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F-12

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F-12

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

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

Consultations prébudgétaires

1st Session
44th Parliament
Wednesday 14 January 2026

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44^e législature
Mercredi 14 janvier 2026

Chair: Hon. Ernie Hardeman
Clerk: Lesley Flores

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

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS

Wednesday 14 January 2026

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES

Mercredi 14 janvier 2026

The committee met at 1005 in the Sheraton Ottawa Hotel, Ottawa.

PRE-BUDGET CONSULTATIONS
CONSULTATIONS PRÉBUDGÉTAIRES

The Chair (Hon. Ernie Hardeman): Good morning, everyone, and welcome to Ottawa. I call this meeting of the Standing Committee on Finance and Economic Affairs to order.

We're meeting today to conduct public hearings on the 2026 pre-budget consultations.

Please wait until you're recognized by the Chair before speaking. As always, all comments should go through the Chair. I'm going to say it's always that way, but it doesn't always happen that way.

The Clerk of the Committee has distributed committee documents, including written submissions, to 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 have heard from all three presenters, the remaining 39 minutes in the time slot will be used for questions from the members of the 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 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 reached one minute left in your presentation or allotted time speaking.

Are there any questions from the committee? Hearing none, we will introduce the first presenters.

INVEST OTTAWA
ALLIANCE TO END
HOMELESSNESS OTTAWA
CANADIAN INDEPENDENT
MUSIC ASSOCIATION

The Chair (Hon. Ernie Hardeman): The first presenters are Invest Ottawa, Alliance to End Homelessness

Ottawa, and the Canadian Independent Music Association. I believe the Canadian Independent Music Association is virtual.

As you heard in the instructions, we do ask that every presenter introduce themselves at the start of the presentation to make sure we can get the right name on the great presentation that you are about to give.

With that, the floor belongs to Invest Ottawa.

Ms. Sonya Shorey: Chair Hardeman, Vice-Chairs, members of the committee, thank you for the opportunity to be here today. Merci beaucoup. My name is Sonya Shorey, and I am honoured to serve as president and CEO of Invest Ottawa, your lead economic development agency here in Canada's capital, as well as a lifelong resident of this great province. I want to begin with sincere thanks to you all, to the province, across ministries and party lines, for your continued collaboration and support of the entrepreneurs, founders, business owners and companies we collectively serve. In a time of tariffs, rapid technological change and economic uncertainty, that partnership has never been more important.

At Invest Ottawa, we're in the business of economic prosperity and collaboration for impact. In 2024 alone, together with our partners, Invest Ottawa supported more than 1,000 companies, generating \$635 million in GDP, supporting more than 4,000 jobs and contributing more than \$100 million to government revenue.

To build on this momentum, I would like to offer three practical economic recommendations today, each grounded in measurable return on investment, that we believe can help Ontario advance its core objectives, productivity, resilience, job creation, investment and long-term shared prosperity: (1) to modernize and scale Ontario's entrepreneurship networks to help more companies address the changing economic and industry dynamics, including the acceleration of AI, and help more companies scale, lead and succeed; (2) to strengthen Ontario's ability to attract and expand high-value companies, especially in globally competitive sectors that drive exports, productivity and well-paying jobs; (3) to enable Ontario to lead in an even greater way in defence and dual-use innovation, a once-in-a-generation opportunity to advance sovereignty, economic resilience and growth. Today, I'm excited to share why these asks are so critical for Ontario's productivity, resilience and long-term prosperity.

Ottawa is Ontario's second-largest economic region, and what happens in Ottawa does not stay in Ottawa—

every Amex swipe and global airline route powered by Solace; millions of online stores run on Shopify, born right here; hundreds of millions of vehicles made safer by QNX; global broadcasts rely on Ross Video; global supply chains optimized by Kinaxis; and tens of millions of patients served by Fullscript, which surpassed \$1 billion in revenue last year.

We're home to 18,000 tech companies and almost 100,000 tech workers, Canada's largest tech park, and the highest tech talent concentration in North America six years running, ahead of San Francisco. Our talent pipeline includes four amazing post-secondary institutions, 168,000 students and 28,000 in STEM. We are the most educated workforce in this country.

1010

Our ecosystem brings together start-ups and scale-ups, global multinationals, unicorns and champions across AI, cyber security, drones and defence, software, aerospace, semiconductors, smart mobility, clean tech, and more. These firms drive outsize job creation, IP, exports, tax revenue and global competitiveness.

How do we collaborate? Deeply and consistently across every part of our city. We are your lead economic development agency, and leveraging generous funding from the province, combined with federal, municipal and private investment, we help companies launch, grow and scale, land and expand, commercialize technology and bring it to market, collaborate for innovation impact, and compete and win globally. When our companies win here in Ottawa, Ontario wins.

We're proud members of province-wide networks and the only organization that brings all facets of economic development under a single roof to maximize efficiency, impact and productivity for the companies we serve, the investors who believe in us, and our taxpayers. These include the small business enterprise centre network, 54 centres serving main street entrepreneurs across the province; the regional innovation centre network, 17 hubs supporting start-ups and scale-ups in tech. And Area X.O, the R&D complex for emerging technology here, is the Ottawa and eastern Ontario hub for the Ontario Vehicle Innovation Network.

Building on the strong outcomes we have achieved together to date, we can increase return on investment, expand economic impact and create greater opportunity for Ontario businesses, workers and taxpayers. How?

Modernizing entrepreneurship—and this is tech and main street—the opportunity to do more together for the founders that are anchoring our economy. Demand across Ontario is surging. In Ottawa alone, hundreds of entrepreneurs are on wait-lists for our programs and services; they're oversubscribed, in many cases four to one. A trend we see province-wide is that economic uncertainty pushes more talented people towards entrepreneurship. At the same time, AI and new business models are fundamentally changing how companies are built and scaled. At the RIC and SBEC networks, they are ripe for evolution. We have a vision and a plan we have built together as a network, and we're ready to build and deliver it for Ontario and

deliver greater value and impact for the entrepreneurs and companies we serve.

Secondly, foreign direct investment and business expansion: Ontario competes globally for high-value investment, and as Ontario's second-largest economic region, Ottawa has a powerful value proposition to international investors and companies looking to further support job growth in key sectors here in Ontario. Existing provincial support enables our global expansion team to attract new firms, expand existing ones and secure mandates in critical sectors that are R&D-focused: defence, semiconductors, cyber, aerospace, life sciences, and more. Every successful expansion fuels more jobs, talent, broad economic activity and long-term resilience that adds to the provincial treasury through taxes. This is a proven economic engine and one Ontario should definitely continue to fuel.

Thirdly, one I'm very passionate about, defence and dual-use innovation: This is a generational opportunity for all of us. Ontario and Canada are at a historic inflection point.

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

Ms. Sonya Shorey: Ottawa anchors an amazing defence and security ecosystem, with a combination of strengths that cannot be replicated anywhere else in this country.

Meeting NATO's 5% GDP commitment is not just about defence; it's economic resilience, sovereignty and innovation-led growth. We have a strategy we have developed with our entire region, and it will deliver and attract \$3 billion in investment, create 18,000 jobs and deliver tens of billions in GDP. This includes moon shots, like attracting the headquarters for the one and only global Defence, Security and Resilience Bank, a stand-alone compound semiconductor fab and a defence innovation hub that is going to be created by the feds here.

Members of the committee, Ontario does not lack talent, ambition or ideas. We can do all of this together. We are your partner here in Canada's capital. We collaborate for impact, and we can do even more.

Thank you.

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

We will now hear from the Alliance to End Homelessness Ottawa.

Ms. Kaite Burkholder Harris: Good morning. It's tough to follow Sonya.

My name is Kaite Burkholder Harris. I'm the executive director of the Alliance to End Homelessness Ottawa and the co-chair of the Ontario Alliance to End Homelessness.

On behalf of both of these groups, I want to start by saying that ending homelessness is absolutely possible. It feels like an intractable challenge that we face, but it's not inevitable, and communities across Canada and the world are seeing success. Guelph-Wellington is on the cusp of ending youth homelessness. Medicine Hat has effectively ended chronic homelessness; London, Ontario, veterans' homelessness. We're bringing national experts to Ottawa in a few weeks who have seen 75% to 85% reductions in

chronic homelessness in their shelters. Houston, Texas has seen a 60% reduction, and Milwaukee has reduced overall homelessness by 50%. In other words, ending homelessness is doable, and we're doing it.

There are opportunities within this budget to accelerate solutions in real time and make progress in the next several years, especially when we focus on prevention. Upstream prevention can include a lot of different things, but big-impact approaches would start with ensuring no young person turns 18 in child welfare and gets discharged to the street.

Ottawa's recent point-in-time count showed that one in three people surveyed were in child welfare at some point. The Ottawa Aboriginal Coalition showed that within 10 days of being discharged from child welfare, almost a quarter of those were on the street.

I've talked to way too many youth who were packing their bags on the night of their 18th birthday. It is a pipeline to homelessness. Addressing this not only reduces youth homelessness; it reduces the long-term numbers of people becoming chronically homeless.

Research shows that about 500 to 600 young people age out of care every year in Ontario. I cannot stress how small that number is. That is an extremely solvable number. We can solve this with smart investment next year. A mix of rent subsidies and supports can stop young people from winding up on the street. All in all, when you math the math, it's \$15 million. We all know that that is nothing in a provincial budget.

The next piece of the puzzle is emergency shelter diversion. We can only tackle homelessness effectively if we slow the number of people becoming homeless in the first place. Diversion simply means engaging someone at the front door of a shelter and saying, "Yes, you can stay here tonight if you need to. But is there any other safe place we can get you to?" It's surprisingly simple and surprisingly effective. It's a fundamental shift in approach, however. It recognizes that every single day in a shelter is another day of experiencing more trauma. Once you enter the system, your risk of being assaulted, trafficked, having your things stolen, being exposed to toxic drug supply—they are all much more likely to happen. The clock is ticking. Coming back from that becomes much more difficult. Prevent that, and we turn a housing crisis into something that is rare, brief and non-recurring.

In Ottawa, we have two recent pilots with surprising results. The first is at the Shepherds of Good Hope shelter, the shelter that serves people with some of the most complex needs. Over a six-month period, staff saw a 22% success rate for diversion. Over time, that means less flow into the shelter, more capacity for rapid response to people already in shelter and the long-term reduction in people getting stuck. The Youth Services Bureau is seeing even higher results: closer to 50% success in diversion with young people.

Diversion is low-cost, can be implemented immediately, and across Ontario, communities taking it on are seeing reductions.

In Ottawa, an investment of less than \$1 million would enable us to scale diversion across the whole city. We're the second-biggest city in Ottawa; this is a no-brainer.

A third meaningful investment that the province could make is to tackle encampments. Right now, enforcement is the dominant approach, and while I appreciate the pressure that local leaders feel when other constituents see folks sleeping in parks, there are options. Unfortunately, people are stuck in encampments because they have no affordable options. Encampment eviction is impractical, expensive at best and cruel at worst. People still don't have a place to go when they're evicted. It solves no problems, and in many cases, after they lose their ID, moving forward is nearly impossible.

According to AMO, an investment of \$2 billion would effectively end encampments in Ontario in three years. It's doable, and it's cheap. It's a cup of coffee once a week for every adult in Ontario. I'd give up my double-double a week to end encampments in this province.

The final, most critical investment that the province can make is in non-market housing. Homelessness is ultimately a housing problem.

Census data shows us that 40% of Canadians can't afford more than \$1,700 a month for their housing costs, whether that be rent or a mortgage. The average rent in Ontario is \$2,200; the average mortgage is \$2,700. Speaking to a room full of developers and realtors at the Ottawa Real Estate Forum a few months ago, I asked the room, "Who can build a unit that will only cost \$1,700 a month?" Not a single hand went up. The math doesn't math.

Despite many narratives that talk about homelessness as a result of addiction trauma, it's the consequence of systems that don't work and housing that isn't available.

The private sector can't fix this. They can't build housing that's affordable at the best of times, simply due to the fixed cost of housing. When tariffs, interest rates, supply chain uncertainty are at play, it doesn't make business sense to build. Despite red tape reduction speeding up approvals, developers won't build if they can't get a return on investment, understandably. The city of Ottawa has approved several thousand site plans that are not in construction. Without the right economic conditions, builders can't build.

1020

Now is the time for non-profit housing at scale. Non-profit providers and developers can offer affordable options in perpetuity. The Rapid Housing Initiative, in 2020, showed us that non-market, especially supportive builders, can build and build quickly.

The Ontario Non-Profit Housing Association estimates that we could meet the housing affordability demand in Ontario if we built 99,000 units over the next five years. ONPHA members are ready to build, and 70,000 of those units—

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

Ms. Kaite Burkholder Harris: —could be covered by them alone. The province has a willing federal partner for

new capital dollars, the ability to leverage federal land, and a renewed commitment to non-profit supply.

The operating costs is where we need your help. If the province spent an additional \$600 million, that would cover the operating costs of 70,000 new non-profit units. For an additional \$900 million, you could fund 30,000 supportive units. That's basically what we need to deal with supportive housing in this community, in our province. So \$1.5 billion a year will get you the operating costs for the non-market housing that leading experts say is what we need.

We all see the impact of housing in our communities. It's the parent choosing between food and rent. It's the senior who wants to downsize but can't. It's the student who is now staying in an emergency shelter because there are no options available. It's local businesses that can't hire people because people can't live in the community. It's people who want to save for a mortgage and they're never going to get there, because they actually have not-affordable rent and they're just putting all their money into housing.

The housing crisis—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. Hopefully we can finish the presentation during the question period.

We'll now go to the Canadian Independent Music Association, and that presentation will be virtual.

Mr. Andrew Cash: My name is Andrew Cash. I'm the president and CEO of the Canadian Independent Music Association. For more than 50 years, CIMA and our sister organization, MusicOntario, have worked to build excellent and competitive, Ontario-owned music businesses, serving Canadian artists to get to and remain on the global stage.

While CIMA and MusicOntario are not-for-profit trade associations, our paid membership is comprised of close to 600 for-profit companies, which are connected to over 6,000 artists. These companies include record labels, distributors, publishers, managers and artists themselves, as well as industry-adjacent businesses, from PR to marketing to royalty collection services to tech. Our companies invest in and maintain ownership of intellectual property, and develop and support artists to build international careers where the jobs are created and the profits flow back into the economy of Ontario.

So why am I here? In 2019, the province's Ontario Music Investment Fund was cut from \$15 million to \$7 million. I'm here today with a clear and focused recommendation to restore and increase the Ontario Music Investment Fund to \$25 million annually. I'm going to tell you why that's really going to be great for the province of Ontario.

I'm here representing small enterprises that are building businesses and creating jobs in the Ontario-owned music sector. While music often gets put into the cultural policy bucket, I'm here today to discuss an economic strategy for the music sector—one that positions Ontario as a leader on the global stage by strengthening our competitiveness, creating more jobs, and investing in and maintaining

ownership of intellectual property, and by that, I mean recorded music.

Ontario is the engine of Canada's music economy. In fact, 75% of Canada's audio recording industry is based right here in Ontario, and 78% of all of Canadian music revenue—over \$400 million annually—is generated right here in the province. However, our competitive advantage is slipping, and it has been slipping since the over-50% cut to the fund in 2019. That decision had immediate consequences. Average investment for our music business dropped by roughly 50%. This, in turn, slowed down the flow of private sector investment in the music business.

It's important to emphasize here that the investments made through this fund must be matched by the companies themselves.

After the cuts, entire segments of the industry lost eligibility to once-accessible investment opportunities—specifically, booking agents, management companies and award programs, which really build audiences and market visibility for our Ontario artists. Barriers to entry have also increased for emerging talent.

If I can leave you here today with anything, it is that Ontario's ability to produce, retain and commercialize music IP has dramatically weakened. Since the cuts in 2019, we've seen foreign, mostly US-based takeovers of iconic Ontario-owned companies, including Last Gang Records and True North Records. Along with this came the loss of Canadian ownership of some of the master recordings of artists like Gordon Lightfoot and Bruce Cockburn. And in today's ever-changing and unstable economic and geopolitical climate, more Ontario companies are vulnerable. When domestic capital isn't available, foreign capital fills the gap, and what once was ours leaves the province.

Today, only two other provinces in Canada invest less per capita in their music sector than Ontario, and those are New Brunswick and Saskatchewan. At 44 cents per capita, Ontario's investment is dwarfed by that of Quebec, at \$2 per capita, but also by British Columbia, at \$1.25 per capita. It is also lower than Manitoba, Prince Edward Island, Newfoundland and Labrador, and Nova Scotia. This is not consistent with Ontario's role as the national hub of the sector.

Well, the demand is here. Artists from across the country come to Ontario to build careers because this is where the infrastructure is; this is where the bulk of the industry is. As an example, Saskatchewan's the Sheepdogs, the first unsigned band to ever appear on the cover of Rolling Stone—their international success was built through Ontario-based management companies and label partners. This is, I would say, the Ontario advantage. We need to take advantage of that advantage, and we feel we're not.

That all said, notwithstanding a 50% cut in the budget, the Ontario Music Fund continues to do really excellent work to support a large, export-oriented ecosystem here. In 2023-24 alone, it invested in 158 companies. The province hosts 40% of Canada's culture jobs. This equates to 267,000 workers. The Canadian-owned music sector

contributed an estimated \$61 million to Canada's GDP—approximately \$171 million in total direct tax revenue in 2019, so pre-COVID levels. There's not a specific breakdown provincially, but we can use Ontario's relative share of the recorded music industry, which is 78%, as a proxy.

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

Mr. Andrew Cash: This means roughly \$470 million to provincial GDP and \$130 million in tax revenue. Now, \$130 million in tax revenue on a \$7-million investment is pretty good ROI. When we model the impact of increasing this investment to \$25 million, we get a \$900-million GDP and 7,500 jobs supported. Few programs offer this degree of proven scalability.

So, Chair and members, Ontario's music sector is not asking for a handout here; we're talking about investment. We're presenting you with a strategic opportunity to rebuild Ontario's competitive advantage, retain intellectual property, strengthen export capacity, and ensure that the jobs and revenues and the wealth generated in this province stay in the province. Restoring this fund to \$25 million annually is the most direct, high-impact lever the government can pull to achieve exactly that.

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

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

MPP Catherine McKenney: Thank you to our three presenters: Invest Ottawa, the Canadian Independent Music Association, and the Alliance to End Homelessness Ottawa. Each of you here is asking for an investment, and that is smart. It's what we need to do. We need to invest. We know that when we invest in our culture, in our business, in housing and homelessness, we actually end up saving money.

I'll just turn to housing for a moment. We know that one month somebody spends in hospital is \$30,000 a year, one month spent in prison is \$15,000 a year, one month spent in a shelter is \$6,000, and one month spent in supportive housing is \$4,000. But people do end up in hospital; they stay in hospital because they have no housing to go to. We're directing people who are in encampments to prison. And the Association of Municipalities of Ontario just reported, again, that the number of homeless individuals in this province has risen to 85,000, at the very least—a large increase in our northern and rural areas. It's not just a big-city problem.

1030

I want to talk about stopping the flow into homelessness. When we talk about ending homelessness, we have to look at two things: We have to pull people out of chronic homelessness, but we also have to stop the flow.

Kaite, you talked about diversion. I was struck by what you said about the kids aging out of care—between 550 and 600 kids a year; that's it—and that, for \$15 million, we could stem that; we could divert those kids into housing. Could you talk about what that would look like in terms of a plan, whether it's rent subsidies, support services? Give us a sense of what that would look like.

Ms. Kaite Burkholder Harris: Yes, it would be exactly that. It would be rent subsidies for those kids. It would also be support services, case management. The level of care varies but, on average, that's what it would cost.

Youth are interesting. Youth are in transition anyway. They want to move forward with their lives. They can get roommates. There's more ability and flexibility there in terms of getting them back on track. But if they are going straight to shelter or if they are going straight to sleeping rough, we lose them. That's not to say that people experiencing homelessness don't come back—they do, and people are resilient. But we really interrupt their path to success in life—and the potential of losing people in a number of ways.

It's 580 kids—that's the number I kept finding. I was actually shocked when I saw that number. We could do that this year. We could actually, this year, stop kids getting discharged into homelessness from child welfare in this province. I think that's pretty compelling, personally.

MPP Catherine McKenney: Well, I'd be pretty proud of it. I would go out there and brag that I was part of a province that was able to do that.

Another number that you threw out really struck me: In terms of a housing assessment, only 40% of Canadians can only afford \$1,700 a month, whether that's in their mortgage or in rent. Of course, we know that average market rents are much higher than that. So when we're talking about the benefit of building non-market housing—I think I've been called a communist for suggesting that we should be building more non-market housing. And I'm going to ask GOHBA, when they're here later—but \$1,700 per unit is impossible. Nobody can build that.

Can you expand a little bit more on the benefit of building non-market housing and what that looks like for a portion of our housing stock?

Ms. Kaite Burkholder Harris: I'm glad you mentioned the Greater Ottawa Home Builders' Association. They actually wrote us a letter of support for our report on increasing non-market housing. They know their lane. The private sector is a very particular lane, and that's great; the non-profit sector is a specific lane as well.

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

Ms. Kaite Burkholder Harris: When you look at it, I say non-market or non-profit, as the universe of housing that is not required to make a profit or a return on investment, only to have operating costs covered—mission-driven, permanent.

There is an example of a study from units built in the 1980s—private sector, like-for-like with some co-ops—and by the 2010s, they were 30% cheaper. That's just because that affordability deepens over time, because you don't have to increase your rent to align with market costs; you just have to increase rent for operating.

MPP Catherine McKenney: So we keep building homes, we keep employing people in the construction industry, but we build homes for everyone—obviously, in the for-profit sector, but also in the not-for-profit sector for

those 40% of Canadians. I can't imagine that it's any different in Ontario than across Canada for people who have a limit to what they can afford per month without being in core housing need and, again, falling into homelessness and continuing.

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

MPP Fraser.

Mr. John Fraser: I want to thank all the presenters for taking the time out this morning to be here and present so well.

I'm going to start with Ms. Burkholder Harris. Is there something you wanted to finish at the end, or is it okay?

Ms. Kaite Burkholder Harris: Thanks for asking that. I'm sorry I went over. I usually time it.

Mr. John Fraser: That's okay.

Ms. Kaite Burkholder Harris: I would say—

Mr. John Fraser: Would you like to—

Ms. Kaite Burkholder Harris: Well, only painting the picture of what homelessness looks like. This is real people, and it's not the story of only somebody who may have substance use and mental health—in fact, that all gets worse once you become homeless, and the research shows that. I think we just need to recognize that this is no longer a people-in-deep-poverty issue; it's middle-class people. I'm a parent who is paying child care costs, even with a subsidy, and rent, and it's impossible. It's affecting more and more of us, and that's not changing. Anybody who has got a university student kid—you probably might have them still living with you, or looking at the rent rates and knowing they can't live alone. So I just wanted us to all kind of ground ourselves in that reality—that it's not a tiny group of people anymore; it's most of us.

Mr. John Fraser: Yes, it doesn't take much to go off that edge. And the list isn't getting smaller; it's getting longer. People getting off the list—that list isn't growing.

I was really interested in what you had to say about the children in care because it is a very small number—that's doable. We've done a lot of different things over the years in terms of education. Extending the age for kids to continue under care—we've done some work around extending that, when they're in, to age 23; I could have the number wrong. So it would seem to me that doing this piece of it is a pretty straightforward, bite-sized thing to do and in keeping with the work that we've done. I would encourage all my colleagues here to look at it that way—as we've done, I think, a lot of things already. But there's this piece that's missing, and these kids are falling off the edge. If they were our kids, we would be doing what we could to make sure they didn't fall off the edge. They'd probably have a place to go to. They'd know they can come back home. They'd know they have some support. So the thing is, all of us—that's who we are. We're the crown. We're their parents. That's the way we have to look at that.

The other piece, the diversion—so you said less than a million dollars. What's less than a million dollars?

Ms. Kaite Burkholder Harris: In Ottawa, right now, we have two positions for diversion, and we're seeing

massive reductions. So if we were scaling that across five or six shelters—that includes city shelters—we could have a pretty big impact: 22% reductions for adults. It doesn't, right now, lead to a reduction—actually, it's leading to reductions in beds at the youth shelter; not yet the adult system—but it recycles beds faster. Stays go from 90 days to 12. That's a huge change. First of all, people aren't getting stuck, and second of all, you're using those beds for people—and homelessness really is just a short-term crisis, which is the point. It's not meant to be something that lasts for so long. So a million dollars would be a lot of workers in Ottawa, which would be amazing—but it's pretty significant.

Mr. John Fraser: In terms of how that's funded right now, is that found internally? Has the city supported it?

Ms. Kaite Burkholder Harris: The city supported some diversion workers, but then one agency pulled from their private foundation to try to supercharge it, and they're seeing good results. But if we were to fund that, they could use that for housing. So I think it's pretty significant in the other impacts it can have, the ripple effects.

Mr. John Fraser: I've got to move on. I might come back.

How much time do I have, Chair?

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

Mr. John Fraser: Not bad. I'm trying to keep my questions short.

I've got to move on to Invest Ottawa. Thank you very much for your presentation.

I'm a lifelong resident of Ottawa. I've been fortunate to have worked in government and gotten elected over the last 25 years. It's always a challenge, here in Ottawa, to make sure that Toronto knows that the federal government is not our parent; they're not taking care of us wholly.

I had a question in terms of what investments you're looking for. Are you looking for investments into Invest Ottawa? Is there a specific program or programs that you wanted to highlight in terms of—whether that's an investment in Invest Ottawa or an investment in another program?

Ms. Sonya Shorey: It would be a combination.

Certainly, we collaborate with major networks. The regional innovation centre network and the small business enterprise centre network, as a whole, have a huge opportunity to be modernized. That would be an investment in Invest Ottawa, to support the companies that we serve, in addition to all those across the province. You would get a significant lift, as the government of Ontario, from modernizing those two networks, investing more, so that we don't miss the next Shopify, the next Kinaxis or Fullscript, and we have thriving communities that are growing our tax base to support the exact causes that you just heard about here. That would be one.

Our defence innovation hub: We're looking for \$100 million into a stand-alone semiconductor fab that would complement the spin-out of the Canadian Photonics Fabrication Centre that is coming. And that is critical, in

addition to investing in companies that are building, deploying and exporting technologies like drones, counter-drones, uncrewed systems that are being developed, tested, validated at Area X.O, which benefits from provincial funding.

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There are some very specific plans we have in place. We believe that collectively, we can do so much more to drive that pipeline, to build more companies here—

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

MPP Brady.

Ms. Bobbi Ann Brady: Thank you, all, for your passionate presentations this morning.

I'm going to turn to you, Kaite. As a policy-maker, it's extremely frustrating to witness spending increases on issues like homelessness while visibility of the crisis grows. I think that you did a good job of explaining why funds today have not translated into a broad reduction in homelessness.

I feel that before we commit to providing more funding, though, to any homelessness program, we need to tie funding to performance audits, because we are not getting value for the dollar. I've seen money spent unwisely, and the taxpayer never knows whether or not there are true results or if the problem is being reclassified.

I was heartened to hear, at the beginning of your presentation, that you believe that homelessness is curable. We've seen other jurisdictions—you named them: Medicine Hat, Houston, Milwaukee—that are actually doing it right. So I'm wondering which model you think is directly transferrable to Ottawa.

Ms. Kaite Burkholder Harris: All of them. But the main thing is a system-wide approach, and if you're not doing it collectively as a community with common intake, common assessment forms—a person doesn't tell their story every single time they go, and people are sharing data across agencies—it's not going to work. You just pour money into more workers at specific places, but it doesn't actually lead to results.

The other thing is that Ontario invested a 34% increase since 2016 in emergency shelters and congregate bed settings. We've increased homelessness by 32%; we have invested in creating homelessness. If you invest in the wrong thing, you're going to get the wrong thing.

I'm very outcomes-oriented. I'm not interested in putting money down a pit that doesn't actually lead to anything. It really does require, locally, the leadership of the community to have cohesive coordination. Use your data to drive your systems, for sure.

This pilot on diversion here is absolutely what we are using to scale it across the whole system—

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

Ms. Kaite Burkholder Harris: —and I think, ultimately, the provincial-level leadership on systems transitions is a huge game-changer. There's a lot of stuff that's not legislation, but it's bad rules in antiquated systems that don't make any sense, that directly lead to people ending up in homelessness. It's not always money—it is money

too, but there are a lot of things that we can change, if there's provincial leadership on those things.

Ms. Bobbi Ann Brady: And I think you touched on it—I'm wondering how we streamline the approach to homelessness, so that we can align municipal government, policing and health care networks so that we're under one accountable framework.

Ms. Kaite Burkholder Harris: Yes. I love that. There are no emergency shelter definitions across the province. We're actually looking at doing an apples-to-apples, walking through every single definition at multiple funding streams and multiple programs across our city, mapping them, and then trying to figure out if we can create some cohesive definitions.

We can't measure across different funding streams, as you well know. I appreciate you highlighting that challenge. So when we start to do that, that gets—

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

MPP Sarrazin.

Mr. Stéphane Sarrazin: Thank you to all of you for your presentations. It's always the best part of our job—to hear what all these organizations are doing.

I want to start with Sonya from Invest Ottawa. I was there a few times over the last few months, with Minister Piccini and Minister Tangri, and I was simply amazed to see your facility and the work you're doing for the Ottawa region. You are doing the small business enterprise centres for the provincial government, and we thank you for it. You're doing a great job. Of course, you know we're listening to your needs and your challenges.

You talked about these 1,800 tech companies. What I was thinking is, how can our government help them to expand globally? Is there something that both governments can do? I know, sometimes, it can be depending on regulations, and I think these tech companies, from what I heard when I was at your—we have some amazing people. Like you said, we have the expertise that other countries wish they had. So is there any way that our government could be helping you on this file?

Ms. Sonya Shorey: Continued investment in the regional innovation centre network, where we see that oversubscription in so many programs, four to one, and helping those companies scale and build differently in an AI-driven, transformative era certainly is one.

I love what you said about a system-wide approach. If all of the regional innovation centres are given more money, we can work together in different ways—create one intake, create one set of data where no matter where one company goes in any part of this province, we all have access to the same data and can lean in with our expertise and help them scale faster in this moment of time, get out to new markets. Trade is an area that we are leaning in on with our global expansion team.

We're grateful for the investment the province makes together with the feds so that we can bring more companies to market faster in more impactful ways.

Diversification of markets has never been more important. We know, with tariffs and the challenges to the south,

that getting out into European and Asia-Pacific markets is key.

That is another area—leaning in and enabling us to continue growing our brand and promoting everything that we have in the city. We've heard today that it's sometimes challenging to rise above the noise. That is absolutely true. We have a combination of expertise in Ottawa; we are your economic development hub. There are assets here that cannot be re-created anywhere else in this country. How do we work together with the province to ensure the whole world knows that? We're building our scale-ups, keeping the IP here, driving revenue and business that supports our whole economy and all the mainstream businesses that create our quality of life, attracting the right major multinationals and soft-landed companies here that will complement and fill gaps that we don't have capability-wise while we're planting those seeds.

