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**Official Report
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(Hansard)**

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des débats
(Hansard)**

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**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
44th Parliament
Friday 5 December 2025

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

Consultations prébudgétaires

1^{re} session
44^e législature
Vendredi 5 décembre 2025

Chair: Hon. Ernie Hardeman
Clerk: Lesley Flores

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

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CONTENTS

Friday 5 December 2025

Pre-budget consultations	F-237
Ontario Medical Association; Peterborough Regional Health Centre; Community Counselling and Resource Centre	F-237
Dr. Jane Purvis	
Dr. Lynn Mikula	
Ms. Kirsten Armbrust	
Kawartha Sexual Assault Centre; Peterborough county; City of Kawartha Lakes Family Health Team	F-246
Ms. Brittany McMillan	
Ms. Bonnie Clark	
Dr. Ruth Wilson	
Mr. Mike Perry	
Orchestras Canada; Fleming College; Peterborough Family Health Team	F-255
Ms. Katherine Carleton	
Ms. Maureen Adamson	
Mr. Duff Sprague	
Ms. Jessica Bushey; Ms. Cathy Abraham; Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge	F-265
Ms. Ellen Watkins	
Ontario English Catholic Teachers' Association Peterborough Victoria Northumberland Clarington; acorn30	F-275
Mr. Bart Scollard	
Ms. Heather Watson	

LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Friday 5 December 2025

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Vendredi 5 décembre 2025

The committee met at 1000 in the Mount Community Centre, Peterborough.

PRE-BUDGET CONSULTATIONS

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

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

Please wait until you are recognized by the Chair before speaking, and as always, all comments should go through the Chair—and this is meant primarily for the committee but for the presenters too.

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 of this time slot will be used for questions from the members of the committee. The time of questions will be divided into two rounds of five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the official opposition members, two rounds of five minutes and 30 seconds for the recognized third party members and two rounds of three minutes for the independent member of the committee.

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

Any questions from the committee?

ONTARIO MEDICAL ASSOCIATION
PETERBOROUGH REGIONAL
HEALTH CENTRE
COMMUNITY COUNSELLING AND
RESOURCE CENTRE

The Chair (Hon. Ernie Hardeman): If not, we will ask the first panel to come forward: the Ontario Medical Association, the Peterborough Regional Health Centre and the Community Counselling and Resource Centre. That's the order we will do the speaking.

As we start, we ask each participant to give their name for Hansard to make sure we can attribute your quality presentation to the right person.

So, with that, the floor is all yours.

Dr. Jane Purvis: Good morning, Chair Hardeman, and bonjour and boozhoo to the members of the standing committee. My name is Dr. Jane Purvis, and I'd like to welcome you to Peterborough. I'm the vice-chair of district 6 of the OMA, which includes Peterborough, but I am from Peterborough and I work in Peterborough, so welcome to my town, and welcome to this beautiful facility.

On behalf of over 50,000 doctors in Ontario, I'm here to submit the OMA's recommendations for the upcoming provincial budget. We seek to be a partner with you in helping to shape health care in Ontario, and we believe that a productive and collaborative relationship between the government and the OMA can help to improve the health and well-being of all Ontarians.

We've recently created a new campaign that you may have seen called the We Won't Give Up campaign. It has six priorities and 21 practical solutions to improve health care in Ontario; however, I'm only going to highlight a few of them today in interest of my seven minutes.

We're very encouraged by the progress that we've made both within the OMA and with you, the government, but we know that there's a lot more to be done, so I'm going to discuss three separate things. One of them is OHIP, another one is access to community specialists, and then the final topic I'm going to touch on is artificial intelligence.

OHIP, much in the news: We contribute, as taxpaying Ontarians, billions of dollars—\$26 billion, in fact, in 2023—into OHIP for health care, but the OHIP system is flawed and antiquated. Medical claims are often rejected, innovation is not acceptable and there are agility issues in trying to keep up to date with what's actually happening in medicine and what can be paid through OHIP.

I'm going to give you a few examples. A surgeon, Dr. Gammon, in Ottawa, was presented with a patient who had severed four of his fingers in a farming accident. Dr. Gammon spent 15 hours reattaching those fingers successfully so that ultimately the farmer was able to return to work. That surgery took place in 2022, Dr. Gammon's OHIP submission was rejected and he didn't get paid for the work until 2025. The patient had been back to work for years, but the physician himself had not been paid, because the OHIP computers couldn't believe that someone would attach four fingers in one go.

Another even more tragic example is my good friend and colleague Dr. Jane Healey, a pediatrician who cared for a dying infant over 10 days and, in the end, knew she would never get paid, because the only way she was going to be able to get paid was that she was going to have to tell the parents of the deceased child that they had to go to ServiceOntario to apply for a health card number. Needless to say, she chose not to do that. So, that was 10 days of ICU work not paid for, because there are no good-faith payments in OHIP.

Finally, another example is a recent occurrence in Hamilton, where three expert breast reconstructionists, who work with surgeons after breast cancer surgery to recreate and reconstruct women's breasts, were doing excellent, innovative work that people wanted. Patients were going to them specifically to get this procedure done. But because it was new, OHIP wasn't paying for it. So these three physicians have actually left OHIP and are doing it privately, because there was no way for them to get OHIP to acknowledge the amount of work that they were doing. We can't afford to lose doctors from our system.

We know that OHIP billing errors are inevitable, because it's a technical process. As a rheumatologist, if I see somebody, oftentimes that interaction creates five or six billing codes—so, five or six codes per patient in a 25-patient day. That's a lot of code. My fingers aren't perfect; I could bill the wrong one. But the challenge is, to try and get them corrected becomes very onerous. For some physicians, they spend an inordinate amount of time on that, where they are not spending it on patient-focused activities. So, what we would suggest as one of our proposals is the creation of an ombuds office that would allow these more difficult rejected claims to be dealt with by individuals who have more awareness of the problem to try to find a collaborative funding resolution, rather than it taking three and a half years to get paid.

The other thing that we are hoping is to create a committee with the government working on innovation and OHIP. Things are changing quickly, as you know, but if OHIP can't be changed, it's not going to be able to be effective in our sphere. By fixing that, it will lessen the amount of time that, particularly, these innovative surgeons are spending on admin—more time for them to be doing what they do best, which is innovative surgery.

The next thing I'd like to touch on is community-based specialists. I'm a specialist, and I've enjoyed a long career here in Peterborough as a rheumatologist. But we know that the trends to getting in to see specialists are getting longer. Specialty care is not getting shorter waiting lists but longer, leaving more patients not only waiting, but often having to travel long distances to get the care that they want.

The OMA has been very fortunate to work with you, the government, to expand team-based care for family doctors, which is great. However, community-based specialists are still working in that model of one doctor—me—in an office with a secretary, and we are expected to do it all. It's really not going to work in the future. We would like to see team-based care rolled out for specialists

in the community. Community-based specialists help to lessen the load on hospitals by taking care of patients.

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

Dr. Jane Purvis: Also, patients would prefer to be seen in their own areas.

Finally, I just want to speak about AI. We know that AI has given everybody an opportunity with AI scribes, but we would suggest that we need to create a more robust AI strategy for the province. We can talk about it in the questions, but AI administrator, AI office assistant, as well as AI patient navigator and patient assistants are all things that are already available. If we don't get ahead of this, we are going to be behind. The futurists are telling us that we need to be rapidly engaging with AI to make sure that it serves Ontario in the way that we want it to. So, we would like to see a committee with the OMA and the government working on long-term AI strategies.

The last thing I wanted to mention was an online vaccine registry. How many people here still have their yellow cards? No more yellow—

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

We will now hear from Peterborough Regional Health Centre.

Dr. Lynn Mikula: Thank you to the committee. Thank you for having me here today. My name is Dr. Lynn Mikula. I'm the president and CEO of Peterborough Regional Health Centre. Today, I'm here to talk to you about PRHC's regional vascular surgery program. Joining me virtually, I hope, is Dr. Sajjid Hossain, one of PRHC's excellent vascular surgeons. I'm going to start by providing some context and then invite Dr. Hossain to add some perspective from the front lines of patient care.

1010

As a regional vascular centre, PRHC serves a broad geography. We serve patients as far north as Haliburton, south to Northumberland, east to Quinte and west to Durham, covering a population of 600,000 people. We do more than 1,000 vascular procedures each year, and nearly three quarters of these patients come from outside Peterborough city and county.

PRHC is, in fact, one of the busiest level 2 vascular centres in the province, but our vascular operating room is not properly equipped. According to standards set by Ontario Health, as a level 2 centre, we need something called a hybrid operating room.

In 2017, PRHC identified a hybrid operating room as a key priority. In 2019, we began self-funded construction to create shelled space, making room for several regional program expansions, including a hybrid operating room. This represented an investment of \$21 million by the hospital into our priority programs. In 2021, we submitted a master plan which identified the hybrid operating room as one of several critical early works projects. Now, nearly five years after that, the shelled space continues to sit empty, ready and waiting.

To make the stakes clear, today, eight years after identifying this as a priority, we're still unable to provide the standard level of care for a level 2 vascular centre. This

means that we need to send more complex patients further from home to get the care that they need. Last year, nearly 200 patients were sent from PRHC to other centres for vascular procedures that we should be able to do locally. This puts our patients and our vascular program at risk.

Today's vascular surgeons train in hybrid operating rooms; they expect to work in one. The longer we go without one, the more challenging it becomes to recruit new doctors and even to retain the wonderful surgeons that we have today. There are also health and safety risks with the technology that we're currently using, exposing our physicians and staff to higher than necessary levels of radiation.

What I am bringing you today is an urgent priority, both for PRHC and for the 600,000 people our vascular program serves. It's a project that we and the province can capitalize on immediately. There's no need to wait because we're ready to go. The space exists; it just needs fitting out.

Our community has been waiting to see this project move ahead. Our generous donors, through the PRHC Foundation, have committed to raising \$6 million toward the project, a real show of community support.

I'm going to now hand things over to Dr. Hossain to talk about what exactly a hybrid operating room is and why it's so critical to have one as a level 2 vascular centre.

The Chair (Hon. Ernie Hardeman): We can't see, and we can't hear.

Dr. Lynn Mikula: Sajjid, I think you're on mute.

Failure of sound system.

Dr. Lynn Mikula: Mr. Chair, would you like me to provide his remarks? I do have a copy of them here. I'll ask you for your grace with the timing.

Sajjid, in your voice, with your permission: Dr. Hossain is a proud member of one of the busiest teams of vascular surgeons in Ontario and would like you to know that this is an issue that hits very close to home for him.

Vascular disease is the leading cause of preventable death and disability in Canada. The vascular system is one of the most important systems in the body. It's what gives us energy, oxygen and allows our muscles and organs to work well.

Vascular procedures are often emergency procedures that can be very complex. In addition, vascular surgeons do procedures that are essential to care provided in the cancer program, dialysis program and cardiac program. Care is time-sensitive and can require multiple procedures, and patients often want to know, "Can you do it all today? Can you fix what's wrong in one procedure? Can I avoid another operation, another hospital stay, another anxious wait?"

The technology to address multiple vascular issues in one surgery exists: It is a hybrid operating room. A hybrid OR will bring care close to home and help patients avoid life-threatening waits, difficult transfers, multiple surgeries and the increased risk that comes with all of these things.

A hybrid OR allows specialized teams to perform multiple open and minimally invasive procedures on the same

patient, on the same day, in the same room. The investment would yield a huge leap forward in vascular care for our patients. In Dr. Hossain's voice, "It's what my colleagues and I need to do our job to the best of our abilities. It will help ... save lives."

To conclude, our need hasn't changed in the eight years since we first identified a hybrid operating room as a priority. If anything, the need has grown. It is hard to overstate either our readiness or the need to move forward. The space is sitting empty. We have the clinical expertise, and our foundation is highly committed.

I'd like to extend an offer to the members of the committee. If you wish, come tour the space with me later today. Come to the hospital. I would be happy to show you around.

The existing space means that this is an easy yes, and saying yes will help us reduce hallway health care, reduce wait-lists and improve outcomes for patients across the region.

The provincial investment needed is \$10 million. Please help bring us in line with other level 2 vascular centres in the province by unlocking the funds that we need. Patients in our region are counting on you.

Thank you very much.

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

The next presentation will be Community Counselling and Resource Centre.

Ms. Kirsten Armbrust: Thank you for the opportunity to speak to you today. My name is Kirsten Armbrust, and I'm the executive director of Community Counselling and Resource Centre, CCRC, your local Peterborough family service agency. I'm also the chair of the board for Family Service Ontario, an association that supports the success of family service agencies across the province.

Family service agencies are part of Ontario's core community infrastructure. In our community, people turn to us when they don't know where else to go. We serve individuals facing mental health concerns; couples and families navigating conflict; people experiencing homelessness or at risk of becoming homeless; people experiencing or at risk of gender-based violence; newcomers, those with low incomes and other equity-seeking groups; and people with developmental disabilities and complex needs.

We are one of the few places where you can address multiple issues under one roof, or where someone does not have to have a diagnosis or fit into a specific eligibility criteria. People don't always identify themselves as having a mental health issue or being a victim of abuse. They just know that they need some help and we're a safe place to turn.

Our services reduce pressure on hospitals, police, the courts and child welfare—all important services that should be able to do their mandate. And we do this before issues escalate. We do this efficiently, locally and at scale.

At CCRC in Peterborough, we do this through providing professional counselling on a sliding fee scale and free housing support such as eviction prevention and housing stabilization.

The challenge is simple: Demand is rising, complexity is rising but funding in key ministries has barely shifted in decades. There is a risk of eroding a vital layer of prevention, one that keeps people stable and reduces pressure on other, more costly systems.

Consider a young family where there has been job loss and their money is running out. There is strain on the parents' relationship leading to arguments, and the family is at risk of losing their housing. The children are impacted by the stress in the household and are starting to struggle at school.

CCRC can provide free couples counselling to help the parents stabilize their relationship, and a housing counsellor can work with the landlord to prevent an eviction and keep the family securely housed. This stabilizes the entire family, and the children can focus on school.

Without support like this, the family could become homeless—and we see this every day—the risk of domestic violence increases and the children's aid society could become involved.

