \$4 million a year, on top of the supports that we are receiving from the province or through other forms of funding. That alone would allow the city to invest that much more in terms of services that are being provided. But we also invest a considerable amount of physical infrastructure as well. We have \$39 million in works in progress going on.

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

**Ms. Chandra Pasma:** Thank you very much.

Mr. Maracle, I was quite struck by your report earlier about the full scope of services that your organization is providing to the individuals who have been evacuated from Kashechewan. This is a new issue to me. I'm wondering, is there emergency services funding that comes to your organization to provide all of these services?

**Mr. Brandon Maracle:** Yes, it's quite small. We've received a total of \$10,000 to support initial initiatives. I understand that the situation is still ongoing, and I hope for additional funding coming forward, but as it stands right

now, to care for our kin who have newly arrived, we must wear this on our shoulders for this period of time.

**1450**

**Ms. Chandra Pasma:** And how many days would \$10,000 cover?

**Mr. Brandon Maracle:** Not enough. The \$10,000 would begin to support—

**The Chair (Hon. Ernie Hardeman):** We're out of time. Thank you very much.

MPP Hsu.

**Mr. Ted Hsu:** I'd like to ask Mr. Maracle to talk about the programs for children's wellness. Many of us here are familiar with organizations like the Boys and Girls Club—it's very big—so they're familiar with what the Boys and Girls Club does. I was wondering if you could contrast what your programs do and what the boys and girls club does, just to give people a better idea of why your program is needed.

**Mr. Brandon Maracle:** Friendship centres provide all the services that they do, integrating traditional ways of knowing and being, and this is true for our Akwe:go and Wasa-Nabin programs. The Boys and Girls Club and other similar services are wonderful and very beneficial for Indigenous youth, but they often lack the cultural sensitivity and know-how to support these children in the ways that they need—or understanding the effects of inter-generational trauma, as well as the need for reconciliation in an authentic and substantive way. These programs involve traditional teachings—medicines—that allow these children to develop hope for a day tomorrow and for the benefit of the seventh generation.

**Mr. Ted Hsu:** What about legal aid or legal help programs? What's the benefit of having something that's Indigenous?

**Mr. Brandon Maracle:** Indigenous individuals are generally skeptical of government institutions—so court systems, health care, all those things. This extends into the services that provide assistance within court systems and health care. An Indigenous lawyer providing support to an Indigenous client in an Indigenous space increases attendance to meetings for low-income individuals, which is a challenge for legal aid lawyers. Our particular KILC, the Kingston Indigenous legal centre, does not do income testing, which allows those who make minimum wage who no longer qualify for Legal Aid Ontario to actually receive the support and legal advocacy.

**Mr. Ted Hsu:** Thank you.

Back to Mr. Ridge: I just wanted to give you a chance to elaborate on some of the things that Kingston is doing to provide supportive housing, which is something that the big city mayors have recommended as one of the key things that we have to do about mental health, addictions and homelessness. What is Kingston doing on its own right now in supportive housing, just to give people an idea of what would happen if the province could provide some more funds to help attack this problem?

**Mr. Greg Ridge:** We have just invested an additional \$3.5 million in the creation of 28-to-35 additional supportive housing units. In addition to that, we've invested \$6.5

million in a shelter that currently will be operational by the end of the month. We have, as I mentioned earlier, 295 supportive housing units. In total, we have 205 shelter beds and 2,926 units—RGI, affordable housing, social housing and so on. So the percentage in terms of the actual housing that exists in Kingston is quite a bit higher than what I would say other municipalities are doing. And we are taking on the additional costs through both the physical investment and supportive wraparounds where the province funds don't meet our goals.

**Mr. Ted Hsu:** For people who need supportive housing, how useful is it to have family and friends around?

**Mr. Greg Ridge:** It's very useful. It's very useful, but a lot of people don't have those resources.

**Mr. Ted Hsu:** Would it be fair to say, for the people who have moved to Kingston for whatever reason, that if they were able to access supportive housing in the communities that they came from, they would be better off and that the money spent on supportive housing would go further because they had the support of family and friends?

**Mr. Greg Ridge:** I think that that would go a long way in terms of people's sense of community, which is one of the things that has been shown to reduce recidivism in supportive housing, as well as, I think, also distributing the potential costs across municipalities more equitably.

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

**Mr. Ted Hsu:** So would it be fair to say that because of what we just talked about, it would be more appropriate to have the provincial level of government coordinate these things so that people can get help with supportive housing in a way that we get the most out of the money that we spend on supportive housing?

**Mr. Greg Ridge:** Yes.

**Mr. Ted Hsu:** Thank you.

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

I will now go to MPP Brady.

**Ms. Bobbi Ann Brady:** We'll just go back to my controversial question on repatriation and see if you would like to comment on that.

**Mr. Greg Ridge:** I think that there are a number of challenges about repatriation in terms of people's potential charter right violations and moving people around. I think that there is something that we have to be careful about there. Also, another challenge that there could be with that particular concept is that a large amount of people who are chronically unhoused do not have any identification and getting that identification can be challenging. I know; I used to work for a member of provincial Parliament. There are a number of different things there that could make that harder, aside from the charter challenges, but I think that it would be an interesting thing and it would also put it in the responsibility of the province, which I think is where it needs to be.

**Ms. Bobbi Ann Brady:** Okay, that was going to be my second question.

But I'll move on out to Peter. I want to congratulate you on your completed programs and the projects that you have in the works. I represent a rural riding that boasts many projects like this and specifically one called ALUS,

Alternative Land Use Services; you're probably well aware of it.

**Mr. Peter Kendall:** Yes.

**Ms. Bobbi Ann Brady:** I can support projects like this because we can actually see tangible results with respect to environmental issues and problems. I am curious though, when I represent an area that has these types of things, why should we, as a provincial government, prioritize a \$30-million investment for your organizations over other conservation initiatives and how does that partnership align with broader provincial environmental and physical priorities?

**Mr. Peter Kendall:** Thank you for the question. Just to be clear, we are not looking for an investment in our organization; we're looking for an investment in MECP so that they can co-fund these projects with us and help us to leverage more philanthropic dollars.

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

**Mr. Peter Kendall:** When we're acquiring a piece of property, we will acquire the property, we take all the risk on it because the government cannot confirm that they could actually regulate that piece of property at that point, we then work with them to get it regulated and they will reimburse us a portion of our costs, so 25% or 50%—unless those are being donated or we are doing a land swap as well so that percentage overall becomes much lower. But there's no investment into OCA directly.

**Ms. Bobbi Ann Brady:** I appreciate the clarification. So there would be perhaps an opportunity for you to work with groups like ALUS to expand your initiatives?

**Mr. Peter Kendall:** ALUS's programs are focused on agricultural lands. In terms of this particular program, we wouldn't be adding agricultural lands necessarily to a provincial park because that would take away from what they are trying to accomplish. Certainly in the other part we do work with the Ontario Farmland Trust as well—

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

I want to thank all three of you for a great presentation and thank you very much for taking the time to prepare and to come here and make that presentation.

RIDEAU-ST. LAWRENCE  
REAL ESTATE BOARD

BROCKVILLE PUBLIC LIBRARY

ONTARIO DENTAL ASSOCIATION

**The Chair (Hon. Ernie Hardeman):** With that, as we're moving the people at the table, our next group is the Rideau-St. Lawrence Real Estate Board, Brockville Public Library and the Ontario Dental Association. As they are coming forward, for the Ontario Dental Association, there will be people—

*Interjections.*

**The Chair (Hon. Ernie Hardeman):** If we are going to have other delegations, please move to the back of the room, not at the table.

The delegation from Ontario Dental Association will have a group of people on virtually to help answer questions if there's any questions to be had.

We ask the three participants to come forward. There we are. As I said, this is the Rideau-St. Lawrence Real Estate Board, the Brockville Public Library and the Ontario Dental Association.

The first presenter will be the Rideau-St. Lawrence Real Estate Board. The floor is yours, sir.

1500

**Mr. Chris Wiltshire:** Good afternoon, Chair, and members of the Standing Committee on Finance and Economic Affairs. My name is Chris Wiltshire, and I am president of the Rideau-St. Lawrence Real Estate Board, representing over 160 realtors who work with buyers, sellers, landlords and tenants in our community. Thank you for the opportunity to discuss the issues facing the real estate market in our part of the province.

If Ontario is to remain a place to grow for every family, bold action is needed to build a rental system that works in every community. From Westport to North Dundas and the St. Lawrence River to the Lanark Highlands, both landlords and tenants agree that the rental market is out of balance and failing to meet their needs. Polling by the Ontario Real Estate Association conducted by Abacus Data found that seven out of 10 landlords and tenants support modernizing rental rules to better reflect today's market realities and create a more balanced system for everyone.

The Landlord and Tenant Board is a central pillar of Ontario's rental housing framework tasked with resolving disputes under the Residential Tenancies Act. In recent years, the board has experienced persistent operational and structural challenges that have weakened confidence in the rental system, affected housing stability and indirectly influenced rental supply and vacancy conditions across the province. While broader market forces primarily drive Ontario housing shortages, inefficiencies and enforcement gaps within the LTB have contributed to uncertainty and risk for both tenants and landlords.

A primary issue confronting the LTB is chronic case backlogs and prolonged adjudication timelines. During and following the COVID-19 pandemic, the number of unresolved applications grew to more than 50,000 cases. Although increased funding and the appointment of additional adjudicators have led to some improvements, many applications, particularly those involving maintenance standards, eviction disputes and tenant rights, continue to face delays for several months. These delays undermine timely access to justice and weaken compliance incentives.

The board also faces ongoing resource and structural limitations. High application volumes continue to outpace capacity, and the transition to predominantly digital hearings, while improving efficiency in some cases, has created accessibility barriers for vulnerable populations, including low-income tenants, seniors and individuals with limited technological access. These barriers raise

concerns related to procedural fairness and equitable access to justice.

In addition, the LTB has been criticized for insufficient enforcement and accountability mechanisms. Both landlord and tenant stakeholders report that serious misconduct, such as bad-faith evictions, repeated maintenance violations, harassment, fraudulent filings and abuse of procedural delays, often carries limited consequences. This weakens deterrence, encourages strategic non-compliance and erodes confidence in the integrity of the rental housing sector.

While the LTB does not directly determine rental supply, its performance influences landlord and tenant behaviour. Prolonged delay and limited enforcement increase financial and regulatory risk, particularly for small-scale landlords. In response, some landlords delay leasing vacant units, they adopt overly restrictive tenant screening practices, or they exit the rental market entirely. These responses reduce effective rental supply and exacerbate housing scarcity.

Improving LTB efficiency alone will not restore confidence in Ontario's rental system. Stronger consumer protection and sector integrity measures are required, particularly through the introduction of stiffer, clearly defined penalties for serious misconduct. Effective enforcement is essential to deter bad actors, protect compliant participants and ensure that the rights and obligations established under the Residential Tenancies Act are meaningful in practice. Enhanced penalties would also reduce misuse of the LTB process, discourage strategic delays and promote earlier compliance, thereby easing pressure on the board and improving overall system performance.