I believe an economy works together holistically. If we make those collective investments—we have built the plans; we have them. We can work together to execute on them. And we track every single dollar, every intervention in terms of job creation, investment, GDP contribution. We are very data-driven, and we are a very inclusive opportunity for all.

The Chair (Hon. Ernie Hardeman): MPP Darouze.

MPP George Darouze: Thank you, Chair. Through you: Thank you very much to all the presenters this morning.

Sonya, I don't want to waste time; I want to go right to the point. I know in the last few days, we've been touring Ottawa. I know Invest Ottawa very well. I served on council with my colleague here for many years.

From the perspective of Bill 72, from a policy perspective and a legislation perspective, we've heard from so many innovators, we've heard from small businesses, we've heard from so many people in the last few days—and that was our first tour our government does in Ottawa. Can you share with the committee a little bit of the feedback we've heard and what else we could do to move forward what we had heard further with Bill 72? I understand investing in—Invest Ottawa is a huge success and a huge story, but also from a legislation perspective. I want to move it a little bit that way.

Ms. Sonya Shorey: Procurement is absolutely essential. If you ask any company that we serve whether they'd prefer a grant or subsidy or a customer in government that will generate revenue and create long-term opportunity, reference customers that they can leverage globally—that is exactly what they would say. We are very grateful for the procurement strategy that has come forward. We are leaning in, and there is incredibly positive feedback and a lot of hope. Procurement is one of the biggest stumbling blocks that faces many of our companies, particularly in sectors like defence, aerospace, cyber security and security. That is going to be a game-changer, as long as it is implemented correctly, where we truly lean in and support Ontario companies to keep Ontario IP growing, and we help them to collaborate effectively with multinationals and other anchors to access new supply chains,

big-picture customers that can grow their revenue base and their customer base. I do believe it can be done holistically.

The government of Canada is also leaning in on procurement. We are an advocate and a partner, and we want to bring our companies forward so that we can find the right opportunities for the government of Ontario to procure directly from them, to help supply chains become more domestically driven. That will generate a significant shift in the opportunity and the prosperity for this province and, certainly, for our region.

Our companies are grateful.

The Chair (Hon. Ernie Hardeman): We will now go to MPP Pasma.

Ms. Chandra Pasma: Thank you to all of our witnesses for being here.

Andrew, it's nice to see you, even if it's virtually.

Kaite, I'm going to turn to you. You mentioned the need for the not-for-profit sector to get involved in building housing so that it's affordable.

One of the projects that I am really happy about—Nepean Housing, which is a great housing provider, used investments from the federal government, provincial government and municipal government to turn what was four units of affordable housing into 31 units of affordable housing, and 35% of them are accessible, which is well above the provincial standard. The building is very eco-friendly. There are units set aside for supportive housing in the building. I think it's an amazing example of what our not-for-profit sector can do.

I'm wondering if you can speak to the supports that our not-for-profit sector would need to build those kinds of homes.

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Ms. Kaite Burkholder Harris: To build or to operate?

Ms. Chandra Pasma: Both.

Ms. Kaite Burkholder Harris: First of all, I think we have to be honest. I've given you a lot of averages today, but needs vary. The majority of people, around 80%, who experience homelessness do not have super-high needs; it is a small percentage who are actually needing the most robust supports. For folks with the most robust supports, we're talking 24/7 health care access in a building; nursing care would be there; case management; having a councillor; that kind of stuff. But that's the Cadillac, and that's not needed for everybody. There are a lot of people who need independent living, with a rent subsidy and some light-touch case management or light-touch supports—a worker coming a couple of times a week or a couple of times a month—and that will do it; often, those folks are good to go. They don't need forever support. So I would say it does vary, depending—and right now, we're not using our data to match need; we're not building to match need. We're just building a bunch of housing, but we're not necessarily saying, "There are 50 people in Ottawa who need supportive housing that is staffed 24/7." If we had that number, then we should build for that number. Broadly speaking, it's that kind of various level—but we need the data to drive the decisions as well.

Ms. Chandra Pasma: On the building side: Nepean Housing was able to take that government funding and turn it into these additional units of affordable housing. Do you think that's a model? Should we have more funds that are set aside specifically for non-profits to build non-market housing?

Ms. Kaite Burkholder Harris: Absolutely. I think there are a couple of federal opportunities—we know about Build Canada Homes—that we can really use to supercharge building right now. I think one that isn't talked about enough is the acquisition fund. Real estate investment trusts are off-loading their buildings because they're old buildings, but that's a lot cheaper and faster—to get housing to become affordable, if a non-profit acquires it. There is an opportunity that we could leverage that funding by injecting just a little bit more funding from the province to acquire those homes. And same with Build Canada Homes—I think there need to be standards for scale for non-profit housing providers. You can't keep funding a 10-unit, tiny organization. They cannot keep doing a capital campaign for a small number of units. They have got to be doing partnership. The legislation and the funding opportunities have to encourage and mandate partnership.

Ms. Chandra Pasma: The emergency shelter diversion—that was new to me; that's not something I've heard before. I'm wondering if you can talk us through it. There was a woman I met in the Cornerstone shelter last year who told me her story about how she had some mental health challenges. She was employed, and then she went to being unemployed, living in her car, moving to the city of Ottawa emergency shelter and eventually into Cornerstone. What would that have looked like for someone like Lynne?

Ms. Kaite Burkholder Harris: It's interrupting at the door. Is this somebody who just has rental arrears? That's half the cases. That's a pretty cheap, easy thing to fix—instead of getting somebody stuck in the shelter system and losing their job.

Youth diversion is particularly effective because young people are younger—a lot of the time, it is actually family conflict, and it's family conflict that, when you have a professional supporting some mediation there, is pretty solvable. In the Niagara region, they found that diversion—a lot of the time it's, "We can get you a bus ticket back home, but you have a safe family or a family friend you can actually stay with." It's leveraging those natural supports that actually can lead to diversion in a lot of ways. It's tougher with adults.

A lot of the time, people have more resources than we think they do. It's fundamentally changing the assumption—

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

Ms. Kaite Burkholder Harris: —that you have no place to go, you have no resources, and our job is to bring you into the system.

Let me tell you: If anybody here has ever worked with somebody who is homeless or at risk of homelessness—a

family friend—you probably are advising them to not get stuck in that system.

We need to make sure that, as a system, we're encouraging that as well and designing it that way.

Ms. Chandra Pasma: I'll turn my remaining time over to MPP Bell.

Ms. Jessica Bell: Thank you to all speakers.

Hello, Andrew Cash.

My question is to the Alliance to End Homelessness Ottawa. You mentioned the spend of approximately \$2 million to end encampments. Could you flesh that out for us? What would that involve? What would you spend it on?

Ms. Kaite Burkholder Harris: This would be about 5,700 new options for housing—so a lot of rent subsidies for people who are lighter-touch supports. It would include some money for building more supportive units for the hardest-to-house. That's from the Association of Municipalities of Ontario report. That was the number they fleshed out. That's over three years, so it's less than a billion dollars a year, pretty low-cost—

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

MPP Fraser.

Mr. John Fraser: I thank everybody for their presentations.

I'd like to turn to Mr. Cash and ask you a question with regard to your request. I know that the fund was established somewhere around 2013 and made permanent around 2015 and then changed, I think, around 2020. At that change, it was reduced by a little bit more than half. In other words, is that money leveraged by an equal investment from a company? How is that measured—if you can help me understand that.

Mr. Andrew Cash: Again, this is not a handout. It's an investment in the companies. The companies have to match that investment.

When the province reduced the investment in the sector, it also made it much more difficult for Ontario investors to invest in the sector. One of the effects of that, if you will, is that we're seeing foreign-owned capital come in and purchase Ontario companies, Ontario IP, that the Ontario government and the people of Ontario have invested in previously. This is part of the place we're at now.

Mr. John Fraser: That's great. I would encourage the government to consider it, especially when we're in a situation where we're trying to be more self-reliant and understand that we have to protect ourselves as a province but also as a country.

Thank you for your presentation.

I want to go back to homelessness, because it is an issue that affects all of our communities.

AMO, the Association of Municipalities of Ontario, says about 85,000 people in this province are without a home and about 20,000 of them are children—600 of them are our kids.

This is not as much of a question as it is more of a statement.

When we've had these situations before, after the end of the Second World War and then in the 1970s, when there were some real challenges around housing, a government—not a Liberal government, not an NDP government—got into the business of building public housing. We did it.

I want to thank you for all your work, and I want to thank you for trying to roll this ball up the hill. It's a time when we have to look at this, because the number is growing, and that will—that's wrong in the first place, but it's going to affect all of us. It's going to affect our economy. It is going to affect our health care system. It's going to affect our education system. So it's a critical thing. There are willing partners, obviously, municipally—and the work that the alliance does—but there's a federal government that's interested in that part of the business right now, in doing that. We have to do it. It can't keep going in the same direction. We've got to send it in the other direction.

I'll leave it at that, and I want to thank you very much for—unless there's something else you want to add at the end.

Ms. Kaite Burkholder Harris: I do, actually.

Deloitte wrote a report that said it would bump—if we invested getting to 7% of our national housing stock—5% to 9% increase to our GDP. In a time of economic uncertainty, I don't know that you can make a better argument than that. We desperately need to build, and building non-market still employs private developers. We need somebody to build. On so many levels, this is a path forward. If you pick any social problem, I will get it back to housing as the thing that will at least make that social problem better, if not fix it.

Mr. John Fraser: Do you know what's better than building a tunnel? Building affordable housing and making sure people have a place to live. I'll leave it at that.

The Chair (Hon. Ernie Hardeman): MPP Brady.

Ms. Bobbi Ann Brady: I want to go back to you, Kaite, again, because if there's one social issue that profoundly saddens Ontarians, it's watching people on our streets and in our communities suffer.

You mentioned that the economic environment to build low-income and affordable housing or housing that is affordable—two different things—doesn't exist. We all know that. It currently doesn't exist. I think we should be looking at things like financial incentives to make the math work for our builders. Forgivable loans, GST removal and loan forgiveness programs are important.

I want to go back to the units that you are proposing for Ottawa. Do you have an idea of the percentage of homelessness population it would realistically—that that program would house and what gaps would still remain?

Ms. Kaite Burkholder Harris: Sorry; the Ottawa numbers or Ontario numbers—like for supportive?

Ms. Bobbi Ann Brady: Right.

Ms. Kaite Burkholder Harris: For supportive, I should, but I don't actually have that number. I only have provincial-level numbers.

Ms. Bobbi Ann Brady: That's fine.

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Ms. Kaite Burkholder Harris: Provincial-level numbers are 30,000, so as the second-biggest city, a chunk of that would be here. And that cost, which I had in my head, and it's written somewhere here that I can't remember right now, I think is just over one and a half—oh, no, \$900 million.

Ms. Bobbi Ann Brady: It's \$900 million? Okay.

How do we ensure that new low-income housing remains affordable over time? We know that the market pressures can quickly see those prices rise.

Ms. Kaite Burkholder Harris: Totally. It's a great question.

That is the difference between non-market, mission-driven—"Our entire reason is to have affordable housing for people" versus, "We need to make a profit, and I have shareholders to respond to," which is reasonable, but it's just not going to meet a human right.

Ms. Bobbi Ann Brady: As a fiscal conservative, I like to move away from ongoing subsidies.

Should we be looking at permanent non-profit co-operative ownership, longer-term agreements for some of the folks who are living in these low-income homes?

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

Ms. Kaite Burkholder Harris: I think, ultimately, we need the buildings, we need the housing that is just in perpetuity going to be affordable. I think that deals like inclusionary zoning and making it affordable for 10 years is just kicking a crisis down the road, but I do think it creates flow. If you have a young family move into a co-op, all of a sudden they can save money for, actually, a down payment. We see that happening in our system. We see people become entrepreneurs, because they wake up in the morning and they're not in a shelter. So I really think it creates broader flow. It is for the middle class to actually have affordable options. And then you do have the low, low income that—we're always going to have people in that level of crisis, but if they have housing, they have a much greater opportunity to get out of that, as well.

The Chair (Hon. Ernie Hardeman): MPP Rosenberg.

MPP Bill Rosenberg: Thank you, panel, for being here today and bringing the ideas forward to us—and that we have that opportunity to listen and bring them back, not only to benefit people here in Ottawa, but all Ontarians.

The government is moving forward with helping Ontario manufacturing processors to lower their costs, innovate and become more competitive through the manufacturing investment tax credit, and they're also amending that to have some criteria for investments in machinery and equipment.

My question, Sonya, is to you. As a government, we have been supportive of the private sector finding innovative solutions to problems. I wonder if you would be able to speak to—see how small business as being a very important part of building a more competitive, resilient and self-reliant Ontario.

Ms. Sonya Shorey: Continuing to invest in the networks that I highlighted—the regional innovation centre network, the small business enterprise centres—to create

more opportunity for more founders to benefit from those services, to scale faster, to put AI to work, enabling AI democratization, where we're all sharing lessons learned on how to put that to work to be the most productive and impactful possible.

Certainly, we see the job market changing. Ottawa definitely faces risk with respect to the public sector layoffs at the federal level, so the opportunity to transition those workers into technology-based businesses, main street businesses, becomes a very big stake for the province. As your second-largest economic region, the opportunity to double down there, double down in technologies like those that we support at Area X.O for all sectors—currently, most notably defence, cyber security, aerospace and space—that is an immense opportunity. There is a lot of investment from the federal government in all of those sectors, and they are needed globally. The more we can do to accelerate the development, the IP and the opportunity to take those companies global, the faster we will see our economy continue to grow to support many of the causes that you see today, including the one to my right. So I believe that we can double down in areas where we see it working, meet greater demand. The pipeline is massive, and it will continue to grow with those layoffs in the public sector.

If we come together, look at the data and continue to invest, we will see dividends. We measure them.

MPP Bill Rosenberg: And in return, Ontario will benefit from having several good-paying jobs come back to us.

Ms. Sonya Shorey: Jobs, investment, GDP growth—those are the three key metrics that we track consistently, and we look at the interventions that we make.

I am a big fan of collaboration for impact. It takes a village to help companies accelerate growth. The more we do together—the more we optimize the resources, the assets, the expertise and the investment—the faster they will get there. So we lean into collaboration for impact. We never look for sole attribution, but we measure the impact of our interventions that come with the provincial funding, the municipal and federal funding and private sector technology and contributions.

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

Mr. Dave Smith: One of the challenges with being the last round of questioning in 39 minutes is that you don't have a whole lot of time for anything.

Andrew, I'm going to jump over to you. You made some comments at the very beginning of your presentation—a little bit more than 70% of the music industry, from what you were saying, and I'm paraphrasing it, is here in Ontario. I've tried to find some numbers on this. It looks like it's about \$215 million in GDP directly from that portion of the industry. Is that a reasonable number? Would you say it's about \$215 million to \$250 million that is generated in Ontario right now from your portion of the industry?

Mr. Andrew Cash: No. In Ontario, our numbers are a bit higher than that. It's about \$400 million in GDP.

Mr. Dave Smith: Okay. You said about 70% of the Canadian number is in Ontario.

Mr. Andrew Cash: It's 78%, yes.

Mr. Dave Smith: What do you see as the potential growth on that, then? If we're at \$400 million now, do you see us getting to \$600 million, \$700 million, a billion dollars?

Mr. Andrew Cash: We see us getting close to a billion dollars, with the ask that we're coming to you with today of \$25 million. That gets us to about \$900 million in GDP growth.

Mr. Dave Smith: And how would that be distributed across the artists? Is that high-end—you mentioned the Sheepdogs, just as an example. Is that artist at that level, or is that artist at a smaller level?

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

Mr. Andrew Cash: The beauty of what's happening in Ontario is that it's very decentralized and it's spread out right across the province. Of course, in the Golden Horseshoe, we have a large number of industries, but we have artists all across the province.

First of all, it's not for foreign-owned multinationals. It's for Ontario-owned companies and Ontario artists—so that goes from the solopreneurs and the freelance artists, all the way up to some really significant, large, independently owned Ontario music companies.

Mr. Dave Smith: My former EA's brother went to Nashville to try to grow his music career. Are you suggesting, then, that if we made that type of investment, someone like him, at 21, 22, wouldn't have to relocate to the States and we could have that kind of an ecosystem here in Ontario to support that?

Mr. Andrew Cash: Yes.

The Chair (Hon. Ernie Hardeman): That concludes the time for this question. It also concludes the time for this panel.

I do want to thank all the panellists for all their work of preparing to come here and, in doing so, ably presenting it to us. As a committee, we appreciate your assistance.

VHA HOME HEALTHCARE
QUEENSWAY CARLETON HOSPITAL
CANADIAN FILM CENTRE

The Chair (Hon. Ernie Hardeman): We will be hearing from VHA Home HealthCare, Champlain branch; Queensway Carleton Hospital; and the Canadian Film Centre. The Canadian Film Centre and VHA Home HealthCare, Champlain branch, are both virtual. So the first presenter will be virtual.

Are we on the call—VHA Home HealthCare, Champlain branch?

Dr. Kathryn Nichol: Yes. Good morning.

The Chair (Hon. Ernie Hardeman): There we go. If everybody else would move out of the way, we could see the screen.

Dr. Kathryn Nichol: Good morning, everyone. Just a quick clarification: Certainly, it is VHA Home HealthCare.

I am not here solely representing our Champlain branch, but also all of the services we provide across the province. The head office of the organization is actually in Toronto. So I'm joining you from Toronto.

My name is Kathryn Nichol, and I'm the president and CEO of VHA Home HealthCare. I'd like to start off by thanking the committee for the opportunity to speak to you this morning.

In my allotted time, I'd like to cover three things. First, I'd like to share a little bit about my organization and the services that we provide to Ontarians. Secondly, I'd like to share a little bit about how home care is a highly cost-effective and patient-preferred solution to some of our current hospital and health system pressures. Thirdly, I'd like to offer a recommendation for investment in home care for the 2026-27 period.

Starting with a little bit about VHA: VHA Home HealthCare is one of the larger not-for-profit providers of publicly funded home care in Ontario. Our organization has been in operation for over a hundred years. Today, we have a team of 3,000 people on the ground providing personal support services; nursing; rehab services, including occupational therapy; physiotherapy; dietitians; social workers; speech-language pathologists; and community support workers. We look after over 100,000 clients. In the last year, we did approximately four million visits. So it's a fairly substantial team on the ground and contribution to caring for Ontarians.

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VHA also works in partnership with many hospitals across the province, including University Health Network, Sunnybrook, North York General Hospital, Michael Garron Hospital, Holland Bloorview Kids rehab and the sick children's hospital. In doing so, what we endeavour to do there is helping adults and children to transition home more quickly, following surgery and illness, through our hospital-to-home programs, and stay at home through our respite and our behavioural support programs. Overall, these programs shorten hospital stays; they reduce readmissions to hospital; they prevent visits to the emergency department; and they certainly support families and reduce caregiver distress.

We're very proud to invest in our administrative and our clinical data so that we can offer academic research and evidence to inform solutions for both the health care sector and the broader health care system.

Onto my second area of focus, which is how home care is a highly cost-effective and patient-preferred solution to current hospital and system pressures: One of our areas of research study is to show how, without the burden of brick-and-mortar physical infrastructure and with a focus on personal support services, home care is the most economical way to not only provide care but to scale care up. We completed an economic analysis that showed that, on average, one occupied hospital bed can cost the province \$730 a day. In comparison, a long-term bed costs approximately \$201 a day, and a home care bed is \$106 per day, essentially showing that hospital care can be more than seven times more costly than care at home. This cost-

effectiveness was certainly reflected in the government's investments in home care over 2022 to 2024, which allowed for an investment in personal support services and other home care providers' wages through contract rate increases. It decreased personal support services' turnover by 38% and unlocked an impressive 1.8 million additional hours of care.

Last year, in 2025-26, an investment of \$1.1 billion was announced to sustain growth in home care services experienced over the previous two years and to invest in hospital-to-home programs. This funding will certainly allow for new services for Ontarians, and I'd like to thank the government for this funding.

Now turning to the future: what is needed for the sector to retain our people, our workforce, to continue to provide great care at home and to effectively both prevent patient flow into hospitals and support patient flow out of hospital. The \$1.1 billion in funding is dedicated to new services, as mentioned previously. What we desperately need is funding in current services, in the form of contract rate increases, to support compensation and wage increases so our workforce can meet the rising cost of living and we can retain our amazing people, and to support covering the rising costs of doing business, including technology costs due to inflation.

What we know is, the average wage increase for 2025 for public sector workers was about 3.4%. We also know the average wage increase for 2025 for both public and private sector combined was about 3.9%. For health care, there have been cases where it is much higher. For example, in 2023, 65,000 ONA nurses received a 16% adjustment.

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

Dr. Kathryn Nichol: In home care, we're doing our best to keep up or catch up.

At VHA, in my organization, our recent collective agreements—we've been able to lift compensation by 15%, which is 5% over three years, and we've also improved our group benefits, to help our people manage their costs and to remain competitive as an organization. To sustain these costs, we need your support.

We need predictable and stable funding, through annual adjustments to home care contract rates, to maintain service levels and strengthen the health care system overall.

The ask is a 5% increase in contract rates for 2026-27, which would cost approximately \$220 million, based on the current home care budget. This would be welcomed. And really, it's all about keeping patients out of hospital, keeping them—

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

We will now go to the second presenter, Queensway Carleton Hospital.

Dr. Andrew Falconer: Good morning, distinguished members of the committee. My name is Dr. Andrew Falconer. After 30 years as an emergency physician, I have the privilege of serving as the president and CEO of the Queensway Carleton Hospital in Ottawa.

I'm here to present an excellent opportunity for government to bring investments in health care and life sciences together; to have a real impact at the bedside. We've called it the health technology innovation transition fund. Ontarians need better access to health care; hospitals need better tools to provide it. We propose that Ontario creates a \$15-million fund to speed the adoption of Ontario-developed technology by community rural hospitals, specifically addressing the primary roadblock that we all face when it comes to adopting new technologies, and that's the transition costs. In this presentation, I'll cover the fund's design, why it's needed, how we could implement it, and what the impact would be.

Queensway Carleton Hospital has been proudly serving the west of Ottawa for over 50 years. We're consistently ranked as one of the top health providers in Ottawa and always ranked in the top 20 of hospitals in Canada. We're not a large hospital; we're not a small one. And we're not academic. But what we do really well is innovate at the bedside, move nimbly, try new things, pivot quickly, and find new ways to deliver health care. We have an amazing team, and we have an amazing culture. Unlike many hospitals, we're not struggling to find physicians and nurses.

We have a very efficient emergency department, seeing over 80,000 patients a year in a space that's less than half of what most hospitals have that face those volumes. We're not alone in our challenges in the emergency department. Ontarians are waiting too long for health care. Our biggest challenge at Queensway is that we don't have enough space. But that's a bigger problem, with a different proposal that we submitted to the government, and we remain optimistic for your support.

Today, I'm here to talk about a small roadblock—and how do rural and community hospitals implement new technologies. There are many tools out there right now; they already exist. They're from Ontario companies. They've already been proven effective in larger academic centres. The roadblock we have, really, is the transition costs—things like operating dual systems while we implement the new technologies, staff training and infrastructure challenges. It's frustrating because we know the investments in Ontario are already there. We simply don't have the funds to adopt them. For instance, there's a network, CAN Health, whose mandate is to support Canadian technologies. Many research hospitals have implemented great innovations; we can't, because we must demonstrate an ability to pay for the technology after trial funding. We can't do this because it would actually take away from the dollars spent at the bedside. Without additional specialized funding, many hospitals in our situation can't benefit from some of these technologies.

Our proposed solution, the HTITF—or Hit It—is to create support for non-academic and rural hospitals to implement new technologies. I've spoken with many other hospital CEOs and many other organizations, and they all support this. This will help us overcome adoption barriers and improve health care delivery. Through structured governance and alignment with current government priorities, we can introduce sustainable innovations in health

care to make a real difference at the bedside. It would leverage guidance and governance already in place. It would support the implementation of technologies recommended by the Ontario health technology assessment centre. You can implement a sunset model, tapering the financial requirements over a three-year horizon. By then, the efficiencies will be realized.

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The investment aligns with government goals to end hallway medicine by accelerating the adoption of validated technologies that improve flow, reduce length of stay, and support the efficient use of beds. It also leverages the local intellectual property and anchors high-quality jobs in Ontario by using the power of procurement to become a customer of these companies.

So we have three recommendations which align with our broader mandate: Include a \$15-million technology innovation transfer fund in the 2026-27 budget with a three-year sunset and defined performance metrics. Ministries will collaborate with hospitals and innovation partners in year one to establish eligibility, governance and evaluation frameworks. Ontario hospitals will lead as early adopters of validated, local technologies, benefiting patients and taxpayers.

In conclusion, this fund is a strategic initiative designed to overcome adoption barriers and improve health care delivery. Through structured governance and alignment with priorities, it offers a pathway to sustainable innovation and better health outcomes. It supports our economy in having hospitals like QCH be customers of the great solutions that are coming forward from our Ontario universities, colleges and other hospitals in the life science ecosystem. This is not a grant. It represents less than 0.006% of the total health budget. The return on investment is for non-academic and rural hospitals' ability to deliver high standards of care that are deserved by our patients and their families. The ROI will continue to be realized long after this fund has sunsetted.

Thank you for your attention.

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

We now will go to the Canadian Film Centre. Again, it's virtual.

Ms. Maxine Bailey: Good morning. Thank you for taking the time to see me. My name is Maxine Bailey. I'm the executive director of the Canadian Film Centre.

The Canadian Film Centre is the beginning of the pipeline for Ontario's film industry. We train writers, directors, producers, makeup artists, cinematographers, and actors. As well, thousands of cast and crew use their training at the Canadian Film Centre to gain access to the various unions and associations so that they can be full-time workers and be employed.

Ontario is where Canada's screen-based industries—film, television and digital media—thrive. But right now, the industry is at a critical moment. We have talent, we have momentum, we have infrastructure, but without immediate action, Ontario's global, vital role in the screen-based industry is at risk of faltering without investment in

the beginning of the pipeline. That's where the CFC comes in.

For decades, not only has the Canadian Film Centre trained the best and the brightest of Ontario's storytellers, but we have launched the careers of over 22,000 creators, cast and crew who support this bustling industry. The CFC is singular in our economic and cultural output. No one in the province—nay, the country—do what we do. We are the beginning of the pipeline in the province, and unless we receive financial investment from the province, Ontario will no longer be able to call itself the production powerhouse it has become.

Here is our current situation: Ontario captured 36% of national production volume last year. This generated \$4.35 billion and supported tens of thousands of jobs. Yet our training capacity is constrained, and recent funding cuts have left a significant gap. If we don't act now, Ontario risks losing both talent and ownership of our intellectual property to other provinces and international competitors.

We are here today with a very precise ask of \$9 million over three years from the Ministry of Tourism, Culture and Gaming. This is not charity; it is a strategic investment with a measurable return for Ontario's economy, its workforce and global standing. The investment will help establish a robust training studio in Ontario with integrated labs that build both creative and technical production skills, training talent for real jobs in the industry, ready to produce world-class content. It will also allow us to expand our CFC satellites, which are virtual and hybrid workshops, bringing training province-wide, not only in Toronto and the GTA, but to communities across Ontario, particularly the north. Over the next three years, these programs will train and support over 3,000 artists and production crews, helping seed new companies, launch high-quality content, and create jobs across the province. That's not a vague cultural benefit; it is economic impact that you can actually measure.

To illustrate the CFC's current impact, I can boldly state that you cannot look at any of the lists of film and TV credits without finding CFC alumni. The following shows come straight from CFC alumni: *Letterkenny*, *Law and Order Toronto*, *Shoresy*, *Heated Rivalry*, *Murdoch Mysteries*, *Schitt's Creek*, *Hudson & Rex*, *Saint-Pierre*, *Wayward*, *Allegiance*, *Departure*, *Orphan Black*, *Rookie Blue*, *Heartland*, *Son of a Critch*, *Sort Of*—the list goes on and on.

Our alumni currently helm over 80 active production companies in Ontario, and our alumni have founded over 200 companies that generate well over \$250 million annually in the province. We train 800 cast and crew, and 92% of our alumni credit CFC programs for their career success, something we take immense pride in. Programs like the Norman Jewison Film Program and music lab have become world-class pipelines, feeding the industry with the creators, producers and storytellers who are shaping today's global market.

Let me give you two other examples.

Amy Cameron, an alum of our film program, is now co-founder of Cameron Pictures and the producer behind *Law*

and *Order Toronto* and *Pretty Hard Cases*. She said, "The CFC has been instrumental in helping us build Cameron Pictures, from our training at the CFC to the support it has offered over the years. All of this has meant our company has been able to find an international profile while proudly based in the province of Ontario."

Mark Montefiore, also a graduate of our programs, founded New Metric Media, the company behind the hit series *Letterkenny*, *Shoresy*, *Children Ruin Everything*, and *Bria Mack Gets a Life*. He credits the CFC with shaping his instincts as a producer, opening doors he didn't even know existed, and connecting him with collaborators who continue to drive his success today.

These are not isolated stories; they are the standard. They demonstrate exactly what happens when Ontario invests in talent: We retain it, we grow it, and we turn it into companies, jobs and global cultural exports.

If you take one point from my remarks today, let it be, this works.

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

Ms. Maxine Bailey: When we invest in training and talent, Ontario retains the skills and owns the IP. This is not simply about funding a program; it is about protecting and expanding Ontario's competitive advantage in the global industry. The Ontario government has the opportunity to scale impact across the province and strengthen the industry by investing in the CFC.

I thank you for your time.

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

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

Mr. John Fraser: I want to thank all the presenters for taking the time this morning to be here, to take so much time to prepare for this, and for everybody being pretty much on time, which is great. It's hard to get everything you want to say about things in seven minutes.

I'm going to start with Dr. Falconer. I want to say good morning and hello. It's nice to see you again.

It's interesting; the thing that you're advocating for reminds me of something I've been thinking about recently that we talked about a long time ago, which is scribes in the ER. That was an innovation that was brought forward to the Queensway Carleton and met with some success, so you have a track record.

Dr. Andrew Falconer: That's right. We had actual manual scribes, so real human beings, who would trail the emergency physicians and actually document all of the recordings. That actually allowed me, as an emerg doc, to spend more time face to face with a patient. It improves their experience tremendously, and with the illegible writing that I am cursed with, it made my health record far more competent. That's now being replaced by AI, and that's a wonderful example of the kind of technology that's out there, developed in Ontario, that we can implement if we have funding to cover those transition costs.

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Mr. John Fraser: I want to talk a little bit about that, but for my colleagues—and many of you probably already

know, but for those who don't know, we've had a real challenge in Ontario. We have this great sector, the medical device sector, in the life sciences, and they build things and they create things. And the thing that I've heard consistently—in fact, I've never had anybody come to me and say, "I've been able to sell it here." It's like, "I'm selling it in Asia. I'm selling it to five health systems in the US. I'm selling it all over, but I can't sell it here." And that's a real shame. Even something as simple as a wound care program, which was more of an idea and a process, is having a hard time selling here.