Last year alone, CCRC helped preserve 295 tenancies, and 803 people accessed counselling. Imagine the number of lives impacted by the 40-plus family service agencies across the province. Imagine the impact on the whole social and health system with our upstream interventions.

There are many, many more people in our communities who need our support—people who are unable to access other supports. We know that the gap between income and cost of living is widening. That means that families rely on non-profit programs and services more than ever.

So here's the opportunity. A minimal investment allows us to continue delivering what the government needs most: reduced pressure on more costly downstream systems, measurable and meaningful outcomes and the capacity to fill the gaps in care across communities.

1020

This investment aligns with current government priorities of economic stability, system efficiency, community safety and value for money. We're not asking for a major overhaul. A minimal investment will stabilize our workforce, strengthen service continuity and protect community-based care that is already saving the province money.

In short, investing in family service agencies isn't an expense. It's a cost-avoidance strategy Ontario cannot afford to overlook. A modest investment keeps people well, keeps people strong and secure and keeps systems moving.

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

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

Ms. Jessica Bell: I'm really pleased to be here in Peterborough. Thank you very much, and thank you also, MPP Dave Smith, for helping us host. Also, thank you to the staff for organizing the pre-budget consultations. It takes a lot of work. There's a lot of logistics, and we're very grateful for it.

I have questions for all three of you. The first questions I have are for Jane Purvis, from the Ontario Medical Association. I'm a member of public accounts. I work with

the Auditor General on her report and the recommendations, along with other MPPs. Some of them are here today. It is related to the budget because some of the recommendations and some of the issues, of course, impact money.

My first question is around the Auditor General's work on OHIP oversight and OHIP billing. One of her concerns was that there are only eight staff that oversee auditing for OHIP billing. I would like to know what is the Ontario Medical Association's opinion on the Auditor General's report on OHIP billing.

Dr. Jane Purvis: Thank you very much for the question and the opportunity for the OMA to respond.

I think the OMA wholeheartedly feels that the OHIP system needs to be reviewed. The process, the oversight, the reviewing, the response times: I think that the OMA would like to see, as I mentioned in my original statement, the creation of an ombuds office that could go both ways. I think we want to make sure that the money that the Ontario taxpayer has provided OHIP is being spent in the appropriate manner, so being spent on getting fingers re-attached and perhaps not on people who are claiming to be working more than 24 hours in a day. We need to know about that before the Auditor General reports on it, but we need a system that can notice that as it's actually happening.

Ms. Jessica Bell: Thank you for raising that. I will likely be following up with the OMA once the conversation with the Auditor General begins.

The second question I have is around the Auditor General's report on access to primary care. She did identify some concerns with the primary care system that we have. Some of them included that not many people, doctors or patients, are accessing the Health Connect system to find a doctor. There's no real plan that understands where physicians are working and where there are shortages. It's not tracked. The need for doctors was underestimated, which means we're not training enough family physicians to provide doctors to the two million people that we expect will be looking for one.

What is the OMA's response to some of the Auditor General's concerns that were raised in the report, and how do you think that we should fix primary care? Just a small question.

Dr. Jane Purvis: Thank you for this very, very small question. This is a very complicated question. I will tell you that I've had the pleasure of working with Jane Philpott on her PCAT plan, which is one part of the solution.

The challenge that you have pointed out, though, is that we're not going to be able to reach everybody even with what she is suggesting, because the distribution of family practitioners is not equitable across the province. And even if we're training new family physicians, they are not necessarily—and, in fact, almost trying not to choose longitudinal family practice, because currently it is not sought after as an excellent job. Many family physicians are going into things like hospitalist and palliative care because they do not see a viable role for longitudinal family practice, which is where we feel very strongly that

the introduction of multi-disciplinary, interdisciplinary teams, as well as AI, can help to maximize the bang that we'll get for the buck for each physician who exists, because right now there are still physicians working in a fee-for-service model, which is very inefficient.

We need to see more teams. We also need to make family practice a great option again, because it used to be something that people really wanted to do. That's got to be part of our program, the OMA plus the government: to make family practice a desirable activity. There's lots of work we can do, and we would love to work with the government on all of those things. Because in Peterborough—MPP Smith and I will tell you—family practice is not great. We have a large number of people who are unattached—maybe 30,000 in this city alone. So it's something that I feel very strongly about, something we have to fix.

Ms. Jessica Bell: How long have I got, Chair?

The Chair (Hon. Ernie Hardeman): Twenty-two seconds.

Ms. Jessica Bell: Okay. I want to thank both of you for coming. I don't think I'm going to have time to ask a fulsome question, but I'm sure MPP French will ask some questions next round.

The Chair (Hon. Ernie Hardeman): Okay. We'll go to the Liberal Party. MPP Cerjanec.

Mr. Rob Cerjanec: Thank you all for your presentations today.

Jane, I really appreciated all the different pieces that you touched on. I think I'll start with AI. I had actually recently moved a private member's bill that we debated and voted—it didn't pass—for the province to create an AI strategy, bringing in folks from a multitude of different sectors, from folks doing work in AI, government and everyone to really wrap our heads around this so that we can create jobs, opportunities, drive innovation but also help solve some challenges that we face in health care, that we face in education, that we face in government services.

So, your suggestion around AI is that the OMA and the government work together to come up with what needs to happen?

Dr. Jane Purvis: In short form, yes. I think that there are some issues that are emerging right this minute that if we don't get ahead of, we are going to be behind on—particularly AI consultant, patient exposure to AI information—but also some tremendous advantages. I don't know if any of you have heard the AI office administrator answer the phone, but it's a fabulous tool. I mean, she sounds so nice. She will answer your questions, but she is also able to access the world of information. So it's something that we have to look into, and then it might actually be a real benefit for offices going forward.

And there are so many other possibilities that, as a non-AI person, I wouldn't even know, but we want to be ahead rather than behind in this situation.

Mr. Rob Cerjanec: Yes, and it's a field that's rapidly evolving and rapidly changing, I would say, where you have—not every day, but very often—people coming up with new solutions, new ideas; people who are working in

health care partnering with—we have incredible students in our province, incredible talent, who are doing quantum computing work, who are doing computer science work at places like the University of Waterloo, University of Toronto and other post-secondary institutions in our province.

So I really appreciate you coming forward today and saying the province does need to get ahead of it. I think this is an area where it's not government getting out of the way, because government has to play a really important role in working with the medical profession to help you do your jobs better, more effectively and more efficiently, and to have better patient outcomes as well. So I thank you for coming forward to that, and I really do hope that this is something that the government very seriously considers. Otherwise, we are going to continue to fall behind.

Around online vaccine registries: Where are we now, and what should happen?

Dr. Jane Purvis: Well, we're with the little yellow cards is where we are, which is sad.

Now, the Chief Medical Officer of Health has advocated strongly for the creation of an online vaccine record, which may even exist in another province. So, the comment from the national point of view was that it should be national, but we need to have one in Ontario. If you don't have your card, you have no idea what vaccines you've had, and if you lose your card, you are out of luck. So it behooves us to pull ourselves into this century to create an online vaccine registry. It should be very easy.

1030

Mr. Rob Cerjanec: What do you think is holding that back right now?

Dr. Jane Purvis: It's primarily that the scope of the project is probably fairly large, so it needs to have personnel and funds set aside to do it. I don't think it would be recreating the wheel. I think the technology exists; it just needs to be done.

Mr. Rob Cerjanec: Fair enough. I don't think I know where my yellow card is. It might be in some drawer somewhere at my mother's. I have no clue.

Dr. Jane Purvis: That's not a good system.

Mr. Rob Cerjanec: I couldn't even tell you what vaccines I have gotten as a kid. I guess you could maybe figure that out by the age and the grades and stuff that you're supposed to get some of them.

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

Mr. Rob Cerjanec: So, I think this is something we've got to get into the 21st century.

Dr. Jane Purvis: We've got to do that. As a group, we would agree that that's embarrassing.

Mr. Rob Cerjanec: Yes. I think we have the talent, we have the technology and we have the skills and the people. I don't know if it's a money issue or folks are afraid of doing it, but I think it's something that we very much need to do. I appreciate that.

I think I'll move on.

The Chair (Hon. Ernie Hardeman): Thirty-two seconds.

Mr. Rob Cerjanec: That's fine. We'll go on to the next round with the other folks. Thank you.

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

Ms. Bobbi Ann Brady: Good morning, and thank you all for your presentations.

Dr. Purvis, I really appreciate your suggestions about an office so that we can see things in real time. When I look at the Auditor General's report, and we have 365 or 366 days of billing, perhaps that's not nefarious and perhaps we're looking at that as kind of a corruption in the system. But seeing it in real time would actually let us know whether or not someone is acting out of line or not. So, I appreciate those comments with respect to the vaccine registry.

I think part of the problem would be kind of coordinating doctors' offices and our public health system. I've tried to get updates on my children's vaccines, and it is like pulling teeth from a dog. So, good luck on that one.

I represent a very rural riding. We have a difficult time recruiting physicians to Haldimand-Norfolk, and I'm wondering what OMA's recommendations are for doctor recruitment, especially in rural areas.

Dr. Jane Purvis: Thank you very much for the excellent question, and if we had the easy answer, we would have enough doctors everywhere.

I'd say we can divide the doctor situation into two groups: family practice and then everybody else. In family practice, the current situation is that there are multiple funding models, some of which are more attractive than others. There are various communities that offer subsidies to physicians coming for return of service, but the thing is that no one has ever studied exactly what makes somebody come and stay. The OMA actually looked into this and said, "Okay. Well, why don't we just do what works," and then we've realized no one's ever studied that as to—you know, is it money; is it whatever?

So, the fact that we don't know is a little bit damning because it's hard to solve the problem when you don't actually have all the facts. If the supply was better, if there were more family doctors, that would certainly help, but there's no guarantee that they're going to go where you want them to.

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

Dr. Jane Purvis: And even if they went, at this point, there's no guarantee that they will do what you're hoping they'll do, which is longitudinal family practice. Until we change the model of care to make it more attractive, the concern will still be that people are going to be looking at things like hospitalist work and sports medicine rather than longitudinal, lifetime, birth-to-grave care for our patients, which is what I think we all want.

Ms. Bobbi Ann Brady: What's the time there? Are we done?

The Chair (Hon. Ernie Hardeman): Point-two-nine.

Ms. Bobbi Ann Brady: Okay. I'll wait until the next round. Thank you.

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

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

Mr. Dave Smith: Jane, Lynn and Kirsten, thank you very much for coming today. I'm going to focus primarily though on PRHC, and I'm going to give you some leading questions, Lynn. Obviously, I know the answers to these, so I'm asking them for specific reasons.

The shelled space itself was built a few years ago, and it was built because PRHC was getting a new MRI and you couldn't build above patient space. The additional four storeys or five storeys that were built, how was that funded?

Dr. Lynn Mikula: Thank you, MPP Smith. The shell space that we constructed—you're correct: We built what we call the two-car garage to replace an existing MRI and increase access to care. We built four or five additional storeys. They were entirely self-funded by the hospital out of capital reserves.

Mr. Dave Smith: That took us a couple of years to get the approval from the Ministry of Health to do something that wasn't going to cost the Ministry of Health a penny.

Dr. Lynn Mikula: That's correct.

Mr. Dave Smith: What barriers did you have in trying to convince the ministry that they needed to approve something that wasn't going to cost them anything?

Dr. Lynn Mikula: The capital planning process for hospitals is robust, it is lengthy, it is complex and occasionally not entirely clear in terms of what steps need to be followed.

There were a series of conversations back and forth about this project as it evolved. I would say the main barrier—and I was not in my position at the time, so I'm speaking from second-hand knowledge—really was that the approvals process was very, very lengthy and very, very complicated along the way.

Mr. Dave Smith: Ontario Health and the Ministry of Health have said that a level 2 vascular centre is supposed to have a hybrid operating system, and we've been working to try and get this. How is the fundraising going from the foundation to do this?

Dr. Lynn Mikula: I believe the foundation is closing in on their \$6-million goal.

Mr. Dave Smith: The ministry doesn't have to pay for the space. The ministry doesn't have to pay for the equipment that's going to be put in there. It's a really cheap proposition, then, that the PRHC is making to do this.

Dr. Lynn Mikula: We believe, in the context of hospital capital projects, which now tend to run into the billions of dollars, that a \$10-million ask would be a huge win for a relatively very small price tag.

Mr. Dave Smith: The population of Peterborough is about 85,000. How do you get to 600,000 that you serve?

Dr. Lynn Mikula: Vascular programs do not exist at every hospital. They're regionalized, as are cancer care, thoracics and other things. The geography that we serve, again, goes all the way north to Haliburton. It's an interesting geography; it's very rural, a lot of people who really can't travel for care. Then it goes all the way down to the 401, to the Cobourg-Port Hope area and the northeast corner of Durham region. Our closest neighbouring vascular

centres are in Kingston and Scarborough, so we basically cover the chunk of the population that exists in between.

Mr. Dave Smith: It's not my riding; it would be Laurie Scott's riding. But if somebody in Haliburton, for example, needed this service and Peterborough couldn't provide it, how long would it take them to get to Kingston?

Dr. Lynn Mikula: Well, we get them there by helicopter, if necessary, and often with emergency procedures. That's what we need to do. I think the real question is, how long does it take their family to get there? In the winter sometimes from Haliburton, that is hours and hours. Then they are receiving emergency care, often with an ICU stay, very, very far from home. It is far from ideal.

Mr. Dave Smith: So it's not just the patients, then, that are going to see a benefit as a result of this; it's also the families you would be providing better service to. It really would match the statement that we've been making, that we want the appropriate level of care where someone needs it, when someone needs it. Is that safe to say?

Dr. Lynn Mikula: That is a true statement.

Mr. Dave Smith: Thank you. I appreciate that.

Jane, I'm going to switch over to you. Chair, how much time do I have left?

The Chair (Hon. Ernie Hardeman): One point one.

Mr. Dave Smith: We've had a number of conversations about physician recruitment. I think we've got a pretty good working relationship on all of these things. You said that no one has done a study on what attracts a doctor to the area. I have been making the argument that simply the geographics of this area are one of those attraction tools. What else can we do, then, to bring more physicians to rural Ontario?