In conclusion, the Landlord and Tenant Board remains a critical institution within Ontario's housing system, yet ongoing delays, resource constraints and weak enforcement mechanisms have diminished its effectiveness. While rental vacancy rates have improved modestly, the market remains constrained, and institutional shortcomings continue to influence housing stability and supply. A comprehensive reform approach combining faster adjudication, improved accessibility, stronger enforcement tools and stiffer penalties for serious misconduct would enhance consumer protection, restore sector integrity and contribute to a more stable, fair and functional rental housing system in Ontario.

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

**Mr. Chris Wiltshire:** We urge you to include these recommendations focused on helping Ontario families in your pre-budget report, and I welcome your questions. Thank you.

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

Now we're ready for the public library.

**Ms. Christine Row:** Thank you for the opportunity to participate in today's pre-budget consultation. My name is Christine Row, and I am the interim CEO of the Brockville Public Library. I am speaking today on behalf of library staff across Ontario, who make a real and measurable

impact in the lives of millions of residents who rely on their public libraries every day.

Public libraries are essential community infrastructure. People come to libraries to work, learn and connect. They connect to government services, community supports and employment opportunities. Libraries provide access to technology, information and skill-building opportunities that many people could not otherwise afford.

At the Brockville Public Library, we see this impact every day. Residents rely on our free computers, WiFi and staff assistance to apply for jobs and access government services such as employment insurance, CPP, old age security, and immigration and settlement programs. We support seniors as more services move online, helping them book appointments, access health information and stay connected. We also welcome newcomers and individuals experiencing housing insecurity who rely on the library as a safe, accessible place to learn, connect and seek support during the day. For many residents, the public library is not just a place to borrow books, it is their gateway to opportunity, essential services and community connections.

Despite this role, public libraries have received no increase in provincial operating funding for more than 30 years. Over that time, the real value of provincial investment has declined by over 60%. While municipalities provide the majority of library funding, the provincial contribution remains essential to sustaining services and responding to growing community needs.

Ontario's public libraries are requesting an additional \$25 million annually in provincial operating funding. This investment would advance shared provincial priorities including job training and skills development; early literacy and K-to-12 student success; support for seniors, newcomers, working families; and strengthening libraries' capacity to respond to mental health and addiction challenges.

In addition to operating funding, libraries urgently need provincial support to address the escalating and unsustainable cost of digital resources. At the Brockville Public Library, reflecting the trend across Ontario, the cost of digital materials such as e-books and audiobooks and online learning and research databases now exceeds our spending on physical collections. This is despite cancelling popular digital services and valuable databases because costs became impossible to manage. As a result, we are no longer able to meet growing community demand for electronic resources.

#### 1510

Digital resources support critical needs, including career training, language learning, tutoring, health information and services for vulnerable residents. As artificial intelligence continues to reshape how people learn and work, public libraries are well positioned to provide public access and understanding of AI. However, without affordable, high-quality digital learning tools, libraries cannot support meaningful AI literacy.

An annual provincial investment of approximately \$15 million in the Ontario digital public library would allow

every Ontarian to access a shared suite of high-quality digital and e-learning resources through their local public library. This would build on the province's existing investments in broadband connectivity and ensure that access to the Internet is matched with access to the tools and content people need to succeed.

Before closing, I want to acknowledge one of the most pressing challenges facing public libraries today—which sounds like something you've heard already—which is the intersecting crisis of mental health, addictions and homelessness. Libraries open their doors to everyone: families, seniors, newcomers, students and, increasingly, people who have nowhere else to go during the day. When mental health, addictions and housing supports fall short, libraries experience the impact directly. Library staff are being asked to respond to crisis and support people in distress—work they were never trained to do.

Libraries were built to support learning access and community connections, not to replace an overstretched social safety net. We urge the government of Ontario to work with municipal and federal partners to develop a coordinated approach to mental health, addictions and homelessness—one that ensures people receive appropriate support before they arrive at the library in crisis.

In closing, when Ontario invests in public libraries, it invests directly in jobs, literacy, digital access and community well-being, outcomes that benefit every corner of this province. Thank you for your time.

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

The next presenter is the Ontario Dental Association.

**Dr. Lance McIntosh:** Good afternoon to the Chair and committee members. My name is Lance McIntosh, and I am here representing the Ontario Dental Association. I have been a practising general dentist in my hometown of Prescott, just east of Brockville, for the last 30 years, and serve as president of the Brockville Dental Society and I'm a member of the ODA's political action committee.

The ODA is the voluntary professional association for Ontario dentists. We represent around 11,000 dentists practising in over 6,000 locations across Ontario. We strongly believe every Ontarian deserves access to high-quality, timely dental care delivered by a dentist of their choice. To achieve this, we are asking that budget 2026 prioritize patient-focused solutions so Ontario remains a leader in dental care.

I'd like to begin by thanking this committee and the government for your support and action to improve access to dental care for vulnerable children and adults. In Ontario, we have the Healthy Smiles Ontario program for children and the Ontario Disability Support Program, or ODSP, for Ontarians with disabilities and their families. As a result of the government's decision to coordinate these provincial programs with the relatively new Canadian Dental Care Plan administered by the federal government, more children from low-income families and more individuals with disabilities now have access to greater coverage with no out-of-pocket cost. A number of patients

in my practice are now benefiting from this coordination of benefits.

This is making dental care more accessible across the province while at the same time saving the government and taxpayers money—definitely a win-win situation. Ontario dentists and their patients would be appreciative if the standing committee formally endorsed the existing coordination of benefits, which is currently an interim measure.

To remain a leader in dental care, Ontario must also address severe workforce shortages in the dental sector. Patients right across the province, from Brockville to Oxford to the GTA to Algoma-Manitoulin, urgently need more dental assistants and dental hygienists. Statistics Canada reports 83% of dental offices having staffing and human resource challenges, with half having difficulty recruiting dental assistants and dental hygienists.

One of my dental assistants recently had to go on long-term disability and we advertised the position online for over a month. Out of more than 30 applicants, we received two applications that were from trained dental assistants. A dentist colleague here in Brockville recently borrowed dental assistants from other practices in order to provide treatment for his patients.

This shortage has real impacts for our patients, including delayed treatments, cancelled appointments and reduced hours of service. Ontario has introduced changes making it easier for some health professions, including dental hygienists, to work in Ontario through expanded as-of-right rules. This is a positive development, but patients need similar solutions to address the shortage of dental assistants.

Ontario dentists have practical, common-sense solutions to reduce the red tape contributing to this workforce shortage. We are calling for action so out-of-province dental assistants can practise their full scope of care in Ontario without having to retake their training. We are also proposing that dental assistant students from rural, remote and northern communities should not have to relocate or travel hours to complete their training. Regulated local dental clinics are willing to provide practical training: They just need a streamlined provincial approval process.

The Ontario Dental Association is your partner in training the next generation of oral health care providers. We are seeking your support for our Skills Development Fund application to train 120 new dental assistants in collaboration with Anderson College. By cutting red tape and investing in education and training, we can address the oral health workforce shortage head-on and strengthen access to dental care for patients across the province.

I also want to share our concerns about the proposed scope-of-practice changes currently being considered for dental hygienists and denturists. We recognize the valuable services that these professions provide. I employ several excellent hygienists and work closely on a regular basis with two denturists here in Brockville.

However, the current proposals that would expand their scopes of practice beyond what they are educated and

trained in pose serious risks to patients. We are asking you to please hit the pause button on these proposals to allow time to appropriately consult, so we can come up with solutions that respect everyone's training and are fully in the interests of patients. The dental care system we have now provides comprehensive and, most importantly, safe care to our patients; let's not compromise it.

I appreciate the opportunity to share these solutions being proposed by Ontario dentists. Let's continue building on the important progress we have made to make Ontario a leader in dental care by:

(1) Preserving the coordination-of-benefits approach between the Canadian Dental Care Plan and provincial dental programs—making this approach long-term and lasting will continue to save the Ontario government money and is a win for patients, taxpayers and oral health care providers;

(2) Reduce red tape and invest in a strong talent pipeline so patients have access to the dental assistants and dental hygienists that they urgently need; and

(3) Protect patients' safety and quality of care through necessary consultation on dental hygienists' and denturists' scope of practice.

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

**Dr. Lance McIntosh:** The Ontario Dental Association is your partner in achieving an accessible and sustainable oral health system for all Ontarians. Together, we can deliver tangible benefits for patients, dentists and dental teams in budget 2026 and beyond. Thank you.

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

We now will go to the first round of questions. We will start with the official opposition. MPP Pasma.

**Ms. Chandra Pasma:** Thank you so much to each of our presenters for being here—some very different presentations, but all very interesting.

Mr. Wiltshire, I want to start with you. It was good to hear the Rideau-St. Lawrence Real Estate Board speaking about the challenges with the Landlord and Tenant Board at the recent real estate association lobby day at Queen's Park. I know the Ottawa Real Estate Board, who came to meet with me, raised the same concerns. I think the fact that real estate associations are speaking out about this issue speaks to how significant it has become for communities across the province.

**1520**

I want to look a little more closely at two of the issues that you raised. The first is barriers to procedural fairness at the LTB, and particularly around the digital-first model. I have an apartment building in my riding of Ottawa West-Nepean, 2400 Carling, which just received an AGI, the second in two years. The tenants are challenging it at the Landlord and Tenant Board. It's a building of primarily seniors so many of them don't even have access to the Internet. The tenants work together for their participation in the hearing. They requested an in-person hearing and were denied by the LTB, but they had so little familiarity with the technology that they were asking my office—and we were asking ACORN—to help them get set up to

participate in the hearing in their common room, which I think anyone would recognize is a barrier to fairness, especially when you're talking about a large real estate corporation on the other end that has no problem with the technological aspect.

I'm wondering, in your region, what challenges are you seeing with a digital-first approach?

**Mr. Chris Wiltshire:** Thank you for your question. I'm 53 years old and I'm not very good with computers myself, and I have been in real estate for several years now. Technology continues to change and stuff like that, so I can see the older demographic and such not having easy access to the LTB.

Before COVID, I think most of the issues were brought up in person and you would sit in front of the adjudicator. I think that COVID changed that more to a virtual system. Previous to COVID, accessibility issues and such like that would obviously be more of a hybrid type of online thing.

I think that we have to go back to pre-COVID, and whether it's hiring more adjudicators to cover some of these cases in person, I think that would help a lot. I know that with Bill 60, some of the changes within the LTB are going to help, certainly. But I think, yes, going back to a more primitive way of hearing cases and stuff like that is certainly going to help.

That being said, more adjudicators, I think, is the key.

**Ms. Chandra Pasma:** Right. So a person-centred approach, not a digital-centred approach.

**Mr. Chris Wiltshire:** Correct, yes.

**Ms. Chandra Pasma:** Another area that really struck me was when you mentioned central enforcement and stiffer penalties. I have a major landlord who had a bad-faith eviction of 124 units. The tenants fought back; that was ended. Then the landlord targeted one of the activist tenants with an eviction, claiming he had engaged in harassment. He fought that successfully. There have been zero consequences for this landlord. In fact, he actually succeeded, you could say, because 80% of the tenants in the building left because of the uncertainty and the process that they had to follow in order to maintain their housing.

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

**Ms. Chandra Pasma:** So, it's incredible. We saw the rents go up over \$2,000 with zero consequences for this landlord when the Residential Tenancies Act is supposed to protect them.

Within your region, what are you seeing that leads to you to call for stronger enforcement, and what would you like to see in terms of that enforcement?