So this is an opportunity, I think, for us to, in another way, help hospitals adopt that technology and give those Ontario companies an advantage, which I think is important in terms of what the global climate is right now and our need to protect our economy, protect our workers.

The question I have is, in terms of that \$50 million, that's for all the rural hospitals and small hospitals, right?

Dr. Andrew Falconer: Correct.

Mr. John Fraser: Small—I shouldn't say small, but non-academic.

Dr. Andrew Falconer: Yes, non-academic community hospitals.

Mr. John Fraser: So when you look at that fund, what is eligible or what are you asking to be eligible in that fund in terms of—is it staff, is it capital?

Dr. Andrew Falconer: Things that we're looking for are AI adoptions and for equipment like you've already spoken about. The fund is to cover the transition costs, so any capital purchase that's required, the cost of training staff to adopt the new technology, and those transition periods of time where we're running two technologies in parallel. Once we're able to sunset the existing technology, we know we will achieve some savings and better and more efficient health care for our populations.

Mr. John Fraser: You're talking a lot about AI, those kinds of solutions. So in terms of the costs that you incur, what are more significant—the capital costs, or is it the transition costs with, essentially, having to train staff?

Dr. Andrew Falconer: It's generally the transition costs—running both technologies same time and training staff to adopt to the new technologies.

Mr. John Fraser: It's a high-human-resource component.

Dr. Andrew Falconer: That's right.

Mr. John Fraser: So is it a request that's made through the Ministry of Health?

Dr. Andrew Falconer: Yes.

Mr. John Fraser: Is there a specific fund that they have there that this is going towards?

Dr. Andrew Falconer: We are proposing a new fund that would be managed by the Ministry of Health.

Mr. John Fraser: Maybe a better question is, is there a section in the Ministry of Health?

Dr. Andrew Falconer: Hospital branch.

Mr. John Fraser: Hospital branch. That's where it's at.

Just for my colleagues on the other side, because you're in government—you may already know, so, please, I'm

not trying to be pedantic here—is that the real challenge is, this is an economic development issue and it's a health issue, and it's a really hard thing to get people together because—

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

Mr. John Fraser: —the three parties point at somebody else. Someone has got to pull the trigger on it to do it. And it's not a party problem. It's a government problem. And you guys have the ability to try to fix that.

That's all I wanted to throw in—if you want to add anything else?

Dr. Andrew Falconer: No, thank you. That was very well articulated.

The Chair (Hon. Ernie Hardeman): MPP Brady.

Ms. Bobbi Ann Brady: Thank you to all of our presenters in this round for your passionate presentations.

I'm going to use my first round of questioning for Kathryn.

This committee has heard time and time again about the wage parity concerns in the province, and we've heard it every single day on this committee, when we have met for pre-budget consultations. I'm like a broken record—a tree cannot stand if its roots are rotten.

I know that wage parity remains an issue for VHA. I'm wondering if you can detail for our committee whether VHA is losing valuable workers to better-funded sectors and how that impacts your operations on a daily basis?

Dr. Kathryn Nichol: Thank you so much for the question.

Certainly, the recruitment and retention of great people remains a challenge across the health sector, but yes, absolutely, it remains a challenge for VHA. This is particularly true for home care, as you mentioned, where there are wage parity concerns.

We do have staff leaving to work in higher-paying sectors, like long-term care or hospitals, or even leaving the health sector altogether and moving to retail and foodservice, which is why I think it's so important to pair investments in new services and increased access with investments in current services and recruiting and retaining the people we have and making sure that the organization is able to pay the costs of supporting the team in the way that we know we need to support them.

Ms. Bobbi Ann Brady: I represent a very rural riding with an aging population, so I see this.

One of the other issues that I hear about from PSWs and those working in the community is the sharp rise in violence in the workplace, and I believe that VHA has adopted some best practices.

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

Ms. Bobbi Ann Brady: I'm wondering if you can share with the committee what some of those best practices look like.

Dr. Kathryn Nichol: That's a great question.

I think whenever you're working with the public, there's a risk, but in particular, violence in the workplace is, I would say, a higher risk for our team. (1) They work alone. They're independent, working in the community; and (2) they're in an uncontrolled space; they're in some-

body's home. This is not a space where you can implement safe storage practices or make demands around who's welcome and who's not welcome. You're walking into someone's home. It is an uncontrolled environment, so we certainly see this.

Thank you for asking. Yes, we have implemented a really interesting strategy at VHA. We call it end-of-visit reporting. It is a technology-enhanced reporting system that they use on their mobile phones, where they can report at the end of the visit whether there—

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

Now we'll go to the government. MPP Smith.

Mr. Dave Smith: We're doing 12 different cities this way, with about 18 presentations in each; the Ministry of Finance, on top of that, is doing another 32. We refer to it as speed dating. So there's a lot of information that comes at us. It's very technical, in a lot of cases, and sometimes it's a little bit depressing. So when we have a presenter like the Canadian Film Centre, Maxine, this gives us an opportunity to have a little bit of levity, and I'm going to take that opportunity with you.

I'm going to throw this out to you first, Maxine. You mentioned a number of different productions. We had the Canadian film industry in Toronto, back in December, and I threw this out to them, so I'm going to throw it out to you. The Littlest Hobo: I want it brought back—so you bring back The Littlest Hobo and I'm all over that. That's one of those great Canadian shows that we need to have more of.

Ms. Maxine Bailey: I agree.

Mr. Dave Smith: Well, thank you. I love to hear that.

Ms. Maxine Bailey: We'll mention it, because there is something about looking back at those sentimental shows and the kind of place that we were at the time. But there are other shows that have come forward, such as Murdoch Mysteries, that give you the same kind of family feeling as The Littlest Hobo did.

Mr. Dave Smith: They do, but they're not about a dog, and that's the biggest thing with The Littlest Hobo, so—

Ms. Maxine Bailey: Oh, Hudson & Rex. Hudson & Rex has a dog, and that's one of our alums. There you go.

Mr. Dave Smith: All right.

We've got some programs, right now, about the film industry itself; specifically, in northern Ontario, through the NOHFC. There are a number of initiatives that we have. We've seen some success with that.

One of the concerns I have is, about six weeks ago, Donald Trump made a comment about the film industry and how they were going to throw a 100% tariff on any films that were made outside of the United States. Is this something that we should be guarding against—that Trump may take an opportunity to penalize industries in other countries—or should we simply be looking at it as, the domestic market and the international market, other than the United States, are where we have an opportunity for growth, and thumb your nose at Donald Trump?

Ms. Maxine Bailey: Part of my presentation was about doubling down on our domestic industry.

With the success of Heated Rivalry, Murdoch Mysteries, all of the shows that Mark Montefiore runs—they have great success not only across the country, but they also have success internationally. America is not our only outlet for sharing our product.

I would say doubling down on the domestic industry is the place to go.

I am so sorry I forgot to mention, when we were talking about The Littlest Hobo, that one of our alumni and friends, Clark Johnson, got his start on that show.

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Mr. Dave Smith: Thank you very much.

I'll turn the rest of the time over to my colleague.

The Chair (Hon. Ernie Hardeman): MPP Darouze.

MPP George Darouze: Thank you, Chair, and through you: I want to thank you, Doctor, for being here this morning. I appreciate all the work you do in our communities and surroundings, not only our city.

The HTITF funding—I just wanted to ask a little bit about if it was implemented in any jurisdiction, if we have implemented that technology somewhere else, and also what type of experience or result we got out of that. In your presentation, you didn't have a lot of time—if you want to elaborate a little bit more, talk about the success of that program and the efficiency that help our communities and our patients when they come first at the door to your emergency services.

Dr. Andrew Falconer: Thank you for the question.

Academic centres have many streams of funding, including research grants—and other research-based—that allow them to develop the operating costs to implement these technologies.

SickKids has implemented a wonderful AI called Hero AI, which allows them to survey all the patients who are waiting in the emergency department and look for any potential changes in vitals, their blood pressure and that sort of thing—

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

Dr. Andrew Falconer: That will allow them to spot those who are deteriorating in the emergency department, pull them out and get them to care earlier. That has actually already saved lives. We see it working well.

The difficulty for community hospitals is lack of access to that type of funding. This is what we're trying to do. I'm talking for all of Ontario here, all community hospitals and small rural hospitals—I think we provide a lot of care to a lot of patients, and I think there's a big bang for the buck, to deliver care to more Ontarians.

MPP George Darouze: Do you have a rough time? How long will efficiency—how will it reduce the time for the patients when they come to the door at the hospital?

Dr. Andrew Falconer: Yes, we feel this can get up and running within a year and run for three years. We're already seeing lives saved with Hero AI. There are other technologies that have helped reduce—

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

MPP Pasma.

Ms. Chandra Pasma: Thank you to the presenters.

Dr. Falconer, it's always very nice to see you. Thank you for the great work that you and your team do. I'm really proud to have such an incredible institution in my riding. You provide amazing support to the people of Ottawa and beyond.

While you're here, I have to ask about the need to right-size the Queensway Carleton. It's desperately needed. I'm really hoping to see that funding in the 2026 budget. I'm hoping you can share with members of the committee and the government why that expansion is needed, but also the really innovative plan that you've developed—the fact that the expansion is ready to go once the funding is there, and the dividing up of the building to phases that would allow smaller companies in Ottawa to participate and receive the economic benefits of that program.

Dr. Andrew Falconer: Thank you for the question.

Queensway Carleton Hospital is the only hospital in the west end of Ottawa. We serve 500,000 people, or half the population of Ottawa. Our hospital is not built to support that kind of growth. So we're currently seeing north of 83,000 patients a year in an emergency department that was built to see 63,000. We're also over capacity. We were at 120% one day this week, which means there are roughly 75 patients in unconventional spaces, including beds in the emergency department, which only exacerbate that problem.

To meet the rising population demands in the west end of Ottawa, Queensway Carleton desperately needs an expansion of our emergency department and an additional 90 in-patient beds. We have a submission before the capital branch of the ministry to support that application. We've just submitted stage 2.1, which means we're ready to go. As soon as we get the go from the government, we're ready to start building, essentially. This is a very cost-effective and land-ready solution. We were ready to go. We don't need to acquire new lands; we can build on our existing. We've divided the project into five segments. The emergency department is about \$300 million. The in-patient beds are almost \$200 million—a supporting-urgent-care-type thing, beside the emergency department. Others are also smaller hospitals. We can concurrently build the hospital to meet the needs of the community and actually tender those projects to many smaller firms in the province of Ontario. So we're quite excited by this. We know the community urgently needs this, and we're waiting for the nod from the government to proceed.

Ms. Chandra Pasma: And investing in a way that allows more Ottawa-based firms to participate also means more jobs created in the Ottawa region, specifically.

Can you also mention briefly—because I think this is a particularly interesting part of the project—the fact that the hospital is already built in a way that you can build up?

Dr. Andrew Falconer: When we built our newest section 10 years ago, we knew that at some point we'd require increased growth. The structure of that part of the building allows for the development of three floors straight up, so we can build 90 new additional beds without requiring more land—just build up. And that part

of the building still meets current building codes to allow for upwards expansion.

Ms. Chandra Pasma: Thank you—amazing work.

Like I said, I really hope that funding is there, because when we're talking about 120% overcapacity on a regular basis, then we are talking about greater patient impacts in the future if that funding and that expansion doesn't come soon.

I do want to ask about IT. You talked about transition costs. Yesterday, we heard from the Kemptville hospital about the challenge that ongoing IT costs are placing on their budget, particularly when the costs of IT are surging and hospitals are depending more and more on IT. Is that a challenge that you see for the QCH or other hospitals that are small, medium hospitals? Do you think there should be a fund dedicated specifically to supporting hospitals with IT?

Dr. Andrew Falconer: It is a consistent challenge. There are higher licensing fees that are occurring every single year. It does create an operational pressure for all of our hospitals.

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

Dr. Andrew Falconer: I consider that my responsibility to find those funds, but it's the adoption of new technologies that really—it's hard to take money away from the bedside to fund those opportunities. So we would gladly welcome both, but I really think we can innovate better as a province if we support new technologies and new innovations.

Ms. Chandra Pasma: I'm not familiar with the technologies that you mentioned. You've said that they will help in terms of improving time spent with patients, but can you give us an idea, quickly, of how that would work?

Dr. Andrew Falconer: By allowing more efficient flow. In the emergency department, if a clinician doesn't have to worry about typing in the whole medical record—how many of us have sat in front of our doctor and they're typing stuff in the computer? That doesn't have to happen. There's voice recognition software. It automatically populates the record; it automatically populates the tests that are required. So that will drive efficiencies—

The Chair (Hon. Ernie Hardeman): Thank you very much for that. The time is up.

MPP Fraser.

Mr. John Fraser: Again, I thank everyone for their presentations and their effort.

I'd like to direct this to Dr. Nichol. I know that you were trying to finish something about your end-of-day reporting. So if you could just go back through that, because I was interested in that—and then the Chair had to cut you off.

Dr. Kathryn Nichol: No worries. Thank you.

Mr. John Fraser: That's not his fault.

Dr. Kathryn Nichol: That's okay. I understand.

What we have is an end-of-visit reporting tool that our front-line workers use, through their mobile phones, to be able to report immediately at the end of the visit if there was a concern around workplace harassment or violence. What this allows us to do is immediately have a response

plan put into place. It starts, of course, with their supervisor, but it can be escalated accordingly all the way to our government funder, and looking for an alternate solution for the client—which would be something that we wouldn't definitely want, but we can take it that far. I think the other thing is, it truly allows us to track how much of a problem this is and whether our response is working to reduce the incidence of this happening to our workforce. To my knowledge, we're the only organization doing this, tracking it on a visit-by-visit basis, and being able to keep it front and centre and continually look for our numbers to go down.

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Mr. John Fraser: It's great that you're doing that.

I focus a lot on education these days, and the reports of schools not being safe places to work or to learn aren't exaggerated. What's happening in your sector is not exaggerated either. I can never remember growing up and having somebody have to read a sign that says, "You can't harass people. This won't be tolerated." We get on a phone and we're told that we can't—so there is an overall problem that affects the workplace and employees in a very significant way, and if it's not kept in check, you can't retain. People get injured, not just physically, but emotionally and mentally. It is a really tough job.

In terms of wages and wage parity, what is your ask in regard to that? I know that retention and recruitment is hard.

Dr. Kathryn Nichol: I think that what I brought forward was that it was an ask in contract rate increases. I want to address the fact that it allows us to continue to increase wages, to be able to attempt to close that gap. To take a single step and to close the gap, I think, would be very difficult because it would require a significant investment.

For example, nurses in hospitals often make \$10 an hour more than the nurses in home care. I've worked in hospitals—brilliant nurses. I've worked in home care—brilliant nurses. But the nurses in home care are working independently. They have no team to fall back on. They have to troubleshoot in the moment to get the work done, and as you just noted with the violence conversation, they're dealing with a multitude of issues outside of the clinical tasks at hand.

I do think that my ask, during the 2026-27 year, of a 5% increase in contract rate increases would go a long way to helping us take a step towards less inequitable wages across the different parts of our health system.

Mr. John Fraser: We can't actually help people unless we have people to help them. That's the thing. Having gone through two in-laws and two parents in home care, I can attest to that. Having people there is important.

Ms. Bailey, thank you very much for your presentation. How much time do I have?

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

Mr. John Fraser: Not bad.

I want to go back through your ask again, what you're asking from the provincial government in terms of—and whether that's leveraged against another investment.

Ms. Maxine Bailey: We're asking for \$9 million spread over three years, or \$3 million a year. The government's support allows us to approach various organizations in the industry—

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

Ms. Maxine Bailey: —and across the country to help leverage that government support. Unless the government is involved, it's really hard to get other organizations to support—something that they all desperately need. So that's what we're looking for.

Mr. John Fraser: We just heard about the music fund. From a film perspective, has there been any ongoing support for your organization from the provincial government or a provincial agency?

Ms. Maxine Bailey: There has been in prior years.

Our music program is currently on hiatus due to a lack of funding, but we had a great composer program that was up and running for a number of years with a great deal of success.

A lot of our alum went on and they've been nominated for Emmys for the different works, and Oscars. So they've been nominated for many, many things.

We got some small project funding from Ontario Creates recently for one of the programs that we're running.

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

MPP Brady.

Ms. Bobbi Ann Brady: I'm going to go back to Maxine as well. I agree with my colleague across the table; I really enjoyed your presentation. It's quite the lobbying effort on his behalf, because this is the second time at committee he has mentioned The Littlest Hobo. Personally, I liked Degrassi. It was very spicy for a little country girl like me, back in the day. But today it's Schitt's Creek that I really enjoy.

We see, Maxine, that American jurisdictions—Atlanta, Albuquerque—and, I understand, parts of eastern Europe are actively using financial incentives to lure business away from Ontario, which are creating significant competitive threats for us here.

I know that this government, to their credit, have invested in the film industry, and it's commendable.

While we often look to the US with respect to the film industry, I'm curious if CFC is exploring other markets around the globe. Are there opportunities in places like France and the UK?

Ms. Maxine Bailey: We've been talking to a number of people in the UK, Ireland and Australia because a lot of our alumni have sold their shows to various parts of the world. Murdoch Mysteries etc., Hudson & Rex, have been sold to different parts of Australia and New Zealand. We have those connections, and we do connect with training organizations in those jurisdictions.

But we really, really want to double down on our domestic industry. Based on the success of Schitt's Creek,

based on the success of Heated Rivalry—shows like that, where the Americans are looking at us because those shows were done in such an unusual and specifically Canadian way—

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

Ms. Maxine Bailey: The Americans are actually taking note of the way Canadians operate in the film and television industry. We have the talent. We just need to increase the investment so we have trained people to actually do the work.

Ms. Bobbi Ann Brady: Can you quickly detail for us what that return on investment would look like as it relates to all sorts of sectors in the province: hospitality, retail, tourism, local economic development?

Ms. Maxine Bailey: When you look across the province and you see the different towns where Schitt's Creek was shot or where—Heated Rivalry was just shot in Guelph, Hamilton, Toronto and Scarborough. All of these areas have budding film communities, where there are trained staff living in those areas.

We know for a fact that a lot of our alum and our working technicians—

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

MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming out this morning to share your important perspectives, and thank you for all the different work that you do in different ways, serving the people of this province. I really appreciate it.

My first question is for Kathryn. I'm a big supporter of home care, allowing our seniors to age in place. I was really happy that our government made that \$1.1-billion investment, and the goal of that is to expand the volume of home care by 8%. I just wanted to give you an opportunity to share why that's so important, and the benefits of home care in alleviating pressures on our health care system.

Dr. Kathryn Nichol: Thank you for that opportunity.

I'll pick up on the Queensway Carleton Hospital presentation and the comment about being 120% over capacity. Certainly, making sure hospitals have the capacity to provide the services that we so desperately need as Ontarians is critical, but it's also about making sure people don't go to hospital if they don't have to and that they can go home as soon as they possibly can when they're done with their hospital or their acute-care stay. I think that it is one of our most promising solutions to address our health system challenges—to make sure that the home care sector is healthy and strong.

I do think the \$1.1-billion investment in new services and in increasing access was absolutely phenomenal, and we were so pleased to see that. I think that the sister investment that then is required to make sure that those new services are healthy in an ongoing way is—that we make sure that we do the companionship investment in contract rate increases. We can pay our people appropriately to acknowledge and recognize their contribution, and also make sure that they have the tools, the systems, the support, the equipment, the training, the supervision, to be

able to do their work to the best of their ability, to provide high-quality care and safe care in people's homes.

Like you, I have personal investment as well—I lost my dad in 2020. He was alternate-level-of-care in one of our Ontario hospitals, and he couldn't get out because he didn't have access to home care. So I wear it personally, as I can hear that you do too—and couldn't be more passionate about the costs.

1200

Mr. Joseph Racinsky: Thank you, Kathryn. My grandparents are now 90. They are not at the stage where they need that kind of care, very thankfully, but I'm sure that time will come for all of us.

That's a good segue to Dr. Falconer—staying with the home care.

One of my two local hospitals is partnering with Bayshore HealthCare to provide some home care and working with people to get them out of the hospital system as soon as possible.

I want to ask if you have had any opportunity or success with home care in your area.

Dr. Andrew Falconer: Yes, we've had opportunity and tremendous success. We're calling it our hospital-to-home program, and we're directly partnering with local home care agencies to help discharge patients safely back into the home environment. This is reducing length of stay, reducing readmission rates, and driving better satisfaction. We'd all like to be out of the hospital as soon as physically possible, but we need to assure a safe transition back to the home so that you don't suffer further and you don't end up back at hospital. We've had tremendous success with our local providers.

Mr. Joseph Racinsky: That's fantastic. That's good to hear.

Talking about your presentation—there's an entrepreneur in my community of Rockwood, and they developed a tracking device that is affixed to beds and other devices that are in hospitals. St. Joseph's health care is utilizing that technology to make sure that they're using all of the different devices and beds in their system as efficiently as possible.

Yesterday, in Brockville, we heard from the CEO of the Kemptville hospital, talking about how funding is important. We need to keep, obviously, funding. We are funding our health care system, but we're really looking for those efficiencies. What he stressed was efficiencies in working with other hospitals in the area, other health care providers and networks.

Have you been able to find any kind of efficiencies in working with different partners in the Ottawa region?

Dr. Andrew Falconer: Oh, definitely. In fact, we're moving to a regional health record in Ottawa.

There are a lot of smart people in Ontario who, like the person you're talking about, have great ideas, great technologies that can reduce costs and increase the quality of care. What I'm looking for is the ability to engage with those people, to deliver that care to the bedside—great, great ideas, if we can find better care, better efficiencies, but we need to be able to implement them.

The Chair (Hon. Ernie Hardeman): We'll now go to the official opposition. MPP McKenney.

MPP Catherine McKenney: Thank you to the three presenters today.

I'll just quickly say thank you, in particular, to Maxine Bailey from Canadian Film Centre for Heated Rivalry, on behalf of all of my straight women friends who are thoroughly enjoying it. Again, it demonstrates for us that we can re-create The Littlest Hobo and some of the other programming that has shown us who we are as Canadians and kept us proud as Canadians. So I do thank you. I wanted to throw that out.

My first question is for Dr. Falconer. It's nice to see you here and to be able to consider your ask here today.

I just wanted to turn my attention to the input into your hospital. As you probably are aware, I was on Ottawa city council for eight years. In that time, I continued to really struggle with patient off-loads from paramedics. As a result, I think in 2023 we had 102,000 hours in off-load delays. In terms of the city budget, it's millions of dollars every year—because we have paramedics sitting, waiting to off-load patients into hospital. I just noted that there was no request. The Ottawa Hospital, in the last budget, requested \$4.5 million, I think it was, for the dedicated off-load nursing program. Is that something that the Queensway Carleton Hospital also struggles with?

Dr. Andrew Falconer: I knew you looked familiar. Thank you for that context.

Off-load is a big problem. Essentially, what that means is, when a paramedic arrives at hospital, they're in charge until such time as the patient is transferred to a bed and the hospital takes over.

The 90th percentile off-load time for us was 164 minutes three years ago. And you can imagine, that's tying up paramedics in the emergency department. They're not out on the streets; they're not answering our 911 calls. This is a big problem. Our current 90th percentile wait time is 23 minutes. We've made huge strides in this particular area, and that's a lot because of support, with supporting resources like ambulance off-load nurses and that sort of thing. So we've really continued to improve on that.

We've seen a dramatic decrease in the number of level zeroes—that's when there are no paramedics for us—in the city of Ottawa in the last two years.

MPP Catherine McKenney: I don't want to put you on the spot with exact numbers—and perhaps you don't have it—but what would that investment look like, to get you to a place where we had no level zero events? Obviously, it's highly concerning when you call for a paramedic and they can't come because they're waiting in an emergency room or there just aren't enough available. What would that look like—to get your hospital and hospitals across the region to a place where off-load pressures were minimal?

Dr. Andrew Falconer: We are very, very close to almost no level zeroes, believe it or not. I don't think we're quite there.

Certainly, more resources to support off-loading and releasing paramedics back to the streets at the hospital

would be helpful. Also, the development of alternate facilities for paramedics to take patients, like these HART hubs that we're investing in—why don't we send patients directly there? Why do they have to come to the hospital? Even urgent care-type centres—I think it would be helpful to explore alternates to the emergency department for paramedics to deliver patients, and they're very willing to do this. They just need the ability to do it.

MPP Catherine McKenney: Absolutely.

When you say "we're" close to zero, do you mean Queensway Carleton Hospital, or all hospitals across the region?

Dr. Andrew Falconer: The city of Ottawa.

MPP Catherine McKenney: The city of Ottawa is close to zero.

Dr. Andrew Falconer: Yes.

MPP Catherine McKenney: Excellent.

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

MPP Catherine McKenney: Okay.

A very quick question to Kathryn: I just want to make sure I heard the number right—\$730 a day in hospital versus \$106 a day in home care. Again, we look at these numbers—we talked about housing and homelessness in the last presentation, and same thing. The opportunity cost here is just so great—and at the same time, keeping people living in dignity. So those were the right numbers? I just wanted to confirm.

Dr. Kathryn Nichol: You got it right, yes.

MPP Catherine McKenney: I'll pass my remaining time over to MPP Bell.

Ms. Jessica Bell: Thank you. My question is to Maxine Bailey from the Canadian Film Centre.

My question is around the impact of the Trump tariff threat. What can governments do—what can the Ontario government, in particular, do—to better insulate the film and television industry from the Trump tariff threats?

The Chair (Hon. Ernie Hardeman): We will never know because we're out of time. Not only are we out of time for that question, but we're out of time for this panel.

With that, I want to thank everybody on this panel for a great job and taking the time to prepare. I would just suggest you took so much more time to prepare that you didn't have enough time to get it all out to us, but if you would like, you could send more in writing and we will take that into consideration. We thank you very much for your participation.

That concludes the business of the committee. We stand recessed until 1 p.m.

The committee recessed from 1209 to 1300.

OTTAWA REAL ESTATE BOARD

OTTAWA FOOD BANK

GREATER OTTAWA
HOME BUILDERS' ASSOCIATION

The Chair (Hon. Ernie Hardeman): Good afternoon, everyone. We will now 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 this time slot will be used for questions from the members of the committee. The time for questions will be divided into three 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 notification when you have one minute left for your presentation or allotted speaking time. That doesn't mean to stop and ask me what I want; that means get it over with.

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

We will introduce the first panel, which is the Ottawa Real Estate Board, the Ottawa Food Bank, and the Greater Ottawa Home Builders' Association. The first presenter will be the Ottawa Real Estate Board.

We ask each member, before they start the presentation, to introduce themselves so Hansard can direct the comments to the right person.

With that, the real estate board has the floor.

Ms. Tami Eades: Good afternoon, Chair, and members of the Standing Committee on Finance and Economic Affairs. My name is Tami Eades, and I'm here on behalf of the Ottawa Real Estate Board and the 4,000 realtors who work with buyers, sellers, landlords and tenants in our community. I want to thank you for the opportunity to discuss the issues facing the real estate market in our region.

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. Both landlords and tenants now agree that the rental market is out of balance and failing to meet their needs. Polling conducted by Abacus Data on behalf of the Ontario Real Estate Association found that seven in 10 landlords and tenants support modernizing rental rules to better reflect today's market realities and to create a more balanced system for everyone.

In Ottawa, local polling by the Ottawa Real Estate Board, also conducted by Abacus Data, found that support is highest for initiatives that lower housing costs and reduce financial barriers, and that one in four Ottawa residents are dissatisfied with Ontario's rental dispute system. Recent data shows modest easing in some areas, but tightness persists in eastern Ontario. In Ottawa, purpose-built rental vacancy is at 3% and the average rent for a two-bedroom unit is \$1,926. With rents at this level, even modest shifts in supply can move the market quickly.

The trends signal modest provincial easing in rental pressures, but the persistent tightness in eastern Ontario risks reversing gains, driving rent increases and delaying home ownership transitions.

To address these pressures, we would like to recommend a full modernization of the Ontario Residential Ten-

ancies Act. The legislation has not undergone a comprehensive review in almost 20 years, and it no longer reflects the diversity of today's rental market. An evidence-based modernization process led by a blue-ribbon panel, supported by structured consultations and a citizens' reference panel, would allow the province to build a system that is fair, predictable and reflective of how people rent today. As part of this modernization, we believe that it is important to clearly align both provincial and municipal roles. Municipalities should be focused on creating a healthy rental market through supply, and using available local levers to increase and deepen the affordability of affordable social housing, whereas tenant protection, which is a core element of the Residential Tenancies Act, which also includes dispute resolution, needs to sit squarely with the province.

Currently, we are seeing municipalities like Ottawa considering layering additional local bylaws to address tenant protections—such as renovictions—that they will struggle to enforce with limited resources, and can unintentionally create complex—and confusion for landlords and tenants.

There's an opportunity, through regulatory modernization, to address these concerns and align roles and responsibilities. Lasting solutions require a strong province-led system reinforced by coordinated municipal support to local landlords and tenants, not parallel regulatory structures.

We would like to further recommend a tiered protection framework that better reflects how people rent and invest in housing today. Ontario's current rules treat all rental housing as if it operates in the same way, but it doesn't. Purpose-built rental housing is commercial in nature, and therefore, it should have the strongest tenant protections. Small landlords, who supply a significant share of Ontario's rental stock through secondary units and accessory dwellings, require fair and workable rules so that they are not discouraged from actually providing the housing. Rentals within an owner-occupied home, such as a basement suite or a spare bedroom, function more like a shared living arrangement and warrant a lighter regulatory touch. Tailoring protections in this way would reduce disputes, reflect real-world landlord/tenant dynamics, and improve housing stability without discouraging the very supply that we need to keep the rent stable.

Beyond improving rental rules, Ontario must also continue strengthening consumer confidence in the real estate marketplace. The iPro Realty scandal exposed gaps in the system and caused financial harm to both consumers and registrants. While we fully support the actions taken to date by the government, we encourage you to go further. To rebuild businesses, livelihoods and consumers' trust, OREA is calling on the Real Estate Council of Ontario and the government of Ontario to fully compensate any consumers or real estate professionals who were adversely affected by the iPro Realty matter. This would restore trust, demonstrate fairness, and reinforce the role of government and regulatory bodies that are protecting Ontarians.

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

Ms. Tami Eades: We urge you to include these recommendations, focused on helping Ontario families, in the pre-budget report, and we would welcome your questions.

Thank you.

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

We now will hear from the Ottawa Food Bank.

Ms. Natalie Spooner: Good afternoon, Chair, members of the committee and Ottawa-area MPPs. My name is Natalie Spooner. I'm the interim CEO of the Ottawa Food Bank, which supports a network of 71 member agencies, operating 98 food programs across the national capital region. Together, our network provides emergency food support to individuals, families, seniors and children, while also advocating for policy changes required to ensure food banks are no longer needed at this scale.