Dr. Jane Purvis: Thanks for the question. To be really quick, I'd say that attracting them is not the whole problem. They have to stay. That's been the problem that we've seen with a lot of the attraction campaigns, monetary campaigns, is that once the contract is served, they go. We need to find a way to attract them but retain them as well.

The other thing that we need to work on is retaining physicians as they're getting older, because a lot of people—I don't know if you saw it; it was in the news yesterday, what percentage of physicians. It was like 50% of specialists are thinking of retiring, because there's a large group of physicians past age 50 that are all thinking about just saying that they're done. We have to make sure that that doesn't happen, because that would be a huge loss.

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

We'll now go to MPP French.

1040

Ms. Jennifer K. French: I'm very pleased to be in Peterborough. My grandma lived here for her entire adult life. I learned to skate on the canal, and grandma's house was the home away from home. Thank you for having me back.

I spent four months at the hospital with her at one time, so I've done a fair bit of exploring of the hospital, and I

support your ask. I've heard it before, and I hope we don't have to hear it again. I hope that you get what you're asking for.

I will say, though, that we have heard it before. As you have very carefully and eloquently put, it is a \$10-million investment that you're seeking. What that would accomplish is significant because you're already doing important work. I am glad that Dr. Hossein joined us, and we're sorry we couldn't hear his voice, but you're already doing very important work.

What are we missing out on by not making this investment? How much more could you do? How much better could you serve that significant, broad community if this investment were made?

Dr. Lynn Mikula: Thank you very much for the question. I also taught my children to skate on the canal. It's a great thing.

I think the most important way that I can frame this for you is, with a hybrid operating room, you can take two, three, four surgeries and do them in one surgery. Imagine the impact not only to the patient, who can now get this all out of the way with one hospital stay, but it literally frees up operating room time for us to do more. Vascular care is not something where you can afford to wait; it is a life-and-limb-threatening thing if you have to wait.

We can get more patients in sooner, using our existing resources with the addition of this technology. We will also be able to keep patients here who currently we are sending to Kingston, to Scarborough, who have lengthy wait-lists of their own. We will free up capacity in those areas as well, which they would very much like us to do.

In addition, with a minimally invasive approach, we can care for people who currently might not be able to withstand a surgery. They can recover faster. They can recover better. The benefits are multiple.

Ms. Jennifer K. French: Thank you. Currently, is there a conversation with the ministry, or are we just waiting for a decision? Are they waiting for something from you in terms of numbers or metrics?

Dr. Lynn Mikula: We've been advised that all of our questions are resolved, and we're waiting for a decision.

Ms. Jennifer K. French: Okay. I am hopeful that this conversation will get it across the finish line.

Dr. Lynn Mikula: As am I. Thank you.

Ms. Jennifer K. French: I want to appreciate all three of you being here.

Kirsten, I want to bring you into this very short window of opportunity we have to chat. I'm always appreciative of the heavy lifting that happens in community, with the Community Counselling and Resource Centre in your case. I think all of us can think of our communities and the people who are invested in all the nooks and crannies, build those relationships and support all of the other systems, and we're grateful for that work.

You had said a minimal investment or a modest investment would make a difference. I'd be interested in knowing what numbers we're talking about.

Then, further to that, because I'm a New Democrat and ever the optimist, what would an optimal investment be

that doesn't just get you by and get you through? What could you do with a bit more? What is your base, and what could you accomplish with more?

Ms. Kirsten Armbrust: Thank you for that question. I think even a modest increase of 10% would be helpful from the ministry. We've had funding that has not raised even a couple per cent in decades. That means we're trying always to do the same with less.

We have rising costs, just as other sectors. Even though our costs are generally less, they still increase. We want to keep professionals employed. Our therapists have master's degrees. They're part of regulatory colleges. We are a professional operation; we need to attract and retain talent.

In terms of what we could do with optimal funding, in Peterborough, we have a wait-list for counselling of almost over a year in some programs. We could double our counselling force and still be seeing people. We know that if you can see people quickly, then their difficulties are managed sooner and they don't get worse. What happens if you call for counselling, your family situation is in trouble and you're not getting to see someone for a year? Things have gotten a lot worse by that time. Modest investment will at least keep things static, but an optimal investment would be to increase services in all of our areas.

Ms. Jennifer K. French: Thank you. We're all focused on mental health, and it sounds like you are a key piece of that puzzle.

I'm running out of time, but Jane Purvis: A challenge for all of the 124 elected MPPs might be, ask us if we can find our yellow little booklets. Because I'll tell you right now: No, I have no idea where it is. I have scraps of paper, though, that I could maybe—

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

MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair: Kirsten, in terms of the clients and the folks that you're serving and working with, what's the biggest challenge that you're finding right now in Peterborough?

Ms. Kirsten Armbrust: Housing is a big challenge in Peterborough. We have a very low vacancy rate, and the costs of housing compared to income don't align, so that is a really big issue in Peterborough. Part of our program is a housing resource centre where we help try to stabilize housing and keep people housed, because it's a lot easier to keep people housed than to find new housing. That's an ongoing issue. We've had a lot of encampments over the years, with just not enough housing stock.

And then on the counselling side, with low wages, pressures on families increase. We heard about not a lot of family doctors; we have a lot of people who don't have access to primary care because there is such a doctor shortage. They are able to access our mental health services without a referral, without OHIP, which does reduce barriers in those cases. Ideally, everybody would have both family doctors and have access to other services, but in that way we are able to fill some of those gaps.

Mr. Rob Cerjanec: Thank you. I appreciate the work you're doing to try to keep tenants housed, because that's really important and it helps prevent the additional driving

up of rents and people ending up eventually falling into homelessness.

How many supportive housing units do you think are needed in the Peterborough area?

Ms. Kirsten Armbrust: I don't know that I could wager a guess of how many, but I know that, currently, our wait-lists for some supportive housing are close to a decade long. Even for people that are on priority housing—if they've experienced gender-based violence, for example—it can be up to two years. That's for priority, and eight to 10 years for other folks that are waiting for housing, which is far too long.

Mr. Rob Cerjanec: Yes, it's a situation that I don't think is acceptable where we are in this province right now.

Folks that are on ODSP—with rents in Peterborough, are people able to access housing if they're on ODSP, or is it very challenging?

Ms. Kirsten Armbrust: It's pretty challenging. It's pretty difficult. What we find is that a lot of people will stay in housing that is unsafe, that isn't meeting their needs, because to move is so expensive and they're not able to find something comparable if they move to another unit.

Mr. Rob Cerjanec: Thank you. In terms of the staff that you have, how is your retention?

Ms. Kirsten Armbrust: It's better than you might think, considering there are definitely opportunities for our staff to earn higher incomes at other places. But we do find that we attract, on our counselling side, people that are really passionate about community-based service. Even though they could go to a hospital or somewhere else and make more money, they will often stay because their heart is in working in community-based services.

Mr. Rob Cerjanec: Thank you. I appreciate that. I thank you and I thank them for the work that they do, because it's extremely important and a lifeline in some ways for so many individuals. So I thank you for that.

One last question just around technology, AI software: Are you starting to incorporate some of those tools in the work that you're doing? Probably more on the counselling side, I assume.

Ms. Kirsten Armbrust: Yes, definitely more on the counselling side. We do have an ambient scribe for note-taking, so that helps our therapists be able to reduce the administrative burden by being able to take notes—with the consent of clients, of course.

We also use something called Greenspace, which is a measurement-based care platform. We actually have found that our outcomes at family service agencies are slightly higher than average across the province when we've looked. We are seeing a 54% symptom reduction for things like anxiety and depression on scales, which is a little bit higher than across the province using Greenspace.

1050

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

Ms. Kirsten Armbrust: So we're starting to use AI where we can. Of course, all those things cost a lot of money, and that's another reason that our costs are increasing: to try to keep up with all the technology.

Mr. Rob Cerjanec: Thank you.

Lynn, thanks for the presentation just around the need for the hybrid operating room. It seems like the hospital

has put in, through the foundation and fundraising and its own funds, I think \$21 million—plus another \$6 million to be raised, so almost \$30 million. You just need \$10 million more from the province and you can make this a reality.

Dr. Lynn Mikula: That's correct.

Mr. Rob Cerjanec: Okay. Well, let's hope that happens this year. Cheers.

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

MPP Brady.

Ms. Bobbi Ann Brady: Dr. Purvis, back to you again: You spoke about the retiring doctors, and that's a huge concern in my riding as well. We have doctors on the brink of retirement who have rosters of maybe 3,000, 4,000 patients. The new doctors seem to have much smaller rosters, so it's taking sometimes two or three doctors to replace that retiring doctor.

Is that happening across the province? Do we need to set a requirement on roster size, or what are your suggestions for that?

Dr. Jane Purvis: Thank you very much for the question. Those are very correct, the things that you've just said. I can think of examples here in the Peterborough area of physicians over the age of 80 who have got practices of thousands and thousands, and you would need two or three new grads willing to take on a portion of that. So, it's a challenge. I think that the challenge should be for us to try and make those who are still practising—and not just in family practice, but in specialty medicine as well—to try and find out what we can do to help them stay.

For people who are in fee-for-service medicine like myself, if you try to go part-time, you still have to pay full-time wages for everything—a full-time lease and full-time everything. If you're older and you want to cut back, it's economically not viable. That's an area that we could be working on to try to find alternate ways to move forward. Because certainly the fee-for-service model—an independent practitioner business person—doesn't allow itself for slowing down; you're either on or off. So that's one area.

In family practice, I think there has been maybe a sense of the loss of joy of medicine. But if we can make medicine more joyful again—which isn't necessarily a money thing, but it might be respect and time.

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

Dr. Jane Purvis: We've spoken about moral injury. If you spend 19 hours a week filling in insurance forms, it's unrewarding. From someone who has been working for 35 years, I'm sure that when an older family physician has to do that, they find it denigrating. If we can find a way to get people back to what they like to do in the first place, which was seeing patients, and make it so that the practice model is more flexible, I think those would be things we could actually do.

Ms. Bobbi Ann Brady: Great. Thank you.

And Lynn, I wish you all the best. I have similar situations with long-term care in my riding. The community morale—when they don't see the rubber hit the road and they don't see the project begin, it's really difficult to continue that fundraising. So I wish you all the best. I'm probably out of time, so I can't ask you a question. Thank you.

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

We'll now go to the government side. MPP Kanapathi.

Mr. Logan Kanapathi: Good morning. It's good to be in Peterborough. I have to thank all the panellists for your presentations.

Before I make my comment and question, I have to say thank you to Dave Smith, our MPP and PA, for his leadership and his voice. You have a good voice for Peterborough, I have to tell you. I don't tell that often or give that credit to too many people, but Dave Smith brings the real voice to Queen's Park, especially in the caucus. Thank you for your leadership, Dave Smith. Any questions or concerns in the future, please send it through him.

I have to thank all the panellists. Thank you for your voice. This is your day to bring your voice, and we heard loud and clear some of those issues.

My questions start with Dr. Jane. I know there are a lot of challenges. We took government in 2018, then COVID came. Despite all the challenges, we are increasing the capacity of the health care system. We are firing up with all the cylinders. We are not—there is still so much work to do.

Building primary caregivers with the multidisciplinary clinic is working. I am the MPP for Markham–Thornhill, and I have good respect for the doctors. We have the best doctors in Ontario. I have a lot of respect for—not me, my government. Doctors are good people. They're great people. So thank God, we have the best doctors in Canada that come from Ontario too.

You mentioned there are challenges. Our government is investing approximately \$56 billion over the next decade in health infrastructure. That's including \$43 billion in capital grants, yet some of the Peterborough doctors are talking about the capital grant for their hospital.

This ambitious plan will support over 50 hospital projects and deliver approximately 3,000 new hospital beds to enhance access to quality care and will connect a people-first health care system. So all this investment—how do you see this investment impacting the work your organization does or may do?

Dr. Jane Purvis: Thank you very much. Investing in the health care system is obviously critical, and we need to invest in multiple layers. The hospital investments are key, but we would like to see investment across the whole spectrum of health care to try and avoid some of the hospitalizations.

We would like to see a greater emphasis on preventative care through primary care and trying to get the public health units more dovetailed into primary care so that we can help avoid some of the things that lead to people needing Dr. Mikula's services.

When thinking about vascular surgery, for instance, if we were able to get our smoking rates down and lessen diabetes, we could decrease the number of people needing vascular surgery.

I applaud all the investments that are being made, but I think we need to make sure that we're looking at the wellness of the population and not just thinking about what to do when they're sick.

Hospitals are primarily for when people are having trouble, and we would like to see primary care bolstered so that there are less people having trouble or so that we can catch them before they're at the hospital, before they either need admission or they're in the emergency department.

We welcome all investment. We just want to make sure that we invest carefully in all of the areas so that we get our maximum impact.

Mr. Logan Kanapathi: Okay. Thank you.

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

Mr. Logan Kanapathi: We are working on IMGs, international medical graduates, coming, even born Ontarian, Canadian. Students couldn't get into the system and going out of the country, coming back here, they had to do it all over again. So we are removing that barrier, as you know.

Also, when it comes to internationally trained doctors, we are opening the door more and more. The door wasn't open before 2018 that much. We are trying to open up the door there. So what do you think about how we can get more supply into the health care system? You know, bringing more doctors, more IMGs, more internationally trained. We are even building three medical schools. It's never happened in the last 50 years.

Dr. Jane Purvis: I would like to thank you very much for the investments that the government has already made and the changes to licensure, which have been great.

I think that Ontario should spend a lot of its time plugging its excellent situation to other jurisdictions. I don't think we're doing anything wrong by telling people in Quebec that Ontario is quite welcoming to family physicians in particular, but also specialists. We've actually seen, across the country, doctors from the United States moving to Canada because of the situation in the United States. I think one of the things that the government can do is to continue getting the message out there to the other places like the States, like other provinces.

I know in Peterborough, we've recently got a couple of grads from the UK—

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

Thank you all very much for taking the time to prepare and so ably presenting to us. I'm sure it will be of great assistance to us as we prepare our report, and we hope that it's also great assistance for your success going forward.