**Mr. Chris Wiltshire:** I think there are bad actors on both sides, so the landlords and the tenants as well.

Going back to, I believe it was in 2022, a town close to Brockville, a company—I'm not sure exactly where they were from—came in and they bought apartment buildings. It was about 100 people who were renovicted. From what I understand, within the Landlord and Tenant Board, there is a first right of refusal for those tenants. Should the property get renovated, they have the first right of refusal to come back at the same rent. I don't know exactly what happened in that case—

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

MPP Cerjanec.

**Mr. Rob Cerjanec:** Thanks to all three of you for your presentations today.

Chris, just on the real estate market within Rideau-St. Lawrence, within your real estate board—year over year, has everything been generally pretty flat in terms of sales, those transactions taking place, prices? What does that look like from your perspective?

**Mr. Chris Wiltshire:** If we're going to go back to COVID times—it was absolutely insanity. I think that because of what happened—the adjustment in the market, where we saw homes that would generally go on the market for \$250,000 were now selling at \$400,000, that kind of a thing, which also put strain on the rental market.

Since the COVID times, say, 2023, as that ended—2024, 2025 became normal, pre-COVID time again. A regular home would generally sit three months—instead of a day, a week, during COVID.

**Mr. Rob Cerjanec:** So I guess the concern from your board is more around the Landlord and Tenant Board itself right now. Would you say that or—

**Mr. Chris Wiltshire:** I think that we're seeing more issues; I certainly am—first-hand experience as a realtor, also as a property manager. I am seeing some of my clients, both tenants and landlords—mainly landlords—who are losing their properties because of bad tenancies, not paying their rent. For example, one of them was \$17,000 behind in rent. The owner had to sell the property, could no longer float the mortgage. Those are the kinds of things that I'm seeing, and it's not very nice to see.

**Mr. Rob Cerjanec:** This is something that we've been seeing, really, pre-COVID as well—over the last seven, almost eight years now in Ontario. So it boggles my mind why we haven't been able, as a province, to get a handle on this and fix this issue.

At the end of the day, the landlord-tenant system needs to be fair; it needs to be effective. There are good tenants, and there are bad tenants. There are good landlords, and there are bad landlords. It's really important that there's fairness as part of that, but that folks aren't also losing the shirts off their backs and bad actors are being dealt with in a way that upholds confidence in the system. In me, you definitely have an ally in that, because that's really important. It needs to be fair for everyone.

Christine, thank you for sharing the experience of Brockville Public Library. They're things that I hear from my public library in Ajax as well. We have a couple of branches. In the town of Ajax, our main branch is right next to a shelter; it's right next to a drop-in. So the library staff there are dealing with situations that, really, I don't think any of them envisioned dealing with when they embarked on becoming a librarian. How has that impacted your staff at your branches?

**Ms. Christine Row:** Thank you for asking.

I am new to Brockville. I was coming from Mississippi Mills, which is Almonte and Pakenham—small-town, rural,

closer to Ottawa. We would have some incidents, but they were quite rare. And then, moving to Brockville, it is a daily issue that staff have to deal with. Staff have to fill in incident reports; staff are dealing with crisis daily, so it's just time taken off doing library work.

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

**Ms. Christine Row:** But more importantly, it's taking away the library as a place that feels welcoming and safe, and that is a huge concern, because you want to open it to everybody—kids, families, seniors. If you're dealing with a crisis, it does detract from the space.

1530

**Mr. Rob Cerjanec:** I've heard from constituents in my community. They don't want to go to the library anymore. They don't want to bring their kids or grandkids to the library anymore.

For me, growing up, the library was a lifeline. It was a place where I got on the Internet. It was a place where I got to learn and explore books, wonder and be able to hang out as well. So that people are almost deciding that we're not going to go anymore, that worries me. I think it just highlights that, as a province, we've got to get a handle on the homeless situation in communities like Brockville and Ajax and others, so that everyone can go to the library and use it as a place for resources.

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

MPP Brady.

**Ms. Bobbi Ann Brady:** I just want to follow up on that as well, in case I don't get to you in my next line of questioning.

I do know how important libraries are as community hubs. I see it in my community. I spent a lot of time in my library in my hometown as a child—not on the Internet, because it wasn't there yet. But I believe that our libraries are unsung heroes in our communities. I want to thank you for the work that you do and today, sadly, work that you did not sign up for. I just wanted to put that on the table.

I will go over to Chris. I would like to know how do pressures in the rental market such as a rising rents or limited availability affect the rest of Ontario's housing market, including home ownership and housing affordability?

**Mr. Chris Wiltshire:** Thanks for your question.

I think that with the market adjustment that happened during COVID, where property prices went through the roof, the rental market also went through the roof.

I have two of my kids at home—22 and 24. To have a job and try to save for a down payment on a \$500,000 house is quite a feat to accomplish. However, there is also the rental market. So they can go in, and they can rent a two-bedroom apartment. In Brockville, you're looking at anywhere from \$2,200 to \$2,800 a month. It's not getting them out of their parents' basements, right?

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

**Mr. Chris Wiltshire:** I think what needs to be done is—I know that when we were in Toronto, at Queen's Park, and we were doing our political action stuff that we were talking about the missing middle to get people that

have been in their homes for 50 years out of those homes, into something a little bit smaller, apartment-sized type of thing, so that we can just move the people that want homes into homes.

**Ms. Bobbi Ann Brady:** Right.

How much time, there, Chair? Sorry.

**The Chair (Hon. Ernie Hardeman):** Twenty-seven seconds.

**Ms. Bobbi Ann Brady:** Quickly: LTB is not working. Should we reimagine it, or should we blow it up and start anew?

**Mr. Chris Wiltshire:** No. I think that the steps that Bill 60—some of the revisions of Bill 60 are great. We see that there are shorter eviction times, seven days instead of 14; reduced notice for owner occupancy; a shorter appeal and review time—

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

We'll now to go to MPP Clark.

**Hon. Steve Clark:** Thanks, Chair. Through you, I just want to thank Chris for the work that you do on the real estate board and the advocacy that you take place in at Queen's Park.

Christine, welcome back to Leeds-Grenville from your brief holiday up in Mississippi Mills—so glad to have you back in the riding.

Dr. Lance, thanks for your presentation. I appreciate your advocacy both locally and with the ODA.

Chris, we had the mayor of Brockville here this morning. He was our very first deputant. He was bragging a bit because his housing starts and his construction value finally beat one of Steve Clark's years, when I was mayor back many decades ago.

Is it fair to say that the growth—and I know you presented about the LTB. I just want to hear about this year in the Rideau-St. Lawrence. Obviously, you cover Lanark, Leeds-Grenville, part of Dundas.

Is it just in the high-growth areas like Brockville and North Grenville and maybe Carleton Place that you're seeing that high, high growth? Is it moderate growth everywhere else? Just what are you seeing in terms of listings and new properties coming on.

**Mr. Chris Wiltshire:** No, I think with the housing starts—Brockville, in 2025, was up 26%, something like that, so that's very promising.

As far as listings are concerned, I think, because of interest rates and what's going on with the Bank of Canada, what's going on with down south and stuff like that, that people are still a little nervous about either buying or selling their property. But it's definitely encouraging to see that the housing starts are up—not a huge amount. I don't remember what the numbers were exactly, but that's very positive.

**Hon. Steve Clark:** And the HST on new homebuyers: What do you think the impact is going to be in a community like this?

**Mr. Chris Wiltshire:** I think it's going to be phenomenal. I think that as some of the programs that Ontario has, as far as first-time homebuyers and first-time homebuyers

not being responsible for land transfer tax—all these types of things are definitely going to get people to start knocking on our doors and going to see homes. Again, get them out of their homes and—yes.

**Hon. Steve Clark:** Yes. We just had a bill before the Legislature—you referenced Bill 60. Some of the discussion within the ministry has talked about further ways to streamline development approvals and get permits pulled with municipalities. Are those some of the things that you think the government should continue to look at?

**Mr. Chris Wiltshire:** Absolutely—anything to make it easier for developers. I know that there were things like the cost of building permits and such, and those types of things. I think that's very important. My main focus right now is: I see that the government has their foot on the gas as far as the LTB is concerned, and I think that we need to keep our foot on the gas and get the landlords that do have vacancies—to get them on the market.

**Hon. Steve Clark:** Yes, absolutely. Thanks for the presentation.

So, Dr. Lance, I want to ask you because you touched on it, and I know there's been a lot of conversations at Queen's Park about the Skills Development Fund, or the SDF program. I want you to take the opportunity, in front of the committee—I know the ODA applied, and it speaks to your piece about dental hygienists and dental assistants. So can you talk about that?

**Dr. Lance McIntosh:** Thanks for the opportunity. Yes, we made an application to the Skills Development Fund last year, and we weren't successful. We have submitted another application. Basically, we've got a dental assisting program ready to go, in co-operation with Anderson College. They have several campuses across the province.

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

**Dr. Lance McIntosh:** This would train 120 new level 2 dental assistants within a year. If we are successful, we hope to start this in the spring or the summer of this year—120 spots. We've reserved five spots for Indigenous learners, and we've reserved 20 spots for learners from northern or more rural, under-serviced areas. There will not be any problem for these successful students to find jobs right afterwards. It's people that couldn't afford, probably, otherwise, the cost of about \$21,000 or \$22,000 to do the course. So we're really hopeful that this will be approved.

**Hon. Steve Clark:** And the as-of-right stuff, you're thumbs-up if there's not an onerous testing once they've moved from another province or territory?

**Dr. Lance McIntosh:** Definitely. The as-of-right was a positive thing for hygienists. For dental assistants—

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

MPP Bell.

**Ms. Jessica Bell:** Thank you to the speakers for coming in today.

My first questions are to Christine Row from the Brockville Public Library. When you were speaking about some of the concerns you had, or concerns librarians have, about people who have mental health, addictions issues or are

unhoused using libraries as a safe, warm place to stay and its impact on librarians and staff, it's something that we're also experiencing in downtown Toronto. Unfortunately, many librarians don't have the training or the skills or the time to be emergency service providers.

1540

I would like you to talk a little bit more around what impact this is having on staff, and also if you could spend a little bit more time fleshing out what you see as the solutions to some of the issues you're seeing in the library system.

**Ms. Christine Row:** Thank you. Because I'm new to Brockville, I can only speak from a very new perspective, but what I see is staff—and I know, provincially, the staff burnout is very high. Staff have experienced harassment and fearful events at work. It makes the library become a problematic place for not just the people visiting but also the staff. I know that's a big problem particularly in bigger cities.

In Brockville, you are not doing what you were trained to do. Your time is spent checking the bathrooms, making sure that person who is asleep is okay, dealing with police coming in to deal with an incident. You're not putting on those baby programs or setting up something for a school visit, so that is very problematic.

That will be something that I will be spending a lot of time looking into, what would be the solution, and I think—I'm not quite sure. I really feel like, as we're saying, urging the different levels of government to work together to come up with a solution, so that library staff who are not prepared for this don't have to deal with crises on a daily basis.

**Ms. Jessica Bell:** Thank you for that. The Conservatives, independents and Liberals—we've heard this frequently today that the impact of the homelessness, addictions and mental health issues that we're seeing are affecting public services, they're affecting emergency rooms, they're affecting small businesses, they're affecting libraries. And it does speak to the need to have upstream solutions to solve these pernicious downstream problems.