I want to begin by being very clear about why I'm here today. We are here to support Feed Ontario's 2026 pre-budget submission, which calls for the province to increase the Ontario Works earned income exemption from \$200 to \$600 per month. We endorse this submission because of its targeted, evidence-based recommendation, and because we are seeing in Ottawa that it underscores the change we need to see across Ontario.

Food banks were created as a temporary response to emergency food needs, and yet 40 years later, we've become embedded in the social safety net, not because food banking is the right response, but because income supports have not kept pace with today's economic reality.

In Ottawa, more than one in four households experience food insecurity. Last year alone, there were over 588,000 visits to food programs across our network; that's more than double pre-pandemic levels. These numbers are not unique to Ottawa. They mirror what's happening with Feed Ontario across Ontario, and it's documented across the province.

Food insecurity is not confined to people who are unemployed. Having a job does not protect people from experiencing food insecurity and does not guarantee economic stability.

In Ottawa, more than one third of households accessing food banks rely on social assistance as their primary income source, and one in four rely on Ontario Works.

1310

Ontario Works was designed to help people re-enter the workforce and regain financial independence; today, it's just not doing that. Provincial data shows that 7% of Ontario Works cases currently report employment earnings, nearly half the rate just five years ago. Fewer people are exiting the program to employment, and one in three return within a year. This tells us something critical for program design: The issue is not willingness to work; it's whether work actually improves financial stability under the current rules.

One of the clearest barriers is how Ontario Works has treated earned income. Recipients can earn only \$200 per month in benefits before benefits are clawed back at 50 cents on the dollar. That threshold has not changed since

2013, when minimum wage was at \$10.25 an hour. Today minimum wage is at \$17.60, and Ottawa's living wage is at \$23 an hour. Rent and food costs have risen sharply, but earned income rules have not. As a result, people hit clawbacks faster than a decade ago, often before work meaningfully improves their financial position. In some cases, work leaves people worse off.

To understand why this matters, it helps to walk through what Ontario Works provides in practice. Consider a family of four with two school-aged children whose primary income is Ontario Works. In a typical month, their income, including Ontario Works and federal benefits, is just under \$3,000. The average rent for a suitable apartment in Ottawa for this family is approximately \$2,800. The cost of a basic nutritional diet is around \$1,880 a month. So before transportation, child care and personal care items, this family is already in a deficit of \$1,000 every single month. This is a starting point from which people are expected to transition into work. This is also when people turn to food banks, as food budgets become the flexible expense, because income supports don't match the true cost of living.

In 2023, Ontario modernized earned income rules under the Ontario Disability Support Program, increasing the exemption to \$1,000 per month. That changed aligned policy and economic reality and supported workforce participation. Ontario Works did not receive a similar update.

Increasing the Ontario Works earned income exemption from \$200 to \$600 a month would have a key impact not only on our sector but would allow people to keep more of their earned income and reduce disincentives to accepting additional hours, ultimately reducing their reliance on emergency food support.

Ontario has precedent for this type of reform. A detailed cost analysis will need to be conducted by the province, as they have access to information that has not been made public. However, past policy change has helped us illustrate the likely scope of this cost. In 2013, earnings exemptions changed to add a \$200 flat exemption. It was estimated to have cost the government an additional \$35 million annually between 2015-16 and 2020-21. To put this into perspective, Ontario was projected to spend \$2.6 billion on financial assistance to Ontario Works recipients in 2025 to 2026, meaning that increase represents only 1.3% of the total cost of the program.

In 2022, the fall economic statement announced an increase to ODSP earnings exemptions from \$200 to \$1,000, alongside inflationary rate increases. No additional cost was attributed to the change in the fall economic statement or subsequent budgets, suggesting the financial impact was not projected to be significant.

Feed Ontario's rationale emphasizes that increasing Ontario Works's earned income exemption primarily benefits the income level at which people exit the program, not the number of people entering into it. By allowing people to keep more of what they earned, increasing the exemption supports more stable transitions into work and avoids folks needing to rely on emergency food support.

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

Ms. Natalie Spooner: Food banks should never be a permanent solution. All orders of government have a role to play in addressing food insecurity.

In budget 2026, this province has a clear opportunity to play its part. By increasing the Ontario Works earned income exemption to \$600 per month, Ontario can help Ontario Works function as it was intended: supporting people into work, strengthening the labour force, and reducing long-term reliance on emergency food support. On behalf of our network and the communities we serve, we urge you to include this change in your 2026 budget.

Thank you for your time and your consideration.

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

We now will hear from the Greater Ottawa Home Builders' Association.

Mr. Jason Burggraaf: Good afternoon, Chair Hardeman, members of the committee, local MPPs. Thank you very much for the opportunity to appear today. My name is Jason Burggraaf. I'm the executive director at the Greater Ottawa Home Builders' Association. We represent over 450 companies involved in new home construction and professional renovation here in Ottawa, supporting over 38,000 jobs in the region.

I want to begin by recognizing the government's sustained focus on housing supply and affordability. That work matters; our members see it every day. Today, I'd like to focus on what the next practical steps should be to get homes built and improve affordability.

The province's own population forecasts show that eastern Ontario, including Ottawa, is expected to grow faster than the GTA through 2051. To better understand what that means for housing, GOHBA commissioned the Missing Middle Initiative to translate the Ministry of Finance's population projections into housing demand. Their findings show that eastern Ontario will require roughly 670,000 new homes between now and 2051, and importantly, the majority of that demand is for ground-oriented housing—singles, semis and townhomes—not just apartments.

In Ottawa alone, the projected need is nearly 350,000 new homes by 2051. The challenge is that current construction activity is moving in the opposite direction, despite this demand. In Ottawa, new home sales declined by nearly 30% year over year in November, and year-to-date sales were down 6.3% below 2024 activity, which is well below pandemic levels.

Builders want to build. The labour is there. The demand is there. But buyers are hesitant, largely because the costs of new homes have reached a point where many households simply can't make the numbers work. Today, fees, taxes and charges from all three levels of government account for 20% to 30% of the cost of a newly built home in Ontario; in some regions, this reaches 35%. These costs aren't absorbed by builders or developers; they're passed on directly to consumers, which brings me to the PST.

The province has already taken an important step by committing to PST relief for first-time buyers of new

homes, as per the federal government's plans. That signals a clear understanding of the affordability challenge. The opportunity now is to maximize that effect. First-time buyers account for less than 5% of new home purchases in Ontario. As a result, while the current exemption will help some individual households, it won't materially improve housing supply; a time-limited PST exemption on all new homes constructed would.

In Ottawa today, the average new home sells for about \$850,000; the PST is roughly \$60,000 of that price tag. Removing that cost would immediately improve affordability, and benefits would flow directly to the buyer. The PST is clearly itemized on the agreement of purchase and sale, so the relief is transparent and immediate. This is not a marginal issue; \$60,000 is the difference between qualifying for a mortgage and not qualifying for it.

Industry analysis shows that extended PST relief for all new homes would stimulate the construction of 53,000 additional homes, generate \$42.4 billion in economic activity, and protect 40,000 jobs—mostly skilled trades—across the province.

We recognize the concern about forgone tax revenue. Estimates suggest a gross cost of roughly \$1.5 billion to \$1.8 billion annually for that tax exemption. But it's also important to look at the current market reality. Across Ontario, completed homes are sitting in inventory without buyers. In those cases, PST revenue isn't deferred; it's simply not being realized at all. A broader PST exemption would help turn stalled inventory into completed transactions, which would include land transfer tax revenue, while restoring confidence for buyers and lenders and allowing new projects to move forward.

The choice before the province is not between full revenue and no revenue; it's between some revenue with economic growth or continued stagnation with job losses and declining supply. Without this kind of intervention, Ontario risks seeing further declines in housing starts and significant job losses in an industry that is critical to the provincial economy.

In closing, GOHBA sees PST relief on all new homes as a practical next step the province can take to support housing supply and affordability. It builds on work already under way, delivers immediate impact on buyers, and helps ensure homes in Ontario get actually built.

We appreciate the opportunity to share our perspective and look forward to continuing to work with the committee and the government as you prepare the 2026 budget. We have many other items within our written submission that I've circulated today, so I'm happy to answer any questions on this or anything else.

Thank you.

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

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

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

Natalie, I will start with you. I'm heartened by your presentation and hearing you say that we have to end the

use of food banks. I don't have much of a question, but I do want to say that your take on the clawback is bang on.

1320

I will remind the government members across the way that there was actually a report done called Paths to Prosperity: Welfare to Work years ago, under the Conservative government. I know that because I worked on the paper with my predecessor Toby Barrett. It talked about exactly that—how we are not incentivizing work in this province. Ending the clawback, especially at a time when we see significant labour gaps, would put more people to work, and more often. I think it's time that we actually end that clawback.

I'm just wondering, Natalie, if you can tell us, aside from helping the recipient, what other spinoffs in our communities we would see if we ended that clawback or we increased the threshold.

Ms. Natalie Spooner: Thank you for the question.

I think when we see support coming through to help folks who rely on food banks—we really see them needing access to more income. We know that more food does not solve food insecurity. So any levers that would increase access to income for adults experiencing poverty would help people.

Ms. Bobbi Ann Brady: Those who are using the food bank—what are they telling you? I understand your perspective and the data, but what are recipients telling you with respect to that clawback? What is it prohibiting them from doing?

Ms. Natalie Spooner: We have folks attending food banks—we tend to survey them and see what their income supports are. We've seen that one in four need access to Ontario Works. When they do access that, it does help them get back into the job market, but it also holds them back as well. While the conversation often comes down to whether people are motivated to work—that's not what we're seeing at food banks.

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

Ms. Natalie Spooner: People want to work more. They want to be able to participate, but are just unable to do that because those clawbacks take back those moments.

Ms. Bobbi Ann Brady: So would you agree with me that raising the threshold or ending the clawback would be a fiscally conservative thing to do?

Ms. Natalie Spooner: I think raising the threshold and ending the clawback would definitely help Ontarians across the province, for sure.

Ms. Bobbi Ann Brady: Okay.

Just one question on the one in four households experiencing food insecurity in Ottawa: How is that data derived?

Ms. Natalie Spooner: When we run our food banks, we have a survey that we run pretty much annually. So it's done directly with folks who attend food banks.

When we polled that number, we've seen that number grow over the past few years. Going back a few decades ago—

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

We'll now go to MPP Kanapathi.

Mr. Logan Kanapathi: Thank you to the presenters. Thank you for your presence here.

Jason, you know we are in a housing crisis—you understand; you made a report. In August 2025, our government announced an additional \$1.6 billion, nearly doubling the Municipal Housing Infrastructure Program, and \$4 billion to accelerate construction of housing and critical infrastructure—we doubled the money. Since 2024, the housing infrastructure fund is now enabling the construction of up to 800,000 homes. That was our target. We promised Ontarians we would build 1.5 million homes within 10 years; we already passed three or four years. The flexible borrowing terms, through Infrastructure Ontario's Loan Program, is another \$1 billion.

Can you comment on how this initiative and funding are helping to address your organization, the Greater Ottawa Home Builders' Association?

Mr. Jason Burggraaf: The big chunk of cost of a new home, new subdivisions and what have you is infrastructure. Infrastructure for intensification—larger buildings—is actually more expensive on a per-kilometre basis. You're trying to do so much more, and you're digging up old infrastructure in existing neighbourhoods as well.

The issue I think we're having right now is the translation from the provincial incentives to municipalities cutting back on infrastructure charges, like DCs. Here in Ottawa, DCs have gone up 30% over the past two years, despite getting money to do various infrastructure projects. We see similar things across municipalities across the province. The money thing is certainly one. I didn't touch on it in my comments, but, in fact, regulatory processes is also a big one—it's on the front page of my written submission—say the moving of water and waste water services to a utility model, which is being done as a pilot in Peel right now. It's something we would like to see across the province because that would take—in Ottawa, about 16% to 20% of the DC is water and waste water. Take that off of that immediately and deliver that just as you would deliver gas or Hydro Ottawa.

It's those types of moves, on top of the funding side, on the regulatory side—is what we need to do next.

Mr. Logan Kanapathi: I know. I come from Markham. Markham is one of the—Markham, including York region—fastest-growing regions in Canada and with the diversity of the demography moving in. A lot of developers I talk to, when they pause a project—I'm talking about a new subdivision, 8,000-condo unit, high-rise building. They stop constructing because of lower-level government. Our government is helping, especially, the first-time homebuyers.

What are the ways we can keep the costs down for first-time homebuyers—especially young people, the next generation? Their dreams are going further away. Even a \$1-million home, a \$890,000 townhome in Markham—they just opened up the sales office. Because of the provincial HST removal, they're saving \$80,000 on their house. These are the things our government promised. We started this program a month ago, a couple of months

ago—or less than a month ago. Tell me how we can help keep the costs down and make it affordable for first-time homebuyers and the next generation of Canadians.

Mr. Jason Burggraaf: I think the next step is more supply, but it's also more supply across the housing continuum. We have needs, obviously, in social housing, private rental and for-purpose rental, and the squeeze on the supply of segments means—

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

Mr. Jason Burggraaf: —people can't build up nest eggs, can't build up down payments to pay for that house that they want to buy. People's income is much more precarious—especially younger people, younger than myself. They don't have the steady jobs that people used to have and can't support a family on a single or even two full incomes at this point in time.

So it's yes for housing—maybe I'm going off track—yes for housing supply and other pieces, but especially for the next generation, it's also more job security and better opportunities on that side of things, because it's the disparity between income as well as what the cost of housing is.

Mr. Logan Kanapathi: My next question to you—you're interesting. What kind of programs should be considered to help address the labour shortage in the construction industry?

Mr. Jason Burggraaf: The big thing is really getting demand back—

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

We'll now go to MPP Bell.

Ms. Jessica Bell: Thank you to the speakers for coming here today.

I have some questions for Natalie Spooner from the Ottawa Food Bank.

One question I have is around the impact of Ontario Works. The proposal you have is that there would be a reduction in the clawback; if someone is on Ontario Works and is working, they'd get to keep more of their income. Can you describe to us if there have been any studies or work into whether that would actually increase the chances of someone finding more work or better work?

Ms. Natalie Spooner: We're finding that stability is the key here. By giving people more stability and by giving them more funds, it gives them more of a longer runway to find work.

The clawbacks as they currently stand—it makes it very challenging for someone to start with a deficit budget, to then put all the energy and effort into finding work and keeping work.

I think if we're able to improve stability through these levers that we have available to us, that would be one of the key impacts that would be able to help reduce the lines at food banks.

Ms. Jessica Bell: I represent a downtown Toronto riding. One of the busiest food banks in the country is the Fort York-Spadina food bank. When I spoke to the executive director there, she was really clear with me. She said it's not just people who are on social assistance who are

coming; it's a lot of seniors on fixed income as well as minimum wage workers.

Do you have any policy positions on whether we should change or increase the minimum wage to address some of these affordability issues?

1330

Ms. Natalie Spooner: We have seen that, obviously, the minimum wage is not keeping up with the current cost of living, and so any changes to address that would be helpful.

What we're seeing today is that, when we look at Ontario Works, there's a very clear lever there that we could pull to actually have immediate change, but we'd have to look at overhauling the whole system so we could get that increase to that exemption. That would make a very real difference.

Ms. Jessica Bell: We are very much in support of increasing Ontario Works and dealing with the issue of clawbacks, because that's how we address poverty. Thank you for raising that.

My next questions are to Tami Eades from the Ottawa Real Estate Board. Thank you for your presentation today.

I meet regularly with the Toronto real estate board and real estate agents in Toronto—and this is more of a comment, and then I'll get to a question.

I see some concerns with moving forward with the reform of the Residential Tenancies Act, and also some concerns around questioning municipalities that have stepped in to provide additional protections for tenants. From my perspective, in Toronto, the reason why municipalities have stepped in is because the province has not been as effective as they should be in protecting tenants in tough situations. So the city of Toronto has moved forward with regulations to protect tenants from illegal eviction, and they've also moved forward with creating a RentSafe program, so that if a landlord is not doing the maintenance that they're supposed to do, they've got another place to call. Because the provincial program—when you call, quite frankly, they don't answer. I can see some possible unintended consequences of asking municipalities to not step up when the provincial regulations are not as strong as they should be.

On a positive note, I would like to hear if there are any recommendations that the real estate association has around increasing housing supply, especially when we are seeing housing starts not keep up with what other provinces are doing. Do you have recommendations for us on that piece?

Ms. Tami Eades: As far as the housing supply goes, we have so many different levels. Right now, we're talking about affordable housing. "Affordable" is a little bit different to every marketplace—and then, I guess, I would just dovetail on some of the comments that Jason was making earlier.

Just being able to help people get into the market a little bit easier—we're reading often that, right now, one of the key things for people to get into the market is just being gifted back from their parents. That's the only way they're being able to get into the marketplace at this time.

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

Ms. Jessica Bell: Thank you for that.

I would like to ask my final question to the Greater Ottawa Home Builders' Association—Jason, thank you. My question is around the request to expand the exemption from the PST to not just include first-time homebuyers but also people who are buying maybe their second home and third home. One of the challenges I have with this is that in our riding, in a lot of ridings, we have a lot of people who just want to buy that first home. By eliminating the PST just for first-time homebuyers, it means these people will get that opportunity to maybe get a mortgage and compete and get that first home, because they'll be paying a little bit less than someone who is buying their second or third or fourth home. So if you are proposing to eliminate PST across the board—

The Chair (Hon. Ernie Hardeman): Thank you very much. That's the end of that question. Obviously, it's not the start of the answer.

MPP Fraser.

Mr. John Fraser: Jessica, I'm going to let him answer your question.

Ms. Jessica Bell: Thank you so much.

How do we get first-time homebuyers into the market? Help us.

Mr. Jason Burggraaf: The issue with the PST exemption is that so few first-time buyers buy newer homes. If you expand it to everybody, the idea would be that you would increase the amount of movement between homes and then you're freeing up other homes for first-time buyers to move into.

If you wanted to look at, say, incentives for buying resale homes, which are slightly, usually, less expensive than new homes for first-time buyers, you could consider something like that. But the overall idea is to try to get more fluidity of people being able to move.

One of the things I think of is my 93-year-old neighbour who wants to move out of her family home, but she has nowhere to go to. Even if she could move to something new, she would avail of that PST exemption—she wouldn't, again, under the current set-up, as she would otherwise. The idea is to get her out of that home so then a new family could move into that one.

Sorry, John.

Mr. John Fraser: That's okay. It's no problem. I want to hear the answer, that's why—maybe I was being nice, but I wasn't just being nice. I wanted to hear the answer, because it was a good question. Thank you very much for presenting it. You've answered a question that I had, so that probably gets you into the next round.

Thank you to all for being here and for taking time and putting thought into your presentations and for advocating on behalf of the people you serve.

Ms. Spooner, in terms of the impact of ending the OW, the clawback and the income thresholds, from a community perspective, what does that look like?

Ms. Natalie Spooner: I think from a community perspective, we're going to see people end the cycle of going on and off Ontario Works. By doing that, it reduces the

number of people who would have to align with food banks, because they would have more access to income. We've seen this with ODSP; we've seen those reforms take place and have an impact. I think if we're able to do that it will be another area where we can help increase the amount of funds that people can have in their pockets.

Mr. John Fraser: So it is kind of a logical next step to go to OW after ODSP has been done.

I think, arguably, it's not just people who are on assistance who require food banks. There are emergency food centres in my riding. It's a very busy place. It serves an area that I grew up in. There are all sorts of people there, some of whom are on assistance, some of whom are working two or three jobs.

I have some background in the grocery business, so I know the assistance—how do we solve the assistance challenge?

I am going to put a plug in here. I did ask the Premier, before Christmas, to sell all that booze that's going to go bad and give the money to food banks, and I know my colleagues would support it as well too. I think it's a good idea. Four of the provinces have done it. That's not going to solve the whole problem. I just wanted to remind everybody of that.

Food prices, how do we—in other words, how can we fix that problem for food banks? It's hard for people in the grocery store and the grocery business. Do you have an idea?

Ms. Natalie Spooner: I think you hit the nail on the head. Food prices—no one is immune to them. Inflation is affecting everybody, including food banks. It is known that food banks as well as Canadians at large cannot keep up with the cost of inflation; specifically, around the price of food.

That's why when we look at this ask, we're not looking at the ongoing cost of food; we're looking at where we can access those programs that can have an impact on someone's lived experience and the amount of funds that they can keep in their pocket so that they can purchase their own food instead of having to rely on a food bank—and then programs like the Heron emergency food cupboard might not have as many people needing to attend or align those programs.

Mr. John Fraser: How much time do I have?

The Chair (Hon. Ernie Hardeman): You have 1.1 minutes.

Mr. John Fraser: Great.

Thank you very much. I'll be back in the next round. I'm going to move on to the Ottawa Real Estate Board. Tami, how are you? It's nice to see you again.

I'm trying to understand how, from a regulatory perspective, we could differentiate in a way, because right now, to what—and you may not be able to even answer this question. I don't think they're going to give me the time; maybe they will. The real problem, the choke point is that we can't regulate it because we can't actually arbitrate it, because the lists are too long, and all the people you're talking about can't afford, like a large commercial venture can, to be held up and choked off in this system

where there are not enough adjudicators and the lists continue to grow.

Ms. Tami Eades: What we're kind of looking for are different groups of renters. The renters who are renting in those purpose-built units, like right now, that I think—

The Chair (Hon. Ernie Hardeman): We'll save the rest of the answer for the next time around.

We'll now go to the independent. MPP Brady.

Ms. Bobbi Ann Brady: I just want to follow up on what Jason was saying in response to MPP Bell—I think you were going down this road—and maybe it's more of a comment and maybe you want to weigh in. I believe that we need to look at a tiered or broader tax rebate program that actually encourages mover-uppers and mover-downers, to free up existing housing stock. I think that's where you were going in your line of thinking, so do you want to comment?

1340

Mr. Jason Burggraaf: Yes. Fundamentally, what you want to encourage is people to be able to move up and down the housing continuum, just like I did myself. I moved out of residence at Carleton, I went to—it was an apartment at Hog's Back. I went to a townhome in Barrhaven. I went to a single-family home in Orléans. It's sort of the natural progression. But a lot of people don't get the chance to do that anymore because they can't save up the down payment, so they're stuck in that rental unit for longer; so the people who were supposed to come in behind them don't get a chance to take over that unit. Getting everyone sort of unstuck, and especially through inducements like the PST exemption and other—if you want to target certain constituencies, great. But unless you allow fluidity for everybody, it's not going to help. You can induce first-time buyers with a \$100,000 grant from the government, for nothing, but it doesn't help if there are no houses for them to move into. So that's why fluidity up and down and across housing types is critical.

Ms. Bobbi Ann Brady: Thank you.

I'll move over to Tami.

I know that the Ottawa Real Estate Board consistently proposes reducing municipal development charges—which we know adds tens of thousands of dollars to the cost of a new home, and it impedes construction, and it drives up prices. But those fees also fund essential infrastructure—so I hear it from my municipal folks.

How do you propose that those lost revenues be replaced to ensure that that critical infrastructure, water, waste water—

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

Ms. Bobbi Ann Brady: —can keep pace with new development without increasing the burden on the homebuyer or the taxpayer?

Ms. Tami Eades: As far as being able to get people in—I think the more people we can actually get into the homes, then you're going to get more of your revenue coming back through taxes. If people can't purchase homes, they're not paying taxes, and therefore they're not contributing to—I think a couple of markets have done

that, have reduced the development fees to get into the market.

The whole point is, we have to also make sure that we're building the type of properties that people are actually looking for.

So I think getting people in, and then that in turn will be able to offset the costs, the development—

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

We'll now go to MPP Rosenberg.

MPP Bill Rosenberg: Thank you, panel, for being here today and bringing your ideas forward.

Jason, do you want to finish your thoughts about Logan's question about the labour shortage and how that affects the market, before I get to my question?

Mr. Jason Burggraaf: Thank you. The last thing about it is getting more investment in prefabrication and module housing. It requires less labour on-site and elsewhere, and it will be one of the growth areas to increase housing supply. It's not about having modular take over a bigger portion of the housing pie, versus stick-built; it's having just a larger pie, and a big portion of that is going to have to be modular housing overall, and that's the next place to go for the labour.

MPP Bill Rosenberg: Thank you.

Recently, our government passed Fighting Delays, Building Faster Act, 2025. It eliminates red tape and helps speed up government processes in support of the government's commitment to build more homes faster.

What measures can we further take to eliminate red tape in housing?

First-time homeowners buy—for that 8%, it gives them a pretty good opportunity, because they don't have, like a second-time homebuyer, the equity. So it would be really important to get them into their first-time build—if you could elaborate on that.

Mr. Jason Burggraaf: The first part, really—and I kind of speak to it a bit on the first page of my written submission as well, of consistent and more uniform application process and reviews across municipalities. It has been well-trodden—444 municipalities, all with different rules, different planning regimes, different ways they define a house. All of these things make it really hard to scale opportunity in the housing industry. If you were a small-time builder just outside of Ottawa, you might decide to not take the opportunity to try to move into Ottawa to build more, because that's a whole new system you have to learn, and the rules are different and everything else. So the bespoke nature of our planning system across Ontario and across municipalities actually somewhat limits the productivity of the housing industry overall.

And then on the PST side, again, it's giving that ability for everyone to kind of move around—not just first-time buyers. I'm looking to move out of my home in five years. I don't need the PST exemption, for sure, but without there being more supply, me and my wife aren't going to have somewhere to move into when we become empty nesters, and we could be stuck, like my 93-year-old neighbour, in the house and kind of over-housed. So it's really about

trying to give enough opportunity for everybody, so that we can clear up the logjam that we have in every segment of housing.

MPP Bill Rosenberg: It's just the opportunity to get into the cycle, in that sense.

The Chair (Hon. Ernie Hardeman): MPP Darouze.

MPP George Darouze: Thank you, Chair, and through you: Thank you very much for the presentations this afternoon.

Jason, I was wondering whether you and your members had any thoughts on the additional \$1.6-billion investment for the Municipal Housing Infrastructure Program, and the type of impact that could have on home-enabling.

Mr. Jason Burggraaf: It certainly can. Again, my concern is the translation, then, to—which projects does this actually take off a DC background study at the municipal level, that then subsequently gets that charge reduced? I don't know that we see that follow through at the lower level.

MPP George Darouze: Thank you.

Tami, I really appreciate your submission.

I understand OREA's ambition for looking at the tenancy act all in one shot and the modernization of it.

Could you comment on schedule 12 of Bill 60 and whether your members and you feel that this amendment will help with the backlog at the LTB, while representing a fair process for good-faith landlords and tenants?

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

MPP George Darouze: Also, the way I look at it, from implied leasing—and we're talking about some other municipalities putting new bylaws concerning renovictions and all that stuff.

Ms. Tami Eades: You're talking about the renovictions, like for municipalities, that are being put—

MPP George Darouze: Yes. The municipalities are putting their own bylaws right now and looking at adding more rules to tenants—what this is doing to the rental supply is actually less rentals, less owners putting their home on the market. We just passed a bill through, Bill 60, to help with those issues.

Also, my other one is implied leasing.

Will this help in removing those barriers—to be able to have more housing in the market, for rentals, in the meantime?

The Chair (Hon. Ernie Hardeman): Thank you very much. There's no time for an answer there.

MPP Pasma:

Ms. Chandra Pasma: Thank you to all of our presenters for being here this afternoon. I wish we had a lot more time.

I have a quick question for Ms. Spooner.

We're seeing, in Ottawa, that demand is exceeding the capacity to meet it—more people coming, looking for help from the food bank, higher prices for the food bank to address. What I'm hearing from food banks in my riding is the challenge of meeting the demand.

Last month, right before Christmas, I was at Pinecrest Terrace, where they were telling me how upsetting it is to see people not being able to get a slot at the food bank,

knowing that they will just have to deal with reduced food that month.

What I'm hearing about from the food banks as well is the changing clientele. Caldwell Family Centre said they're seeing people come back who had been at the food bank, who found employment and so were no longer coming—they're coming back. They haven't lost their job; the employment is just not covering the cost of food anymore.

You've already talked about people who are on Ontario Works. We fully support the changes that you're talking about to ensure that they can make it to employment, but until we address other challenges, it's not going to be enough to reduce that demand.

I'm wondering if you can talk a little bit about what you're seeing in terms of changes to the demographics of food bank users and what other changes are necessary to reduce the number of people turning to food banks.

1350

Ms. Natalie Spooner: You hit the nail on the head: The demographic of people attending food banks has changed from what would be historic. We are seeing families who are employed attending food banks, and that's not normally the demographic that people would be used to seeing. It's a hard reality to understand, when you see folks who are working and need to rely on a food bank. They're working multiple jobs with multiple incomes but just are not being able to make ends meet.

We do see opportunity for all levels of government to participate—all the way from EI down to the municipal level as well.

And when we see the province's work on Ontario Works—there is support there. It is a good program, if we do it well; it's just poorly designed.

If we're able to invest and do those small changes, it will help meet people where they're at, because then it will align with the current economic challenges that they're facing.

Ms. Chandra Pasma: I'll turn over the rest of the time to MPP McKenney.

MPP Catherine McKenney: Thank you to all three of you for coming out. Again, I think we could ask the three of you questions for half of the afternoon.

I just want to say that in terms of the renovictions bylaws—yes, I really do wish that it was standardized across the province and that it was strong, so that people weren't getting removed from their rental units. We see it all the time. I can take you on a tour today in Ottawa, just in Somerset ward, which I used to represent, to show you empty buildings where nothing ever actually came of it. Renters deserve strong protections; in Ottawa, up until this past month, they paid 40% more property taxes than homeowners do. If anything, renters are paying into our property tax system at a much greater rate than homeowners are. So I do agree; I would love to see it standardized, and I would like to see that strengthened.

Jason, I don't know if you were here—I don't think you were. We heard a stat, a number, this morning from Kaitie Burkholder Harris, who I'm sure you know—well, I know you know, because we've hung out together, all of us.

Some 40% of Canadians cannot afford to pay rent or mortgage at a rate higher than \$1,700 a month. That's the basic core housing need.

Can your builders build a unit today for \$1,700?

Mr. Jason Burggraaf: Admittedly, I don't have a great background on it. The clear answer is no, because that's not even where rents are at CMHC for Ottawa alone, right at the moment.

I think it would be a very good exercise—actually, I promise to you right now that I will do it. Let's go to a couple of multi-unit residential builders and ask, "If the price point was this, what would be the delta between what the building would cost"—and we would know what the inducement would be—

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

Mr. Jason Burggraaf: —to do that. I'm happy to do that work with you.

MPP Catherine McKenney: It's a date. I'll follow up.

Natalie, just a quick question to you: Do you have any sense of how many people don't use the food banks—if you've got one in four, how many people are not coming to a food bank but are still in food insecurity?

Ms. Natalie Spooner: Thank you for the question.