KAWARTHA SEXUAL ASSAULT CENTRE
PETERBOROUGH COUNTY
CITY OF KAWARTHA LAKES
FAMILY HEALTH TEAM

The Chair (Hon. Ernie Hardeman): Our next panel is the Kawartha Sexual Assault Centre, Peterborough county and the City of Kawartha Lakes Family Health Team. We need the committee's unanimous consent to allow an extra person to sit at the table in the presentation. Any objection? If not, that's agreed.

1100

As we're coming forward to the table, I would ask the last panel to move away so the new panel can come to the table. I would like to ask the committee members, if they're going to talk, to do it at the back of the room so we can get on with the next panel.

With that, the direction is, each panel member will get seven minutes to make their presentation. At the end of six minutes, I will warn you that there's one minute left. Don't stop, because I stop at seven minutes. We also ask each presenter, before you start to speak—not quite before you start to speak; when you start to speak—to introduce yourself to make sure Hansard can record the presentation to the right name.

With that, the first presenter will be Kawartha Sexual Assault Centre.

Ms. Brittany McMillan: Hi, everyone. My name is Brittany McMillan. I am the executive director of the Kawartha Sexual Assault Centre, also known as KSAC for the rest of the presentation.

KSAC serves Peterborough, Kawartha Lakes, Haliburton and Northumberland, covering a large, diverse region of rural, urban and remote communities. We provide counselling, crisis support, advocacy, prevention education and specialized support for survivors of sexual violence, including those impacted by sex trafficking. We do all of this on just under \$400,000 in provincial core funding.

Canadian data shows that sexual violence is both widespread and deeply under-reported. Approximately one in three women will experience sexual violence in her lifetime. Research also shows that transgender and non-binary people experience significantly higher rates than cisgender people. Men experience sexual violence as well, though at lower rates. Across our region, this translates into tens of thousands of people who will need sexual assault services at some point in their lives.

The reality of living with that risk is something that many women carry every single day. Recently, I bought a new vehicle, and my brother-in-law, who was also my salesperson, handed me my new key fob. I literally just stared at it. I was like, "What the heck is this, Terry?" I couldn't focus on the features of the orientation of the car or anything like that because I had to actually ask him, "Where is my actual key?"

For me, that key has always been my safety clutch. It's the thing I hold when I walk across a parking lot. I remember thinking, "How did we get here? How is it that women, including someone who leads a sexual assault centre, are still carrying this level of fear in our everyday lives?"

The truth is, the real danger is usually not a stranger in the dark, waiting at our cars. It is someone who we know and who we trust.

There is growing discussion in Ontario right now about recognizing intimate partner violence as endemic. What we see on the front lines reflects exactly that. Sexual violence within intimate partner relationships is rising, and more survivors are reporting assaults involving high levels of violence, including strangulation. Strangulation increases the risk of homicide by 750%. This is a public safety issue,

a health issue and an economic issue, and one that requires stable, long-term investments.

Sexual assault centres are specialist services. We are not general counselling programs. Our staff are trained specifically in trauma, sexual violence and risk assessment, and we provide support that reflects the real-world dynamics that survivors face. Survivors consistently report that specialist sexual violence services meet their needs far more effectively than general counselling.

If Ontario wants survivors to be supported safely and effectively, then sexual assault centres must be funded as the expert services that we are. With that context, three realities stand out in our region, each with solutions aligned with Ontario's priorities of public safety, value for money, community stability and supporting children and families.

First is access and equity. Our region is large, and the need is significant. We have nearly 100 people on our counselling wait-list in Peterborough alone, not including those in Kawartha Lakes, Haliburton and Northumberland.

There is also no free, long-term, community-based sexual violence counselling for survivors under the age of 16, even as disclosures from children and youth are increasing. Early intervention is one of the most effective ways to reduce long-term trauma and system cost, yet it is not available to young people. When people call us to ask if we have services for their children and we have to turn them away, it's heartbreaking.

Second is public safety and health. We are seeing more sexual violence within intimate partner violence, more strangulation and a sharp increase in sex trafficking involving children and youth. These cases are complex and require specialized intervention. Without timely supports, survivors face higher risks of PTSD, housing instability, emergency room use, school disengagement and crisis involvement.

Third is prevention and culture change. We still teach girls to keep themselves safe while the programs that actually shift behaviour, like consent, emotional regulation and healthy masculinity, remain underfunded or completely unavailable. These are often missing for boys and young men. Prevention works, but it requires long-term investment.

Sexual assault centres also deliver this work, but without stable funding we cannot reach the scale needed to make communities safer. When we look at the whole picture, there's a clear mismatch between where survivors seek help and where provincial dollars are going. Only a small percentage of sexual assaults are ever reported to police and even fewer result in charges or convictions, yet most provincial investments sit within policing and victim services. Those services matter, but they only serve the minority who enter the justice system. Most survivors seek support outside the justice system, and they come to us.

Strengthening sexual assault centres is one of the most efficient and upstream investments Ontario can make. When survivors receive support early, it reduces pressures on hospitals, policing, emergency mental health services and the courts. This is not about taking funding away from

anywhere; it's about ensuring the full continuum of support is resourced so survivors can access the help that they need.

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

Ms. Brittany McMillan: To meet the needs across our region, we are asking for two key investments from our provincial government: For our centre alone, we would need \$3.2 million in annual core funding to provide equitable access across all four of our catchment areas, and \$1 million to launch community-based sexual violence supports for children and youth under 16. These investments support Ontario's goals of improving public safety, supporting children and families, strengthening communities, reducing downstream costs and investing in specialist services already proven to work.

We are ready to deliver, and we just need your partnership. Thank you for your time.

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

We will now hear from Peterborough county.

Ms. Bonnie Clark: Thank you, MPP Hardeman. It's a pleasure to see PA Saunderson again. Only in God's country, as our own MPP would say. I mentioned that at Queen's Park yesterday.

I'm going to speak about a few topics: infrastructure funding; the courthouse acquisition, which is owned—

The Chair (Hon. Ernie Hardeman): Warden, could you give us your name before you start?

Ms. Bonnie Clark: Oh, I'm sorry. Thank you.

I am Warden Bonnie Clark of Peterborough county.

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

Ms. Bonnie Clark: I'm going to talk about a few subjects: infrastructure funding, of course; the courthouse acquisition; our community paramedics; and, of course, Peterborough regional hospital, which was ahead of us on the panel—

Failure of sound system.

Ms. Bonnie Clark: I'm hearing my own voice.

As per the Ministry of Finance projections, the Peterborough—

Failure of sound system.

Ms. Bonnie Clark: Yeah. Well, we say if we echo it three or four times, yes, the message will be received.

As per the Ministry of Finance projections, the Peterborough CMA is estimated to grow between 20% and 35% from 2024 to 2051. We have engaged the services of Watson to update our growth management plan, and it projects our population in the county to grow to 90,000 by 2051.

In addition, the county has over 5,400 housing units in development approval at this time. While we do appreciate, of course, the HEWSF funding that we've received in both municipalities of Cavan Monaghan and Havelock-Belmont-Methuen—and thank you, MPP Smith, for that—the additional 5,400 units are in jeopardy if urgent funding isn't approved in Asphodel-Norwood, specifically, and Selwyn, around the water and waste water infrastructure. Targeted investment is critical and is needed.

1110

Additionally, this growth has identified a need for a second crossing near Lakefield. This will be a multi-million-dollar project which will require both provincial and federal partner investment.

We have implemented in the county a dedicated infrastructure capital—a levy of 2.5% each year—and we've done that since 2018. We have identified the gap, which, when we started, was \$75 million. It is now at \$35 million. That's just showing you that we have skin in the game here, but we do need partners.

Provincial and federal government input is needed, and we do recognize that the feds have been absent from the table. As chair of the Eastern Ontario Wardens' Caucus, when we did have Parliament Hill days, we certainly were specific about that. All partners are needed.

I'll move on to my second topic, the courthouse acquisition, which MPP Smith is certainly familiar about. We do chat frequently about this.

The Ministry of the Solicitor General leases the majority of the county courthouse at 470 Water Street in Peterborough, which is owned by the county. But it is a purpose-built courthouse, built in the mid-1800s. The Superior and Family Courts are operated from this building. Since 2018, the county has been working with Infrastructure Ontario to facilitate the purchase of this property in the core of downtown Peterborough for courts' use only.

Most recently, increases in court security requirements have conflicted with the administrative use of the county of Peterborough, and in order to facilitate the needs of the courts, total ownership of the building is required. As such, the county has already secured a property for the construction of a county administrative building in the county.

The county is seeking confirmation that this purchase of the courthouse building at 470 Water Street, Peterborough, is included in the 2026 budget—and I will look over, hopefully.

I will move on to community paramedics.

As you're aware, the impact of community paramedics and the services they provide to assist keeping people out of the emergency department and assist people in aging at home has been enormous, and we thank the province for making the community paramedics' funding under the Ministry of Long-Term Care permanent.

We urge the province to do the same for the CP funding under the Ministry of Health. We have done statistics, and 6% to 11% of the emergency visits have been avoided due to that impact of care in the community. This will allow us to secure sustained funding and offer permanent staffing positions, which will offer a greater certainty to staff and the programming itself.

There was a question around housing and there are two things that I do want to speak up about Peterborough and Peterborough county. It's the fact that we are now demographically the oldest community in the province, and we do know that homelessness is increasing with seniors; that is the highest demographic around homelessness. So that is why this is so badly needed.

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

Ms. Bonnie Clark: Thank you.

And just in support of Peterborough regional's hybrid—I'm a retired OR nurse. I spent 28 years, actually, working here at the regional hospital, and we are in full support of, certainly, the \$10 million and asking for that for the hybrid OR. It is certainly critical that, with our senior demographics here, we are able to put the ports in that deliver both the chemotherapy and dialysis and not have our seniors to travel outside the community. Of the 600,000 people that it does serve, 30% are from our area.

Thank you.

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

We now will go to the City of Kawartha Lakes Family Health Team.

Dr. Ruth Wilson: Good morning, members of the committee. Thank you very much for having us. I'm Dr. Ruth Wilson. I'm a family physician in Lindsay and president of the City of Kawartha Lakes Family Health Team. With me this morning is Mike Perry, our team's executive director. We're very pleased to be here today, both of us, and want to thank you for this opportunity to speak with you.

I want to start with what's working. As you know, the government of Ontario has made historic investments in primary care: \$2.1 billion to add 305 new teams and \$142 million for workforce retention. These are unprecedented commitments that show real leadership.

The goal of getting two million more Ontarians a family doctor by 2029 is both bold and achievable, but those initial investments are only a start. I need to be direct with you: Without continued urgent action in this budget cycle, we risk building a second story on a foundation that's crumbling beneath our feet. We need to strengthen the foundation.

Let me tell you what that looks like next door in the city of Kawartha Lakes, where our family health team operates and where I practise medicine. We serve some 29,000 Ontarians, nearly 38% of everyone attached to primary care in our region. In our region, it's reported that 11,300 people do not have a family doctor or nurse practitioner. More than 35% of primary care visits come from unattached patients who are cycling through walk-in clinics and emergency departments because they have nowhere else to go. That is extremely draining on the system and very, very expensive.

I was just at the walk-in clinic last night in our community, the after-hours clinic, and I see evidence of this every time I work in the walk-in clinic: 35% of those patients don't have anywhere else to go except the emergency department. I also practise obstetrics, and often when I take care of babies in the hospital, we discharge them and they have no primary care provider. It's distressing, honestly.

Our team includes family physicians, nurse practitioners, nurses, social workers, dietitians, mental health professionals and pharmacists—the kind of interdisciplinary care that keeps people healthy and away from the emergency department, out of the hospital and connected to their community. This model works. When it's properly

resourced, team-based care delivers better outcomes at lower cost. Patients with complex needs get coordinated support. Chronic diseases are managed proactively. Emergency visits drop significantly. Families stay healthier.

But here's the crisis: We can't staff the teams we have, let alone expand to serve more people. Across Ontario, vacancy and turnover rates in primary care teams have reached 40% annually. Other health sectors, like hospitals and community organizations, pay 15% to 30% more for the same roles. Our nurses, social workers and allied health professionals are leaving for better pay elsewhere in the system.

The government has committed funding for retention; however, as of October, only 19% has been released. That means family health teams hemorrhage staff while waiting for money that has already been budgeted. We can't make comparable firm offers to new hires, we can't implement retention strategies, and every position that stays vacant is a direct constraint on how many patients we can treat and serve.

When teams shrink, doctors and nurse practitioners have to reduce their scope of practice. They spend more time on administrative tasks. They see fewer patients. The capacity the government is counting on to take on that two-million patient goal starts to evaporate.

I'll just hand it over to Mike Perry.

Mr. Mike Perry: Thank you, members. I'm Mike Perry, the executive director of the City of Kawartha Lakes Family Health Team. Again, thank you for the opportunity to speak today. I'll be brief and direct in terms of—we wouldn't want to come and make a presentation to the finance committee without offering some solutions.

In the time remaining, I'll offer two tacks that could bring us to straightforward solutions on how to address the issues that Dr. Wilson has raised around family health care, family health care teams and how to strengthen that foundation.

The first would be an immediate release of the \$115 million in committed workforce funding. That's money that has already been allocated and no new appropriation is required. We'd like to ask all of you as members of provincial Parliament and as the members of this committee to get that money into our hands across the province in family health teams so we can stabilize the health care workforce as it is before the next wave of expansion begins.

1120

The second is a request globally—not simply for our family health team in Kawartha Lakes—for a commitment in this budget of \$430 million over five years to bridge the structural compensation gap. The 2025 funding provided only a 2.7% pay increase after six years of working as health care professionals in a collaborative primary health care setting. We're unable to compete with the 15% to 30% gap in family health team health professional salaries and those at hospitals and other service providers.

With that, Chair, I'd like to simply conclude, putting those urgent requests forward for consideration and inclusion in the upcoming budget but also end with room for hope, because there is room for hope. Dr. Wilson refer-

enced the \$2.1 billion in funding. Ontario is closer than ever to be able to build that strong, equitable and high-performing primary care system.