My second question is to Chris Wiltshire from the Rideau-St. Lawrence Real Estate Board. I used to spend a lot of time on housing issues and one thing that I hear is that to solve our housing supply issues, it's not just a question of building more, it's making sure that what we're building is in alignment with what is needed. For instance, construction might be focused on a certain type of housing, but it might not be the kind of housing that first-time home buyers or seniors or students are looking for.

From your perspective as a real estate agent, what are you seeing in terms of what housing needs are in most dire need of being met when we're talking about new construction?

**Mr. Chris Wiltshire:** As I mentioned before, one of the things that our real estate board was dealing with some of the MPs and MPPs and such was that missing middle: prefab homes, tiny homes, apartments.



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

**Mr. Chris Wiltshire:** The market-based attainable homes are what we're looking to see more of—just affordable housing for the people that can't afford a \$500,000 house. Those timelines are increased with prefab homes. They can be built faster. The cost savings to buyers are great—that type of thing.

**Ms. Jessica Bell:** Thanks for those examples. I frequently meet with real estate association boards, and they raise some of these issues around easing zoning requirements to build more missing middle housing, making it easier to build homes in factories and then to ship them to their final location to speed up construction timelines. Thank you so much for coming in here today and sharing some possible solutions as well.

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

MPP Cerjanec.

**Mr. Rob Cerjanec:** Thank you, and through you, Chair: Lance, thank you for your presentation. I found it interesting that you submitted a Skills Development Fund application that hasn't been approved. Do you think it will be approved this year? Do you know where it might stand on potential scoring, or if you've received feedback on that application?

**Dr. Lance McIntosh:** Thanks for the question. I don't really have any further information, just that we made an application and we weren't successful. We're just hoping that we're successful this time around.

**Mr. Rob Cerjanec:** Okay, because I hear this from time to time, whether it's in the community or outside, about folks that may have submitted Skills Development Fund applications that haven't received it, then they see other folks who have who may not have scored as well. I'm not privy to all the details behind those applications, of course, but I do appreciate you raising it today at the committee level.

**Dr. Lance McIntosh:** Through the Chair: I do have my chief advocacy and policy officer from the Ontario Dental Association available virtually, I believe. Is it possible that David could participate?

**The Chair (Hon. Ernie Hardeman):** We just ask that you introduce yourself before you speak. Go for it.

**Mr. David Gentili:** David Gentili, ODA's chief advocacy and policy officer.

To answer the question, we don't know how our application was rated last year. We've put together another application. It is a different application, an enhanced application. We're unaware of where we ranked previously.

**Mr. Rob Cerjanec:** Okay. Thank you.

Christine, you mentioned something very interesting to me during your presentation around AI, and that we need a lot more AI literacy in this province. It's a field that is growing. Frankly, I think we're falling behind right now as a province in terms of students and young people understanding, but also adults understanding it as well.

What role do you think libraries can play in enhancing AI literacy among the population, to avoid pitfalls, but also how to use it effectively?

**Ms. Christine Row:** I think that we'll play the same role that we did when training people on the Internet. We are a place where everybody in the community can come in and get help—free help—for technology. So it absolutely makes sense that AI would be the next step.

What we would do, if we had the quality online-learning resources, is have sessions at the library that would be teaching people on how to use AI constructively, how to detect AI, how to use it with your work, how to use it with your life—for all age groups, which is exactly what we do with technology. For instance, we have seniors coming in, having to learn how to use a new device that they just received or how to access online applications. We have STEM programs for kids where they're learning to use a 3-D printer. AI is just the next step.

**Mr. Rob Cerjanec:** I think the makerspaces in some libraries are fantastic and super exciting. We need a lot more of those.

**Ms. Christine Row:** Yes.

**Mr. Rob Cerjanec:** Do you think we need a provincial strategy done around AI to deal with these kinds of things?

**Ms. Christine Row:** Yes, and I believe that libraries would be happy to contribute to that as well—absolutely.

**Mr. Rob Cerjanec:** I appreciate hearing that. I think it's something that's really important because it's interconnected to education, libraries, folks having the access to stuff within the community.

I moved a bill around this in the Legislature. It unfortunately didn't pass, but I think the government is taking some stuff from that and some thoughts around that. I really hope that we're going to be able to see a massive acceleration because provincial leadership in this area, in my view, is really necessary.

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

**Mr. Rob Cerjanec:** Lastly, Chris: We were speaking a bit about the missing middle and secondary suites. Many years ago, I was part of the team that brought laneway housing to Toronto, which turned into garden suites and fourplexes and multiplexes, which is, I think, an important typology in our community and in Ontario now, if we look across the province. How is that going in your real estate board area right now?

**Mr. Chris Wiltshire:** I'm sorry, what was—

**Mr. Rob Cerjanec:** The missing middle.

1550

**Mr. Chris Wiltshire:** So I'm privy to a few projects that are coming to Brockville; I don't know if they've been approved yet—communities where that's all it's going to be: prefab housing. Some of them that I've been speaking with are going to make sure that none of the homes exceed \$400,000, which is amazing for first-time home buyers, small families, people like that. There is a lot of talk of—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. That completes your time.

I will now go to MPP Brady.

**Ms. Bobbi Ann Brady:** I'll go to Dr. McIntosh. I think many people, sadly, are still of the mindset that dental care is a luxury and we all know, as policy-makers, that oral health is closely linked to overall health. I'm wondering if

you can speak to how investments in dental care, particularly improving access and preventative services, can reduce pressures in cost elsewhere in our health care system—so I guess describing the ROI of strengthening Ontario's dental workforce and the system altogether.

**Dr. Lance McIntosh:** Thank you for the question. Yes, there is some good data—it's a little older now, but from 2019. Back then, they showed that visits to Ontario emergency rooms for non-traumatic dental issues—there were over 60,000 of those visits in a year at a cost of over \$30 million to the province. I'm sure that that has probably gotten more expensive now. And that doesn't include—I believe they found there were over 70,000 visits to physicians' offices for non-traumatic dental issues. It's really sad because a lot of times, there are painkillers and antibiotics prescribed, but the problem isn't solved. The treatment is not done; it's just pushed down the road a little farther.

That's why, for years, we've been advocating for the Ontario dental plans to be funded properly and just to improve access to oral health care. Like I say, this coordination of benefits is really helping us because it's covering the treatment first and they're averaging about 80% to 85% of the fee guide. So by coordinating the benefits, the Ontario plans are only picking up another 15% to 20%, so it's actually saving the government money. We were covering about 30%. So there are definitely many, many benefits.

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

**Ms. Bobbi Ann Brady:** And I'm just wondering where we are at today with respect to the shortage of dental assistants. Are we in crisis mode? Are we at a point where it's impeding and affecting the ability of dental offices to operate at full capacity? Where are we at?

**Dr. Lance McIntosh:** Oh, definitely. It's definitely a crisis right now. In Ontario, we're probably short 3,000 to 4,000 dental assistants right now. And making matters worse is, within the last year, three colleges in Windsor, Thunder Bay and Ottawa have dropped their assisting programs, partly as a result of the federal government making changes to their post-graduate work permit program, where dental assisting is now not one of the programs covered. So they're getting less international students, less tuition, so that's why we're really hoping that we can get funding for this dental assisting program that we're trying to start.

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

To the government side: MPP Racinsky.

**Mr. Joseph Racinsky:** Thank you to all the presenters for coming out this afternoon. Thank you, Dr. Lance, for your presentation. I recently met with Dr. Maneesh Jain in my area, who I'm sure you're familiar with. I talked about a lot of these things, especially looking at red tape reduction opportunities in your sector, so thank you for reiterating those points for the committee here today.

My question is for Chris. Earlier this afternoon, you talked about Bill 60, Fighting Delays, Building Faster Act, which was a large bill focused on cutting red tape, stream-

lining government processes to get more housing built and also, importantly, bringing balance to the Landlord and Tenant Board. More can be done, as you mentioned, but can you just please explain why that balance, why those actions in Bill 60, were so important and why providing that confidence to landlords across the province, in the system, will benefit tenants?

**Mr. Chris Wiltshire:** So for tenants, there are core tenant rights, and I think that within Bill 60, none of these core tenant rights were affected. For example, no-cause evictions, so a landlord is just evicting because they feel as though—the tenant has been there for 20 years and they're no longer paying market rent.

The rent control wasn't affected. Looking at 2026, I think it's going to be a 2.1% increase on that. The right to maintenance and repairs, for example, windows that are no longer keeping the cold out in the wintertime: The landlords, now, are being forced to actually make those repairs. Protection from harassment and illegal entry—those kinds of things. So I think for a tenant, within those core protections, within the Landlord and Tenant Board—those weren't affected by Bill 60, and I think that's a good thing.

**Mr. Joseph Racinsky:** And do you think that providing, again, more confidence in the system for landlords—some of those beneficial changes that were made to get landlords who maybe have a vacant site at the moment, to get them back into the system—what benefit will that be for young people like myself, like my peers? They're maybe trying to get into their first rental home and get out of that basement. What is the benefit of that?

**Mr. Chris Wiltshire:** I think as far as the landlords are concerned, with Bill 60, things like shorter eviction times—it used to be 14 days and it's now seven days. However, it then still has to go to the LTB for a hearing. And it's that time—from the time of presentation to the Landlord and Tenant Board to the actual hearing—those are the times that we need to shorten. Because I think we can make application to the Landlord and Tenant Board to have somebody evicted for non-payment of rent, but like I said before, the landlord who lost \$17,000 and has to sell his, potentially, retirement income—he had to sell it because he could no longer afford the mortgage.

Those are the issues that I want to fight for, and I think that if we continue revising and looking at some efficient ways of fixing—not fixing, but the LTB for both parties, for the landlord and the tenant—I think as long as we continue to move forward, we will see a lot of first-time homebuyers buying duplexes so that they can rent out one side and own and live in the other. Right now, it is not being done. There're still people that are just—

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

**Mr. Chris Wiltshire:** They don't want to get into the rental market as a landlord. Investors are going more commercial because there is no rent control on commercial.

**Mr. Joseph Racinsky:** Just quickly: Do we need more rental housing?

**Mr. Chris Wiltshire:** Definitely.

**Mr. Joseph Racinsky:** And do you think the changes in Bill 60 will give more people the confidence to become landlords and to create—

**Mr. Chris Wiltshire:** I believe so, yes.

**Mr. Joseph Racinsky:** Thank you.

**Mr. Chris Wiltshire:** Just to give you an example, if I have time: We just rented out a unit in Prescott. It was on the market for two weeks. We had over 35 applications. We sent 20 applications to the landlord. It's a definite—

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

Thank you to the panellists for all the time you took to prepare to come present to us today. We very much appreciate your efforts, and I'm sure it's going to be of great assistance to the committee as we prepare our report. Thank you very much.

ADVANTAGE ONTARIO  
TOURISM INDUSTRY ASSOCIATION  
OF ONTARIO  
EASTERN ONTARIO ENGLISH CATHOLIC  
TEACHERS' ASSOCIATION

**The Chair (Hon. Ernie Hardeman):** Now, as we are switching the guests at our table, we'll have Lisa Levin, Tourism Industry Association of Ontario and the Ontario English Catholic Teachers' Association, eastern Ontario unit.