When we're looking at people who access food banks—we're really struggling with data of those who don't show up at food banks. There's still a lot of stigma associated with attending a food bank, so getting people to access a food bank is a huge body of work in itself. In order to get that data—we would have to make it a more welcoming, open space, for people to attend food banks, to get a true picture.

MPP Catherine McKenney: And on the earned income exemption of \$600—it's almost the delta between what somebody could afford in rent, not to lose their housing again. It all comes around, whether you're talking about—

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

MPP Fraser.

Mr. John Fraser: Again, thank you all for being here.

I'm just going to continue on, Tami, with what I was trying to dig down on. If you're looking at different regulatory frameworks based on who the landlord is—I'm trying to get my head around how you make that work. Do you have any recommendations on how you'd do that in a regulatory framework? Basically, you're creating different classes of landlords, which I'm not objecting to, but I'm trying to understand how that might work.

Ms. Tami Eades: Yes. Purpose-built rental housing—definitely looking for stronger tenant protections.

The next one that we're looking at is our small landlords. Right now, it's really difficult—what we run the risk of, for our smaller landlords, is even just discouraging them from providing some of the housing that we need. We can have more workable rules around their needs.

And then, like you said, the third class is the rentals, with owner-occupied homes. They're more like shared living arrangements, so they would warrant something a little bit less structured.

Mr. John Fraser: Yes. There are some interesting cases. I've had a few cases come through my office, of people who live in these shared living situations, where there are eight people in a house—and it's not a house down in the centre of Ottawa, like it used to be; it's a house in a subdivision in Kanata. I know that from knocking on doors and seeing 10 different names and six different surnames—doesn't sound like a family. Those people are exceptionally vulnerable. It's not just the access. How do you make those rules that protect those people in those shared living arrangements? You're more vulnerable than if you're just renting. It's harder to get access to that, generally.

Ms. Tami Eades: I don't know if I would have specific recommendations, other than just to pull some people together to come up with some solutions that we could work together on—recognizing that there are different dynamics required through different landlords, to be able to provide the housing rents at all levels.

Mr. John Fraser: Yes, we have to find a solution. I think, around regulations and laws, there are certain changes that we need to make.

Even take a look at—I know we didn't talk about it today—retirement homes. There is no limit on what people can increase there, and that's partly to do with housing and partly to do with what's going on in the market. So how do you protect people from gouging?

As an individual, you don't have very much power. Even in a residential situation where—and the same for a small landlord. How do you create kind of a balance, an equilibrium, where the playing field is a little bit more level, whether that's the speed with which things need to be handled—that might be a solution to that—and priorities? It's not just renters—in my riding, so many small landlords come to me with stories about how they're paying two mortgages and somebody is not paying them. There's no immediate recourse.

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

Mr. John Fraser: Thanks for the reminder.

I think the most important thing is that we get these things adjudicated quicker.

I just want to add one more quick thing: We did suggest the expansion of the PST removal, as you're suggesting. My colleague Adil Shamji did that. So we hope the government will do that. There seemed to be some interest, but we'll wait and see. Maybe it will get into the budget.

The Chair (Hon. Ernie Hardeman): That concludes the time for that question and this panel.

I thank the complete panel. Thank you very much for your presentations and your assistance in our deliberations. Thank you for the time you took to prepare and the great way you delivered it.

CEMENT ASSOCIATION OF CANADA
 OTTAWA WEST COMMUNITY SUPPORT
 ALGONQUIN COLLEGE

The Chair (Hon. Ernie Hardeman): As we ask you to vacate the table, we ask it to be occupied by the Cement Association of Canada, Ottawa West Community Support, and Algonquin College.

1400

I think the present panel heard the instructions. We do ask that everyone, as they start their presentation, give their name to Hansard, to make sure we can attribute the comments to the right person.

We will start the presentations with the Cement Association of Canada.

Mr. Adam Auer: My name is Adam Auer, and I'm the president and CEO of the Cement Association of Canada. Thank you for the opportunity to appear before you today.

To begin, I want to acknowledge the unprecedented challenges facing Ontario and Canada. The current geopolitical and economic uncertainty impacts all sectors, and ours is not immune to these challenges.

The cement and concrete sector is an integral part of the infrastructure and construction value chain that underpins Ontario's economic prosperity. With over 350 cement and concrete facilities across Ontario, our industry has a presence in nearly every Ontario community. Our industry supports almost 25,000 direct and indirect jobs, contributing a total of \$2.2 billion in direct and indirect economic impact.

Beyond our domestic contributions, approximately 40% of Ontario's cement production is exported to the United States, fulfilling nearly a third of US import requirements. This underscores the importance of maintaining open and fair trade agreements as well as a competitive investment landscape to sustain our shared prosperity.

I'd like to highlight three key threats currently facing our industry. First, of course, is that Ontario's economy is sluggish, with demand for building materials down year over year since COVID. Housing construction is at historic lows, and the impacts are being felt directly by our sector.

Second, our industry is in a period of global consolidation, and capital is flowing to jurisdictions with strong, predictable investment conditions. We want that capital to come to Ontario, strengthening domestic supply ahead of the historic planned investments in infrastructure in this province, sustaining local jobs, and ensuring Ontario infrastructure is built with clean, high-quality Ontario cement.

Third, Ontario cement producers have invested deeply in clean production and stayed ahead of environmental requirements, including Ontario's carbon pricing system; not all of our foreign competitors have. This leads to what's known as carbon leakage. We need to protect domestic cement and concrete manufacturing from being undercut by unfair competition from dirtier suppliers.

In response to these threats, we have three key recommendations to ensure the ongoing viability, innovation and success of Ontario's cement industry.

First, Ontario should leverage public procurement to support local manufacturing of cement and concrete. We thank the government for the recent passing of the Buy Ontario Act. We now urge the government to implement this quickly to protect and strengthen our economy and maintain essential in-province supply chains for crucial materials like cement and concrete. The easiest way to implement an Ontario-first procurement policy while respecting complex and integrated supply chain realities and remaining in adherence with international law and relevant trade agreements is to focus on the high standards, including environmental attributes, associated with cement and concrete manufactured in Canada. We recommend that Ontario adopt the federal Treasury Board of Canada Secretariat Standard on Embodied Carbon in Construction, which sets requirements to disclose and reduce the embodied carbon from concrete used on applicable projects. This standard has been in effect since 2022 and applies to all government of Canada federal government construction projects over \$5 million. Canada's cement and concrete industries are readily able to comply with this standard, and its application in Ontario would respect existing supply chains while protecting them from being unfairly undercut by dirtier cement producers outside the country. Importantly, application of the standard does not add cost or complexity to projects and has proven to be highly effective in procuring domestic products. If Ontario were to adopt it, it would bring the additional benefit of avoiding unnecessary red tape, which would occur if the province were to create unique or additional procurement requirements.

Second, the province should create an investment and regulatory environment that attracts capital to Ontario-based cement and concrete businesses. In a competition for global capital, global cement producers are looking to invest in jurisdictions that offer the most strategic advantage for modernization, productivity and market growth. Ontario has many advantages, including skilled labour, access to clean electricity and reliable trade infrastructure. However, Ontario's cement industry has limited to no access to provincial funding programs designed to leverage external capital, because Ontario program eligibility criteria largely exclude the sector. Specifically, employment thresholds required in provincial investment and support programs generally disqualify cement producers, which typically employ 100 to 120 people at each facility. Similarly, job creation KPIs can unfairly disadvantage Ontario cement plants. New projects that successfully attract foreign investment to improve productivity, create new products and increase export capacity often generate less than the net new FTEs demanded for provincial funding; this, despite the fact that the overwhelming majority of jobs—over 90% at a cement plant—are high-paying, full-time jobs with hourly wages that exceed the total industry national average by over 30%. We recommend that the province consider dedicated funding support for modernization investments in the domestic cement and concrete manufacturing sector, similar to programs available for wood and other materials. Alternatively, the

province should revisit existing supports through Invest Ontario to update criteria to ensure that the sector is not excluded from this critical capital attraction mechanism.

Third, and finally, we support calls to accelerate infrastructure and housing spending and building. This includes harmonizing specifications, lowering development charges, and supporting close-to-market aggregate resources through streamlined permitting and standardized provincial requirements.

Thank you for your time and attention. I welcome your questions, and I look forward to discussing how we can work together to achieve these important goals.

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

We now will hear from Ottawa West Community Support.

Ms. Jennifer Lalonde: Thank you for giving me this opportunity to present to you today. I really appreciate it.

Let me begin by introducing myself. My name is Jennifer Lalonde, and I am the executive director at Ottawa West Community Support. As an agency, we have been providing care and support in the community for more than 48 years. We offer a full basket of community support services, like day programs for clients with dementia, assisted living services, caregiver respite, foot care, and transportation to medical appointments, to over 4,500 seniors and adults with disabilities each year in the west end of Ottawa. Our funding is predominantly from the Ontario Ministry of Health.

I'm here today to not only speak for my agency and our clients, but for the other 48 dedicated community support agencies across our region. As a sector, we're facing a crisis. It really is the perfect storm. Vulnerable seniors, adults with disabilities, and those with complex care needs are being placed on wait-lists rather than receiving the critical care and support that they need. At the same time, we're losing front-line staff to other employers.

Before I go too far into my remarks, let me explain the difference between community support services and home care. There remains a significant misunderstanding of what community support services are.

Home care provides episodic care—mostly short-term and post-hospital or pre-long-term care.

Community support services provides long-term care in the community—it's preventive health care that is a pillar of a strong and equitable health care system, one that not only supports people with health conditions but actively works to prevent them.

If we want to keep people out of the hospital and living at home with dignity and autonomy, community support services is where the investments need to be made. Funding is not keeping up with demand. Notwithstanding increases to the 2025 home and community care budget, the community support sector did not see any increases; this despite growing costs and scarce staffing resources in our sector. As a result, we have already had to make hard decisions about staffing and client support. We cannot manage another year with no increases, without seeing a significant drop in service.

As a non-profit charitable organization, we have already done everything we can to continue to offer full services through a mix of program leveraging, increased reliance on charitable donations, and cutting costs to the bare minimum. Unless we see increases of at least 5% to base, we will be cutting services by as much as 10% in programs like assisted living services, caregiver respite and day programming; this at a time when we're already seeing wait-lists for service grow exponentially.

This year alone, Ottawa West Community Support saw a 250% increase in those waiting for foot care. Our day program and personal support services wait-lists are between one and two years long and growing. Caregivers need support now. Wait-lists this long mean that people fall through the cracks and do not get the support they need. More people are forced to apply to long-term care or to sit in a hospital bed unnecessarily. Seniors and adults with disabilities cannot be discharged home if there are no supports to help them stay there.

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Last year, my agency had about 900 people waiting for support, and this year, that number is 1,200; next year, I anticipate it will exceed 1,500—and I'm only one agency. These numbers grow exponentially if we add them up together. A lack of investment would ensure these wait-lists grow.

Community support services have the capacity to do more; we just need the support to do so. In addition to a 5% increase to base funding, an additional 5% investment will go a long way to support our community.

As I've mentioned, this problem is only getting worse. The seniors population in Ottawa is the fastest-growing segment; by 2030, seniors will account for 20% of the population. Community support services are critical long-term-care supports that will help keep people living safe and independent at home, while reducing the pressures on long-term care and hospitals.

In the centre west end of Ottawa, where I provide services, low-income seniors make up as much as a third of the population in some of our neighbourhoods; in others, this can be as high as two thirds. For these seniors, expensive private home support and retirement living are not options. If we do not invest in community care, these seniors will end up in long-term care or worse: waiting in an alternate-level-of-care bed in a hospital.

Let me take a minute to tell you about a couple of our clients.

We have an 81-year-old client who has been receiving transportation services to medical appointments with us for many years. She lives alone, with no support from family. In the last year, due to a health emergency, she has lost her sight. She is now very limited and fears going out. We continue to work with the client to get her to many medical appointments, but now we also provide personal support and homemaking services. We also send a volunteer once a week, with a small care package and a visit to ensure she remains safe and well. By adding a few hours of care spread over the week, we're able to help the client

remain home longer. Without us, she would have ended up in hospital and waiting for a long-term-care placement.

We have another client who was receiving once-a-week care through our caregiver respite program. The client, in her nineties, has MS and was living with her 90-year-old husband, who was the primary caregiver. They have a son, but he lives in Toronto and, while supportive, was not able to be there for his parents as much as he would have liked. Our PSW was able to go into the home once a week, prepare meals for both clients and tend to the personal care needs of the wife, giving the husband a much-needed break. The client—the wife—had a fall and was admitted to hospital. At the time, the husband decided that it was too much to care for his wife, and she was placed on an emergency long-term-care list. While she was waiting for her placement, she was using an alternate-level-of-care bed. While there, a spot on our assisted living services program became available. We were able to bring the wife home with twice-a-day support. This was almost a year ago, and she remains home and is no longer on the emergency long-term-care list. In the fall, the caregiver had a fall, and now he also needs care. We've been able to bring him onto our assisted living program. A PSW now goes into the home twice a day, visiting and supporting both clients. They receive assistance for personal care, meal preparation, laundry and homemaking tasks. By having both spouses on the service, we are able to keep them home and together where they want to be. We have also helped to reduce the pressures on both the hospitals and long-term-care systems.

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

Ms. Jennifer Lalonde: I have many more stories I could share, but I won't; I'll stop here.

We have 86% of seniors who want to age at home; we know that. Our sector is key in making that happen.

So, in closing, my ask of you today is simple: Please don't forget community support services. An investment of as little as 0.2% of this year's \$91-billion health care budget will provide community support agencies with \$150 million. This will go a long way in keeping people home this year, where they want to be. Annual adjustments tied to the consumer price index will ensure we remain able to provide this critical care.

Together, we can prevent this crisis from happening.

Thank you for your time today. I welcome your questions.

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

We now will go to Algonquin College.

Mr. Claude Brûlé: Thank you for the opportunity to appear today before the Standing Committee on Finance and Economic Affairs. I'm Claude Brûlé, president and CEO of Algonquin College. I will be speaking primarily for our institution, but also for all 24 public colleges across Ontario. We share a common concern. The choices made today will shape Ontario's workforce and communities for years to come.

Colleges are central to Ontario's economy. By 2035, it's estimated by Stokes Economics that the province will

need one million college graduates in skilled trades, health care, energy, mining, and advanced manufacturing. Colleges supply more than half of the workforce in these sectors.

Here in the National Capital Region, our students are training for critical roles in construction, housing, health care, information technology, and advanced manufacturing, to name a few, stepping directly into the jobs that Ontario needs.

Despite this essential role, central to Ontario's economy, colleges face mounting financial pressures. Without taking mitigation measures by 2027-28, we project a \$1.5-billion deficit. This is because of a fundamental structural deficit, exceeding \$5,200 per student for domestic programs, that is no longer subsidized by international student revenues to make these numbers work.

Tuition was reduced by 10% and then frozen in 2019, effectively freezing tuition at the 2015-16 price point without any subsequent adjustment in the cost of living, which in the interim, amounts to over 25%. Today, domestic tuition sits at \$1,100 per student lower than it would have been had these policies not been implemented. With operating grants at about \$7,700 per student lower than the national average, no longer covering the full cost of delivering domestic programs, tuition that has been frozen for the past 10 years, and declining international enrolment, this could cost colleges in Ontario up to \$4.2 billion by 2027-28.

Additionally, funding to support maintenance of campus buildings and infrastructure is not keeping pace with the rate of deferred maintenance. With a current replacement value of about \$1.1 billion for Algonquin College alone, the annual ministry funding of about \$5.7 million is insufficient to stop deterioration. Our current estimated deferred maintenance is over \$90 million, and it will grow to about \$120 million over the next three years.

Finally, there are no provisions for capital funding from our ministry for large capital projects to support growth and innovation in new programming to address key critical and priority sectors.

Previous operational funding announcements only represent 10% of what the sector needs, are time-limited and are not adequately allocated to the college sector to enable colleges to keep pace with inflation or address the structural deficit.

Colleges across the province have not been sitting idle. We've acted responsibly, generating over \$250 million in savings through shared services, open education resources, and centralized systems, while also cutting \$1.4 billion in costs, suspending over 600 programs of study, and eliminating at least 8,000 positions. These actions have been deeply felt by our communities, and yet they are not enough to address the scale of the challenge before us.

Without further action, programs and campus closures will continue, student opportunities will shrink, fewer students will graduate, and Ontario will lose critical workforce capacity.

In fact, because of funding pressures in just the last 16 months, Ontario has already graduated 2,000 fewer

students in the very programs that the Protect Ontario plan relies on—programs such as construction, health care/life science, advanced manufacturing, and automotive and electrical vehicles.

The public is noticing and weighing in. In a recent Abacus Data poll, we know that nearly eight in 10 believe Ontario cannot build the skilled workforce it needs without expanding and modernizing college programs, and nearly eight in 10 say that post-secondary education is critical to protecting the province's long-term prosperity.

To address this, Ontario colleges have worked together under the banner of Colleges Ontario, including Algonquin College, to identify clear, achievable solutions.

Today, we respectfully ask the provincial government to take four key actions: Address the structural deficit by providing \$1.1 billion through operating grant and college tuition adjustments to close the per-student funding gap; support high-priority programs by investing \$200 million and creating 20,000 additional seats in priority sectors such as the trades, technology, health care, and advanced manufacturing; maintain regional access by committing \$200 million annually, and indexed to inflation, for small, northern and rural colleges and campuses to reflect the true cost of operating campuses and delivering programs; and kick-start collaboration and innovation by establishing a \$100-million-over-three-years fund to support shared services in cyber security, finance, HR, and other sector-wide partnerships.

Every dollar invested in colleges generates jobs, skills and stronger communities. And we know that strong, well-supported colleges mean a strong Ontario—competitive, growing, and ready to meet the challenges of the future.

I thank you for listening, and I look forward to your questions.

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

We'll start the first round of questioning with the government. MPP Smith.

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Mr. Dave Smith: I'm going to start with Algonquin College.

Yesterday, Minister Quinn made an announcement of \$245 million being put into the sector. Not all of the details have been released yet on what's going to each of the individual institutions. You've just asked for a \$1.1-billion core funding increase and a \$200-million fund set up for small, rural and northern colleges. Does that \$245 million factor into what you're asking for now, or has that \$245 million not been factored into what your request is at the moment?

Mr. Claude Brûlé: This is a re-announcement. That money is already spoken for for projects already. So the \$5.7 million in deferred maintenance that I spoke of is part of that \$242 million.

Mr. Dave Smith: Your request, then, is still the \$1.1 billion and \$200 million.

Mr. Claude Brûlé: Correct.

Mr. Dave Smith: On the \$200 million for small, rural and northern colleges: Do you have a definition of what

would constitute "small," "rural"? "Northern" is a little bit easier to come up with, because I don't think that anyone would say that Algonquin College is a northern college, but they may come forward and say that it's more of a small college.

Mr. Claude Brûlé: No, but any campus that is outside of a large urban area would qualify.

For instance, we have a campus in Pembroke. It has about 700 students. That's a regional campus. It would certainly benefit from having access. We used to have access to the Small, Northern and Rural Grant up until 2014, and it was removed.

Mr. Dave Smith: Selfishly, I'm asking this because Sir Sandford Fleming College is in my riding. Their main campus is in Peterborough, but they have satellite campuses in Lindsay and in Fenelon Falls and so on.

Mr. Claude Brûlé: And they would stand to benefit from a greater level of funding to support their operations.

Mr. Dave Smith: Okay. I appreciate that.

In terms of Algonquin's operations and the change in the international students, as a percentage, what was the reduction in the number of students you saw coming to Algonquin as a result of that?

Mr. Claude Brûlé: It's about 40% fewer students.

Mr. Dave Smith: That would have a significant impact on your ability to deliver courses, losing 40% of your students.

Mr. Claude Brûlé: Absolutely. And it stops supporting other domestic programs, and therefore domestic students may not have as much choice of programming, because some of those programs have been suspended.

Mr. Dave Smith: Right. I'll just use some hypothetical numbers. If you needed 20 students to make it viable to run a course and you had 10 who were domestic and you had 10 who were international, losing those 10 international meant that those domestic students weren't going to be able to get that course.

Mr. Claude Brûlé: Correct.

Mr. Dave Smith: So there was a significant ripple effect into it.

How much lead time did the federal government give when they made the reduction on the number of students you would have?

Mr. Claude Brûlé: We received our allocation, for instance, for 2026 at the end of December, early January—so very little lead time.

When the first announcement was dropped back in January 2024, we learned at the same time as everybody else. The changes were fairly immediate, and our world fell apart right from there, so we've had to pick up the pieces. And there have been several policy adjustments along the way that we continue to react to.

Mr. Dave Smith: My understanding, for most courses, is that they begin in September. Do you have very many that begin in the summer, and would those changes, then, that were given to you in December or January have affected perhaps a June intake or a September intake?

Mr. Claude Brûlé: We have three intakes a year, in September, January and May. And we now get a bit more

runway in order to plan. We get an allocation that is a year allocation and we're free to use it as we wish in order to provide the students with the provincial attestation letters they need in order to, then, submit their full visa application package for their study permit. Where the issue now stands is, the scrutiny put on those study visas—and the level of rejection is much higher than it used to be.

Mr. Dave Smith: Again, I'm trying to understand a little bit of this process, because I'm not intimately involved in the college and university field.

Our budget typically comes out at the end of first quarter of the year, perhaps the beginning of second quarter, depending on how you look at it—March, April. Do the changes that were made on international students in December and January have a direct effect on the May intake? Does our budget process at the end of March, beginning of April have effect on your May intake, or does it have the effect on the later intakes in the year?

Mr. Claude Brulé: It would be on later intake. We project far in advance with our forecast, and so we would make adjustments along the way. We carry on with our plans, irrespective of what actually comes out in April.

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

MPP Pasma.

Ms. Chandra Pasma: Thank you to our witnesses for being here. It's much appreciated.

Dr. Brulé, I'm going to start with you. I'm very happy to have Algonquin College in my riding. It's such a fine institution, and it supports all of Ottawa and the Ottawa Valley.

You've laid out some pretty stark challenges for us this afternoon: for the sector as a whole, a \$1.5-billion deficit if funding isn't increased; operating grants, more than \$7,700 lower than the national average—that's per student.

Mr. Claude Brulé: That's correct.

Ms. Chandra Pasma: That is a massive shortfall per student.

I want to talk about what that means specifically at the level of Algonquin College. If you had not implemented program cuts this year, you would have been facing a \$93-million deficit by next year?

Mr. Claude Brulé: That's correct.

Ms. Chandra Pasma: So how many programs got cut to reduce that deficit?

Mr. Claude Brulé: So far, we announced last year 37 programs of study—that helped us reduce the delta. But we still produced a deficit budget for 2025-26, and we're tracking to have another deficit budget for 2026-27.

Ms. Chandra Pasma: And you've announced the closure of the Perth campus, which offered trades programs, so that's in keeping with what you mentioned about losing the graduates in the areas that are core components of Ontario's economic strategy right now. That has an impact.

What happens at Algonquin if more funding is not forthcoming? What are we going to see in the next year and the next few years?

Mr. Claude Brulé: We're going to see continued program suspensions. We're going to see continued restructuring to reduce the footprint, reduce the head count of staff, and again, I think fewer programs for choice for students.

Ms. Chandra Pasma: We're already seeing that reduced choice, when there's such a significant number of programs going.

I know one of the losses that really hurt over the last couple of years was the hairstyling program, which—even my own daughter, her high school is looking at creating a SHSM for hairstyling, but recognizing there's no program for those students to graduate and move on to. That's a loss for Ottawa.

You also mentioned the deferred maintenance growing to \$120 million in the next few years. So what happens if there's no additional capital funding coming forward? What would that mean for Algonquin?

Mr. Claude Brulé: It means we have to shut parts of buildings down until we can find the dollars to repair what the damage is in a building. We're talking about major systems, typically: heating and ventilations systems, boilers, things of that nature—and a majority of our buildings are 25 years or more, and those systems become end-of-life. In fact, we had one where we could no longer operate it; we had to replace it. And those are anywhere from \$8-million to \$10-million to \$12-million replacements each time we do one. So we really depend on funding from the ministry to allow us to maintain a certain state of readiness for our buildings, and right now, we're below par.

Ms. Chandra Pasma: So if I could just summarize quickly: If there's not more funding coming, and soon, we're going to see a scenario where Ottawa needs workers and we're not training those workers, post-secondary students want to have opportunities and those opportunities aren't available, and Algonquin would have capacity that's not being used because the funding's not there and we would have buildings that were sitting empty. Is that a fair summary?

Mr. Claude Brulé: Correct.

Ms. Chandra Pasma: It's pretty horrifying, and I hope we don't end up there.

Jennifer, I want to turn to you—another organization that does such great work in Ottawa West–Nepean and, I know, in Ottawa Centre as well, so thank you.

I'm hearing from community support sector organizations, including Olde Forge, that they are looking at the suspension of programs or parts of programs if that funding isn't forthcoming soon. Olde Forge might have to lose one day of their day program, which I know is highly depended on.

Aging in Place is such an important program in Ottawa West–Nepean, helping seniors who are vulnerable stay housed. So I'm wondering if you could share quickly with the committee, what does that program mean for seniors, and what could happen to that program if there's no more funding coming?

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Ms. Jennifer Lalonde: Well, that's a very good question.

The Aging In Place program is a program that we have a social worker—

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

Ms. Jennifer Lalonde: We have a social worker in 19 Ottawa Community Housing buildings, so, low-income supportive housing buildings across the city. We have someone there half-time—could be full-time, but that's not the funding model—and it includes a mix of services, between health and social services, with cleaning services, transportation and medical appointments, Meals on Wheels, foot care on-site.

So, slowly but surely, without the funding, we would start to cut those services. Right now, we have 24 hours a month in the buildings for cleaning; we would cut that in half. And that's really critical for people who are living paycheque—not even paycheque to paycheque; most are on disability pensions or CPP pensions and have very limited income and can't afford those services. Sometimes they make just \$100 too much to be eligible for the city's, but that still doesn't give them enough to do things privately.

So the program that we have provides free PSWs, free cleaning, free foot care; without it, we do see an increased risk of people going into long-term care. They can't afford retirement homes. It's not an option.

The Chair (Hon. Ernie Hardeman): We will now go to MPP Fraser.

Mr. John Fraser: I thank all of you for being here and taking the time to prepare and for your great presentations.

Claude, 37 programs—how many students, roughly, were affected in those cuts?

Mr. Claude Brûlé: I would say about 1,500. Some of the programs were in decline. But again, the majority of them were international, and because they were no longer eligible to be in those programs, quickly the large number of students went to zero anyway.

Mr. John Fraser: The Perth campus—how many students is that going to affect?

Mr. Claude Brûlé: A hundred.

Mr. John Fraser: But there would be nothing in Perth? You'll be done, finished?

Mr. Claude Brûlé: From Algonquin College?

Mr. John Fraser: Yes.

Mr. Claude Brûlé: Yes.

Mr. John Fraser: What I'm really struggling to understand is how we can have a greater than \$2-billion reserve, a \$2.5-billion Skills Development Fund—which is what you do, by the way, at Algonquin College. That's what Bill Davis set up the college system to do—for a bit of a history lesson. So when I see that 10,000 workers in your institutions across this province are being fired—and let go, I should say; that's a better way of saying it—I'm trying to understand why the thing that we built together is no longer important. By giving money to people, not based on—and I'm talking the skills development funds—how good the program was, but other factors—I won't go

into that right now. We have two and a half billion dollars in reserves just sitting in the corner. We're shovelling hundreds of millions of dollars out the door in skills development funds and for government advertising, and the thing that we built for our kids and our young people is being allowed to be run down. It's not a priority. It's not important. That's not right.

I want to thank you for the work that you do.

I want to encourage my colleagues—and I'm not going to say anything more, because I know you don't want to hear this, and it's not on you. I'm just saying it's not right. It wasn't like it's something that we didn't build together for 40 years, that started from nothing and became something.

I would just encourage all members, all of us here, to say to the people who are making those decisions, "It has to stop. You can't allow this to happen." It's not the smart thing, economically, to do—apart from being the wrong thing to do for our kids.

I just want to thank you for being here.

I'm not going to ask any questions. I just wanted to say that, because I think it's important for it to be said out loud.

I hope that you will not have to do some of the things that are being suggested, at Algonquin College, or, indeed, across this province, because it won't be right.

Anyway, did I run the whole—

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

MPP Brady.

Ms. Bobbi Ann Brady: Thank you for your passionate presentations this afternoon.

Given that cement is the second-most-consumed commodity on the planet after water, I'm going to turn to you, Adam. We know that cement is the essential glue in our daily lives, and it's the bedrock to our modern civilization.

I'm kind of stuck on the eligibility concerns that you mentioned, here in Ontario, for support programs, and I'm just wondering how long that struggle has been going on. Is it recent, or has this been ongoing?

Mr. Adam Auer: It has been ongoing. We don't have much of a track record of accessing funding supports in Ontario. But in the context of what's happening globally with the industry—not just our industry—there's certainly a huge modernization push in our sector on the global scale, which ultimately means improved productivity etc. It also means mothballing of kilns that aren't good candidates for those modernization investments.

We're more concerned about making sure that Ontario and Canada as a whole get their share of that global capital in particular, given the important role that we play in the broader North American market and, in particular, the context of the demand that we're expecting to meet, the huge push for major projects across the country.

Ms. Bobbi Ann Brady: With respect to carbon capture, I think it's probably your most significant lever when it comes to reaching your 2050 net-zero goal. Strategies like energy efficiency and fuel switching are essential, but I understand that they're also insufficient on their own.

I'm wondering if you can recommend any specific red tape or simplification needed in current carbon capture incentive applications that would actually make projects in Ontario more viable.

Mr. Adam Auer: That would be a great question.

It's true that we have a road map to net zero. We anticipate that we can get over 60% to 70% of the way there without carbon capture, but that ultimately carbon capture will be necessary.

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

Mr. Adam Auer: Ontario, we need to recognize, is early on the carbon capture journey. I think there's a lot of work under way right now to secure some of the baseline regulatory conditions around storage space and infrastructure assessments. But probably the most important thing that needs to happen, once we've identified those potential storage areas, is to start to build the backbone of infrastructure that industry can access to justify capture projects.

Ms. Bobbi Ann Brady: In 2024, the Decarbonization Incentive Program provided \$2.2 million to St. Marys Cement. Is this the type of model we should be looking at to support the cement industry, or are there adjustments we can do to scale other programs and projects across the province?

Mr. Adam Auer: That project was to support both alternative fuel use at the St. Marys—

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

We'll now go to MPP Racinsky.

Mr. Joseph Racinsky: Thank you to the presenters.

I'm going to stick with you, Adam, for my questions today, just to get a better sense of the pressures facing your industry.

I'm from Wellington county, and St. Marys is there in neighbouring Perth county. It's a very important employer there, I know, for that community—a community partner.

You mentioned, in your talk, the importance of Buy Ontario, local procurement. We're pushing for that, but we also have the tariffs and a lot of uncertainty right now. I just wanted to ask if those are impacting you, and if you have any concerns about tariffs or that uncertainty as we move into 2026 now, with renegotiation of CUSMA and all those things. Just enlighten the committee on any concerns or things that we should be keeping in mind, as a government.