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

Mr. Mike Perry: We often hear about \$430 billion, for example, being a big number. But together, these savings in emergency room visits, in hospital care can save an estimated \$1.2 billion—not short-term but, as we've heard so long before, investing in the long term.

I want to thank the Association of Family Health Teams of Ontario for all the work that they do.

Know that we at the City of Kawartha Lakes Family Health Team are ready; we are in the process of attaching patients to health care providers.

All of us in this room need health care. We have families who need health care, primary health care, a foundation to stand on. So please, won't you come and be a part of this? Join us in being able to provide the health care that all of us need.

Thank you for your time this morning.

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

That concludes the presentations. We'll start the first round of questions. MPP Cerjanec.

Mr. Rob Cerjanec: Thank you, Chair, and through you: Brittany, thanks for your presentation today. I'm wondering, how much funding does your organization receive from the province right now?

Ms. Brittany McMillan: From the province, we receive \$389,000 of core funding, and then we get an additional \$64,000 of human trafficking funding.

Mr. Rob Cerjanec: Okay. What does your annual budget look like?

Ms. Brittany McMillan: We're at about a million right now.

Mr. Rob Cerjanec: Sorry? You're at—

Ms. Brittany McMillan: About a million, but those are all piecemealed together through other funding sources.

Mr. Rob Cerjanec: Yes. Right now, I think you mentioned you have over a hundred people on counselling wait-lists just in Peterborough alone, not counting other places.

I remember—I think it was maybe a couple of years ago—there was some federal funding that was flowed through the province, that was administered by the province. There were calls for proposals, I believe, around intimate partner violence work. Did your organization receive any of that funding?

Ms. Brittany McMillan: We did receive a little increase during that time in our core funding, but it wasn't during the call for proposals. It was just a small increase, but before that, there was no increase since the 1990s.

Mr. Rob Cerjanec: Okay. Have you folks been approached by other organizations to support intimate partner violence work?

Ms. Brittany McMillan: Yes. We do a lot of collaborative work with the YWCA locally. I also sit on the Ontario Coalition of Rape Crisis Centres as the board chair.

So, we're doing a lot of collaborative work across Ontario's sexual assault centres.

But when it comes down to core funding pieces, no, we haven't sustained—other than from Trent University and Fleming College, who provide us with annual core funding, we don't have any others from other orgs.

Mr. Rob Cerjanec: The reason why I'm asking that is, my understanding: There was some kind of more one-time funding from the federal government that went to the province that then the province administered through a call for proposals.

What was a little shocking to me in speaking to some organizations is there are organizations that are doing that work that didn't receive that funding. And then there were other organizations that weren't directly involved in intimate partner violence work but maybe a little bit more on the periphery that then did receive that funding, and those organizations then went to organizations that did not receive that funding and asked them for their help and partnership in delivering those programs. It felt a little backwards to me when I learned that.

When you're the experts in dealing with that work, my view is that you should be receiving that funding directly and then working with other organizations so that you're developing those partnerships, as opposed to the other way around. I was a little shocked to hear that.

So you're asking, specifically for the Kawartha Sexual Assault Centre, I think \$3.2 million in annual core funding?

Ms. Brittany McMillan: My goal is also to advocate for the other SACs across Ontario as well.

Mr. Rob Cerjanec: Of course.

Ms. Brittany McMillan: But I like that you brought that up, because we find that when any call for proposal about IPV comes up, we're getting calls from partners that haven't wanted to partner with us in the past, so it does seem backwards. We're trying to operate core funding-wise and often don't have the capacity to start a new project without the core funding. So yes, that's what our centre would need to be able to support all four of our catchment areas, and then other SACs would be in a similar position and needing that much of an increase.

Mr. Rob Cerjanec: Okay. If you were able to receive maybe your full core funding ask, or at least significantly more than the 10% of which you're receiving from the province right now, what would that impact be?

Ms. Brittany McMillan: We wouldn't have a wait-list in Peterborough, definitely. We'd be able to retain highly qualified staff. Right now, if my staff come to me and say, "I got into my masters," We're, "Oh, good," knowing that we're going to lose them—congratulations. And this is really expert work.

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

Ms. Brittany McMillan: We can't have new grads coming in; we need specialized therapists and counsellors. And then we'd really solidify the prevention education across our areas, specifically towards boys and young men.

Mr. Rob Cerjanec: You would probably then be able to do a bit more, not just advocacy work but ensuring that folks in the community know you're there so you can

support more individuals, because I think you mentioned quite a large number of these cases are unreported.

Ms. Brittany McMillan: Yes.

Mr. Rob Cerjanec: I think we've really got to change something in this province because it's very worrying, and the conversations that I think we're having are very concerning to me. I just want to thank you very much for the work that you're doing, and I really do hope that you'll be able to receive more from this provincial government.

Ms. Brittany McMillan: Perfect. Thank you so much.

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

MPP Brady.

Ms. Bobbi Ann Brady: Thank you all for your presentations. I'll start with Dr. Wilson and Mike. The \$115 million, the release of those monies—that is the second time in our pre-budget consultations in two days that we have heard that, so thank you for that. You spoke about—I guess you're more optimistic than I am—reaching that goal of attaching Ontarians to primary care. Especially when you use words like, "We are haemorrhaging staff," and "We cannot make doctors overnight; we can't make health care workers overnight," I'm wondering what practical steps we can take to try and fill some of those gaps.

I spoke in the last round with OMA at the table. I spoke about retiring docs and the fact that they carry very large rosters, and the doctors replacing them at this point in time do not carry those large rosters. How do we fix that gap, and could we start expanding the scope of nurse practitioners and perhaps give them the ability to bill OHIP? There's a lot there to unpack, sorry.

Dr. Ruth Wilson: Thanks for that. I'll let Mike speak as well. Yes, there's a lot to unpack there. Yes, this is a long-term goal, a long-term investment, and some of these investments now are going to take some time to pay off, but I really think we have to be bold. We have to act before things get worse. The investments in primary care teams are going to both help recruit new doctors to areas like ours and across the province, but they will also help retain the doctors we already have.

In our community, there have been a number of physicians retiring. We went from 28 physicians as part of our family health team when I started 15 years ago now to 17. So having strong teams around them will actually help retain them longer. I think care is more complex, so having interdisciplinary health providers involved to help provide that care—building that care around the patient—will help, as will advocating for increased administrative support for physicians and nurse practitioners and building solutions in terms of IT and so on to make the system more streamlined. Obviously, there's a lot to unpack here. I could go on, but I don't know if Mike has anything to add.

1130

Mr. Mike Perry: Just very briefly on that: As we had mentioned, stabilization here is the key at this stage to build that foundation. We all want people to access primary care. That's where we first should go, all of us, with our health care needs, and so when teams have—

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

MPP Smith.

Mr. Dave Smith: Thanks Chair, I appreciate that. I want to thank everyone for coming out today. Obviously, I have good working relationships with all of you on various things.

I'm going to start with you, Brittany. Our region, at one point, had the fourth-highest rate of sexually trafficked young women in the country. The average age of someone sexually trafficked is 12. You can only help with someone who is 16 or older at present. What do we need to do to change that so that you can help those individuals in our community that are being sexually trafficked at 12?

Ms. Brittany McMillan: That's a great question. Right now, we're one of the chairs of the human trafficking response team here in Peterborough. We're seeing hugely alarming rates: 11 to 14-year-olds, grooming and luring, things like that. Really, we need the investment for just our core funding, what we're mandated currently to do, and then in addition to that we need specific funding for people under the age of 16 who are the most vulnerable, specifically, to trafficking. Right now, we can provide a little bit of support in coordinating services for them. We can't offer counselling support, which is what they need to be able to live healthy lives in the future, and prevention education is huge in that area, too, that we need.

Mr. Dave Smith: So, obviously, we have a similar good working relationship. We've met a number of times. We've had lots of great conversations. So I'm in a spot where I'm simultaneously trying to advocate for my community, but I'm also trying to draw some bigger province-wide things because that's really what this committee is supposed to be doing. If I were to take it from just your organization and look at it province-wide, I know that there is a lot of funding that goes into police services on victim support, and I know that there is a gap right now in information for organizations like yours. What can the province do, then, to better promote the services that you do, so that those who don't feel comfortable going to the police to report it—and we know that's a very low percentage. How do we do things, then, to get the word out about the type of work that you do so that those who have experienced this type of horrific act know that they have someone who is supportive, that they can get to?

Ms. Brittany McMillan: I think that's really coming with the conversations happening around epidemic versus endemic, and so showing solidarity for survivors, I think for so long, especially sexual assaults have been silenced. We don't want to hear about it, right? So it's really just giving opportunity for voices to be heard, like mine today, and standing by a commitment financially really shows that we're able to support survivors and meet them where they're at. If we look at it statistically, about 6% go to police. We work really hard to continue to advocate for those services with survivors and with police and OPP, but we're looking at the 90% plus. I think it's really having Ontario stand by us and say, "We're investing in that." Sexual violence often gets overlooked in intimate partner

violence, but it's one of the most prominent types of violence against women. I think it's really realizing it's still happening and it's happening at alarming rates, and it continues to be that way. That's why I think the term "endemic" is smart in that capacity of how we can't keep sitting quiet over this. We've got to do something.

I have a new baby niece, and I think every day, I hope to have a world that's a lot safer for her. I've raised two boys, and I hope that I'm raising them to be respectful young men.

Mr. Dave Smith: One of the things that you had mentioned in your presentation was healthy masculinity. We've heard a lot about toxic masculinity. We've heard, as members of the provincial Parliament, that masculinity is one of the challenges, so I was happy hear you talk about healthy masculinity.

What do you think we should be doing to promote that? Where do we promote that? How do we do it?

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

Ms. Brittany McMillan: Yes. I have a big grant proposal put into the OTF right now around that, but I think it's in the male-dominated world. We do a lot with minor hockey, but we don't do enough. Minor hockey is just one example of masculinity places that we can work on, and we're really hopeful to do more.

We were doing some with police foundations, but we just don't have the capacity to keep people full-time, to keep those things going. I think that's really where it starts. It starts at really young ages, and it starts in rooms where we open up the conversation to consent in really healthy, age-appropriate ways so that boys are growing up knowing that that's good.

We have this "man box" we do, and quite often, even the Peterborough Petes do this workshop—

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

We'll now go to the official opposition. MPP French.

Ms. Jennifer K. French: I appreciate all of your presentations and your voices, and I wish we had so much more time, because there's so much that you didn't fit into your presentations—and couldn't. So again, thank you very much for the work that you do.

Brittany, I'll start with you. I'm not trying to be snarky here, but have you been given a reason, or is there a measure that you need to provide, when working with the government, for why supports for sexual assault survivors under 16 are not funded or cannot yet be funded? Is there something structural in the way, or is there paperwork in the way?

It doesn't make sense to anyone sitting in this room, obviously. So what's in the way?

Ms. Brittany McMillan: Yes. I don't know that I can answer that. I've advocated time and time again. We're through MCCSS funding, and really, the answer I get back is, "Well, this is the mandate. This is the clientele you are to serve."

When we did get public safety through the federal government, we did open it up to the younger age demograph-

ic just to support them but not providing the supports that they need. But I don't think we've gotten a clear answer.

I think that it comes a little bit to a place of privilege, when we think of families that can probably pay for counselling. Some kids are probably being served privately. But again, we're the experts in this stuff, so we want to be the ones that actually can do that.

Ms. Jennifer K. French: Well, politically speaking, I don't know the Premier personally, but I feel like this is something that I can imagine his response or reaction to. So I'm just wondering—I don't think it's the political in the way. If there's something that we can problem solve, all of us would be wanting to engage in that work. Thank you.

Bonnie, you were talking about—and I'm wording it this way—kind of a senior-centred approach. I come from the Durham region, but all of us are seeing it more and more in our communities that seniors are really struggling and are in need, whether it's with housing supports or whatnot. But if you could, give us a couple of reasons why that senior-centred approach matters, what it looks like and how we can make more of that happen.

Ms. Bonnie Clark: We all know that seniors want to age in their home, so the community paramedic program allows for that. We've heard here about primary care, with the number of seniors right across our area, across the province, that don't have that primary care. By having the community paramedics be able to visit them in their homes, it certainly is that connection then to the health care system instead of waiting until there is an emergency or a 911 call.

Economically, it's viable as well because we know the stats out of eastern Ontario, from the city of Kawartha Lakes right down to the Quebec border. That's up to 11% of 911 calls that have been averted. I think that's why it's important.

Also, our median income in this area as well: We all know when we're seniors, our source of income goes down, so that makes a lot of options around rent not economically feasible for them. They're choosing between the rent and food.

1140

Ms. Jennifer K. French: We were realizing—or we know that there are a number of seniors across communities that are quietly leaving housing. They can't afford it; they're being evicted, whatever happens—the death of a spouse. They no longer can afford all of those things, and they're living in their cars if they're fortunate enough to have them, and maybe not living close enough to family. I mean, this is ugly and it's sad and it's layered. So any of these specific solutions that folks can offer, I know that we value as legislators.

I'm running out of time because five and a half minutes is nothing. So Mike and Ruth, thank you for the work that you do. Your two asks—

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

Ms. Jennifer K. French: Oh, I have more time than I thought.

I appreciate the presentation. But as you have said, you were calling for the immediate release of the committed

workforce funding. I missed the number; I think you said \$150 million.

Mr. Mike Perry: Some \$115 million.

Ms. Jennifer K. French: Oh, \$115 million. I was trying to get you an upgrade. Okay, \$115 million that has been budgeted—you're waiting for the release; only \$19 million has been released. What can we do to make that happen? Who do we call? I'm happy to chase and poke, but how do we make that flow?

Dr. Ruth Wilson: I'll let Mike take that one.

Mr. Mike Perry: Thanks for the question. In the time remaining: We would be in your hands in terms of our elected officials and our members of provincial Parliament. I'm sure the public service at Ontario Health, the Ministry of Health, are seized with this issue, as would be your cabinet colleagues—

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

With that, we'll go to MPP Cerjanec.

Mr. Rob Cerjanec: Thank you very much, Bonnie, for your presentation today. Do you have enough paramedics to support regular operations in the community paramedic program right now?