As we're all coming forward, as with the rest, we ask each one, when you start, to start with introducing yourself for Hansard. You will have seven minutes to make your presentation. At six minutes, I will say, "One minute." Don't stop because at seven minutes you will.

With that, we will start with Lisa Levin.

**1600**

**Ms. Lisa Levin:** Good afternoon, Chair and committee members. My name is Lisa Levin and I'm the CEO of AdvantAge Ontario. I greatly appreciate the opportunity to be here today to contribute to your committee's pre-budget consultation process. I've never done this with fish looking at me.

AdvantAge Ontario is the only association that represents the full spectrum of care for older adults in the province. Our more than 530 members include not-for-profit, charitable, municipal and a hospital-led long-term-care homes, seniors' housing, supportive housing and community service agencies. Right here in the city of Brockville we have two members, Sherwood Park Manor, where I just was and got to tour their new builds thanks to this government's capital funding, as well as St. Lawrence Lodge. We represent many more providers in this part of the province—31 to be exact. They include value organizations such as Fairmount Home, Lanark Lodge, Providence Manor and Rideaucrest Home.

Mr. Chair, if the need for supports for Ontario's older adult population were a river, it would be surging, nearing the point of overflowing its banks—and we are right

beside a river right now, so imagine that. Our population is aging, and older adults are increasingly requiring more health and community supports. Today, one in five older adults has complex care needs and Ontario has the highest proportion of long-term-care residents with moderate-to-high clinical complexity in Canada, at 58%. These trends add both cost and strain to the long-term-care system, and the pressure is growing.

The reality is that our health system needs to adapt quickly to our changing demographic realities. There is now a major mismatch between the growing pressures of our aging population and a health care system that was structured in the 1950s to support acute care, not chronic care. We need a new playbook, a path forward that builds capacity where it can actually prevent crises versus the current system where capacity is provided to older adults once they already are in crisis. The time for change is now.

That's why I'm here today to request that this committee recommend to the Minister of Finance that the province make upstream investments to better support older adults, ease pressure on hospitals and ensure long-term-care homes have the resources required to meet the needs of our changing and growing older population.

We have submitted our detailed pre-budget submission to the committee Clerk, and I'm now going to provide you with a brief overview of these recommendations which fall under two main categories.

First, we're asking that the province dramatically expand supports for seniors' supportive housing and home and community care. Too often, older adults are admitted to long-term care because adequate and, in fact, lower-cost home and community support services are unavailable. This is an expensive path that must be avoided going forward. Changes must be made to deliver care in the most appropriate settings, helping people remain in their homes and reducing unnecessary and expensive hospital and long-term-care admissions.

We recommend that the upcoming budget include significant new investments to expand seniors' supportive housing as well as funding for home and community care. Specifically, we're asking that the government expand the supply of affordable seniors' supportive housing buildings or units, and this can be done actually without any new building by putting supports in existing seniors' rent-geared-to-income housing buildings. As well, we're asking that existing seniors' supportive housing be stabilized and that community-based models are strengthened, including providing permanent funding for Nursing Home Without Walls sites and also to grow capacity in home and community support services.

Secondly, we're asking that the government enhance supports for long-term-care residents with rising acuity. With each passing year, the population of residents with complex medical mental health and addictions needs continues to grow in long-term care. The upcoming budget should ensure that long-term-care homes are able to support residents with rising acuity by providing the care they need. Specifically, the government should provide supports in homes for mental health and addictions of the

residents and increase base operating funding for homes to keep pace with rising costs and ensure that long-term-care homes can continue to deliver high-quality care.

Mr. Chair, by making these targeted investments upstream, Ontario can build significant capacity in the seniors care system, helping more people remain in their homes, while easing the growing pressure on hospitals and long-term-care homes.

The not-for-profit sector, whom we represent, looks forward to continuing to expand its supports and working with you to ensure that Ontario is the best place in which to grow old. Thank you.

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

Our next presenter is the Tourism Industry Association of Ontario.

**Mr. Andrew Siegwart:** Good afternoon. Thank you, Mr. Chair, and thank you to members of the committee for having us here today. My name is Andrew Siegwart. I'm the president and CEO of the Tourism Industry Association of Ontario. It's nice to see many of you again and it's a real thrill to be here in Brockville in one of Brockville's top tourist attractions.

TIAO operates on the traditional territories of the Anishinabek, Cree and Haudenosaunee peoples. We acknowledge the treaties that cover this land and we recognize Indigenous communities' long-standing leadership in Ontario's visitor economy. We are reminded often by our partners at Indigenous Tourism Ontario that our Indigenous communities were the first tour guides here in our nation.

Tourism is one of Ontario's most immediate and scalable economic drivers. It supports roughly one in 10 jobs in the province, integrates youth and newcomers quickly, and generates over \$5 billion in provincial tax revenue. While spending has recovered post-pandemic in our industry to the tune of about \$30 billion in total, Ontario is losing market growth share to competitor provinces—British Columbia, Alberta and Quebec, primarily. Margins remained under pressure for operators and private investment has not yet rebounded to pre-pandemic levels. In fact, private investment in tourism via industry is 18% below the national average. Tourism is not a discretionary sector. It is, in fact, an economic infrastructure that we all need and rely on.

TIAO recently completed Forward Motion, Ontario's new five-year tourism strategy—the first sectoral strategy created in about a decade. We have identified six pillars for focused growth. I won't go through all the pillars today, but I will share with you some of our targets.

Our objective is to grow visitor spending by 4% annually between now and 2030. We want to drive 35,000 new jobs—minimally, 35,000 new jobs—and we want to stimulate \$1.5 billion in additional tax revenue for the sector between now and 2030, more than \$1 billion of that to the province of Ontario. Our pre-budget submission will be handed in soon, which will provide a lot more meat to the bone and details of our recommendations, but what I wanted to do was share highlights with you today.

Budget 2026 is not about doing everything or focusing on everything in our new strategic plan, but to highlight those foundational elements that will get the ball rolling, helping to protect and strengthen Ontario's economy and tourism foundation.

First, Ontario must grow demand; that's visitor spending and visitor attraction. Despite strong assets, Ontario's tourism marketing investment remains materially below many of our competitors: British Columbia, Alberta and Quebec—in fact, to the tune of between \$11 million and \$16 million below those investments in those provinces. So we are recommending a \$15-million increase to Destination Ontario's budget. That's really to close that gap and to strengthen our marketing, particularly in the United States and in overseas areas where we need to grow and also really do benefit our overall objectives of positioning Ontario globally.

Second, with the federal International Convention Attraction Fund ending in 2026, Ontario risks losing high-yield business events. For those of you that aren't familiar with ICAF, it's a fund that was administered by Destination Canada. It helped communities attract international conventions and it delivered a 22-to-1 return on investment—very strong.

Unfortunately, some of that funding is being pared back at the federal level. We recommend a \$20-million provincial business events attraction fund to keep that momentum and to ensure that Ontario can continue to compete and indeed surpass our provincial counterparts. That would really help year-round visitation as well as shoulder seasons, as business events tend to drive—and even in small communities like Brockville and across Ontario, business travel is a big part of the mix. It's not just leisure.

Thirdly, we'd like to see more funding to support Indigenous tourism. It does represent strong export and economic reconciliation opportunities.

#### 1610

The second priority is workforce supply. I'm sure many of you are aware that, since 2024, more than 50 programs in the culinary, tourism and hospitality sectors have been closed or paused, particularly in rural and northern communities where those program losses are the most acute. When a program closes, a community doesn't just lose a classroom, it loses its current and future workforce. This is a crisis for our sector. At the same time, we know that an 88,000 worker shortfall is projected for Ontario by 2030.

We have a couple of recommendations that are time-limited right now that we believe can help turn this ship around. We would love to see the Skills Development Fund allocations in the future proportionate to tourism's workforce size in Ontario. The reality is the sector has a culture of training and capacity, so if we can leverage more of those skills development dollars to train folks in the workplace while the colleges are retooling, that would really be a way to keep us rolling.

We do think that there needs to be a stabilization and modernization of the college programs overall, and we think that there needs to be a bit of a process to help lead

that and so we're recommending some form of a consultation take shape. Likely there were two many hospitality programs based on international student levels. Likely we could also look at recalibrating how that's delivered—maybe there are shared cores and areas of expertise in different communities, but this college system is going to need some support to get there.

We also believe that an enhanced Ontario Immigrant Nominee Program could provide more pathways.

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

**Mr. Andrew Siegwart:** Okay, I will speed up to the last recommendation.

Third is private sector investment. Tourism capital investment in Ontario, as I mentioned earlier, remains well below the national average. We recommend a tourism tax credit as well as a product development fund that could stimulate operators to make more investments in capital. If you think of a community like Brockville, a little more of a tax break to build more restaurants, more attractions, more experiences, more hotels can really deliver a strong ROI. We're recommending about \$30 million from existing allocated funds to drive that tax credit as well as a product development fund. The capital is there and ready, it just needs to be signalled.

Finally, we would like to see some enhancements to the municipal accommodation tax framework now that it is driving \$250 million in revenues to make sure it's efficient, effective, transparent and does what it needs to do.

In closing, targeted, high-return, limited—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. We'll have to finish the closing in the questions.

We will now hear from the Ontario English Catholic Teachers' Association.

**Mr. Andrew Donihee:** Thank you for the opportunity to speak with you today. My name is Andrew Donihee and I'm a Catholic teacher and the president of the eastern unit of the Ontario English Catholic Teachers' Association. I'm here on behalf of Catholic teachers working from kindergarten to grade 12 in publicly funded Catholic schools across eastern Ontario—communities such as Alexandria, Rockland, Cornwall, Kemptville, Perth, Brockville, Gananoque, Toledo, Vankleek Hill, Smith Falls and Carleton Place, to name a few.

Catholic teachers in eastern Ontario and across the province want nothing more than to do the work we love in learning and working environments that truly support students. To be at our best, we need a government that makes real, meaningful investments in the resources and supports students rely on to learn, grow and thrive.

Over the past eight years, Ontario schools have been underfunded by \$6.3 billion. When we adjust for inflation, school boards are receiving less funding per student today than they did before 2018. Teachers see the consequences of this every single day:

- overcrowded classrooms, including high school classes in Cornwall and Brockville with more than 30 students, some approaching 40 at times;

- a growing teacher recruitment and retention crisis, leaving more classes supervised by unqualified or

- uncertified individuals—parents often don't know if the person in the room has training or not;

- lost programs and services, including reductions in student support workers and special education;

- students entering school not toilet-trained;

- classrooms forced to evacuate multiple times a day because of student behaviour; these behaviours impact student learning and are a draw on resources;

- schools in disrepair; at Holy Cross in Kemptville, for example, ongoing roof and water issues mean buckets line the hallways to catch leaks;

- a lack of basic supplies—paper, pencils, textbooks—forcing teachers to spend their own money to ensure students have what they need.

Everyone—students, teachers and education workers—has the right to learn and work in a safe, healthy environment. And yet, in recent years, we've seen a dramatic increase in violence and harassment in schools, including incidents directed at teachers. These incidents take a physical, psychological and emotional toll on everyone. Underfunding has made this work, with fewer professional supports, fewer social workers, fewer psychologists, fewer child and youth workers—schools are left without the resources needed to intervene early and effectively. Rising incidents of violence contribute to burnout among teachers and education workers—like the student in Perth who entered a classroom and punched a female teacher in the chest; the student at Holy Trinity who picks up rocks or concrete, trying to hit teachers, threatening to kill them; or the teacher attempting to break up a fight in Smiths Falls, who was assaulted and bitten on the inside of the leg.