Mr. Adam Auer: Thank you for that question.

As I mentioned, about 40% of our production in Ontario is exported to the United States. We are in the fortunate position of being CUSMA-compliant at the moment, so we're not subject to direct tariffs, although we are feeling the overall economic pinch that has come with all of the uncertainty that has come out of what's happening south of the border.

To be very direct about your question, if we lost CUSMA compliance, we would be toast—half of our production. Cement is a high-volume, low-margin commodity with huge fixed costs, so the production volume is absolutely essential to maintaining and justifying the underlying capital and operational costs of our business. If we were to

lose those significant volumes in the US, it would be devastating.

Mr. Joseph Racinsky: Approximately how many people would you be employing in Ontario with your different companies?

Mr. Adam Auer: We have, as I mentioned, over 25,000, direct and indirect. That would include the cement and concrete value chain as well as the supportive construction jobs around that. Each cement facility directly employs about 100 to 120 folks. So we've got five grey cement facilities in Ontario. That gives you a sense of the direct employment.

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I think the way that we hope that governments understand cement is like energy. There is no sector of the economy that doesn't depend on cement in some way, shape or form—so to think about the economic value of the industry not just in terms of the direct jobs at the cement facility, but the quality of those jobs and the necessity of the material to support other important economic objectives of the province. It's an economic-sovereignty-based industry, is the way that we think about it.

Mr. Joseph Racinsky: Thanks for painting that picture for us.

I think as we continue to focus on protecting Ontario, protecting Ontario jobs, and in the context of the uncertainty with President Trump, sometimes the narrative can get lost because we hear it over and over again, but it is really critical for us as a government, as a province, to be focused on. I think you illustrated that well with your comments.

Earlier, we heard about the importance of skilled trades. What are you doing, as an industry, to develop skilled trades and attract skilled trade workers? How, as a government, can we continue to support skilled trades workers, those high-paying jobs that you talked about in your industry?

Mr. Adam Auer: We've faced, like all the manufacturing sectors and heavy industry sectors in Ontario, skilled labour challenges.

The cement facilities themselves—they tend to be chemical engineers who are running those programs. Ironically, the biggest challenge for us there is a huge draw from the electrification industry, vehicles and other industries that we're now competing with that didn't exist before.

I would say the biggest pinch points are mostly in the area of drivers and those types of jobs. It has just become more and more difficult to attract people into the space. So we've made significant investments in driver training, in recruitment programs, and have obviously been quite supportive of the government's efforts to invest in attracting skilled trades, more broadly, to the province.

Mr. Joseph Racinsky: Lastly, we talked about carbon capture, and I just wanted to know what other technological advancements are being adopted by your industry to improve efficiency, quality and durability in cement production.

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

Mr. Adam Auer: The three main levers that we have have to do with new formulations of cement that reduce the amount of the carbon-intensive ingredient, which we call clinker, and so we blend our cement with other novel materials. A great example of that innovation in Ontario is happening at the Ash Grove cement plant, where they're using carbonated waste materials as a cementitious replacement in their cement formulations that provides a carbon capture, carbon utilization-adjacent technology that improves the quality as well as the environmental performance of the material.

There's the fuel side: We've started to see an uptick in the replacement of traditional fossil fuels with alternatives. We're very keen to access the biomass program that the province is running to see if that's an opportunity for us to continue to substitute—

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

We'll now go to MPP Bell.

Ms. Jessica Bell: Thank you to the presenters for coming here.

My first question is for Claude Brûlé from Algonquin College. Thank you so much for coming in. You've given us a really concerning summary of how the changes to student fees, international enrolment and cuts have impacted your college.

What can you tell us about what's happening with the public college sector overall? What are we seeing here, across the board, in terms of staff losses, programs being delayed? Paint us a picture.

Mr. Claude Brûlé: Thank you very much for the question.

The picture is that about 600 programs of study, so far, have been suspended and over 8,000 positions have been eliminated. So it gives you a picture at the program level, at the personnel level. There have been at least five or six campus closures across the province. We are only halfway through absorbing the impact of both the long-standing reduction and freeze in provincial funding as well as the impact of the reduction in international student study visas at our colleges. So it's something that is moving through the system right now. We are only halfway through resolving that problem, and it will continue to be exacerbated in the coming year.

Ms. Jessica Bell: What I think about is what high school students and parents of high school students are thinking about right now in terms of what happens if their kid wants to go to a public college system. What impact will this have on the availability of spots, and what kind of programs won't be available to them that would have been available to them even just last year? Can you talk a little bit about what you're seeing and how these cuts are going to impact the domestic student sector?

Mr. Claude Brûlé: No one who wishes to join a program before February 1, which is our equal consideration date, will not see their offer or their application be entertained, unless the program is a highly in-demand and competitive program where we review those offers much sooner. What they're going to see is fewer choices of

program. Having said that, we used to have 235 programs of study; we're at 199 right now. There's still a large array of program choice, but it may not be to the extent that they once had. Several of the programs we did suspend were graduate certificate programs, which means the student already had to have a diploma or degree in order to join that program. Many of those programs favoured international students because they were attractive for them to come from another country with an existing credential. Many of those programs are gone. It would not affect someone who's a first-time-entry student into an under-grad diploma or degree program. But still, it just means fewer choices.

Ms. Jessica Bell: Thank you for that summary.

On this side, we're very concerned about the state of the public college system, and we want to see more investment, because it's important for education. It's also important for our workforce.

The Chair (Hon. Ernie Hardeman): MPP McKenney.

MPP Catherine McKenney: Thank you to all three of you. Again, this has been very enlightening.

Jennifer, I want to ask you a question about per diem. We heard earlier that it costs some \$730 per day to keep someone in hospital, \$200 in long-term care—this is from VHA home care—and it was \$106 per day to provide home care. What's your per diem? How do you compare to a hospital or long-term-care stay?

Ms. Jennifer Lalonde: We're significantly less expensive, but it depends on the program. I guess my very short answer is, it really is dependent.

Something like the assisted living services program that I was talking about costs about \$86 a day. It gives you twice-a-day visits, access to a call bell overnight, so it's 24/7 access to a PSW. That's about \$86, \$90 a day.

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

Ms. Jennifer Lalonde: And then there are other programs that have a copay, so the clients also pay a portion of it.

To give you a sense—we have staff in 19 Ottawa Community Housing locations with the Aging in Place program we were talking about. The total budget for those 19 buildings is less than \$2 million, so for us to serve anywhere from 250 to 350 seniors—because they're all seniors' buildings—in each of these buildings, it's a fraction of what it would cost to keep someone in hospital or long-term care, and it is proven to keep people out of the hospital and delay that need for long-term care. Sometimes it is necessary, but sometimes it's not.

MPP Catherine McKenney: Could you tell me how many of your employees probably come out of the public college system?

Ms. Jennifer Lalonde: Most—so I have 160, and probably 140 of them.

MPP Catherine McKenney: There you go. So it is circular. We need everyone.

The Chair (Hon. Ernie Hardeman): MPP Fraser.

Mr. John Fraser: That was a very good question, by the way, from my colleague, I have to say. You got that in right under the wire.

In terms of your clientele, are you mostly servicing people who are congregated, in the sense of being in a building, or no? What's the split between what do you for Ottawa Community Housing and individuals?

Ms. Jennifer Lalonde: Of the 4,500 clients we have, probably about 1,500 of those are in Ottawa Community Housing; the other 3,000 are in community, so living in their home, across the Ottawa west end of the city.

Mr. John Fraser: Are they more apartments or single-families?

1450

Ms. Jennifer Lalonde: Mostly apartments. But we don't serve the building; we just serve the individual. So I say that, but there's a lot of houses as well. I would guess it's probably a 60-40 split there. Most are single or living with a partner, and 85% of our clientele are seniors, and many of those are over 80.

Mr. John Fraser: The work that you do is really critical to keeping people in their home. You're right; it's not expensive.

Just so we can restate this, or remember it—so 5% keeps you doing what you're doing. What does another 5% get you?

Ms. Jennifer Lalonde: It will get those wait-lists down, so it will get more people getting care.

Right now, for my agency—and we're a relatively small agency in the province—we serve 80 assisted living service clients. An extra 5% would probably be able for us to bring in—mostly from hospital—another 10 or 15 clients on to that program, for just our agency, but there are agencies like me province-wide.

Mr. John Fraser: Thank you very much.

Adam, I had a question with regard to the regulatory smoothing of requirements across Ontario on things like major construction projects. Can you explain that a bit more to the committee—like municipalities?

Mr. Adam Auer: On the specifications side?

Mr. John Fraser: Specifications; that's it, sorry.

Mr. Adam Auer: Most people don't appreciate that we have a national building code which is adopted at the provincial level, but ultimately the specifications are determined either at the provincial level or by the individual engineers for given projects, and there's no real requirement for harmonization. So you'll see, certainly, a difference between provincial specs and municipal specs based on who is sitting behind the engineering desk in any given municipality. That obviously creates a headache for not just the building manufacturers but also the folks actually doing the construction project—the architects and what have you.

One of our red tape reduction requests is to harmonize those specifications across municipalities in Ontario.

Mr. John Fraser: Has this gone forward to AMO, or is AMO—

Mr. Adam Auer: Oh, yes. We've been pushing the notion of a performance-based specification environment for well over a decade now.

Mr. John Fraser: Wow. The resistance to that is just that you're dealing with 400 different municipalities or many—

Mr. Adam Auer: Ultimately, the engineer is the one who puts their stamp and is liable for that project, so it creates an environment where there's a high degree of individualized sense of liability—or risk aversion, I suppose—that is less based on the science-backed codes and specifications development process and more based on the individual experiences of the person making that decision.

Mr. John Fraser: And those are all minimum standards, right?

Mr. Adam Auer: Exactly, yes.

Mr. John Fraser: Those are minimum standards. So it's interesting.

Mr. Adam Auer: And so often, an engineer might decide that they just like things to be done a certain way, which ultimately reduces the ability of the producer to provide the most efficient and effective product to meet that requirement.

Mr. John Fraser: Establishing that framework—who can do that? Is that the minister of—

Mr. Adam Auer: At the municipal level, the province could certainly require—there is already a specific Ontario specification designed for municipalities—

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

Mr. Adam Auer: —that acknowledges the fact that municipalities have different capacities than, say, the large transportation department at the provincial level. The province could require that municipalities require that OPSS.MUNI, as it's referred to, in their construction projects.

The Chair (Hon. Ernie Hardeman): MPP Brady.

Ms. Bobbi Ann Brady: I'm going to go back to you, Adam, and finish up on the DIP. Remind me of what you were saying about whether or not that's an effective model for support here in Ontario.

Mr. Adam Auer: That was sort of a one-off project that we were fortunate enough to get support for. If I recall correctly, too, it also had some joint funding through one of the federal climate programs. We definitely appreciate those types of federal-provincial partnerships when it comes to those types of capital investments. That would be an excellent example of a project that was rationalized largely around its environmental benefit but is actually a productivity-enhancing and efficiency-enhancing investment that will secure St. Marys' ability to maintain its operations in the province.

Ms. Bobbi Ann Brady: Thank you.

Jennifer, I'm not sure I'll have time to ask you a question, but thank you for taking the time to come today, and thank you for all the amazing work that do you on behalf of seniors. I have Haldimand-Norfolk senior support services in my riding, in an aging area, and I see the impact the work that you do has on our community, but I also see the struggles that you are all facing.

Claude, forgive me for this, but I've had constituents and taxpayers say to me, "If a college cannot make its

financial model work without relying on uncapped international student numbers, does that suggest a fundamental flaw in the business model?" So I put that one out there.

I also want to congratulate you. I think you guys just expanded a nursing program at Algonquin. That's good news.

Community colleges were once set up to educate local kids, locals, and that's not happening anymore. Can you leverage things like problems in your community or demands in your community, like the nursing program, to actually make the funding model work for you?

Mr. Claude Brûlé: The funding model is broken—period. It's just broken.

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

Mr. Claude Brûlé: That's why everybody went into the international recruitment, because that was unregulated.

On the face of it, I lose money on every domestic student who comes to the college, to the tune of \$5,200 a year. There's something wrong with that. So that needs to be fixed.

And, yes, we always will give preference to domestic students. We always rely on employers and program advisory committees to tell us where the need is, where to launch new programs. While we take programs off, we also bring new programs in all the time just to meet employer demand.

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

We want to thank all of you for taking the time to prepare and come here so you would be presenting your case for us. I'm sure it will be of assistance as we move forward with the preparing of the 2026 budget.

ONTARIO COMMUNITY
SUPPORT ASSOCIATION
COALITION ONTARIENNE DE
FORMATION DES ADULTES
CHAMPLAIN REGION FAMILY
COUNCIL NETWORK

The Chair (Hon. Ernie Hardeman): We will now have the Ontario Community Support Association, the French Ontario association of adult education, and the Champlain Region Family Council Network.

1500

I believe we have the panel at the table—as all of them, you will have seven minutes to make a presentation. We ask that you start with introducing yourself, to make sure Hansard has your name proper. At six minutes, I will say, "One minute." I've been saying, "Keep going; don't stop, because that's for the punchline," but I'm going to add in this one comment now: The one minute mark is actually for the panel—my colleagues—to ask their question so they can answer it in that minute. Don't use the whole minute for a question, because then you can't get an answer.

With that, the first one we will hear from is the Ontario Community Support Association. The floor is yours.

Ms. Lori Holloway: Thank you for the opportunity to speak today. My name is Lori Holloway. I am the CEO of the Ontario Community Support Association. We represent over 200 not-for-profit home care and community support agencies across Ontario.

You've heard from many of my members throughout these consultations, and that's because we are an integral part of the Ontario health care system; in fact, we truly are part of primary care. We keep people at home, in their communities, out of hospitals, and out of long-term care. I'd like to take a moment to talk about how we do that.

Our members deliver extensive home care services, including nursing, therapy, personal support, as well as things like chronic disease management and palliative care.

We also provide community support services—personal support workers helping with everyday tasks, and Meals on Wheels delivering nutritious meals to seniors, many who live alone. Community support services also include core supports many of us take for granted: transportation to medical appointments, adult day programs to support people living with dementia, respite services that allow millions of Ontarians who are caregivers to keep their jobs, and independent living service providers who make things like supportive housing possible.

Together, these services form the foundation that allows people to remain healthy in the community. Unfortunately, our ability to be that foundation is eroding.

The government has made important investments in home care expansion, including those made through the fall economic statement, and we continue to applaud these investments as a critical component that will contribute to relieving hospital pressures and long-term-care wait-lists.

Investments in home and community care can delay or prevent to the point at which aging Ontarians require hospital or long-term care, but only if those investments are stable and sustained. We are just slowing down a crisis. We need to actually solve the crisis in front of us.

Predictability matters. Many home care providers are well into the fiscal year without confirmed funding letters, despite already delivering contracted services. That uncertainty makes workforce and service planning extremely difficult, and it undermines value for money. Stable funding is not a luxury; it's a prerequisite for accountability.

The financial case for investing in home and community care is clear. A hospital ALC bed costs \$730 a day, long-term care about \$200; home and community care costs just \$103 per day. When you pair these figures with a rapidly aging population and increasing care complexity, the conclusion is unavoidable: The right investments now generate substantial savings over time.

We appreciate that the government must make difficult choices, that fiscal pressures are real, that supporting Ontarians through cost-of-living challenges is a priority. We support that, and we can help be part of the solution by ensuring community supports are there for those same Ontarians.

I want to now specifically focus my remarks on community support services. Services like assisted living, personal support, transportation, meals and respite are among the lowest-cost-with-highest-value services you fund in health care, and they are the most vulnerable. Last year, community support services received no increases in funding. As a result, organizations have exhausted their ability to absorb rising costs. If your budget in 2026 again holds at zero, specific and immediate service cuts are already being planned. Across the province, that means:

—Meals on Wheels being reduced or eliminated, resulting in seniors losing their only daily check-in and a reliable source of food;

—adult day programs for people living with dementia closing one or more days per week, forcing caregivers to leave the workforce or rely on emergency services;

—transportation services being scaled back, leaving seniors and adults with disabilities unable to get to medical appointments or dialysis;

—respite programs being capped or wait-listed, accelerating caregiver burnout and crisis admissions; and

—assisted living and supportive housing supports being reduced, increasing evictions, driving people to hospital or long-term care sooner than necessary.

These are not future hypotheticals; these are decisions being made now to manage another year of flat funding, and this will have direct consequences on hospitals. When community supports are unavailable, people end up in the hospital and remain in the hospital, not because they need acute care, but because the supports required for safe discharge do not exist. In practice, community support services function as discharge infrastructure for the hospital system.

We are asking for an investment of less than 0.2% of the total health budget to prevent that outcome. This is not a lot of money to make a significant difference in the outcome of lives of seniors and people with disabilities in Ontario. Specifically, \$150 million annually for three years for community support services and independent living would provide a 5% base increase and 5% service growth to prevent immediate cuts and protect recent health system gains.

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

Ms. Lori Holloway: Finally, let me ask, along with many of our community partners, for wage parity for the health care workers who are going into Ontario homes every day—often the only person who does. Community health workers earn 23% to 46% less than their counterparts in hospitals and schools, and this wage gap is driving vacancies, turnover and instability across home care, community support services and primary care.

Home and community care investments to date have reduced hospital pressures, delayed long-term-care admissions, sustained parts of the workforce, and supported caregivers. But these gains are fragile. Without renewed investment, service cuts will erode progress and push more people into hospitals and long-term care at a far higher cost, further straining an already fragile system.

Please protect home and community care services, to allow people to age with dignity, independence and choice at home, where they want to be.

Thank you.

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

We now will hear from the French association of Ontario's adult education.

Ms. Gabrielle Lopez: My name is Gabrielle Lopez, and I am the executive director of the Coalition ontarienne de formation des adultes, also known by its acronym, COFA. Please note that even though we are a francophone organization, this presentation will be done in both official languages.

1510

My colleagues Sylvie Leclair and Renaud Saint-Cyr, both directors of training centres and members of our board of directors, are present online for the question period.

Before getting to my presentation on behalf of the Coalition ontarienne de formation des adultes, I would like to thank the members of the standing committee for welcoming us here today.

Je tiens à remercier personnellement M. Stéphane Sarrazin, membre du comité et adjoint parlementaire à la petite entreprise et aux affaires francophones, pour sa disponibilité et son écoute envers la COFA. J'étends mes remerciements aussi à M^{me} Pasma, qui est venue nous rencontrer à une reprise avec le conseil d'administration pour entendre nos enjeux.

I will begin by introducing COFA.

La COFA est une coalition provinciale de 25 organismes francophones partenaires qui opèrent sous la bannière d'Emploi Ontario et desservent annuellement quelque 4 000 personnes dans 41 points de services aux quatre coins de la province, en vue de les aider à participer à des programmes de formation à l'emploi, à décrocher des emplois valorisants et durables, à accéder à des études postsecondaires, à obtenir leur diplôme d'études secondaires ou à devenir autonome. Chaque dollar investi dans le parcours Réussite en éducation et au travail, ce qu'on appelait autrefois l'alphabétisation et la formation de base, ou AFB, génère des retombées économiques et sociales majeures : augmentation de la productivité et de la compétitivité, intégration réussie à l'économie ontarienne, préservation et promotion de la francophonie ontarienne.

La COFA relie des centres de formation dispersés aux quatre coins de la province, soit des conseils scolaires, des collèges et des organismes communautaires qui travaillent auprès d'adultes dont les parcours sont interrompus, complexes et souvent absents des statistiques traditionnelles. Les activités des membres de la COFA soutiennent intégralement les priorités des ministères du Travail, de l'Immigration, de la Formation et du Développement des compétences—notre ministère—des Collèges et Universités, de l'Excellence en recherche et de la Sécurité et aussi le ministère des Affaires francophones de l'Ontario.

La COFA s'adresse à vous aujourd'hui parce que nous croyons important, au nom des centres de formation que nous représentons, d'agir maintenant parce que la situation

est critique, parce que les centres de formation peinent à fonctionner avec le financement de base actuel—on nous donne du financement pour développer des programmes, mais au niveau opérationnel, il nous manque du financement—and parce que nous souhaitons préserver les services auprès d'une clientèle francophone à risque.

COFA is concerned—not to say sincerely disappointed—that the current funding does not finance the steady growth in clientele; does not allow us to keep up with the technological advances required by the labour market, mainly in terms of digital literacy with the addition of artificial intelligence, as well as the need for socio-emotional skills training; and poses considerable challenges in recruiting and retaining staff due to inadequate salary scales and increasingly heavy and complex work-loads.

For more than a decade, budgets allocated to Get SET, which is the new name in English for the Literacy and Basic Skills Program, have not kept pace with the cost of living, which has skyrocketed. If this funding, estimated at \$84 million province-wide in 2014-15, had kept pace with the cost-of-living index, it would now be close to \$110 million, or an increase of 30%. Our ministry estimates—because those are estimates—that current funding for the education and work success pathways—those are for French and English both—is between about \$90 million and \$100 million.

Ce manque à gagner, estimé entre 10 millions et 20 millions de dollars, compromet la capacité des centres à former une main-d'œuvre qualifiée qui répond aux besoins du marché du travail.

The reality of COFA-affiliated training centres can be summarized in three key points:

- rapid growth: between 2022 and 2025, the clientele grew from 2,900 to 3,800 people, without any increase in sustainable funding. The clientele likely exceeds 4,000 people at this time;

- increased complexity: 75% of the people served have no work experience in Canada, compared to 58% in 2024. These needs require intensive support;

- economic impact: 80% of our clientele is of working age, 18 to 64 years old. Without intervention, this human potential risks remaining untapped.

Before moving on to our recommendations, I would like to draw your attention to one last challenge facing COFA: working in a minority environment. COFA comprises 41 training centres, and although this is a significant number, in certain regions of the province, some of our centres can be the only one offering training services in French in its community and sometimes the only one for hundreds of kilometres around. Thus, any interruption or reduction in services or even closure can be a heavy loss for Ontario's francophone community. In a minority environment, this equates to a weakening of communities and a concrete increase in their risk of assimilation and consequently their survival.

We have three main recommendations.

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

Ms. Gabrielle Lopez: Okay.

The first one is to establish a stable and equitable funding formula indexed annually to the cost of living, taking into account minority communities, as it is done for schools and post-secondary institutions.

The second one is to allocate an additional \$10 million annually to the 41 centres that offer Get SET in French to match the cost of living, meet increased demand, adapt services to the complexity of needs, raise salaries to address staff shortages, and initiate the technological shift.

And finally, the third recommendation is to strengthen the coordination and alignment of Employment Ontario programs. Better coordination would make it possible to more effectively refer clients to the appropriate programs, better identify the skills to be acquired or upgraded, and promote training pathways leading to sustainable progress toward employment. It would also help limit overlap by promoting the use of existing services—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. Hopefully you can get the last few words in in the question period.

We will now hear from the Champlain Region Family Council Network.

Ms. Grace Welch: My name is Grace Welch, and I am the chair of the Champlain Region Family Council Network. Thank you for the opportunity to once again speak to you about long-term care from the point of view of families and residents.

I've been an essential caregiver and volunteer in long-term care since 2008. I was also a member of the advisory panel for the 2020 Ontario Long-Term Care Staffing Study.

Our network is a volunteer group that supports family councils in the 58 long-term-care homes in the Champlain region, through information-sharing, education and advocacy. As the voice for concerned families, we also bring issues forward to all levels of government, with the goal of improving the quality of life and quality of care for residents in long-term care.

The Residents' Bill of Rights in the Fixing Long-Term Care Act begins with this statement: "Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality...." I want to speak to you today about what living in dignity means.

As I've mentioned many times to this committee, staffing levels and continuity of care still remain the number one concern of the families of residents. Living in dignity means receiving adequate care.

We were very pleased that as of 2024-25, the government now funds an average of four hours of care per resident per day. However, there was a recent freedom-of-information request which resulted in an article in the Trillium showing the hours of care by individual home from 2023-24. While many homes had achieved that standard or even exceeded it, which was good news, there were many homes that were well below. One home, in fact, provided one hour and six minutes of care, on average, per resident. It's a Southbridge home. This is the worst example, but many homes were providing only

slightly more than two hours of care, on average, per resident.

Most long-term-care homes, I think, as you know, report difficulty filling shifts for front-line staff. When I think of staffing in long-term care, I think of a pail with a hole in the bottom. You can train and hire all the nurses and PSWs you want, but if you don't address retention issues—the hole in the bottom of the pail—you're never going to be able to fill that pail. Money spent on training and recruitment is wasted.

We're particularly concerned given the October 2025 health care spending report from the Financial Accountability Office of Ontario that estimates a decline in the number of publicly funded nurses and PSWs in Ontario due to decreased health care funding. We are already feeling the impact. In the last two weeks in our region alone, two long-term-care homes, the Perley and Royal Ottawa Place, have announced significant staffing cuts.

We are asking that the government address retention. They need to invest in improved compensation, wage parity with other health sectors, improved benefits and working conditions in order to ensure staff are attracted and retained in the long-term-care sector.

1520

We also want to see public reporting of direct hours of care for each individual home, now currently hidden in an average taken across all homes in the province. We would like to see the Ministry of Long-Term Care work with the individual homes that have staffing challenges to develop strategies to address retention issues. This was a recommendation of the 2023 Auditor General report on long-term care.

Living with dignity also means the focus of care should be on the unique needs and preferences of each resident, what we call "person-centred care." This model empowers the residents, involves them in decisions about their care and respects their likes and dislikes. We recommend that person-centred care be the model of care across all homes and not just for dementia care, as specified in the recently passed Bill 121. Investment in this model of care results in improved quality of life for the residents, but it also creates a work environment that provides a high level of job satisfaction and improves retention.

Living with dignity also means having enough money to be able to buy some new underwear or new socks, get a haircut, buy your favourite snacks at the tuck shop once in a while. The comfort allowance for residents who qualify for a reduction in their basic accommodation fees because of low income has not been increased since 2018, when it went from \$146 to \$149. We want to see the comfort allowance increased immediately, with an annual increase linked to inflation.

Living with dignity also means living without fear of violence from younger residents who have mental health or addiction problems. Increasingly, long-term-care homes are being pressured to accept these residents, who pose significant challenges for staff and risk to residents. Homes struggle to provide age-appropriate programming, and many external behavioural resources, such as the

Royal Ottawa Hospital in Ottawa, will not accept residents under the age of 65. We support the 2023 Auditor General's recommendation that younger residents in long-term care be better supported and that the Ministry of Long-Term Care work with other ministries to assess whether there are more suitable living arrangements for younger residents.

Adopting person-centred care as a model of care requires that the ministry modify the existing, outdated building standard for long-term-care homes in order to create smaller, home-like environments that provide resident privacy and foster a sense of community.

The 2025 National Institute on Ageing report entitled There's No Place Like Home notes that small care homes are the norm in many countries, especially in Europe, have positive health outcomes for the residents, and create a positive work environment for staff. Alberta and Quebec have already started to develop these types of homes.

We also want to see homes constructed within the context of a provincial plan based on needs and community profiles—especially the needs of underserved populations such as LGBTQ+ and Indigenous communities. And we want to see non-profit ownership favoured when awarding licences and construction funds.

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

Ms. Grace Welch: Long-term care is more than just buildings—it should be about ensuring that the residents who helped to build and sustain their communities and paid taxes throughout their lives have the best possible quality of life in their remaining days. This requires committed government that recognizes the personhood and dignity that our older adults are owed and the need for a sufficiently resourced, trained, stable and motivated workforce that will help make residents needs and preferences the focus of care. So we're counting on you to ensure long-term-care residents in the province live their final days in dignity.

Thank you.

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

We'll start the first round of questions with the official opposition. MPP McKenney.

MPP Catherine McKenney: Thank you to all three of you for coming out and sharing with us the challenges that you're facing.

Grace, I want to turn to you first. I'm so pleased that you brought up the alternative models of care and the fact that we do need them before someone has dementia. We're all going to age, with any luck—with a lot of luck. It's what we want. We all want to age, because the alternative is not great, and yet we're looking off into this distance where we're not providing that dignity for people who require it in either home care or long-term care, if that's where they end up. Thank you for bringing that to our attention.

I do want to ask you about new communities like housing communities and mixed-income communities, mixed-use communities that we're starting to understand, when we redevelop some of our community housing—here in

Ottawa, for example, Gladstone lands, Rochester Heights, former Ottawa Community Housing neighbourhoods are being redeveloped into mixed-use and mixed-income so that you have people living together, children. There are schools there. There are seniors. There are perhaps long-term-care homes.

How do you see that fitting into everything that you're asking for—alternative models of care, retention for your staff—providing a better outcome for seniors as they age in place?

Ms. Grace Welch: I'll be submitting a more detailed written report, and one of the things I mention in that written report is the whole concept of making long-term care—integrating them into communities, which is what happens when you have those small-home models, because you can have smaller pieces of land; it's not built on these big scales. Too often, we are seeing in long-term care these huge, I call them, warehouses built on the outskirts where land is cheap, and that's not where people want to live. I just think of the joy of being next to a playground and hearing children play, or as a family member, being able to bring my mother over to the pool and watch people swim. I would love to see that.

I think if there is intention—if other provinces are starting to do it, if it's the norm in Europe, we can do it. And I really also want to emphasize, long-term care is a continuum of care. The whole goal is to try to give alternatives—but when it's there, it should be the best possible home for the residents. That's why I'm here today.

MPP Catherine McKenney: I would turn it the other way too—for children to have seniors in their community, to have that type of community anyway.

Ms. Grace Welch: Yes. And actually, at Perley, they are going to have a daycare centre. It's a wonderful initiative.

MPP Catherine McKenney: Absolutely. Thank you, Grace.

Lori, thank you for your presentation as well. Again, we've heard how much it is per day for a hospital stay, how much per day for home care. Do you know, just in terms of what it costs to keep somebody in hospital, the alternate care—what would it take for you to keep those people out of alternate-care hospital beds and in their home? What would we be looking at? I know you probably don't have specifics—but if you could paint us a picture of what that would look like, if you had the funding that you needed to provide the home care.

Ms. Lori Holloway: I appreciate the question. Thank you very much.

I have to make an important clarification for the committee.

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

Ms. Lori Holloway: We use phraseology of "home and community care," and I think decision-makers who are not living and breathing this may be confused. Home care and community support services are important components, but they are funded separately.

We've done some significant investments in home care, and I can, through another question, give you the numbers of how important that is and the results we've seen.

On the community support side, we are lagging. We've asked for a 10% increase, which is \$150 million. That's just dealing with catch-up, quite frankly. We could do a lot more to keep people out of ALC. You need to start thinking of it as discharge infrastructure. You have to have a roof over someone's head. You have to have a ride. There's got to be a PSW there to help them. There's got to be food in the fridge. If it's somebody dealing with dementia, they need that support; the caregivers need that support.

The Chair (Hon. Ernie Hardeman): We'll now go to the third party. MPP Fraser.