Ms. Bonnie Clark: We do. However, with the community paramedic program not having permanent funding—any good business plan has their base funding and moves on. So that makes that program a little precarious as far as being able to have permanent staff there.

However, the other thing in looking at health care: I would ask also for the scope of practice for paramedics to be expanded, as well. I think we have to put all options on the table, and that is certainly one area that I don't believe we have utilized well enough.

Mr. Rob Cerjanec: Thank you. I know this probably would fall under more the township of Cavan Monaghan, but the Kawartha Downs racetrack here—has Peterborough county been doing any work around that? I know the casino that was there is now slated to be closed.

Ms. Bonnie Clark: Yes. Certainly, we work hand in hand with upper-tier and lower-tier, and looking at all those employment land opportunities. So certainly it is on the horizon there, I would say. Any development possible is needed, and certainly we're working with them.

Mr. Rob Cerjanec: Would it be the county's position that you would like that casino to stay at the track?

Ms. Bonnie Clark: Absolutely. If it is functioning and viable, we would certainly support that. It brings jobs to our community. There are a lot of different functions other than the casino there. I think the wiener dog races bring thousands in. There's the tractor pull as well.

So it could be a community hub, I feel. Certainly, I would like to see—there isn't a facility here as far as being able to house conventions. That would be a perfect spot for that kind of vision.

Mr. Rob Cerjanec: Yes, I think having more—the horse riding industry always goes through some challenges. It's supported by the province as well, through funding. Ontario Racing administers it.

I know casinos sometimes provide an extra added element at the track. Some folks would go watch races, some would go to the casino, some others have other activities as well. I asked this question of the Minister of Tourism, Culture and Gaming, if they are going to consider actually extending those leases, because right now they've said that that lease is done in March 2026, and that's it. It's not coming back. I think that's a really important piece. And it all provides revenue, as well, to that specific township—I think over 60-something million dollars—throughout its inception. It's a lot of money over the long term that can help pay for capital, operating and other priorities and a place of employment, as well. I just wanted to raise that here in this committee, especially given that we're in the area, and hope to see a positive development there.

Ms. Bonnie Clark: Thank you for raising that. I really appreciate that, because it does have a huge impact.

Mr. Rob Cerjanec: Thank you.

Mike and Ruth, thank you very much. Talking about family health, primary care, do you know why that workforce funding hasn't been released? What do you think the holdup is?

Dr. Ruth Wilson: I can't answer that. I have no knowledge of the inner workings of—

Mr. Mike Perry: We're not privy to that information. But I think it's important to stress the importance and the urgency of that \$115 million allocated, which should be a favourable expense from this committee, as it's already allocated, cost-free. But with the \$430 million over the five years, that's to bridge this 15% to 30% pay gap to keep our nurse practitioners, RNs, RPNs, mental health workers, social workers, pharmacists working in collaboration with their doctors and saving that \$2.1 billion by diverting patients from the ER and from the hospital.

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

Mr. Mike Perry: I know here around the table, especially hearing the last presentations, we all have constituents who need family doctors, perhaps nurse practitioners or other allied health professionals. This really is the front line of health care. I know that's been recognized in the government's \$2.1-billion investment, but again, it's that foundation piece: How do we retain those that we have? Part of that is using these funds that we're requesting to bridge the salary gap so we aren't having primary care team members going over to the hospital sector, other providers, or the new quasi-private health care clinics.

Mr. Rob Cerjanec: You had mentioned that turnover is what, 40%?

Mr. Mike Perry: That's provincial.

Mr. Rob Cerjanec: Provincially—that's a lot.

Mr. Mike Perry: It is a lot.

Mr. Rob Cerjanec: That's a lot. That funding needs to be released now. I'll leave it there. Thank you, Chair.

Mr. Mike Perry: And of course, there are patients behind that—

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

MPP Brady.

Ms. Bobbi Ann Brady: Warden Clark, I just have a comment: I really support your idea of expanding community paramedics. It works well in my riding, where we see a lack of primary care, and it keeps people out of the ER and helps those who want to stay in their home longer, so I support that.

I'm going to turn to Brittany, and I'm going to follow up on MPP Smith's line of questioning with respect to sex trafficking. I'd like to give a shout-out to MPP Laurie Scott, who has done a great deal of work on this file over the years.

I see it along the Highway 3 corridor. In my riding, Highway 3 runs through, and sex trafficking, apparently, along that Highway 3 corridor, is growing. I'm always shocked to learn the demographic or who is a victim of sexual trafficking. Can you educate us a little bit on who the victims are and how we can identify them earlier?

Ms. Brittany McMillan: Yes. I mean, I'm certainly not the expert in working front-line with our sex trafficking folks—it's our colleagues at KSAC—but from the knowledge I know, yes, we're also a corridor—401, pieces like that. But it's often—the grooming and luring is happening to all demographics, I think. It's not necessarily any particular demographic. It could be anyone's kids, around the table.

Online issues, right now, are the big pieces. It's easy to lure kids that way. I think that those pieces are where it starts to get alarming: trying to navigate our online systems and figuring out ways to keep our kids safe. That would be the extent of that piece, but again, because we're not super funded for that role—

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

Ms. Brittany McMillan: —we don't necessarily have stats on demographics that way, if that makes sense.

Ms. Bobbi Ann Brady: Yes, and if I could make a suggestion with respect to the online presence, I think we do need legislation in this country to protect our young people from that online luring and grooming. Other jurisdictions have done it, and I think Ontario could be a leader in that respect. So if you ever want a project, that would be a great one.

1150

I'll just leave it at that, Chair. Thank you very much to you all.

The Chair (Hon. Ernie Hardeman): We'll go to MPP Saunderson.

Mr. Brian Saunderson: Good morning, everyone. Speaking of AI, I had an AI fight with my phone all the way here, because I got caught in a fight with the Don Valley Parkway. But that's another topic. We're not going to go there.

I want to think everyone this morning for your comments. This is an important process, and you represent front-line, very critical demographics, or constituents, in our province and on very critical issues. So thank you all for taking time today to share your expertise.

Bonnie, I am going to direct my questions at you, given that we share the municipal world together and I came from the municipal world. It was great to see you yesterday. Thanks for your input on that.

Really, I wanted to get a better understanding of the issues that are facing the county. I come from Simcoe county, which has 16 member municipalities, about a population of 500,000. I think you have eight member municipalities.

Ms. Bonnie Clark: Yes, we do.

Mr. Brian Saunderson: What's the population in total?

Ms. Bonnie Clark: We're around 74,000, is what the Peterborough county is.

Mr. Brian Saunderson: Okay. I know from my experience at Simcoe county, of the total global budget of the county, about 60% is flow-through funding from the province for things like paramedicine, long-term care, ODSP, housing, those sorts of things. What's the ratio for your county?

Ms. Bonnie Clark: We're about the same. Certainly, social services are delivered through the city, a joint service commitment, and we deliver the paramedic side. In saying that, certainly the cost of the admin and that is based on our assessments. The county's assessment is higher, so we pay about 56%, depending on who is delivering the service.

Mr. Brian Saunderson: Right, okay. You've got 5,400 housing units in the pipeline, but it sounds to me like infrastructure is a pinch point.

Ms. Bonnie Clark: Critical—I mentioned Selwyn. Certainly we're going to be approaching this regionally when we do ask. Selwyn—we've just approved 900 new homes in that area, but of course the water and waste water upgrades are needed in order for that development.

Mr. Brian Saunderson: Right. I think some of your member municipalities—two got approximately just a little under \$20 million in HEWS funding, and there's a third in the pipeline.

Ms. Bonnie Clark: Yes, absolutely. We appreciate that support. Certainly, partnership is key, but a piece here is we have to have the feds at the table.

Mr. Brian Saunderson: Yes. We know, as the minister says, we've probably got about a \$200-billion backlog across the province.

You're probably familiar that under Bill 37, I think it is, we're looking at a transformation or change in Peel region to a municipal service delivery corporation. It would be a publicly owned corporation, but it would serve the region and coordinate all linear infrastructure between the three member municipalities that have significant populations. That way we get that off your desks, so it's not restricted through the Municipal Act to debt loads. When you look at the LDC, the electrical grid, the OEB requires 60% leverage and 40% equity. A municipality can't do that. It also opens up longer-term funding opportunities for long-standing financial commitments that we can't do as well because of the restrictions in the Municipal Act.

I was wondering if I could get your thoughts on the idea of a municipal service delivery corporation to try and grease the wheels for development and allow the municipalities to focus on what they can afford to do.

Ms. Bonnie Clark: Very supportive of that. Certainly Frontenac is one of those models. In sitting with Minister

Flack we certainly did ask if we could come together under one umbrella, if Peterborough county could be a partner with Frontenac so we're not duplicating. We know, as you say, that the lower tiers just cannot support that debt. They don't have that capacity, so it has to be moved to a higher entity so that we can utilize that borrowing. It reminds me very much of when you—

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

Ms. Bonnie Clark:—look at social housing and having a stand-alone because of our debts having to be reported through PSAB. That pushes our debt limits, and municipalities just don't have the appetite to do that. So if you're looking at those stand-alones, that gives the flexibility, then, and puts the liability across a larger span as well. So—very supportive of that model.

Mr. Brian Saunderson: All right. Thank you for that.

I know we don't have a lot of time. You have a lot of experience in this area, so I'm going to give you an open-ended question. I'm wondering if you have any thoughts on any other efficiencies or ways that we can help to get the development that we need and, particularly, the type of housing we need. It's not all single-family detached homes; we need higher density, we need starter homes, we need homes for those that are shrinking their environments and downsizing. What are your thoughts on ways that we might work with our municipalities to do that?

Ms. Bonnie Clark: I'd start with social housing—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. He said he wanted to hear it, but he didn't leave time for it.

We'll go to MPP Bell.

Ms. Jessica Bell: I have questions for all three of you; hopefully, I get to them.

The first question is to Brittany McMillan from the Kawartha Sexual Assault Centre. I just want to confirm a few things. Your request is for \$3.2 million in funding to meet the need for survivors of sexual assault to get support in your catchment area.

Ms. Brittany McMillan: Yes.

Ms. Jessica Bell: Okay. And then \$1 million to provide support for youth under 16?

Ms. Brittany McMillan: Yes.

Ms. Jessica Bell: Okay. I just want to understand this issue around sexual assault with kids under 16. So, sexual assault clinics across Ontario cannot provide support to kids under 16 because they're regulated so they can't do it or because they're not funded for it, or is there another answer there?

Ms. Brittany McMillan: No, I think that we're not funded for it. Some can serve from 12 and up; I'm not sure if they're funded through a different ministry than just MCCSS. But no, I think that the thought is, because there's stuff in children's mental health, funding in children's mental health, they would go to places that support children's mental health, but we need the expertise for sexual violence for those kids.

Ms. Jessica Bell: Sure. So it's more of a funding issue and less of a rule issue?

Ms. Brittany McMillan: I believe so.

Ms. Jessica Bell: Or is it a combo of both?

Ms. Brittany McMillan: I think it's maybe a combo of both, but I'd be willing to help figure that out.

Ms. Jessica Bell: Sure. And then, in that situation, if someone under 16 is assaulted, where do they typically go if they're not going to access the private system?

Ms. Brittany McMillan: Right now, they would usually be flagged through the hospital if they have to go to some sort of kit. Then, there is some VQRP funding through victim services, but that would be, again, more for private practitioners, things like that.

But I think that we all know there's still lengthy waitlists for even private. For the specialties for sex trafficking or for sexual assault alone, it really does lie with us. We would look at partnerships with local children's mental health centres to make sure that we're able to shift those two kits.

Ms. Jessica Bell: Thanks for providing that clarity.

You mentioned also this need to increase education around consent and healthy relationships, with a focus on boys and men. When you were saying that, my first thought was, isn't this taught in our secondary school system through the health curriculum? Do you have thoughts on the quality of the education that is happening within our public school system; if that is the answer—a rewrite, a review—or if something else is needed there?

Ms. Brittany McMillan: I think we need “in addition to.” I'm thinking about my son; he's in grade 6 and just sort of bordering on sex education at this point. I think that it's within the public schools' curriculums but not specific to the type of—again, the expertise on those pieces from us specifically, if we're looking at the male allyship piece, is vastly different than what they're getting within the education system.

To note, we have partnerships with both of our public school boards currently, but we don't with the Catholic school board. I think that's also a barrier. Knowing that there have been a lot of cases very recently, including teachers and sexual violence, we always do a call-out to those schools to say, “Hey, we're here to support parents. We're here to support whoever,” and we're met with resistance from the Catholic school board.

Ms. Jessica Bell: I'm the parent of a 13-year-old who is discovering the online world right now—I'm sure many people here can relate—and I have a lot of concerns. I want to make sure she's fully educated, and sometimes she doesn't want to listen to the parent.

Ms. Brittany McMillan: Exactly.

Ms. Jessica Bell: We can only try.

My second question is to Bonnie Clark, the warden for Peterborough county. Thank you for being here. Can you tell me a little bit more about this community paramedic program? How is it different from a typical paramedic program? What do they do, and what would it cost to bring that to Peterborough county?

Ms. Bonnie Clark: We're asking for the funding to be made permanent. It's not an increase but just permanent so we can do a solid business plan.

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

Ms. Bonnie Clark: In saying that, anyone can reach out and be put on the list. You do not have to have a referral if you know a neighbour that needs help, or a family member, so that's unique in itself.

The paramedic would go in and do a health check: blood pressure; check over medication, that they're taking it correctly. From the hospital, we do know a number of the admissions are from incorrect taking of medication, so keeping that on the right track with those wellness checks.

Also, just in general, that social side and isolation, I think, is very important to the seniors. It involves that social side as well, someone that's caring.

Ms. Jessica Bell: Thank you. I had an additional question. I'll follow up after.

Mike Perry and Ruth Wilson, thank you so much for your presentation. I heard very clearly some of the issues you're facing around recruiting and keeping not just doctors but—

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

With that, that also concludes the time for the whole panel. We want to thank you all for the time you took to prepare and the great way you presented it this morning. We hope that your presentations will bear fruit. With that, we thank you all.