We're calling on the Ontario government to invest in front-line, school-based professional services so we can support students proactively, not reactively.

This is not what a world-class education looks like, and it is not what Ontario students deserve.

Every student, regardless of their individual needs, should have access to the supports required to thrive.

We need a comprehensive, properly funded provincial plan to address the mental health challenges facing our schools. Students with behavioural needs, students in crisis, students struggling with anxiety or depression require timely, school-based support. That means more guidance counsellors, social workers, psychologists and child and youth workers.

We also need real investment in special education. Our most vulnerable students cannot be left behind. When special education is underfunded, the consequences ripple across entire classrooms. Resource teachers are regularly diverted from dealing with students to help with violent incidences or to cover classrooms with no teachers. Children are not receiving support because there's not enough coverage. EQAO data suggests that a third of students in our area require special education supports.

On class size: Class size matters. Smaller class sizes lead to better engagement, stronger motivation and improved academic outcomes. Larger classes do the opposite: They leave students behind. If we want students to succeed, we must invest in smaller class sizes so teachers

can provide the one-on-one attention students need and deserve.

No one should be expected to learn or work in a building with a leaking roof or ventilation or mould. Ontario's \$17-billion school repair backlog continues to grow. The longer repairs are delayed, the more expensive they become and the more learning environments deteriorate—for instance, the class in Vankleek Hill that returned from break to find their desks, resources and personal items covered in mouse droppings, and a ceiling that has partially collapsed due to water damage, while students were on site. Students deserve safe, modern, well-maintained schools. Addressing any backlog must be a priority.

A real plan to protect Ontario's future must focus on student success and on creating healthier, safer schools for both students and educators.

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

**Mr. Andrew Donihee:** Catholic teachers stand ready, as we always have, to lend our experience and expertise to ensure every student receives the learning environment they deserve.

The 2026 budget is a critical opportunity to make meaningful, long-term investments in Ontario's students. It is an opportunity we cannot afford to squander.

I thank you for your time.

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

We'll start the first round of questioning with the third party. MPP Cerjanec.

**Mr. Rob Cerjanec:** Thank you, Chair. Through you: Thank you for your presentations today.

Mr. Siegwart, I appreciate talking about the hospitality-tourism industry—its importance in Ontario as well. I'm intrigued by the request to increase Destination Ontario's budget. Being here in Brockville, I was remarking to my colleague the member from Leeds–Grenville–Thousand Islands and Rideau Lakes about—the United States is right there. It's right over the river. When you're in Ajax or in Toronto, Lake Ontario is there. It's a couple of hours if you wanted to go to the United States; here, it's not.

1620

With where our dollar is, where it is—and we've got fantastic offerings in there. I know that MPP Clark is the biggest booster for this area and very proud of this facility that we're in right now, with the fish behind me.

What would that mean for communities like Brockville and along the St. Lawrence if we were able to attract more folks from the United States here?

**Mr. Andrew Siegwart:** Thank you for the question. It's a great one. As I mentioned, there's a big disparity in funding between DO, Destination Ontario, and some of our other provincial marketing agencies. I would say that the industry is delivering strong domestic marketing—so encouraging Ontarians to travel and the rest of Canada to come to Ontario.

Where this boost in funding would really help is to allow more marketing in the United States and more marketing overseas, which would drive visitors who stay longer, spend more and have a real interest in exploring all

of the areas in Ontario, particularly small communities. Small and rural is a big trend. Our natural assets are a real driver for international markets and US markets, so some of the testing DO has done recently in those markets has delivered good returns. More investment there will not only help us to compete with the other provinces in Canada, but it will help us to attract higher-yield visitors. That's something that every business operator in this community and small communities across Ontario need right now.

**Mr. Rob Cerjanec:** You know what would be a great campaign? Because we do know US visits to Canada and Ontario have not dropped in the same way that I think Canadian visits have dropped to the United States. I'll put out a suggestion for anybody who wants to take it, and this is targeted towards Americans: If you spend \$20, you get another \$10 back. When you look at the exchange right now, US\$20 is about C\$27. I think that's a good marketing play that could work in the United States because you can really stretch that dollar here if you're from the States and coming to Canada and enjoying everything that we have to offer here.

You were speaking a little bit about hospitality and culinary programs. It's an issue that I've raised in the Legislature. I know it's an issue that's really important here with St. Lawrence College in Kingston and Loyalist College in Belleville as well.

**Mr. Andrew Siegwart:** Devastating losses.

**Mr. Rob Cerjanec:** It really is. The response from the government in the Legislature is blaming the federal government and international students and the drops in international students. But in a lot of these programs as well there were domestic students attending these programs.

Employers—whether they're restaurants, wineries, cideries, breweries, hotels, resorts—that are looking for folks from these programs because they're fantastic programs with great faculty, extremely good training—and also a bit of a broader understanding as well as around business with other courses that are part of those programs. We've seen programs close at St. Lawrence College and Loyalist College. The alternative is that folks have to go really far away from home in order to get that kind of training—

**Mr. Andrew Siegwart:** If they can.

**Mr. Rob Cerjanec:** —or not get that training at all because it's expensive. It's expensive to be able to study away from home. You're paying for accommodation. Look at rental prices in Toronto; it's astronomical. So to ask people to do that—frankly, it's not going to happen.

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

**Mr. Rob Cerjanec:** So I do note with a little bit of interest, in talking about the Skills Development Fund, but I guess what I might caution around that as well is it shouldn't be then to the detriment of our public colleges and the fantastic programs that, at Loyalist College, invested millions and millions of dollars into equipment there. I was wondering if you have any other thoughts around that.

**Mr. Andrew Siegwart:** Sure, and thank you for those comments and thoughts. Our recommendations are layered, so neither one is more important than the other. We need to protect all of those streams of skills development.

For the colleges side, one of the biggest cohorts who are suffering from these closures are, in fact, domestic students. They benefited when we had this expansion of programs. And as they have been reduced, because the colleges have had no requirement to keep them, so as a result of that, the domestic students are the ones suffering.

But we've put forward a strong recommendation. Right now, there are caps at domestic student funding levels that every learning institution must meet, but they do not require a calibration to the local labour market needs—

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

We'll now go to MPP Brady.

**Ms. Bobbi Ann Brady:** I'll go directly to you, Mr. Donihee, because I'm very passionate about our education system and I believe that it is in full-blown crisis. I've stood in the Ontario Legislature a few times talking about this.

I represent a very rural riding where, historically, we have not seen the social issues that we are seeing today. In one week, a report of a high school student packing heat, a young girl telling her mom she was holding her urine all day because she was not comfortable with who was using the bathroom at school and a dad very upset by his six-year-old coming home twice in a matter of two weeks, injured by the same child.

I'm frustrated by the fact that we see a minister pre-occupied with going after low-hanging fruit like school board trustees and we're not addressing the myriad of problems that you've detailed here today.

The way I see it is, we have students who need extra supports in our schools and they're not receiving them, but the students who don't need those extra supports—they're not thriving either. So it's entirely broken.

I talk about reimagining the system, and one of the ways that I think we could reimagine the system is, because we have a shortage of EAs, speech pathologists and other professionals, should we be looking at regional schools—where we put professionals in those regional schools and start addressing these problems under the roofs of regional schools so that we can get the system back on track?

**Mr. Andrew Donihee:** Thanks for the question.

Those are all real problems that I think many communities are experiencing right now—the examples that you've given.

In the makeup of those regional schools, would you be looking at a focus on a certain student going to those schools?

**Ms. Bobbi Ann Brady:** The way I see it is, we have a labour issue in our schools. We are stretching EAs. In my rural riding, we have an EA or we have a speech pathologist driving from one end of the riding to the other, sometimes, to service students in different schools. It's an inefficient way of actually trying to address some of these

needs. So I'm looking at putting those professionals under less roofs.

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

**Mr. Andrew Donihee:** That becomes difficult, when you look at the education as its structured right now—and to revamp the way that schools are distributed. You have schools based in communities, and those communities are essential for those students. In eastern Ontario, for example, we're very spread out, so a regional school in one area might not benefit students coming from another area, or even workers in another area.

In looking at that and trying to stretch the resources as far as possible, I think it really comes down to retention. If you are able to get people to work for your board, if you're able to get the employers to entertain those people to come and work for them, what are you doing to keep them—

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

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

**Hon. Steve Clark:** Thanks, Chair. Through you: I want to thank Andrew, Andrew and Lisa for your very thoughtful presentations.

I'll go to the middle Andrew because we're in one of our tourist destinations. We're trying to get the minister here. I know all my colleagues have really liked the Aquatarium today. They loved the otters. They loved the fish, the turtles. They loved Justin Beaver, around the corner. We're trying to get the minister here for March break, March 14 to 22. The mermaids are coming to the Aquatarium. So if I get the minister here, maybe I'll bring you down and you can lobby him pre-budget. We won't have to go in the tank, but we'll—

**Mr. Andrew Siegwart:** If I have to, I will.

**Hon. Steve Clark:** Maybe Minister Cho would want to; I don't know. That's up to him.

I want to talk to you, Lisa, just for a second. You mentioned Sherwood Park Manor. It's a fantastic new facility. I can't wait to get there to cut the ribbon.

We're very lucky in the riding. We've had a new home that Frank Vassallo, the hospital CEO from Kemptville, talked about this morning. It's a brand new, state-of-the-art home: Southbridge Kemptville. This month, we're going to be opening the new Maple View Lodge, which is now going to be rebranded as the G. Tackaberry and Family Home. Next will be Sherwood Park Manor. Then we'll have Carveth Care starting. We're presently under construction, with Wellington House. All of those things will help get rid of those ALC patients in hospitals and get them in brand new, state-of-the-art facilities.

I'd love to hear your comments, because you talked about supportive housing. Most of those facilities are going to be vacated. Wellington House, the Tackaberry home, Southbridge, Sherwood Park—they're literally building brand new buildings right beside their other buildings, and for the most part, they're not going to continue to operate those. Isn't that going to be an opportunity for us to work with groups like them, to create that campus, where someone who might not need a long-term-care home but is bed-blocking at a hospital—where

we could reimagine some of those spaces in a supportive or transitional housing way? Is that something that you think would be a positive step for the government?

1630

**Ms. Lisa Levin:** Absolutely, and that's something we've been talking about for a few years now. Many of our members have campuses of care. We've done the only research there is on campuses of care. The problem is, we've had members who are interested in doing exactly what you're talking about; most are not successful because there's no specific funding stream available for supportive housing for older adults at the moment in Ontario. So there are huge opportunities, and we're missing the boat on them.

And if we can get a specific, dedicated funding program for supportive housing capital and, in particular, operating dollars—because we can get some federal money, but we need operating dollars—then we can make a huge difference.

**Hon. Steve Clark:** Yes, and I just can't believe—we're very lucky to have five new homes either completed or under construction—very, very lucky. It's that next piece. I know Minister Kusendova-Bashta was up in Athens. We did a walkthrough of the Tackaberry home, and she turned to the existing home and asked them about it being sprinklered, and they said it was. So she turned and said, "Well, why are we closing these beds? We should be reimagining them in another way." So I'm glad to hear what you're saying.