1530

Mr. John Fraser: I want to thank you very much for your presentations and your work.

Merci pour votre présentation. Je pose les questions en anglais pour les—for time, for the sake of time. You won't have to go through my translation in my head. It's a lot of work to come here, and it's a big effort. It's a day out of your work lives.

I'm going to start with Grace. I want to thank you very much for all the work that you do here in Champlain and all your advocacy, not just in Champlain, but for the province.

I'm glad that you brought up the comfort allowance because it's something that flies below most of our radar screens, as members. We see all the big stuff, but if you can imagine that you had \$149 to take care of personal things that you needed: stuff like clothes, a snack, a pencil, a piece of paper—

Ms. Grace Welch: A new coat.

Mr. John Fraser: A new coat. And it has been the same for almost eight years.

The challenge is, just in case people aren't aware—I think most of my colleagues probably know, but I didn't know until half a year ago, six months ago—that it's tied to the community and social services in terms of how that rate is set. I just don't think it's reasonable for us. We would have to take a look at how much money it costs across the board, but it's not reasonable to expect that that money is the same, and it does have an effect on the quality of life of people who are mostly in long-term-care homes within a couple of years of the end of their life.

I think that is something that the government should really look at and consider. It's an important thing to fix. It's not going to be the biggest-ticket item. Some of the things we are talking about in terms of transforming long-term care into smaller facilities—the challenge would be the capacity for our ability to do that.

Right now, we have been very, very dependent upon a system that is an equity-based system, where you build big buildings and you build the equity off of that. I don't know enough about what's happening in Quebec and other provinces in terms of who runs those homes. Are they individuals? Are they not-for-profits in communities? Are they government-run? How do they achieve that?

Ms. Grace Welch: I'm not entirely sure, but certainly, Ontario has the highest rate of for-profit homes of any province in Canada. I think, for the most part, it's probably publicly funded in the other provinces. I was looking at the National Institute on Ageing report, and it doesn't go into that level of detail.

Mr. John Fraser: That's the thing: How do you create those buildings? For a lot of the corporations, it's like a grocery store—its size. What's the most effective thing for us to do? And as you're saying, it doesn't work for people.

Ms. Grace Welch: Exactly. That's a whole thing. It also makes a better work environment, which is what the research shows.

Mr. John Fraser: Thank you very much. I will move on because I want to try to get through to everybody here—maybe twice.

Lori, we heard earlier, in terms of the ask for 10%—province-wide, will that be able to help you serve more clients? How much would that reduce wait-lists? The things that you're doing are very important.

We were just saying foot care—once you hit 60, you realize how important your feet are. They don't work—how bad that is and where you might end up.

Ms. Lori Holloway: Yes, you kind of need your feet to work.

It's 5% to base and 5% to growth. That's where the 10% comes from. So, yes, we can address both. We're dealing with some catch-up, but we're also going to address wait-lists. People are waiting for care, so the split of the 10%, 5%—

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

Ms. Lori Holloway: —to base and 5% to program growth could help us address those community needs.

Mr. John Fraser: Thank you very much.

I don't have enough time to ask you a full question, but I'll get you on the next round, Gabrielle.

I don't know if there's anything else that you would like to add?

Ms. Lori Holloway: I would love to talk about small care homes, but maybe we need to collaborate. We'll come back, because this is a great opportunity for not-for-profit, community support agencies that are already involved in housing seniors. I think the government needs to figure out how to have cross-ministry collaborations on housing subsidies and services. You have trusted partners in the community that are already doing this. At a small scale, we used to know how to do this in the 1970s, 1980s and 1990s. We were investing in co-ops. We had capacity in our sector. Because the funding dried up, that expertise has been lost. So we need funds to rebuild capacity on how to it—but it is doable.

The Chair (Hon. Ernie Hardeman): MPP Brady.

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

I'm going to start with you, Lori. I'm going to be a bit long-winded here, because I grow frustrated by this government continually talking about aging in place and asserting that seniors prefer to remain in their homes and that it's more cost-effective—which it is; it's all true.

As you have told us and other presenters have told us, the reality is that we are, as my colleague from the NDP said, all going to get older—hopefully—and some of us are requiring these services for our parents right now.

I want to talk about the ALC bottleneck. For far too long, ALC patients have been contributing significantly to hospital overcrowding and, obviously, wait times. We are forcing seniors into the most expensive part of our health care system unnecessarily.

I will cut to the chase here: I truly believe that if we as policy-makers fix community services and if we fix—and I know they are two separate things—home care, we will create this amazing ripple effect right through our entire health care system.

My question to you is—if you've worked out the numbers on what the savings are. I know what you're asking for, but have you worked out the reverse, on what the savings are to this government, if we actually made those community investments? And what is the biggest disconnect between the government's messaging and the lived reality?

Ms. Lori Holloway: Wow. I wish I had more time.

Your net savings, if we're talking about home and community care being at about \$120 a day, and your ALC bed is—our documentation is \$130; I've seen numbers go up to \$1,000, so seven times the cost that you could be saving. When you look at the costs of building a long-term-care bed, I believe the numbers are about \$500,000 a bed. That is a hell of a lot of service that we could deliver in the community.

We're at the point now where we can't build our way out of this problem. We can't build enough hospital beds. We cannot build enough long-term-care beds. We are fooling ourselves to think we are not in a crisis. If we've got 48,000 seniors on a wait-list for long-term care and we have only built 3,000, we can't build our way out of this.

Plus, people want to be in their home. We've got lots of data—I can share the National Institute on Ageing data: 78% of seniors in Ontario say, "I want to stay at home." So why aren't we creating the programs and having a real strategy around aging in place? Stop doing these ad hoc—there's a hospital-to-home here; there's a Home At Last there. It's all piecemeal. Actually have an aging-at-home strategy and fund it appropriately; you are going to see savings in the system. We've got data from a survey of hospital CEOs—

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

We'll now go to MPP Sarrazin.

M. Stéphane Sarrazin: Thank you to all of you for your presentation.

Je vais commencer avec la COFA. J'ai rencontré Gabrielle. Merci à Renaud et Sylvie pour être ici en ligne avec nous. Je pense que j'ai eu la chance de vous rencontrer et puis j'ai compris le message clairement quand ça vient au financement de base, quand ça vient au financement stable. Vous représentez plusieurs organismes francophones.

Mais je pense, au-delà de tout ça, ce que j'ai trouvé très important—and j'aimerais peut-être ça que vous élaboriez là-dessus—c'est l'amélioration de la coordination au sein des programmes avec Emploi Ontario. Parce que je pense que ça devrait commencer avec vous. Vous me l'avez dit : c'est vous qui êtes vraiment capables d'évaluer les gens, à savoir où est-ce qu'ils en sont, pour pouvoir ensuite leur trouver des formations pour pouvoir les ramener à l'emploi.

Et peut-être—je ne sais pas. Je vais dire que j'ai eu la chance de vous rencontrer et j'ai eu la chance, même, de visiter Sylvie, qui est dans ma circonscription, qui offre des services depuis longtemps, et j'étais très impressionné.

Je dois dire que, quand on est représentant d'une circonscription, on comprend la réalité dans notre circonscription, qui n'est pas nécessairement la même réalité que les autres circonscriptions. Je dois dire que chez nous, si on parle de Sylvie, son organisme est très proche avec le Centre de services à l'emploi, avec les autres organisations, ce qui fait que c'est une formule vraiment gagnante.

1540

Je me rappelle que quand j'étais maire puis président des comtés unis, à l'époque on avait commencé avec ce qu'on appelle le « community safety and well-being plan ». Je pense que c'était une belle formule pour asseoir vraiment tous les organismes à la même table, puis faire sûr qu'on ne double pas les services. Tu sais, souvent il y a des organismes qui viennent nous voir puis disent : « moi, j'aurais besoin de l'argent du gouvernement pour faire ça », mais c'est quelque chose qu'un autre organisme fait déjà. Fait que, peut-être vous entendre à savoir vraiment l'importance d'avoir une bonne relation avec Emploi Ontario pour pouvoir faire partie du système de ramener les gens à l'emploi, si vous voulez.

Mme Gabrielle Lopez: Avant de donner la parole à mon collègue Renaud là-dessus, je veux juste dire que vous avez deux représentants ici qui travaillent de près avec Emploi Ontario et Ontario travail, mais ce n'est pas le cas partout en province. Parfois ce sont des questions de géographie, de personnalité, d'enjeux d'autres ordres. Alors ça, ce n'est pas toujours possible. Fait que, on travaille, nous, à les appuyer pour améliorer cette situation.

Renaud, je ne sais pas si tu veux parler de justement l'évaluation, la coordination—

M. Renaud Saint-Cyr: Oui, merci. Je vais essayer de ne pas prendre trop de temps. Merci pour la question.

Premièrement, se rappeler que les programmes comme les nôtres, ça s'appelle des programmes parcours Réussite. Avant ça, c'était « alphabétisation et formation de base ». On fait partie d'Emploi Ontario. On est la partie formation et éducation d'Emploi Ontario.

Par contre, ce qui manque, et c'est peut-être un manque dans les contrats avec les programmes à l'emploi et maintenant avec les SSM, c'est effectivement qu'il n'y a pas de mécanisme de référence envers les programmes de formation d'Emploi Ontario, qui sont les programmes de parcours Réussite. Ça, ça rend la tâche très difficile. Les programmes à l'emploi—dépendant de la place dans la province, là; ce n'est pas exactement comme à Ottawa—

n'ont pas d'outils réellement pour évaluer les besoins de leurs clients pour ce qui est des compétences essentielles, et effectivement sont souvent découragés de même l'idée de référer à un programme, effectivement, de formation d'Emploi Ontario parce qu'ils pensent que ça va prendre trop de temps, ce qui n'est pas nécessairement le cas. Donc, sans avoir, effectivement, un type d'évaluation ou un type de mécanisme qui est forcé sur les agences à l'emploi, les forcer d'utiliser les services de formation d'Emploi Ontario, ça va très mal. Ça va très mal, effectivement.

Ça ne veut pas dire que, nous, on ne fait pas notre job. Ça ne veut pas dire que, nous, on n'atteint pas nos cibles. Mais ça veut peut-être dire, effectivement, que les programmes à l'emploi et les SSM en général, les cibles qu'ils atteignent ne sont peut-être pas des cibles qui vont rester des cibles à succès. L'idée, ce n'est pas juste de trouver un emploi. L'idée, c'est de trouver un emploi et d'avoir les outils pour ou bien le garder, ou bien, si on le perd, on est plus facilement capable d'en trouver un autre. Alors, c'est vraiment une question réellement de compétences essentielles vers l'emploi.

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

M. Renaud Saint-Cyr: Alors, vraiment, ça a toujours été une difficulté. Ce l'est encore. Il faut probablement que le gouvernement s'implique, que le ministère s'implique pour essayer contractuellement de forcer les SSM et les agences à l'emploi de réellement se mettre à la table, puis de créer un mécanisme de référence envers les programmes parcours Réussite.

M. Stéphane Sarrazin: Merci. Je ne sais pas si Sylvie voulait rajouter quelque chose.

Mme Sylvie Leclair: Je suis d'accord avec Renaud, mais comme tu disais aussi, Stéphane, dans la région de Prescott-Russell, on est vraiment une exception. Il y a certaines raisons. Comme, à Hawkesbury, on est dans le même édifice que le Centre de services à l'emploi Prescott-Russell. Ça facilite aussi la communication et les apprenants viennent nous voir directement en bas. C'est une relation qui date de plusieurs années, mais ce n'est pas tout pareil. Comme, si je regarde à Cornwall, où j'ai un site, c'est plus difficile avec les agences au niveau du placement à l'emploi, et à Ottawa aussi.

The Chair (Hon. Ernie Hardeman): That concludes the time, and I would ask the last speaker if she would give her name. She didn't get it at the start, so if she could add it to the record, that would be appreciated.

Ms. Sylvie Leclair: Sorry about that. My name is Sylvie Leclair.

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

We'll now go to the official opposition. MPP Pasma.

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

Madame Lopez, nous avons une pénurie de main-d'œuvre francophone en Ontario, et ça contribue à un manque criant de services en français pour les Franco-Ontariens, y compris en soins à domicile, soins de longue durée, mais aussi soins de santé primaires dans les garderies,

etc. Comment est-ce que la formation des adultes peut aider à combler cette pénurie, et comment est-ce qu'un financement adéquat et stable aidera à combler cette pénurie?

M^{me} Gabrielle Lopez: Merci pour la question. Je te la repasse, Renaud, parce que tu as de bonnes réponses là-dessus avec ce que toi tu vis dans ton centre et le nombre de personnes qui passent chez toi qui sortent de l'assistance sociale, finalement.

M. Renaud Saint-Cyr: En fait, à Toronto, en général, la clientèle est une clientèle qui vise l'apprentissage ou effectivement les études postsecondaires, particulièrement collégiales. Alors, bon nombre de la clientèle de ce programme, effectivement, se rend justement vers les soins de longue durée. Ça mène à ça. Et c'est vrai : on est capable de prendre quelqu'un à un niveau de troisième année, et en moins d'un an, il serait prêt. Il aurait le prérequis minimum pour être accepté dans un programme collégial et en très peu de temps aurait effectivement les compétences essentielles, le diplôme ou la certification pour travailler dans toutes sortes de programmes qui gèrent la santé et les soins de santé de longue durée.

En plus de ça, bien sûr, quand on sort de ce type de système, ça veut dire qu'on est aussi compétent en anglais et en français. Une fois qu'on sort effectivement du système entièrement, on a trouvé l'emploi.

Alors oui, je trouve que c'est excessivement important. C'est aussi excessivement important d'offrir un service pour les clients—de tels services, en plus—puisque ça les aide effectivement à avoir beaucoup plus d'indépendance dans leur vie. Je trouve que c'est carrément primordial d'offrir de tels services. Je pense que, pour moi, c'est ça.

M^{me} Gabrielle Lopez: Oui. Merci, Renaud. Le centre de Renaud est particulier parce qu'il est en plein centre urbain à Toronto. On a des centres, par exemple, à Cochrane, qui travaillent avec d'autres types de clientèle—par exemple, des itinérants—and ils doivent travailler pour leur permettre d'accéder à l'apprentissage. Il y en a qui ont cherché à aller loger, à faire l'épicerie avec eux, leur apprendre comment gérer leur budget pour éventuellement les mener vers un poste de mécanicien.

Puis il y a d'autres types de clientèle : des gens aux prises avec des problèmes de dépendance à la drogue, à l'alcool. Alors on a une variété de clientèle. Il y en a qui sont en emploi; il y en a qui sont faiblement alphabétisés ou qui ne savent pas lire et écrire—de moins en moins de ceux-là, mais nos clientèles sont variées et on doit travailler de concert avec différents organismes dans la communauté pour trouver les expertises qu'on n'a pas, et pour nous appuyer à amener ces gens-là vers l'emploi et vers de meilleures conditions de vie.

Ms. Chandra Pasma: Merci beaucoup. I'm going to pass it over to MPP Bell.

Ms. Jessica Bell: My question is to Lori Holloway. It's nice to see you here.

We share the requests that you are making to the government to bring in wage parity and to increase investment in the home and community care sector, so thank you for raising these today.

I have two very specific questions. One is about the \$103 a day that goes to home and community care. What kind of services would an individual living at home receive if they were receiving the average amount of home and community care support? What would they get?

Ms. Lori Holloway: We're probably talking about an hour of personal support services, probably support around rise and retire—so getting out of bed, getting dressed, making sure there's some food prep done, and the same kind of routine in the evening. You can add in an extra hour or two in the week for someone to come in and do bathing and laundry. We're talking about a Meals on Wheels delivery maybe once or twice a week. Transportation services—a number of these services have a fee associated with them, and it could be a visit to an adult day program.

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

Ms. Jessica Bell: Thank you.

That's a very practical summary.

The second question I had—and just because of the time, this is a question to Grace from the family council network.

Thank you for your work. I share some of the concerns that you've raised about the need for increased transparency in long-term-care homes, including for-profit long-term-care homes.

Can you outline some of the measures you think the government should take to ensure that if you are a loved one looking at putting maybe your mom or dad into a long-term-care home—what information should they be able to get?

Ms. Grace Welch: The first thing is the staffing levels. That's probably the most important. I certainly would not want to put my loved one in a home that's offering one hour of care when they're getting funded for three hours and 45 minutes. There are also the inspection reports, which are publicly available, but they're very challenging to read—

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

1550

MPP Fraser.

Mr. John Fraser: Do you want to finish the answer to the question?

Ms. Grace Welch: The inspection reports sometimes, though, are a little misleading, because some of the very best homes self-report—also, you fought very hard to get your loved one into that home, and you're watching things like a hawk, so it's sometimes a little bit misleading.

I also would really want to know whether they're implementing person-centred care, where they are in that, because that's probably the most important indicator for quality of life—being treated with dignity and respect.

Mr. John Fraser: We may all need to know that at one point, so it's very much appreciated.

Ms. Lopez, thank you very much.

Je suis désolé de parler en anglais. We just don't have that much time. I don't want to take up too much time.

I know you're talking about sort of a broad-based approach to the coalition of all the partners. I'm more interested in regionally—if there are regions that are weak in terms of francophone services, that you would like to see built up. What are they, and what things need to happen there?

Ms. Gabrielle Lopez: Well, the regions are very different. Ontario is vast, and in the eastern region, there's a density of population that is francophone. They are closely knit together, so it's easier for them to some degree. They have different kinds of challenges. But if you look at the northern region, which is so vast, it's very difficult to connect everybody and that's a challenge, and they are weaker. Even within the government, it's difficult for them to find human resources to occupy jobs which support some of our centres; it's difficult for centres. It's already difficult for anglophone organizations to find and recruit proper resources. So imagine when you are a smaller group, like the francophones. And if you're in a wide area like the northern parts of Ontario, access is more difficult, retaining people is more difficult. We have the same issues; it's just a different kind of impact for us.

Mr. John Fraser: Yes, I understand the vast area and the lack of density and population.

In Toronto, for instance; in Niagara—in those regions, how do you find, in terms of your ability to support the people you're trying to help?

Ms. Gabrielle Lopez: Well, I'll let Renaud speak for Toronto, because he's living it every day.

Mr. Renaud Saint-Cyr: Thanks. I've been in the job for about 40 years.

Outside of the GTA, it's certainly a bit more difficult, obviously; but even in a big city, the problem, in the end, is funding. There has not been an increase in funding—and it was inadequate even then—since 2014; there has not been even an increase for inflation. That makes it about impossible to compete with anyone for employees. It's almost impossible to maintain quality of employment. It's impossible, almost, to pay for rent which, as you know—Queen's Park is in Toronto. Rents are astronomical.

All of this makes it increasingly difficult for an agency like this, or any kind of an agency, to actually survive and keep offering, surpassing or fulfilling the contractual obligations of the province. We're able to do it, but we do it in impossible ways, with a very, very small staff, and it's not something that we're going to be able to maintain like this for another decade. At some point, there needs to be a serious cash infusion, specifically since not only do we surpass—but in our case, we're sending everybody to post-secondary education, apprenticeship, and into jobs.

And Employment Ontario will work better, if there's a bit of a hint and an assessment that somebody might need these essential skills—certainly, it would be better, and would save a fortune for the province if they used this kind of service in French or in English, and basically got people into essential skills, and then put them in the employment programs, and then put them in the job market.

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

Mr. John Fraser: Thank you very much.

Is there anything else you would like to add?

Ms. Gabrielle Lopez: I think we've touched on most of the issues.

Essentially, we're looking for operational funding. Our needs are not that different than my colleagues here asking for operational funding, and not just, in our case, program development funding—because we can't develop programs if we don't have enough money to hire staff and retain staff and pay for all the rents and all of that. So that's the challenge for us. We're a small program within Employment Ontario. That's why we come here to you—to make you aware of the situation.

So thank you for your time.

Mr. John Fraser: Thanks very much, all of you, for presenting today.

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

Ms. Bobbi Ann Brady: Grace, I just want to thank you for once again talking about the wage parity issue. We've heard it over and over here at this committee. I have a saying, that a tree cannot stand if its roots are rotten. I'll leave it at that.

Ms. Lopez, thank you for coming. I'm about to embark on French classes very soon, so hopefully next year at this time I won't need to translate so much.

I want to go back to Lori. You were about to talk about a report or data from CEOs, and I wondered if you wanted to finish that thought.

Ms. Lori Holloway: Yes, I would love to. This was an Ontario hospital CEO survey that captured hospital leaders across the province, what they're seeing daily, and I'll share some of their quotes—so these are the power brokers in the system, not us poor cousins.

"The concept of alternative level of care beds in hospitals must end; these patients need community-centred, appropriate environments."

Next quote: "Our wait-list for long-term care is 10 times our current capacity, and over 60% of our ALC patients are awaiting" long-term-care "placement."

Next quote: "Home care must become a core, funded, and reliable element of our health care strategy to relieve acute-care pressures."

Next quote: "Our community home care resources are almost non-existent; we're forced to provide services traditionally outside our scope and are creating a constant readmission cycle for elderly patients."

Next quote: "We're all staring at the person drowning in the river, and nobody is actively working on making sure that they put on their life jacket upstream."

Next quote: "We are seeing an influx of elderly patients living alone and isolated, coming to the emergency department with non-acute concerns. Sometimes, non-health care related concerns. They're looking for a meal, they're precariously housed, or they're alone with no one to talk to."

Next quote: "We're seeing caregivers stretched to their limits. There's often very little respite, very few breaks, and this inevitably leads to caregiver burnout"—

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

Ms. Lori Holloway: —“which, in turn, leads to higher admissions to hospital as the care network at home breaks down.”

Last quote: “We need a fundamental shift in how society views aging and caregiving. Elder care must become a communal responsibility with proper investment, rather than relying solely on the dedication of family members.”

These are quotes from hospital CEOs from all across the province.

It is time to invest properly in home and community care. Otherwise, we are not going to have a sustainable health care system.

Thank you for your question.

Ms. Bobbi Ann Brady: You’re absolutely correct; we’re not going to build our way out of this crisis, because we’re not building LTC either.

I’m waiting on sympathy from this government to expand one of my homes that was given approval many years ago, and there they sit, spinning their wheels, while the rest of the services in town suffer.

Ms. Lori Holloway: So how about we take the money that—if we could magically build—

Ms. Bobbi Ann Brady: Put it back in the community.

Ms. Lori Holloway: —and give everybody that envelope of funding that would be equivalent to the care in long-term care and—

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

MPP Sarrazin.

Mr. Stéphane Sarrazin: I’m going to ask a question to Lori—and, of course, I wish I had enough time for Grace.

I spoke about the community safety and well-being plan when I was speaking to Gabrielle in French.

Maybe I should have done a little bit more research on your organization—

Ms. Lori Holloway: We can chat later.

Mr. Stéphane Sarrazin: Yes.

You say you represent 200 non-profit organizations, so are you overseeing or—because when you were talking about service to seniors, something that wasn’t brought up is, the ministry of seniors, in my riding, for example—we gave a lot of funding to municipalities to actually go ahead with programs for seniors, to keep them active. That’s nothing I’ve heard from you. I’m just wondering, are you part of the main organization or are you working locally with municipalities, and are you aware of all that?

And these community services that are provided in my riding—we like to sit with all the people from the organization to make sure that they understand their role and they’re not double-dipping. Some of the people come to us often and say, “Oh, I want to offer these services.” I tell them, “Well, these services are actually offered by this organization.” I just want to know your thoughts about all of this and how it’s going.

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Ms. Lori Holloway: Those are great questions. Thank you.

What you’re describing are the active living centres for seniors, and that’s funded under a separate ministry. The

providers I represent are funded by the Ministry of Health. Home care is funded by the Ministry of Health, as well as community support services. The active living centres are funded by the Ministry for Seniors and Accessibility. They work together. They collaborate together. There’s often an intersection in the folks we’re supporting, but we’re actually under separate ministries. I’m the association that represents those not-for-profit providers in home care and community support services. I hope that answers the first part of your question.

To the second part about double-dipping: We do have rules. Ideally, we organize services in catchment areas. Traditionally, way back when many of these organizations were set up, we had regional offices and district health councils—then we had LHINs, and then we had Ontario Health. But way back when, service catchment areas were designed so that we weren’t having the crossover of more than one agency providing the same kind of service to the same people. There may be interest from a number of agencies. I don’t know if the folks who are coming to talk to you have an existing M-SAA contract, a formal contract with the ministry to provide these kind of services—or for somebody looking to net-new start a business or get involved. Government requirements are such that only not-for-profit agencies can deliver community support services. So that’s number one. If there’s private interest to participate, that is not allowed.

Number two, if there’s demand in the community and they’re looking at growing their services, they could look to collaborate with the existing providers first and, if there’s still a demonstrated need, look at how they could partner and work together. Something that’s really interesting about home and community care is that there’s a deep history and a culture of partnership, of working together, so I would imagine that maybe some of these conversations are already happening.

Mr. Stéphane Sarrazin: When we’re talking about \$103 a day, how many hours of service are provided to the people at home in that?

Ms. Lori Holloway: It depends on what their needs are. If you do not require Meals on Wheels and you have an active caregiver participating and supporting you, you may only be requiring personal support. That could be two or three hours of personal support a day. Another person may need a whole basket of service. The arrangements, the care plan, the service plan are designed on the individual needs of the person. What we should be aiming for is making sure that that basket of service is available in every single community—

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

Ms. Lori Holloway: —so we should be looking at strategies around community-first. Look at what Europe is doing. Any net new dollars have to go to the community first, because if not, we’re just going to continue to default and fund the most expensive parts of the system.

Building out community wellness hubs: We have excellent examples of where this is happening around the province, and they’re showing great results that keep people out of hospitals and long-term care.

Investing in naturally occurring retirement communities and coordinators: Where we have a naturally occurring community of seniors, give them a coordinator that then curates programming and provides support in retirement communities or buildings where there's a large grouping of seniors.

All those kinds of examples we have put in our pre-budget submission. Quite frankly, this is common sense.

Mr. Stéphane Sarrazin: I just was wondering, because you work mainly with the Ministry of Health—

The Chair (Hon. Ernie Hardeman): Thank you very much. That's the end of time for the questions and also the panel.

I want to thank everyone involved—both virtually and people at the table—for taking the time to prepare for this presentation and so ably delivering it. It's sure to be of great assistance as we review results from our public consultations. Thank you very much for being here.

MEDICAL LABORATORY
PROFESSIONALS' ASSOCIATION
OF ONTARIO
OTTAWA CATHOLIC
TEACHERS/ONTARIO ENGLISH
CATHOLIC TEACHERS' ASSOCIATION
PERLEY HEALTH

The Chair (Hon. Ernie Hardeman): Our next panel coming forward: Medical Laboratory Professionals' Association of Ontario; Ottawa Catholic Teachers/ Ontario English Catholic Teachers' Association; and Perley Health.

As in the previous panels, you will have seven minutes to make your presentations. At six minutes, I will say, "One minute." At seven minutes, it will be all over.

We'll have the first presentation from the Medical Laboratory Professionals' Association of Ontario. The floor is yours.

Mr. Dennis Garvin: Good afternoon, honourable members of the Standing Committee on Finance and Economic Affairs. Thank you for taking the time to come to Ottawa today to hear about our community priorities. I hope you had a restful holiday break.

I am Dennis Garvin. I'm the CEO of the Eastern Ontario Regional Laboratory Association, which is a member-based, non-profit organization operating 18 licensed acute-care, hospital-based labs that service clinical programs across the Champlain sub-region of eastern Ontario.

I'm also here today on behalf of the Medical Laboratory Professionals' Association of Ontario, or MLPAO for short. MLPAO advocates on behalf of medical lab professionals, including technologists, technicians and assistants.

Medical lab professionals are critical to health care delivery. They test and interpret over 280 million lab tests annually in Ontario for thousands of conditions; that includes cancer, diabetes and heart disease. This is critical for diagnostics, precision therapies, and so much more. These tests are essential for timely prevention, screening,

treatment of disease and surveillance. In fact, medical lab professionals are the fourth-largest health care profession after doctors, nurses, and pharmacists.

Since the pandemic, our hospitals, public health and also our community labs continue to experience significant labour shortages. Across Ontario, 37% of MLTs are approaching retirement in the next few years. According to a recent survey conducted in the fall by the MLPAO, 68% of Ontario labs continue to experience shortages. Some 44% of labs say MLT staffing shortages have stayed the same or worsened over the last year, and 40% said that these shortages are adversely affecting turnaround times for testing.

Locally, here in our region, MLT recruitment certainly remains challenging, for rural and remote positions particularly. In our sub-region here in eastern Ontario, of Champlain, 39% of our casual positions in remote locations are vacant. This poses a significant burnout risk and a challenge for staffing that can impact service stability and our ability to support care in the region, in the event of unexpected vacancies.

More medical lab training programs are being brought on by Ontario post-secondary institutions, and we're really grateful for that, but our labs are not always able to take and train students due to that shortage that I mentioned. In fact, 37% of labs that currently do not take students indicate that they would be able to if funding for a trainer was provided. In other health care professions, those are commonly called preceptors.

Currently, within our eastern Ontario regional labs, we take on 16 student placements per year. If funding was available for preceptors, we'd be able to double that and optimize training.

Student placements are also limited in the context of rising demand and complexity for testing. Our staff need to make sure they're prioritizing turnaround times for really critical acute care in our hospitals, making this burden even more challenging.

The MLPAO is proposing a modest but effective solution to the budget submission this year. We're asking for a one-time, time-limited investment of \$6 million over three years to hire about 130 preceptors, train 1,300 students, and alleviate these labour shortages, especially in our rural and northern labs. MLPAO was all ready to implement this solution already. We have part-time and recently retired MLTs who have come forward looking to help support the profession and to give back through training and supporting students, hands-on.

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This opportunity also complements our government's recent investments in the Learn and Stay grant and the addition of 700 MLT seats to help MLT recruitment and retention across the north, east and southwest regions of the province. This solution will offer students a better experience, with dedicated time and training to build their confidence and independence, which will help foster retention within the organization and across regions. It will also help the current operational strains on this specialized

labour force as they manage those daily pressures and the demand for lab services.

To close, this investment really does build on a trained-in-Ontario solution to a North American-wide professional shortage, and it will ensure sustainable access to diagnostic testing, preserving a cornerstone of quality health care for patients across the province.

Thank you for taking the time to hear our proposal. We hope we can count on this government's support and hard work through this year's budget.

The Acting Chair (MPP Bill Rosenberg): Thank you very much for your presentation.

We will now move on to the next presenter: Ottawa Catholic Teachers/Ontario English Catholic Teachers' Association, Mary Catherine Hogan.

Ms. Mary Catherine Hogan: My name is Mary Catherine Hogan. Thank you for allowing me to speak to you today. I am a Catholic teacher and the local unit president of OECTA Ottawa. I am here representing over 5,000 permanent and occasional teachers working from kindergarten to grade 12 in Ottawa's publicly funded Catholic schools.