The committee stands in recess until 1 p.m.

The committee recessed from 1202 to 1305.

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 of this time slot will be used for questions from the members of the committee. This time of questions will be divided into two rounds of five minutes and 30 seconds for 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.

In the seven minutes, I will provide a verbal reminder to notify you when you have one minute left in your presentation of allotted speaking time.

I want everybody to wait until you are recognized by the Chair before speaking. As always, all comments should go through the Chair.

ORCHESTRAS CANADA

FLEMING COLLEGE

PETERBOROUGH FAMILY HEALTH TEAM

The Chair (Hon. Ernie Hardeman): With that, we will ask the first panel to come to the table. The first panel this afternoon is Orchestras Canada, Fleming College and Peterborough Family Health Team. For the committee's information, Fleming College will be virtual.

With that, we ask the presenters to make sure that when they start their presentation, they start by introducing

themselves to make sure that we get the right name on the presentation for Hansard to make sure that no one steals your great presentation.

With that, the first one is Orchestras Canada.

Ms. Katherine Carleton: Good afternoon, Chair Hardeman, Vice-Chairs Begum and—I've been working on this—Cerjanec, and committee members, including my own MPP, Dave Smith. My name is Katherine Carleton. I work as executive director of Orchestras Canada. We're a not-for-profit membership association, and we proudly represent 147 orchestras across Canada, including 77 here in Ontario. On their behalf, thank you very much for the opportunity to speak today.

I'd like to start my presentation with two stories. In my other life, I play the clarinet. Two weeks ago, I joined three colleagues from the Scarborough Philharmonic for a series of concerts in Scarborough-area seniors' homes. We played a broad range of music, from a favourite Sri Lankan song to a Mozart quartet and the Beatles. We visited with our audience after, and I learned that a 90-year-old woman who had not spoken a word to anyone in six months sang to her 65-year-old daughter while we played and that a stroke patient tapped both feet during particularly rhythmic numbers.

Here's another story: Six weeks ago, the Canadian Chamber of Commerce released an economic analysis showing that arts and culture is a \$131-billion economic engine that's outperforming traditional industries across Canada. They're both stories about impact. Let me tell you more.

I'll start with the Canadian Chamber of Commerce's Artworks report, which was released in late October. High-level findings:

- Canada's arts and culture sector contributed \$65 billion in direct GDP and had total economic impact of \$131 billion;

- the sector generated \$29 in economic activity for every dollar of federal investment;

- the sector supports 13 jobs for every million dollars in output, more than oil and gas, manufacturing or agriculture;

- the sector has grown 8% in the past three years, while Canada's overall economy grew by just 4%;

- Ontario's arts and culture sector contributed \$28 billion to GDP in 2023, 43% of the entire cultural economy;

- our sector supported 458,000 Ontario jobs; and

- we have the largest live performance sector in Canada.

I can also quote from the Arts Across Ontario report by Nordicity, released in October 2024. According to the report, organizations funded by the Ontario Arts Council contribute \$1 billion annually to Ontario's GDP, and for every dollar that the OAC invests, these organizations generate \$25 in other revenue—

Failure of sound system.

The committee recessed from 1305 to 1317.

The Chair (Hon. Ernie Hardeman): Now, where were we before we were interrupted?

Ms. Katherine Carleton: I can start in the middle, but my power is not—oh, my power is now back on.

The Chair (Hon. Ernie Hardeman): Oh, yes. All you have to do is start talking. You have four minutes left to go.

Ms. Katherine Carleton: All right. So I will roll on boldly.

I'm talking about the impact of the Ontario Arts Council and the groups that it funds in Ontario. For every dollar that the Ontario Arts Council invests, these organizations generate \$25 in other revenue sources: ticket sales, donations, sponsorships, grants from other levels of government.

I can also get granular on orchestra data. In 2023-24, we have data from the 33 largest orchestras in Ontario: unemployment, volunteer statistics, finances and audiences. I want to emphasize that they aren't just in Toronto; they're in towns and cities right across the province: Brantford, Ajax, Owen Sound, Thunder Bay, Kingston, Peterborough, Timmins—you name it, there's an orchestra there.

That year, those groups directly employed 540 people, they generated \$72.7 million in direct spend, and they gave 1,089 live performances and reached 587,000 live audience members. But let's also talk about the multiplier effect: Every night that there's a concert, every afternoon that there's a concert, there are packed restaurants, full parking lots, hotel stays and babysitters hired. If there's an orchestra concert, the local economy feels it.

It's not charity, it's not a handout, it's economic infrastructure. We don't debate funding roads—well, I bet you do—or high-speed Internet access, because we know that connectivity drives prosperity. Orchestras do the same thing: We create connectivity in our communities.

But the economic case is only part of the story. Let's talk about education. Research results are unanimous: Learning to play a musical instrument has measurable positive impacts across the board—not just music skills, but broader academic performance, working memory, attention and cognitive development.

Ontario's orchestras gave 368 school concerts last year, and we're doing more than performing. Orchestras run programs for youth at risk, they provide instrument loans, offer lessons and create pathways for young musicians. These programs work. They improve how kids learn across all subjects.

1320

As school music programs have been cut, orchestras have tried to fill the gap, but we really need both: strong music education in schools and vibrant orchestras.

I also want to talk about social cohesion. There's some really great brain science about what going to a live concert does. Concerts create one of those opportunities where many people from different backgrounds, who may not agree on much, are sitting together having a shared experience. And the brain science demonstrates that listening together live to music performed live synchronizes brain activity among audience members and literally builds empathy—goes beyond words into a deep part of how our brains function, how we interconnect.

That's all good news, right? So what's the problem?

Here's what the Canadian Chamber of Commerce report also says, despite all that great news: We're seeing

concerning trends in both public and private funding. If we want to maintain Canada's cultural competitiveness and harness the sector's full economic potential, we need sustained, strategic investment.

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

Ms. Katherine Carleton: Okay. I'm going to roll on quickly to say: We know about fragility in the orchestra world. We've had some high-profile downsizings and bankruptcies. It's not great math.

So I have four asks to help build on the strengths and deliver on the potential. The first one is enhanced support for the Ontario Arts Council. The province's core allocation to the OAC is the same today, at \$60 million, as it was nine years ago. Our costs have gone up 20% to 30%. The OAC provides bedrock support. We're looking for stable support for the Ontario Trillium Foundation. That's our R&D support. We'd like to see reinvestment in the Ontario Arts Endowment Fund program, which provides incentives for private sector giving to charitable groups in the arts and sustained investment in publicly funded music education.

Together, those are four existing programs, four existing systems, that can be leveraged to the benefit of communities and people right across the province.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation. You got it right in on the button.

We now go to Fleming College, and that's online, and I believe we are up on the screen.

Ms. Maureen Adamson: Good afternoon, and thank you for the opportunity to appear before you, committee members.

My name is Maureen Adamson, and I'm the outgoing president of Fleming College and the incoming president of Colleges Ontario. I must take a moment to thank Dave Smith for all of his leadership in the community of Peterborough and with the college. He has been tirelessly supportive of the sector and the college. Thank you, Dave Smith.

As the newly appointed president of Colleges Ontario in January, I also want to talk about the 24 colleges, a sector of which Fleming is a thriving partner in. Colleges are fundamental to everything we do. They provide a labour force that's critically needed for the Protect Ontario plan of our government, support local and regional workforce needs and respond with agility to build up programs that are needed for local economy and to drive prosperity.

The decisions made in the 2026 provincial budget for the college sector will shape Ontario's workforce, communities and our collective economic strength for decades to come.

A recent study conducted by Colleges Ontario indicated that over the next 10 years, we need 95,000 more college graduates. Currently, we produce 70,000 a year, so to get that 10-year target met, with an affordable package to invest in colleges, we can close that gap of the 95,000 needed each year for the next 10 years and bring that to a 90,000 target. Colleges currently are best suited to fill the economic needs that we have. We work with industry

partners in real time. We can build curriculum quickly and we deliver job-ready graduates very swiftly.

I can tell you that it's true for every college in Ontario. In places like Kingston, 80% of the workforce in the hospital are St. Lawrence graduates. Fleming College is one of only two colleges that have a resource drilling and blasting program. If you think about it, those are fundamental to the Protect Ontario plan.

Small, northern and rural colleges also have an important role to play. In many cases, they are the only game in town that provide trades and technology to their local economy.

We play an amazing role in terms of economic development. Here in Peterborough, Fleming College contributes \$500 million per year to our GDP.

Of course, the urban colleges do the very same and also make a very big impact in applied research and meeting emerging sector needs.

Ontarians know the value of colleges. A recent Abacus poll indicated that Ontarians believe colleges prepare front-line workers, build a pipeline of skilled talent and train people for jobs. Yet despite this essential role and strong public support, we face serious financial strain. By 2027-28, the sector expects to have a \$1.5-billion deficit, and that is a structural deficit, because we lose, on average, about \$5,200 per student, per year across the sector. Some programs like aviation lose as much as \$20,000 per student.

Colleges in Ontario have responded as we always do: We've reduced expenses by \$1.4 billion, and by 2027-28, that number will reach \$2 billion. Unfortunately, some of these suspensions are in the areas where we need most, like the trades and technology that are high-cost delivery and are definitely needed to protect Ontario. There have been 600 programs suspended and 8,000 positions removed, and I can tell you first-hand as the president of Fleming College—and so can MPP Smith—these are tough decisions and we all have the scars to show for it.

Federal policy changes like the ones that we've experienced—13 announcements in 12 months to cap international students and now a federal budget that further punishes the college sector in Ontario—are now causing us to predict a loss of up to \$4.2 billion in revenue in two years' time. Without additional support, program closures will continue and fewer students will graduate. In the last 16 months alone, there have been 2,000 fewer graduates than are needed for the Protect Ontario plan.

Ontarians have weighed in: 78% believe Ontario cannot build a skilled workforce without colleges, 82% say that post-secondary education is important for long-term prosperity and 71% of Ontarians say it's urgent for provincial government to increase funding for colleges in Ontario.

To address this, Colleges Ontario, working with all 24 colleges, including Fleming at the helm, have identified four major asks:

(1) To close this structural deficit, we're asking for \$1.1 billion through operating grants that is also inflation-sensitive.

(2) We want to ask to support those high-priority programs, whether they are health care, technology or trades,

that would require a \$200-million investment and would create those 20,000 per-year graduates that I mentioned earlier on.

(3) We need to ensure rural access continues in places like Peterborough. The small, northern, rural and French-language colleges face higher operating costs and lower enrolment, and that requires an investment of \$200 million in our pre-budget consultation that will soon be produced and public.

(4) Colleges will always be innovative, and with a \$100-million innovation fund, we can make further changes to collaborate on things like corporate services, IT. We do that already, and we can do more.

These recommendations may seem large, but they are targeted, and they are very much intended to produce the workforce that is so desperately needed for Ontario, particularly in this time of existential threats through the United States.

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

Ms. Maureen Adamson: So, my call to action today is, let's make these investments that will secure Ontario's workforce, strengthen every community in the province and keep our colleges and communities local and accessible.

Ontarians believe in colleges. Ontario colleges were built by Ontario for Ontario.

Thank you. I look forward to your questions.

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

We now go to the Peterborough Family Health Team.

Mr. Duff Sprague: Thank you, Chair, and committee for allowing me to be here today. I'm Duff Sprague. I'm the CEO of the Peterborough Family Health Team.

The Peterborough Family Health Team is one of the oldest and largest in Ontario. It was in the first wave that was rolled out 20-plus years ago. We have approximately 100 staff who are nurse practitioners, social workers, dietitians, administrative staff, pharmacists, and we're affiliated with 90 physicians serving over 100,000 area residents.

What I want to speak about today—and I'm sure I'm not the first family health team you've heard from in your travels around the province, but I want to talk about the impact of what's happening on the ground with family health teams. There have been great announcements from the government and fantastic investments that are going to be coming forward for primary care teams and attaching Ontarians to primary care teams or a family doctor. But on the ground and in my organization and other family health teams, here is where we're at: There has not been a wage increase to our clinicians or our administrative staff in more than six years.

1330

We knew that a wage increase was coming in 2025-26. Our hopes were high, our expectations were low, and those low expectations were met because the increase was 2.7%. That is after six years.

To draw a comparator, ministry management at the Ministry of Health—their wage increases over a period of time from April 2022 were 4%, 4.5%, 4%, and they're also

given the 2.7%. So my clinical staff are at less than a quarter of the wage increases that have been given to the ministry management.

As you can imagine, morale has been hit pretty hard over the years. Actually, morale was less impacted by zero than a hope that there was going to be a decent increase and finding out it was 2.7%.

In 2024, I was at a conference where a senior executive at Ontario Health said, "We can't advocate for your salaries because there's not enough vacancies." That is a gross misunderstanding of primary care and how it works, because primary care is a longitudinal, comprehensive relationship with our patients and community members, and our staff do not walk away quickly from those long-term relationships and commitments. Just like family physicians, it's really hard to shut the door on people you've been working with for years, so they stay on.

For whatever that person said about not enough vacancies, well, that problem has been solved because we're having more and more vacancies. When I lose a nurse practitioner, it takes—well, we're just not filling those positions, and that is the same for our colleagues at the nurse practitioner-led clinic and elsewhere.

I bring a long history in primary care—30 years. I was the first director at the Ministry of Health of the family health team implementation branch. We rolled out those family health teams. Nurse practitioner-led clinics were new. We increased community health centres. It was really a robust time and made a big difference in Ontarians' lives. I've consulted for the government of Alberta on primary care, so I think I know when I see when it's really struggling and near collapse.

Not having these wage increases—family health teams have been very innovative. My 200 colleagues around the province, I have to say, have come up with innovative ideas. For us, we've used the small amount of additional resources we have in the interest of retiring physicians to come back and work on a fee-for-service basis. We've opened two unattached patient clinics with doctors coming back from retirement to work, which has been great.