I also just want to give a shout-out, because I'm trying to get in Laura Smith's good books. Talk about the work that she has done and the work that you've done together on some long-term-care policy, because I know she's really, really high in what your organization does and advocates for seniors. So I'll give you a quick plug for her.

**Ms. Lisa Levin:** Yes. Laura Smith is the MPP in the riding where our office is and my personal riding. She has done amazing work with the community in general, but she introduced the dementia bill with Minister Kusendova-Bashta, and she has done a lot of work to support older adults in Ontario who have dementia, who are aging, who need support. They are our parents, our grandparents, and they're the ones that—we need to make sure that they age with dignity and in the best places possible, so the work that MPP Smith has done has definitely helped move that along.

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

**Hon. Steve Clark:** And in just the little bit of time we have left, can you talk about the point that you mentioned on strengthening community-based models? Can you just expand a little bit about that?

**Ms. Lisa Levin:** There are a number of models that have been put in place, but they're pilots. Let's stop with the pilots and let's make them happen. Nursing Home Without Walls, which is in New Brunswick—we're bringing it to Ontario. We're going to be one of the leads here to get it put forward, where you have long-term-care homes work with people in the community who are seniors that need supports, so they can stay at home.

Other examples are community wellness hubs—they have them in Burlington—where you take non-profit seniors housing and you put supports in place by hiring a navigator, and then you leverage existing community supports—

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

MPP Bell.

**Ms. Jessica Bell:** My first questions are to Lisa Levin. I'm pleased that you're here. In our riding, we have an aging population, with many seniors who live in private market housing. In some cases, what they need is just additional support so that they can stay in their home for as long as possible, because that's what they want, and then in other instances, we're seeing seniors—especially seniors on fixed income, who might have some cognitive challenges—living in rental properties, who are being evicted into homelessness. It's really concerning.

I'm pleased you're here. My first question is around the \$605-million request to grow the capacity in home care. I would like it if you could flesh that out a bit more. If that investment was provided, what would it provide? How many hours of care, how many seniors would benefit—flesh that out for us.

**Ms. Lisa Levin:** For sure. To be perfectly transparent, we have copied what the Ontario Community Support Association is recommending here, so these are their recommendations and we stand wholeheartedly behind them. There are five elements:

(1) \$442 million a year for more home care—both increase in volume, as well as more money—to meet rising wages and costs;

(2) \$150 million a year for community support services and independent living, to also increase capacity as well as address rising costs;

(3) \$20 million to support coordinators in naturally occurring retirement communities—which is, I think, what you are talking about, where you have people who are living in a building and they happen to all, many of them, be old, and perhaps there are things that could be done to help them; as well as 30,000 seniors who could be assisted in the community wellness hubs that I was just mentioning;

(4) Expanding health care clinics; and

(5) Money for leadership training.

**Ms. Jessica Bell:** I would love to see those details, so maybe we could follow up and you can send them to me.

We just did a seniors' town hall where we brought seniors together in some of the biggest rental buildings in our riding to talk about the roll out of NORCs, and the need was unprecedented. People want to help their neighbours, but they need additional assistance, so I'm pleased there's a request for funding for that.

My second questions are to the Ontario English Catholic Teachers' Association—Andrew Donihee, thank you so much for being here. I have two kids in the public school system, and I can see the impact of these cuts, just like you.



One of the things that we've recently seen the government do is they have said that in response to the very concerning EQAO results that came out a few weeks ago, which showed that nearly half of Ontario's grade 6 students are failing the provincial standards on math, the government announced that they were going to do a review of school curriculum and education resources and pay two people \$1,500 a day to do that review. That's certainly not funding that's going to go into the classroom. What do you think the Ontario government should do to improve learning standards in schools?

**Mr. Andrew Donihee:** Thanks for the question. I'm not just a president; I'm a father, as well. I have two boys in the Catholic system and also have that lens to what's going on.

With the recent announcements around EQAO, I think you're not addressing the problem. If there are things going on in the classroom that are keeping teachers from teaching, if they're keeping students from learning, that's what needs to be addressed. Sometimes it's behaviour. Sometimes they may be socio-economic issues. The classrooms that we teach in are very different in their makeup.

If there's going to be a review of EQAO, I think that teachers, especially, need to be consulted. There is a place for testing. There is a place for that comparison and knowing where students are. But we want to make sure that we are looking, essentially, at what is the right fix. Is it the test or is it the conditions?

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

**Mr. Andrew Donihee:** For instance, in a recent example shared with me in the EQAO test a couple of years ago, one of the questions had to do with baseball. The student who was being scribed for was a student who was new to Canada. They were not from the region and had no idea what baseball was. Those types of experiences, I think, need to be taken into consideration, and looking at how these are structured and what the best model would be. I think that means talking to the associations and talking to those people in classrooms.

**Ms. Jessica Bell:** Thank you for that.

My final question is to Andrew Siegwart from the Tourism Industry Association of Ontario. How have the issues with Donald Trump and the tariff crisis and the decline in Canadian visits down south impacted tourism levels in Ontario? Are you seeing an increase? I hope so.

**Mr. Andrew Siegwart:** We saw uneven performance over—

**The Chair (Hon. Ernie Hardeman):** The answer will have to wait until the next round. That concludes the time. We will now go to MPP Cerjanec.

**Mr. Rob Cerjanec:** Lisa, I'm wondering if you're able to expand a little bit around community-based models and what that should look like for Ontario's senior population.

**Ms. Lisa Levin:** We have many older adults living at home, aging, and they need some support, but they don't necessarily need to be in long-term care. In fact, around 10% of people in long-term care don't need to be there. They certainly don't need to be in a hospital, but it's very hard to get lower-level supports for these individuals,

community supports. The government does fund extensive homemaking programs, transportation and Meals on Wheels, and then there's a copay that people pay. But there's a lot more that could be done, and if you add these supports in, people can stay at home and live much longer.

**1640**

There are many different models, and they have different home bases. So, Nursing Home Without Walls, the home base is the long-term care at home. What they do is they can go out in the community, have a navigator, meet with the frail seniors and find out what their needs are, identify gaps in the community, fill those gaps and, where their needs are already being met, bring those services. When you have a community wellness hub, the home base is the non-profit housing building where they would have rent geared to income for older adults, but no supports in place. You hire a navigator, and they do the same thing. There are many different ways to very efficiently get more support for older adults in a community.

**Mr. Rob Cerjanec:** Thank you. I appreciate that explanation. In Durham region, we've got Community Care Durham, who've made a proposal similar to this that would (a) help folks stay in their homes a little bit longer, but (b) have a better quality of life as well and have opportunities for socialization and have other opportunities and be able to do health screenings sooner as well. I think that's an extremely important model as we look to the future.

Mr. Donihee, thank you very much for being here today. I'd like to thank your members as well for what they do in the classroom every day. In a previous life, I used to be on the senior team of a public school board—not an educator, but very aware of some of the challenges and issues that your members are facing. Here, specific to your district, with your unit, split grades—what does that look like for your members? What would be the largest split grade that you would see here?

**Mr. Andrew Donihee:** Split grades, I think, are becoming more of an issue. This year, for example, we're seeing triple and four-grade splits at the beginning of the year. It's very, very difficult for teachers to try and program for the needs from one grade to the next. They can be very different when you're talking about a grade 12 course versus a grade 9 course. And so teachers always take into consideration differentiation and the different needs of students that they serve. It is becoming increasingly hard to do that with those larger splits. Thankfully, we have been able to temper some of those and reduce them, but I think if things continue the way they are, we're going to see more of them.

**Mr. Rob Cerjanec:** I was talking with another English Catholic teachers' association and five-grade splits, and this is a class of 30. There is no way possible—I think, no matter how great that teacher is—to be able to effectively give every student in the classroom the attention they need. They try and they'll do their best, but I think we're sometimes setting our educators, students and our school districts up to fail.

**Mr. Andrew Donihee:** If I could maybe just add to that: Not only are they focused on the curriculum they have to provide but they're also managing student behaviour. And depending on the school and depending on the makeup of students, that can be very challenging. Take, for instance, a classroom where a student has needs—

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

**Mr. Andrew Donihee:** One of those needs might be that that student randomly screams during instructional time. The students are then directed to get up and put headphones on. Not a lot gets done in those cases. That might be more specific to elementary, but that student will travel through the system.

**Mr. Rob Cerjanec:** I think it's clear to me that we need more adults in schools. We need more supports in schools. We need more educators in schools, more EAs in schools, more ECEs in schools, and that's in the short term. I think we really need to look at how our education system is working and how we make it better, and doing that in partnership with unions and federations as well as parents and everyone involved within the school system.

I don't know if you have a specific dollar ask, but at least a billion more dollars is, I know, what Ontario Liberals are calling for. Do you think that would help move us along in the education system?

**Mr. Andrew Donihee:** I don't think—

**The Chair (Hon. Ernie Hardeman):** Thank you. That's time.

We will now go to MPP Brady.

**Ms. Bobbi Ann Brady:** Andrew, I just want to clarify: You said that Ontario will see an 88,000 worker shortfall by 2030? Am I correct—projected?

**Mr. Andrew Siegwart:** Yes, yes.

**Ms. Bobbi Ann Brady:** Okay, thanks for clarifying that. I just wonder if there's merit in maybe educating the consumer on what they might be missing out on by 2030: no more date nights on Friday nights, staying in and cooking for yourself, no more experiences. So I'll just throw that out there, that maybe getting the consumer fired up might be a good way to address this.

I'm going to go over to Lisa. In your submission I see you're asking, obviously, to build capacity in the home care system, and it's been said to those of us on committee a number of times that the best way to fix home care is to first invest in our front-line health care workers, especially when we see in rural areas where PSWs and others are choosing to go into other areas of the health care sector—the institutions, for example—where the pay is better. I didn't see you address that in your submission and I'm just wondering if you're seeing this pattern as well.

**Ms. Lisa Levin:** We actually are part of another submission which is all about that, and it's with a group of nine other associations in the community health space where we're asking that the wage gap be eliminated between community health and hospitals. In home care, you can have personal support workers working with very complex, frail individuals. They're out in the community, travelling from home to home—very little supervision; they're on their own—and they will get paid a lot less than

a PSW working in a hospital, and why is that? So we have been strongly advocating to close that wage gap.

**Ms. Bobbi Ann Brady:** Thank you for that.

It boggles my mind. We're living in a time of unprecedented medical and technological advancement and yet we continue to see—it's in your document—that one in five long-term-care residents have highly complex medical needs. From your perspective, why is there such a gap between advances in health care and the level of acuity that we're now seeing in long-term care?

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

**Ms. Lisa Levin:** I think it's because of the advances in health care. People are surviving longer with more illness; more, what they call, comorbidities. As a result, people need more support and more care, and that is exactly why we're seeing people, more and more of them—but also, hospitals are getting full and so then people are in these ALC beds and then they have to go somewhere.

The bottom line is we can't keep going the way we're going, and that's why we're recommending flipping the system around and having more upstream investments because we can't afford to have the hospitals as full as they are with older adults who could be served earlier in an upstream way through community support services and supportive housing.

**Ms. Bobbi Ann Brady:** Thank you, Chair.

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

**Mr. Brian Saunderson:** I want to thank each of the presenters for taking time today and coming to share your input, and also thank you for all you do in our communities to help our programs work.