This is my 25th year in education. Over the years, I have seen first-hand the devastating impact chronic underfunding has had on our students and in our schools. Over-crowded classrooms, a severe lack of student supports, a dramatic increase in violence in schools, a teacher recruitment and retention crisis, and schools in physical disrepair are the result of underfunding public education for years, and students are paying the price.

Teachers try their very best every single day to reach all of their students and to connect with the learners in their classrooms.

When I speak with teachers working across the city, one thing is clear—and this is true from Barrhaven to Vanier, from Stittsville to Orléans: Students are coming to school with more complex needs than ever before, presenting as learning gaps, mental health concerns and violent behaviours. It is becoming increasingly difficult for teachers to meet the needs of all students, especially in large classes. Teachers and educational assistants need to constantly triage support, meaning that students with equally important but less-immediate needs do not always get the time and attention that they require to succeed.

Students in our schools deserve one-on-one attention and dedicated small-group support. We cannot leave our most vulnerable students behind. The government must invest in smaller class sizes so that every student gets what they need to reach their full potential.

In addition to smaller class sizes, we need the government to prioritize real investments to support students with special education needs and prioritize mental health and well-being.

One special education resource teacher I spoke with shared how underfunding has created a backlog in special services like speech and language interventions and psychological assessments. This directly impacts student learning and means that some students with specific learning needs are not receiving the support they require.

At one school, there is a list of 16 students who require speech therapy, and not one student is receiving any. There is no speech pathologist available. Eleven of these students have been on a wait-list for school-based services for over two years.

When I speak to colleagues, there is a common theme, and that is that the kids are not okay.

One particular conversation that has stuck with me is a call from a teacher, distraught after one of their fourth-grade students disclosed that they were considering suicide. Sadly, this is not an isolated incident.

Schools are facing a mental health crisis.

Perhaps the most tangible example of the critical need for mental health supports is the increase in violent incidents across Ontario.

In recent years, Catholic teachers have seen a dramatic increase in violence and harassment, all of which is taking a physical, psychological and emotional toll on both students and staff. Teachers have been bit, kicked and hit. They have had chairs and books thrown at them. They have reported students bringing weapons to school and making threats to harm staff and other students. Teachers have had to evacuate their classrooms to keep other students safe when a student is in crisis and could potentially harm others.

Teachers know that violent incidents are often calls for help from our most vulnerable students.

Government underfunding has contributed to the rise in violent incidents, as schools contend with fewer professional supports, like social workers and psychologists.

At one school, the resource team has been informed that they will receive only one more psychological assessment this year; they have 11 students on their school wait-list.

Another impact of chronic underfunding is a teacher recruitment and retention crisis. Beginning teachers are feeling overwhelmed, and I hear from teachers early in their career who have made the difficult decision to resign. I've also spoken with experienced teachers who are retiring earlier than anticipated, deciding that the toll teaching is taking on their health and well-being outweighs any financial impact of a reduced pension.

There are currently over 40,000 teachers with OCT certification choosing not to work in Ontario schools. This is resulting in uncertified and unqualified individuals covering classrooms. When schools rely on unqualified people, student learning suffers and student safety is at risk.

The government needs to work with stakeholders to develop a plan to address the recruitment and retention issue in Ontario schools.

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

Ms. Mary Catherine Hogan: In closing, I want to once again advocate for every student and teacher to have access to the resources they need to thrive in schools that are healthy and safe places to learn and work. This cannot be done without real investments in public education.

The 2026 budget is an opportunity to best support our students—one that Ontario cannot afford to squander.

A real plan to protect Ontario, to invest in our future, must focus on healthier schools for students and staff alike.

Our students are the future of Ontario, and they deserve better.

Thank you. I would be happy to take any questions.

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

We now will hear from Perley Health.

Mr. Akos Hoffer: Thank you for inviting us to this committee this afternoon.

Let me begin by saying a few words about Perley Health.

We provide a continuum of seniors care here in Ottawa, with a specialization—

The Chair (Hon. Ernie Hardeman): Excuse me. Could you start by introducing yourself?

Mr. Akos Hoffer: I am Akos Hoffer, chief executive officer of Perley Health.

Perley Health: We specialize in the care of veterans of the Canadian Armed Forces, and we are also open to members of the community. We operate one of Ontario's largest long-term-care homes. We currently have 450 long-term-care beds on our campus here in Ottawa, and we are planning to construct an additional 120. We also have 139 independent living apartments for seniors. We're a non-profit organization, and we are affiliated with a registered charitable foundation. We employ roughly 900 highly skilled and dedicated staff.

Of the many topics we could raise today, we decided to focus on the assisted living services for high-risk seniors' program, which is funded by the Ministry of Health. Perley Health has been delivering this home care program on behalf of the government of Ontario since 2011. When established providers like Perley Health deliver assisted living services, the benefits to the community are both substantial and multi-faceted.

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Perhaps this is best illustrated by a patient story. Margaret was widowed at age 89 after several years of caring for her husband at home. You probably know someone just like this. She found herself living alone, with an increasingly long list of medical issues and reducing mobility. These issues made it harder for her to bathe, to buy groceries, to cook, to clean, to attend medical appointments, and to stay on top of her medications. These are exactly the kinds of issues, when they add together, that create a great deal of risk and usually leave no other option than admission to long-term care. Seniors quickly become isolated and malnourished. Often this leads to a fall, which results in a serious injury, followed by hospitalization and admission to long-term care after a lengthy wait. But because of the assisted living services program and the care that was provided in her home, Margaret was able to stay in her home. It's a program that, at very, very low cost, helped her to retain her independence and to keep her home. She could count on daily visits from Perley Health staff, tailored to meet her needs and to keep her safe at home.

The demand for long-term care is increasing so quickly that even with all the new beds being built, the wait-lists

are going to continue to grow. Assisted living services is a very cost-effective way of keeping those wait-lists shorter. In many cases, these seniors avoid long-term care entirely. In others, long-term care is only needed later, because they were able to stay independent longer. Assisted living helps ease the massive pressure that long-term-care homes are experiencing.

Appropriate funding for assisted living services benefits the government of Ontario by enabling seniors to age at home rather than needing much more expensive long-term care or resorting to overcrowded hospital emergency departments. We achieve economies of scale and valuable knowledge transfer by using the capacity of our workforce and our expertise in applying them to community-based care.

In spite of all these benefits, the assisted living program is severely compromised by chronic underfunding. Perley Health is having to make very difficult decisions about our continued delivery of the program if funding is not substantially increased in the next fiscal year and onwards. We're not alone; far from it. The Ontario Community Support Association, who you heard from earlier today, reports that about two thirds of current providers are experiencing the same financial shortfalls, and one third of current providers are seriously considering dropping out of the program. If this happens, the system-wide implications will be calamitous, and it will be unjust and extremely unfair to the individuals who are receiving the service.

The assisted living services program is funded and managed out of the basket of home care programs administered by the Ministry of Health and Ontario Health. Unfortunately, the program appears to be orphaned and is given little attention by the ministry.

Because of underfunding, Perley Health now only serves 84 clients in the assisted living services program. This falls far short of actual demand, and we would be prepared, with appropriate funding, to more than double that number. Last year, we ran the program at a deficit of approximately \$500,000. Thankfully, Ontario Health covered that deficit. While we're grateful for that support, I suggest that retroactive, ad hoc covering of deficits instead of an appropriate funding model is not prudent expenditure policy. We used to serve 100 seniors in this program but have had to cut that to 84 over the last five years.

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

Mr. Akos Hoffer: In that time, the seniors population has grown by roughly 20%.

To sum up, Perley Health is pleading with this committee to support and revitalize the assisted living program by doing three things: first, standardizing funding agreements so that all providers are funded at the same level, rather than when they signed those agreements; second, increasing base funding by 15% in fiscal year 2026-27, with annual adjustments after to keep up with inflation and to help grow the program; and third, increasing program funding to reduce existing wait-lists.

Thank you for your attention. You're all welcome to visit our campus any time, and we welcome any questions you may have today.

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

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

Mr. John Fraser: Thank you very much for being here and all the work that you put into your presentations. It's very much appreciated.

I want to apologize; I'm not going to be here for the second round of questioning because I am in charge of nine- and 11-year-old boys today. I have to get them home from after-school, and I don't want to get in trouble with the after-school folks. You would know, Mary Catherine, what that's all about.

Mr. Hoffer, thank you very much. I fully support your asks and your request. The work that you do, I've seen, and it's good value. It improves people's quality of life.

Mr. Garvin, I'm not unfamiliar with your ask because I think I've talked to you over a number of years. It makes sense.

I do have a question now. Where do most of your trainees come from? What's the feeder? What system—universities, colleges, high school?

Mr. Dennis Garvin: Unfortunately, here in eastern Ontario, we no longer have a training program for medical lab professionals on the technology side. Our primary training institution is St. Lawrence College in Kingston. But we do, here in eastern Ontario, support trainees from other colleges across the province, including Toronto and the north as well.

Mr. John Fraser: We had a program here in Ottawa that we no longer have?

Mr. Dennis Garvin: That's correct.

Mr. John Fraser: That was at, I think, Algonquin College?

Mr. Dennis Garvin: Correct.

Mr. John Fraser: It's relevant to earlier testimony.

Mary Catherine, thank you so much. Your presentation was great.

I've had a chance to meet with many teachers, parents and administrators, all sorts of folks, and so has my colleague MPP Pasma—a lot. Everything that you're saying is exactly right. Schools are not safe places to learn or to work. Class sizes are too big.

Special education: The boards have to look for \$850 million a year that they don't get from the province.

And then a mental health crisis: When a grade 4 student is thinking about—we have a problem. It's not any different than the problem that we have in society, but it's affecting our younger kids, so we have to address this. The budget has to do that.

It's really hard. I know that you hear, because of your position, a lot of stories. I'm just going to share one with the committee. I have a neighbour who is a principal at a local school, and we were talking about exactly what we are talking about. He said, "Well, on Thursday, a 12-year-old girl threw a chair at me." I looked at him and he said—he's a principal; he said, "Just another day."

I have a friend whose wife is 70, and she went back for one last year. She had a child in her class who had really significant challenges and not enough supports. Within the first week, she had to restrain them with another person and ended up with scratches all over her arms. She went to the vice-principal and was explaining what the situation is, and the response was, "I guess you'll have to wear long sleeves."

It's not normal. These aren't anecdotes to try to criticize anybody or criticize the government or criticize my colleagues across the way—it's just a statement of fact. These things are happening in our schools, and we need to get our heads around it, because it's a generation of kids who are going to be affected by this.

I don't have any questions—other than just a thank you for all the work that you do, not just on behalf of your members, but on behalf of the students and families you serve.

Although I can't give my time to anybody else now, which I would like to be able to do—I'm just poking at you, Chair. But he's right.

I want to thank you very much.

The Chair (Hon. Ernie Hardeman): If you don't want to use any more of your time, we will move on to MPP Brady.

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

I'm going to start with Dennis.

There was just an announcement—40 MLTs lost in the Sudbury area.

When a region loses local lab capacity, what kind of diagnostic delays should patients and clinicians expect, and how quickly do those delays begin to affect ERs, surgeries and treatment decisions?

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Mr. Dennis Garvin: Great point and great question.

I'm proud to say that it's a privilege for me to work amongst such dedicated professionals. Our health care workers are relentless in trying to find solutions to mitigate those problems and will work across a network of lab providers—be it in hospitals, be it in communities—to come up with solutions. But the reality is that there often is no backstop for gaps like this. It does affect our ability to sustain access to urgent care and to make sure that we're providing the best-quality diagnostics for those encounters, for clinicians.

So the short answer is that there isn't always an optimal plan B and, unfortunately, that can result, especially in northern and rural communities, in the delivery of care that we might not otherwise want in those locations. That's why we think solutions like these can help to mitigate those challenges that you're mentioning.

Ms. Bobbi Ann Brady: There were a handful of MLT programs or training programs closed in the 1990s. I think they were closed because there was this assumption that technology was going to actually replace humans, and it didn't happen. And here we are in the most modern technological time in our history.

How close are we to actually replacing humans with technology in the labs?

Mr. Dennis Garvin: I think—and I am very much embracing of all technological solutions to our problems—there is not one solution.

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

Mr. Dennis Garvin: This is multi-faceted. We need people, process and technology working together to meet the demand and the complexity that we're going to see in the future.

Ms. Bobbi Ann Brady: If we don't commit to the \$6 million that you're asking for, what is the financial cost to the health care system? Have you worked out a number? We know what the impact is to the health care system. But do you have a number?

Mr. Dennis Garvin: I don't want to conject on a number—it's big.

In short, our inability to preceptor and to train these trainees propagates and perpetuates the gap you were previously mentioning. That has massive downstream effects from subacute care, community care, acute care, right through to population health, quite frankly.

Ms. Bobbi Ann Brady: Did we lose MLTs during the pandemic, or have we seen that steady decline over the past few years?

Mr. Dennis Garvin: Absolutely. The pandemic was a factor, as it was for many health care disciplines. There was a profound challenge during that period—

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

MPP Smith.

Mr. Dave Smith: Dennis, I'm going to pick up a little bit from what my colleague had been talking about there.

You're asking for \$6 million over three years.

How long does it take for one of those students to finish, for lack of a better term, the co-op portion of it? Is it one year each? Is it a three-year program that they're doing at that point?

Mr. Dennis Garvin: There are different models, depending on the preceptor program in the college. But our model—we affectionately call it a “five-by-five,” so it's essentially 25 weeks per individual.

Mr. Dave Smith: So, theoretically, in the course of a year, you've got two people coming in for each preceptor that way.

Mr. Dennis Garvin: Yes, rough math—for sure.

I would say that the needs exceed beyond one-to-one. There are significant technical considerations around how we set up simulation in the program and then bridge them into the clinical setting. So the need is slightly larger than that—but in short, yes.

Mr. Dave Smith: How many preceptors would you be looking at?

Mr. Dennis Garvin: I think if we put forward the number that I'd mentioned earlier—that's province-wide—that would be 130 preceptors. We felt we could train 1,300 across the province.

Mr. Dave Smith: So of that 130, would all of them be former retirees, or would some of them be existing technicians right now?

Mr. Dennis Garvin: We have a significant group of this profession across the province who want to give back and who aren't necessarily going to be coming from existing positions.

Even here, within our own operation, we have recent folks who have retired, who would love the opportunity to work above quota to support training. So we're confident that we wouldn't be having any negative impacts on our current operation.

Mr. Dave Smith: What I'm thinking on is more or less on the retirees coming back to do this. Would they be picking up other duties as well, or would they simply be working as the preceptor? They might be doing some of the lab stuff in conjunction with the student, but they're not actually picking up extra work? Their full-time job, for lack of a better term, is that they are a preceptor?

Mr. Dennis Garvin: Yes, 100%. The intention is not for them to bleed into day-to-day operations; it's to protect and support the student.

Mr. Dave Smith: So then there wouldn't really be that large of an impact on their pensionable earnings because they're there as a preceptor; they're not there as a technician. Is that a fair statement?

I'm trying to mitigate any risk for these individuals, is really what it comes down to.

Coming from the software industry before I got into politics—about 60% of what you do in software is figure out ways that someone can break the application, and about 30% of what you do is actually the application itself, because it's amazing how many different ways you come up with great ideas, and all of a sudden you've got something that breaks and causes more of a problem for them.

I just want to make sure that if we're going to do something along this line, we put the system itself in the best position to succeed.

Since you're sitting right beside someone from OECTA, I'll use teachers as an example. There are a lot of former teachers, after they retire, who decide that they want to be a supply teacher. They can only be a supply teacher for a certain number of days before it has a negative effect on them, with their pensionable earnings as well.

If we're going to listen to this and look at it as an opportunity for us, then we need to make sure that we're looking at all of the ways that we inadvertently could break it to cause a problem for us.

In year 3 of the three-year program, you're struggling with some of those retirees not wanting to come back because it created more of a problem, more of a hassle for them. So if we can get those right at the hop and not have a problem with it, that's what I'm trying to accomplish.

Mr. Dennis Garvin: It's challenging in the moment to potentially project the personal financial situation of all of the potential trainees—but great points.

Mr. Dave Smith: Chair, how much time do I have left?

The Chair (Hon. Ernie Hardeman): You have 1.1 minutes.

Mr. Dave Smith: I'm not going to pass it off to one of my colleagues, then. I'll use up the last minute.

I'm going to jump over to Perley Health. On the assisted living side of it, I know it's a difficult thing to come up with a numeric value for it, but this is the Ministry of Finance—we're talking about budgets, so numbers are important on it. If we were to look at doing a greater program on assisted living, roughly how many individuals would be deferred from going into long-term care across the province, if we were to do exactly what you're looking for, at the level that you're looking for? How many people are we deferring, on a yearly basis, going into long-term care?

Mr. Akos Hoffer: Well, I can speak to Perley Health's experience, not for the province. We serve 84 individuals, and one third of those are on a waiting list for long-term care. They are being deferred from long-term-care admission. Will they need it eventually? Possibly. But the time that we save keeping them at home is extremely valuable and very cost-effective.

Mr. Dave Smith: And it gives a much higher quality of life, with no—

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

MPP Pasma.

Ms. Chandra Pasma: Thank you so much to all of our witnesses for being here, with very interesting presentations on important subjects. I wish I had time to ask you all questions, but the time flies quickly, and I need to focus on education.

Mary Catherine, thank you so much for being here.

I want to start by saying thank you to you and all of your members for the hard work that you do every single day, delivering a high-quality education and caring for our kids—which includes a couple of mine—under incredibly challenging circumstances, which you've really clearly outlined here today.

The examples that you shared are really helpful in understanding—\$6.3 billion out of the education system over the last seven years is such a big number that it can be hard to understand the impacts on students. So just hearing the example of one school—16 kids not getting the speech pathology support they need, and we know that's going to have long-term impacts for those kids. Thank you for clearly outlining that.

Another thing that you raised that a lot of parents are not aware of is the number of unqualified teachers who are in our classrooms on a day-to-day basis because of the shortage of qualified teachers.

What does it mean for our kids if you have an unqualified person in front of the class, academically, but also in terms of classroom setting?

Ms. Mary Catherine Hogan: That's a great question.

When an unqualified person—and by “unqualified,” we mean someone who is not Ontario College of Teachers-certified. When a non-qualified person is in a school, they don't have the same expertise. They don't have the same

understanding of student needs. They're not able to be as responsive to students as a fully professionally trained teacher is. That brings up concerns about learning. And we know that learning suffers when there's not a qualified teacher in the classroom. We also have concerns about safety, because an unqualified individual isn't aware of all of the needs that are in the classroom and the best ways to address and support those students.

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So it is, I would say, a crisis because right now there are permanent jobs that are going unfilled. People are not looking to teach in our schools. Teachers are leaving our schools. I think it's really important that the government starts to ask why. What is it about the working conditions in our schools that are making people leave the profession and making people not want to enter the profession?

Ms. Chandra Pasma: I think that's a fantastic question.

As you underscored, we do not have a shortage of teachers, actually; what we have is a shortage of teachers willing to work in our system. When we have 45,000 of them who are willing to maintain their registration with the OCT, which means they're shelling out money every year to maintain that registration, and yet they're choosing not to work in our system, that's not a lack of commitment; that's lack of desire to work in the conditions that are on offer.

What is the reason that teachers are finding our schools untenable places to work?

Ms. Mary Catherine Hogan: Where to begin? I spoke about violence.

Just today, I spoke with a kindergarten teacher who was bitten on the shoulder by a student. She showed me the bite mark.

In addition to the violence that's happening every day, the number of needs and the complexity of those needs is making the ability to support the students almost unmanageable. We don't have the supports in place, the professional supports that I spoke about—educational assistance supports, the number of qualified teachers in the classrooms—and, really, it's becoming unmanageable.

Teachers are becoming burnt out, and it's sad, because teachers love teaching. In any school we go to, teachers are doing everything they can to help their students, and they're doing it in really untenable, unmanageable conditions. It is a crisis that needs to be addressed.

Ms. Chandra Pasma: I'm glad you raised the conditions for the students, the complexity of needs that are going unmet, because when we talk about violence in schools, the government's response is police officers in schools and that we're going to punish kids for failing. But the reason we are seeing this increase in violence is because needs are going unmet, and a frustrated child is a child who may lash out violently.

I'm sure what teachers would like to see is, rather than penalizing a child, preventing the violence from taking place in the first place. Would that be fair to say?

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

Ms. Mary Catherine Hogan: Exactly. Instead of asking how we put police officers in schools, we need to ask why we need to have officers in schools and look at what is happening in communities and what supports need to be in place in communities to make our schools safe, healthy places for everyone.

Ms. Chandra Pasma: One of those supports which you mentioned is mental health care. We know our kids are in crisis.

What kinds of mental health supports would teachers like to see to better support our children?

Ms. Mary Catherine Hogan: I think it's really looking at a health care system that's fully funded so that mental health supports are in place and parents and students could get the supports they need in the community. A lot of health care needs seem to have been downloaded onto the school system. Schools are not treatment centres. Schools are places for learning, and right now, learning can't happen when there so many needs happening—so much violence in the classroom and so many mental health concerns.

Ms. Chandra Pasma: You're right.

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

Ms. Bobbi Ann Brady: Mary Catherine, I'll go over to you too.

What you're telling us is not shocking—or it is shocking, but it's not new to any of us.

I'm very passionate about reimagining our education system.

You've just admitted that students who need additional supports are not receiving them, and students who do not need those additional supports are not thriving in our education system either. So both sides are losing in a chaotic classroom.

I truly believe we have to be honest about what the immediate solution should look like.

We talk about how we have enough teachers. That's fine, but we don't have enough OTs, and we don't have enough speech pathologists. What we're doing is stretching limited resources over too many schools.

I ask you, would you consider consolidating those supports and putting them in designated classrooms or designated schools so that we can get our education system back on track?

Ms. Mary Catherine Hogan: Definitely.

One resource teacher I was speaking with shared that the OT assigned to their school has 46 schools on their caseload. That means that unless a student has severe OT needs such as a wheelchair requiring a lift, chances are—well, there are no chances. They won't get the support that they need.

What's happening is, teachers, support workers, educational assistants really have to triage. They have to deal with the most immediate needs, but there are many students who have equally important needs that are not being met because the supports, the people, the resources just aren't there.

Ms. Bobbi Ann Brady: I'm heartened to hear that you support that idea.

I am going to move over to you, Mr. Hoffer.

We constantly hear about the desire to age at home, and we've heard that this afternoon. We all understand that.

I'm wondering if you could expand on the specific needs for aging at home for our veterans and how their trauma-related service and service-related injuries can be supported and benefited from a facility like Perley.

Mr. Akos Hoffer: Good question.

The very first thing to consider with veterans is community: How can they be surrounded by their comrades and former colleagues from the Canadian Armed Forces? And that is certainly something that happens very naturally at Perley Health. We're very proud of that.

The second is research. There is more and more research that needs to be conducted into the needs of aging veterans, especially when you introduce a condition like dementia combined with post-traumatic stress disorder. Not enough is known today. So Perley Health has a centre of excellence in frailty-informed care, and a good portion of our research is dedicated to understanding the needs of veterans better.

The Chair (Hon. Ernie Hardeman): To the government: MPP Kanapathi.

Mr. Logan Kanapathi: Thank you to the presenters. Thank you for being here. You brought a lot of voices, a lot of ideas and a lot of concerns. That's why we are here. We are listening, we are hearing and, ultimately, we have to find a solution.

Thank you to our ministers—the finance minister and the PA. Thank you for your great job in reaching out to all the stakeholders—like you. There are a lot of ideas out there.

I'll first start with Dennis.

My wife is a medical doctor. We talk about the laboratories, the lab results, tests and delays. These are vital services to our patients. If you don't have lab results for a cardiac test or cancer test on time, you lose a life.

You are in the core business of health care, the heartbeat of the health care business.

There's a lot of the young generation, young people—I have a stack of résumés in my office—looking for a job. Here, on one hand, there are young people coming out of college, university; they're willing to work at the lab, for any job, because the youth unemployment is the highest rate in Ontario.

Young people are looking for a job, and you have a shortage of MLTs. Where is the disconnect? There is a bottleneck.

Mr. Dennis Garvin: It's a really important point.

There is enthusiasm. Part of the outreach we do is in high schools and in other locations, locally, in our community, to try to attract local youth into the profession.

Some of the bottlenecks exist due to the location of the training facilities, as we talked about earlier in the committee. But given recent investments to increased training

seats, we're headed in the right direction that way. Currently, we have a bottleneck with capacity to preceptor and place these students to become licensed. That's why we are bringing forward solutions to try to increase the placement and training capacity.

Mr. Logan Kanapathi: Can you give me some numbers? You did talk about interesting numbers. I like numbers; I'm a numbers guy—the 39% staffing shortage, the 37% you're looking for. Can you share some of those numbers—the lab MLTs you need? What is the staffing shortage? Do you have numbers? Can you repeat those numbers?

Mr. Dennis Garvin: One of the most significant aspects around this, here in eastern Ontario, in Ontario and across North America, is the age of the workforce, as 37% are expected to retire very soon. So not only is there a gap in the numbers that we have to meet the demand, but we're expecting that there are going to be significant departures coming up. Unfortunately, although there has been some moderation since the pandemic, almost the majority of labs indicate that the problem is the same or worse—so 44% are indicating that.

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I think one of the biggest challenges that we're mentioning here today is that almost 40% of labs won't take students because they don't have that ability to free up resources to train. So I think that's a key piece of the bottleneck that you were mentioning earlier—

Mr. Logan Kanapathi: So the only way we could train is through the college—is that right?

Mr. Dennis Garvin: Yes. In order to make sure that our trainees, through the licensing program, get their licence, they need to go through that MLT program at the college level and do the clinical placements we talked about earlier so that they meet the requirements to be that regulated health professional here in Ontario.

Mr. Logan Kanapathi: Thank you.

For my next question, I'll go to Perley.

Again, I'm a big supporter of assisted living, long-term care, senior homes. My mother passed away four years ago, with assisted living, and my mother-in-law is living with assisted living—92 years old. It's very, very important. You can reduce the health care burden and also save so much money—taxpayer dollars—in our health care system.

Tell me about what is an innovative way—

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

Mr. Logan Kanapathi: —we could improve assisted living community services in Ontario.

Mr. Akos Hoffer: Good question. Thank you. And my condolences.

The simplest way is to increase funding in the same way that funding is increased for long-term-care homes and other health care providers. The program works. It's extremely flexible, so the care that one person receives is tailored. It's not a fixed number of hours, so as your health changes, then the level of care can change along with that.

Numbers: One day in hospital, \$700; long-term care, \$200; assisted living services, \$100—and it's got all those benefits.

So I think the government is on the right track. They've got a great program. As I said, it's orphaned. It needs to be adopted, and it needs to be cared for and nurtured. The results will speak for themselves.

The Chair (Hon. Ernie Hardeman): MPP Bell.

Ms. Jessica Bell: Thank you, all of you, for coming here today and sharing your expertise.

My questions are to Mr. Hoffer.

You mentioned that there is no standardized funding for care for high-risk seniors in assisted living situations. Has the government provided any rationale for not moving ahead with updating or standardizing funding agreements?

Mr. Akos Hoffer: Good question.

We've asked that question of Ontario Health, which is the agency that we interact with directly. So, for ourselves, we have two tranches of funding that are different—they're paying the same people, who are paid the same wages. There is different funding because a certain amount was granted one year and another amount was granted the other year. We didn't get an answer, and that's why we're here today.

Ms. Jessica Bell: I heard, in your presentation, that you used the word "calamitous" when you were talking about what would happen if the funding for programs like yours was reduced or not increased.

Can you quantify the downstream costs to hospitals and long-term care if services like yours collapse?

Mr. Akos Hoffer: "Calamitous," I think, is the right word. If you have visited an emergency room waiting room recently, and if you imagine, for example, a 92-year-old being in that environment for many hours on end—that is the impact.

If you are taking that \$100 a day that's keeping the seniors safe—it's where they want to be; they're surrounded by family, friends and so on—and you're almost automatically institutionalizing them, at \$700 a day, in a hospital—because unfortunately, heartbreak is always just around the corner. There is always an injury, an illness or a fall or something that, without the assisted living services, can't be headed off. There is no early warning system to care for those seniors.

I don't think any of us want more individuals or seniors in emergency department waiting rooms when there's a much more appropriate way to care for them.

Ms. Jessica Bell: Like many of us, I have older parents and a father-in-law, in particular, right now, who is in and out of an emergency room where he—we all want him to be at home, safe and cared for. He's not the kind of individual who should be in an emergency room. The last time he ended up in an emergency room, he got COVID. It wasn't great.

I just want to get an understanding of the issue a little bit more. Can you tell us a little bit about your current wait-list length and how long seniors are waiting for services from Perley Health?

Mr. Akos Hoffer: On the long-term-care side—which is not what we’re talking about here today—we have 450 beds. Our wait-list is over 1,000 individuals, so, unfortunately, most of those will not get a bed. Again, we are in a very promising discussion with the ministry to construct 120 more.

On the assisted living services side, we serve 84 individuals, and we currently have 50 people on the waiting list. Unfortunately, those individuals who are waiting—again, they’re aging. They’re in their 80s, their 90s, and unfortunately, they will not be able to avail themselves of those services because time is running out.

Just to back up a bit: We have half the volume that we can provide waiting right now.

Ms. Jessica Bell: Thanks for clarifying that.

My final question is to Mr. Garvin.

I read the presentation from your association, and one thing that struck me when I was reading your submission was that the turnaround time for some pathology results is not meeting benchmark standards because of a shortage of staff. The example given in the submission is that the 14-day turnaround time for pathology results for colorectal cancer is often not being met.

Do you have other examples of testing that should be done within a specified time frame that is not meeting those time frames because of the staffing shortages that your sector is facing?

Mr. Dennis Garvin: Yes, for sure. As with many things in health care—

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

Mr. Dennis Garvin: —obviously, we triage based on impact and so, absolutely, for the most urgent and emer-

gent activity, we preserve rapid turnaround times to not impact care.

The pathology example is an important one. Shortages in histotechnologists to prepare the specimens to diagnose can create that delay in getting a diagnosis back on those cancers, which can delay treatment.

There are other lab areas—microbiology is an example where a turnaround time, for example, for febrile respiratory illness testing, can have profound downstream impacts on the placement of patients in our system, how they get discharged from hospital, how they are able to be optimally accounted and admitted into long-term and other sub-acute-care settings. There are multiple examples. That’s another important example that I’d raise.

Ms. Jessica Bell: Yes, from what I’ve heard, it’s difficult to begin any kind of treatment plan without the diagnostic testing, and it underscores the importance of the work that you do—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question, for that panel, and for this day.

We do want to thank the panel. Thank you for the time you took to prepare this, and also thank you for so ably presenting it and answering all the questions. We very much appreciate your attendance today.

That concludes the hearings for today, unless there are any questions from the committee. If not, I thank everybody for their participation.

This committee now stands adjourned until 10 a.m. on Thursday, January 15, 2026, when we will resume public hearings in Pembroke, Ontario.

The committee adjourned at 1659.

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