My question is going to be for you, Andrew, and I want to commend you: You're the only one that came today dressed for the safari motif here. We didn't have any sushi for lunch, so all the fish are safe.

But I wanted to talk to you because you have intimate knowledge of my riding, having been formerly the president of the Blue Mountain Village Association, which relies very much on tourism, and the whole Georgian Triangle area, with Collingwood and Wasaga Beach, which has the longest freshwater beach in the world. And all the ski hills up in Blue Mountain and Collingwood is what I call the Oreo effect, really—cream in the middle.

You know the importance of tourism, not just in my riding but also across the province, and you were talking about increasing investments, but I just wanted to get your take on some of the investments the government has been making. As you know, \$25 million into Destination Wasaga, which includes taking over Nancy Island and bringing that into the Ministry of Tourism to expand and update a key historical event with the Nancy ruins in Wasaga. And then, of course, Destination Niagara, which I think is an over \$100-million investment to touch on things from theatre to vineyards to attractions in Niagara proper. And then, of course, destination St. Lawrence. So we're working across the province.

How do you see those investments impacting your sector?

**Mr. Andrew Siegwart:** Thank you for the question. Those investments and strategies you highlighted are aligned very well with Ontario's new tourism strategic playbook. We think that they represent best practices in not only infrastructure but also capital investment and programming. Actually, it's in the spirit of that that we brought our investment attraction recommendations forward with maybe smaller pots of dollars so that that same philosophy could be filtered out into other communities that aren't as large as some of those are. So we see them as very strong investments.

1650

I want to add one more, and that's the province's investment in transportation infrastructure, another game-changer. What we're trying to do is layer on and build upon the foundations that your government has put down and expand that—so yes, very good work.

**Mr. Brian Saunderson:** And so, you're referring to the Northlander?

**Mr. Andrew Siegwart:** The Northlander; I'm talking about Metrolinx, the GO two-way, all-day to K-W and a number of others. All of that infrastructure is down, and now we need to get more businesses and more products built around those places to drive more revenues from it and to engage the private sector and smaller communities more in those.

**Mr. Brian Saunderson:** If I've got it correctly, what you're telling me is that your recommendations today are really strategically aligned with the initiatives that the government is doing to build on that foundation and leverage those opportunities.

**Mr. Andrew Siegwart:** Yes, very much so. It's interesting. I would share that our new strategic plan was done by industry, not by government. So it's interesting; as we were coming to the table, what the industry's talking about are very similar investments that the province is making, so it does show a lot of alignment.

Knowing that tourism can bolster the economy and has performed as well as it has, we want to see more across the province so that we can continue that impact and drive more tax dollars and GDP to the province.

**Mr. Brian Saunderson:** So then, if you can put your asks in relative terms for me—you've asked for a \$15-million increase for the Destination Ontario budget and a \$20-million budget line for business event augmentation, I guess. Can you tell me how those figure in percentage-wise to what's already in the budget for Tourism Ontario?

**Mr. Andrew Siegwart:** Oh. Well, as it relates to the events attraction recommendation, there are no dollars for that at all.

Destination Ontario: For marketing, it's funded at about \$29 million to \$30 million. It's been reducing. Other PMOs are at that \$40-plus million. That would be a significant jump. But why Destination Ontario investment is so positive is that it serves every region, every community and all operators, so it has the best potential for a distributed ROI, so that's why it matters.

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

**Mr. Andrew Siegwart:** We have seen in other marketing jurisdictions, when you are expanding to other markets and bringing high-yield, longer-stay visitors, you get stronger ROI.

The question that was posed earlier that's related to this: Ontario is not keeping up with the growth rates of BC, Quebec and Alberta in domestic, US and overseas visits because we're underfunded on the marketing side, so we really need that investment. It's critical.

**Mr. Brian Saunderson:** Just so I'm clear, to pick up on that because we are making some unprecedented investments in certain regions, are you including those investments when you talk about other jurisdictions?

**Mr. Andrew Siegwart:** Yes. So what I would say is, you're building a lot of new product; we want to market it. Actually, it proves the point that you need more marketing dollars to leverage some of the infrastructure you're putting down. So I see them as intimately connected, yes,

On the investment attraction recommendations again: While we're building Niagara and—

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

We will now go to the opposition. MPP Pasma.

**Ms. Chandra Pasma:** Thank you so much to our presenters for being here.

Mr. Donihee, I, in particular, want to say thank you to you and all of your members for the work that you do. As a parent, as the shadow minister for education, it's incredibly important. But you also highlighted the real challenges that your members are facing every single day in our schools, thanks to the \$6.3 billion in funding that's been taken out of the system, so a heartfelt thank you for the work that you and your members do.

You mentioned the need for a comprehensive, fully funded mental health strategy. It's certainly something that I hear about all the time: the challenges with mental health, that our children need more support. In some cases, they're asking for help and not getting any until the following school year. We know that only one in 10 schools has regularly scheduled access to a mental health professional, and half of our schools have none at all.

So I'm wondering, what are you seeing in eastern Ontario that speaks to the need for that mental health care, and what kinds of mental health supports would make a difference for your students?

**Mr. Andrew Donihee:** Thank you for the question. I don't have a simple answer for you. I'm not a trained psychologist. I'm not a counsellor; I'm a teacher. Yet those roles sometimes fall to our members every day.

I do see in my area children beginning school with a lot of needs. Those needs are not always able, and often not able, to be met at school, and I don't know if they're able to be met in the community. So this goes a little bit further, I think, into health care as well and money that might need to be put into those types of resources, as well as education.

A previous question asked if a billion dollars would be enough. Can we put a price on our students' futures? Can we put a price on the health and safety of teachers and

workers in schools? I would say no. It's a good start. Is it enough? I don't know.

It may vary from community to community, what students need. The ability for a high school student to go and speak to a student support worker in a high school sometimes isn't able to happen because no student support worker is available. That student may be contemplating suicide. They may be thinking about injuring others. These types of resources I think need to be available right away for people.

It is a much bigger conversation, and one that I think is not quite one that I have all the answers to just yet, knowing that it will take a lot of different people coming together to try to find a solution. But that takes discussion, that takes dialogue and that takes willing parties to come to the table and not just directing what's going to be done.

**Ms. Chandra Pasma:** You're right: Consultation with the people who are in our classrooms every single day when we are making decisions is incredibly important.

I think you also raised an important point. Rather than asking, "What kinds of services can we provide to our kids based off an arbitrary number that we're willing to put forward?" we should ask, "What are the services that our kids need? What are the supports, and how do we make sure that they're there?"

You also mentioned the lack of supports in the community. I know schools have become a backstop for many of the supports that are missing outside of schools. Schools just don't have the opportunity to say no. When a kid is not receiving help outside of school, schools are expected to step in and fill in gaps in health care, in mental health care, in community supports and services.

That lack of support is contributing to the crisis in violence because we know that an unsupported child is a frustrated child. I absolutely hear you on the rates of violence that teachers are facing. No one should face violence in their workplace, but also that violence shouldn't be normalized for the other students who are witnessing it every single day. I think teachers would rather see that violence prevented than being responded to after the fact.

From your experience as an educator, what are the kinds of supports for students that need to be in place to prevent that frustration, to make sure that all children are able to participate in school to their fullest?

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

**Mr. Andrew Donihee:** Again, it's a complex question with, I think, complex answers. Those new students coming into school often are undiagnosed—whether that's from a lack of services in the community. Oftentimes, when these students begin school, in the very early grades, those behaviours really just start to exhibit themselves.

It's essential, I think, in the early grades that there are professionals available for assessments, whether it's mental health, whether it's physical health, to make sure those students are coming to school ready to learn.

Every community is different, and the communities that we live in have their own challenges. I know in my community—I am from Cornwall—just finding a doctor is impossible. My wife has not been able to find a physician for over 10 years.

**Ms. Chandra Pasma:** Wow.

**Mr. Andrew Donihee:** Imagine the students growing up—

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

We want to thank all the panellists for your presentations today and the time you took to prepare them and so ably deliver them to us. I am sure it will help us along in our deliberation.

That also concludes the hearings for today.

## COMMITTEE BUSINESS

**The Chair (Hon. Ernie Hardeman):** Is there any business the committee wishes to raise? MPP Smith.

**Mr. Dave Smith:** I move that the committee meet for report writing on the 2026 pre-budget consultations at Queen's Park on the following dates, as needed:

—Tuesday, February 17, 2026, from 10 a.m. (EST) until 12 p.m. (EST) and from 1 p.m. (EST) until 5 p.m. (EST); and

—Wednesday, February 18, 2026, from 10 a.m. (EST) until 12 p.m. (EST) and from 1 p.m. (EST) until 5 p.m. (EST); and

—Tuesday, February 24, 2026, from 10 a.m. (EST) until 12 p.m. (EST) and from 1 p.m. (EST) until 5 p.m. (EST); and

—Wednesday, February 25, 2026, from 10 a.m. (EST) until 12 p.m. (EST) and from 1 p.m. (EST) until 5 p.m. (EST).

**The Chair (Hon. Ernie Hardeman):** Further discussion on the resolution? Any questions or comments or discussion on the resolution? Is there no discussion on the resolution? Are the members ready to vote?

Shall the motion carry? All those in favour? All those opposed? The motion is carried.

Are there any other motions or business to discuss? If not, this committee stands adjourned until 10 a.m. on Wednesday, January 14, 2026, when we will resume public hearings in Ottawa, Ontario.

*The committee adjourned at 1701.*







## **STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

### **Chair / Président**

Hon. Ernie Hardeman (Oxford PC)

### **First Vice-Chair / Première Vice-Présidente**

Ms. Doly Begum (Scarborough Southwest / Scarborough-Sud-Ouest ND)

### **Second Vice-Chair / Deuxième Vice-Président**

Mr. Rob Cerjanec (Ajax L)

Ms. Doly Begum (Scarborough Southwest / Scarborough-Sud-Ouest ND)

Ms. Bobbi Ann Brady (Haldimand–Norfolk IND)

Mr. Rob Cerjanec (Ajax L)

Hon. Ernie Hardeman (Oxford PC)

Mr. Logan Kanapathi (Markham–Thornhill PC)

Mr. Joseph Racinsky (Wellington–Halton Hills PC)

MPP Bill Rosenberg (Algoma–Manitoulin PC)

Mr. Brian Saunderson (Simcoe–Grey PC)

Ms. Sandy Shaw (Hamilton West–Ancaster–Dundas / Hamilton-Ouest–Ancaster–Dundas ND)

Mr. Dave Smith (Peterborough–Kawartha PC)

Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

### **Substitutions / Membres remplaçants**

Ms. Jessica Bell (University–Rosedale ND)

Hon. Steve Clark (Leeds–Grenville–Thousand Islands and Rideau Lakes / Leeds–Grenville–Thousand Islands et Rideau Lakes PC)

Ms. Chandra Pasma (Ottawa West–Nepean / Ottawa-Ouest–Nepean ND)

### **Also taking part / Autres participants et participantes**

Mr. Ted Hsu (Kingston and the Islands / Kingston et les Îles L)

### **Clerk / Greffière**

Ms. Lesley Flores

### **Staff / Personnel**

Mr. Alex Alton, research officer,  
Research Services