Over the course of the last three years, we have 7,000 files on patients who have been served there. We grow at about 2,500 files or patients a year, so it's been really robust. We're looking to get that funded. We can even do more. We're pushing forward the idea of transitional attachment to a provider, because full attachment is going to take a while, but if you come to Peterborough, you can go to these clinics and have primary care, start to get a medical file created, have access to our resources and be in the loop to be attached to family physicians when those opportunities become available. We're also starting to be the front door for the community health centre and the nurse practitioner-led clinic.

The other thing I want to address is that my staff don't work from home. From the worst days of COVID to today, they're in their clinics and they're in their offices. I have no idea why Canada revenue gives a tax incentive to those who work at home because it's my staff who are paying for transportation, gas, parking. If their child is sick, they

have to take a vacation day or a personal day. If there's a delivery to their home, they have to take personal time to be home for that. We sit on webinars with Ontario Health employees and Ministry of Health employees, and their backgrounds are their living rooms and their dens, and we're all in our offices and clinics. I only say that because it's not just not having a decent wage increase; it's the costs and inflation that are impacting them every day.

I will get to what the ask is, and I'm sure you've heard it before. First, invest in competitive compensation: Attract new health care graduates to primary care—

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

Mr. Duff Sprague: —by addressing these wage disparities and making FHTs once again an employer of choice. We used to be.

Expand team-based care—which is on the agenda for the government; that's great. But you know what? You can announce all the family health teams you want and you can announce all the medical school spots you want, but nobody is going to take up those positions. You're going to be having empty family health teams, because we're losing them, and I don't know who's going to go and work in the ones that are being created.

Reduce the administrative burdens: I have to say something about this. Our budget is so micromanaged by Ontario Health—I'm going to give you an example. Our budget is \$12 million. I cannot move between funding lines any more than \$10,000 without written approval from Ontario Health. I can't move more than 0.0008% of my budget without taking my time and my business manager's time and my admin staff's time and whatever time they take at Ontario Health to make a decision around it, which, I'll tell you, costs more than the \$10,000 we were looking at moving in the first place.

The Chair (Hon. Ernie Hardeman): Thank you very much. Maybe the rest will come out in the questions—

Failure of sound system.

The committee recessed from 1336 to 1345.

The Chair (Hon. Ernie Hardeman): Will everybody get back to the table?

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

Ms. Bobbi Ann Brady: Duff, I'm going to start with you. I'm like a bit of a broken record that a tree cannot stand if its roots are rotten, and that's what we're seeing in the health care system when we will not commit to paying people comparable wages from sector to sector or doing comparable jobs. Those comments are not lost on me.

Two-part question—you spoke about it, and we hear often about expanding team-based care. I'm wondering, in the ideal world, what that would actually look like, and I'm wondering if this government should be expanding the role of nurse practitioners and perhaps giving them the right to bill.

Mr. Duff Sprague: Well, they are raising the scope of nurse practitioners, certainly. The importance of team-based care is absolutely critical. It helps physicians do the work that they do with the front-line patients. I think every model of care that was developed really had a purpose—

nurse practitioner-led clinics were one. They tend to deal with a population that needs more time, more care.

Regarding your billing question, there are complexities there because I don't know exactly how that would work. If they bill at the same rate that a doctor bills fee for service—physicians generally see 30 patients a day, whereas a nurse practitioner might see 12 or 15. If they billed on the same fee-for-service level, their income would be very low—and if they had to cover their own overheads.

The only way I could see billing working, actually—and I've given this some thought—is I have our nurse practitioners on salary, and it's not a sufficient salary nor is it in nurse practitioner-led clinics. But if they were able to take the salary, work, bill, get a partial billing, it would recognize the volume of work they do, and it would increase their salary. What I'm saying is to maintain the salary and be able to bill to a partial amount of money within the billing—if that's making sense.

Ms. Bobbi Ann Brady: That makes sense, absolutely. Thank you.

You spoke about the cumbersome process through Ontario Health. I think we all believe that it was created to streamline the system—

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

Ms. Bobbi Ann Brady: —and that's obviously not happening. I'm wondering if you can tell us how we actually do that so that physicians are spending or clinicians are spending more time with patients?

Mr. Duff Sprague: I'll give you a recent example: The Health Care Connect list, as you know, is a priority to be taken care of. They've created these Health Care Connect coordinators who are looking at each community to see what physicians or nurse practitioner-led clinics etc. are taking on patients.

We are the HCC lead, my organization, for this community. We thought we were going to be able to manage the Health Care Connect list through our unattached patient clinic. We know the doctors, we know the patients, we can match them perfectly. But there are these Ontario health care coordinators, and they have to be the ones to flip the switch.

My staff wanted to access. We only have view-only access to the Health Care Connect list; we wanted full access. We wanted to be able to attach them to the providers—

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

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

Mr. Dave Smith: Thank you, Chair. I appreciate that.

Duff, I'm going to let you expand on that and finish what you were answering. I know we've had this conversation, but I think it's important to get it on the record.

Mr. Duff Sprague: Yes. MPP Smith and I have very frank conversations.

I think with Health Care Connect, we would like to see it empowered more at the community level. This is kind of a strange process, that we have to let a care coordinator know when a doctor is going to take 10 patients or wants 10 patients, and then that person just sends the doctor's

name to 10 people, and we've had the experience where they're not a good match. Where, for whatever reason—we have a physician who is racialized, a woman of colour, and a patient did not want to have a doctor who was of colour.

There's bad matching, whereas in our clinics, we know who the doctors are, and we have files on all the patients and those doctors, when they take those patients on, they get a health record, so they have a health history.

Mr. Dave Smith: I'm going to continue on.

Maureen, I want to jump into some of the challenges that you're facing at Fleming and at colleges in particular. If there was some innovation funding available for you, how could the Ontario colleges take advantage of that to actually provide better services and to do more for the community?

1350

Ms. Maureen Adamson: That's a fantastic question, Dave. Thank you very much.

Colleges have done a lot in terms of what we've taken out of this system in the last year or two years, but there's lots more to do, like collaboratives. We have started an IT collaborative among 13 colleges. With some extra funding, we could take it across the sector. We should be looking at things like our financial systems. We should be looking at our HR systems. We're centrally bargained. There's a lot of things that we could do with the investment to do that. I know, Dave, with your IT background, you would appreciate that, especially on the IT side of things, you do need to put some money in to get some money out. That would be just some examples.

Mr. Dave Smith: The whole college system was developed about 50 years ago, and it suited the needs in Ontario at the time, but what we're seeing right now is that there very much is a difference between an urban college and a more rural college. Can you expand, then, on some of the challenges that colleges like Algonquin and Loyalist and Fleming have that someone in the GTA would not have?

Ms. Maureen Adamson: Yes. Pure economies of scale, Dave. You look at a Humber, that has 35,000 students, versus a Fleming, who will now be reduced to more like 2,500 students with all of the federal policy changes. So the cost of delivery is that much higher, because we don't have the economies of scale to subsidize some of those domestic programs that are so important for our Project Ontario plan—which, by the way, is a fantastic plan. Those are the ones that are being cut because of the cost of delivery. There aren't economies of scale, and there are no subsidies left to do that.

It's very difficult to attract some of those students out to a rural community and create that economy of scale. I will tell you: In my own community of Peterborough, people want to be able to go to their own college. They want access. They want to be able to drive to Fleming and take their program and work locally. My fear, of course, without the right investment, is places like ours here in Peterborough will lose that opportunity.

Mr. Dave Smith: Thank you. I appreciate that.

Chair, how much time do I have left?

The Chair (Hon. Ernie Hardeman): One-four.

Mr. Dave Smith: I'm going to switch over to Katherine, Orchestras Canada. We've had lots of conversations. I greatly appreciate the approach that you take to things. I want to touch on something that you did during COVID to see if there's any way that we can expand on that. You pivoted during COVID. You ended up getting some funding specifically for doing some things online. Did that actually make a difference for you, and is that something that we should be looking at continuing on and expanding with other arts organizations like yourself?

Ms. Katherine Carleton: I'll reference two different programs that we offered during COVID with the support of—I think it was both—EnAbling Change, which was about accessibility in the performing arts. We led a really significant webinar series—

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

Ms. Katherine Carleton: —for practitioners to learn more about making their programming accessible and taking an accessibility lens to every aspect of their business.

The other thing we did was we used Trillium money to provide short-term consulting services to about 25 different orchestras across the province. Self-defined projects—it simplified things for Trillium, because we were doing the set-up and dealing with these micro-projects, but 25 orchestras got really great help.

We are all working differently now than we were pre-COVID. It's all online. It ensures that we're accessible, and, I'd say, the more the merrier. We've all changed the ways that we're working—very grateful for that support and that inspiration.

Mr. Dave Smith: I just want to summarize that: When we give you a little bit of money, you are really, really good at being innovative to use it in a very effective way. Is that a fair statement to say?

Ms. Katherine Carleton: How could I not say yes?

The Chair (Hon. Ernie Hardeman): You'll have to get the answer in the next round.

We'll go to the NDP. MPP Bell.

Ms. Jessica Bell: My questions are to Maureen Adamson, president of Fleming College. I have a few. My first question is, I recently met with the Canadian manufacturers, and they talked about the need to improve coordination between universities and colleges and industry to align local need with training. They also raised this matter of ensuring that the 24 colleges we do have are not unnecessarily duplicating training so that there's not a situation where two programs are closed because both of those programs are a little under-enrolled.

This is the first I've heard about some of these issues. Can you speak to Colleges Ontario's take on these two matters?

Ms. Maureen Adamson: Absolutely, thank you. On the first matter of Canadian manufacturing, we actually have been working very closely with industry partners, including the Canadian manufacturing association, and working closely with the council of universities and my

counterpart Steve Orsini. Together we have collaborated and encouraged government to make sure that we're providing the right kinds of resources that are appropriate to come from a college or a university.

I would just say this: We need both. We don't need just engineers; we need people who can actually do the work and build the infrastructure after it's designed. We've been very collaborative on that front.

Your point about duplication is totally reasonable. I think that's something that we're taking a very hard look at at Colleges Ontario and across the sector right now. You're very right: We can't be all things to all people, and we need to make sure that we have regional access, which, to MPP Smith's point, we were set up 60 years ago to have local access. We have a mandate of access. So balancing that with the right kinds of programs is very important, and we're taking it very seriously.

Ms. Jessica Bell: Thank you. I'll make sure to follow up on those things too. I appreciate your response.

The additional question I have is, the college sector has reduced expenses by \$1.4 billion. That's a lot. What kind of cuts are you seeing in terms of departments, classes and campuses, if any?

Ms. Maureen Adamson: To date, it's been program suspensions mostly. There have been about 600 programs that have been suspended. We're calculating at Colleges Ontario about 8,000 employees removed from the sector, and it is mostly the programs that are high-cost delivery. When I think of things like resource drilling, at Fleming we're holding on to that because we know the province needs it, but it loses money. It's those kinds of things where the tough decisions are being made. And they are tough decisions. I can tell you, as a president in a rural community, people are very invested. They feel that they have ownership in their college, and when you make these decisions because you have to, it's very tough.

Ms. Jessica Bell: Thank you for clarifying that.

My next question is to Katherine Carleton from Orchestras Canada. Thanks for being here. I just want to clarify the asks that you have made:

- enhance support for the Ontario Arts Council;
- enhance support for the Ontario Arts Endowment Fund;
- enhance support for the Trillium fund; and
- sustain funding for music education.

Ms. Katherine Carleton: I think it was actually to sustain Trillium and enhance support for arts education and music education, in particular in schools.

Ms. Jessica Bell: Okay. Just to clarify on that, when you're saying music education in schools, you're talking elementary and high school?

Ms. Katherine Carleton: Yes, but it starts at elementary and is the building block of all that follows.

Ms. Jessica Bell: Thank you.

My final question is to Duff Sprague, from the Peterborough Family Health Team. You gave a very good presentation of the realities of what is happening in your health care clinic, and I'm looking forward to reading any additional submissions you have provided.

I just want to confirm the asks you have too. It's to increase wages to make them competitive with the hospital sector, essentially?

Mr. Duff Sprague: We're actually losing NPs to the hospital sector—

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

Mr. Duff Sprague: —because RNs in the hospital are paid more than our NPs.

Ms. Jessica Bell: To reduce the administrative burden, you gave an example of having to go up to Ontario Health to get a small amount of money, given your whole budget—moved from one line to another—and then recommending nurses keep their salary and partially bill OHIP for a top-up. Are there any additional recommendations that you have for us in this committee?

Mr. Duff Sprague: I think the family health team model works to expand the resources, to make it an employer of choice and to allow us to support family physicians who want to do a comprehensive longitudinal practice. And they will want to do that if they have family health team support.

Ms. Jessica Bell: Thank you. I appreciate all of you coming in and sharing your expertise today. I learned a lot.

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

We'll go to Mr. Cerjanec.

Mr. Rob Cerjanec: Thank you all for your presentations. I really appreciate the work that you do.

1400

Katherine, you mentioned something that I loved to hear—

Interjection.

Mr. Rob Cerjanec: You mentioned that—but music education in schools, arts education in schools. It's so important to provide different perspectives and help ensure that our elementary and secondary students are well-rounded and get to experience many different things and find what their interests are and how things are connected. Because you can go work in music after, but you don't have to be a musician to be able to do that.

I really loved hearing that, and that's something that I believe very strongly in. I think that STEM is important; we need to continue doing that, we need to focus on math and science. But we've also got to ensure that there's good music education in schools and that kind of joy and wonder and fun. So thank you for sharing that and making that part of your request.

How do we support, I guess, the smaller orchestras in the province?

Ms. Katherine Carleton: I worked at the Ontario Arts Council a really long time ago. I worked there between 1990 and 1993 as a granting officer. At that point, the Ontario Arts Council had the wherewithal to fund and engage with, on a regular basis, 50 orchestras across the province. We were able to deal with newcomer orchestras as well as ones that had been in the system for a while. The grants ranged from \$500 to a lot more than that for the Toronto Symphony Orchestra.

The Ontario Arts Council has difficulty, at this point, responding to the breadth of not just need but also potential in communities across the province, and so the standard just gets higher and higher for what gets funded. I'd say that that's probably the best place to start.

Trillium is also a magnificent opportunity for groups to try out a new idea and get support for a capital project or for testing either a brand new idea or an idea that they have heard about someplace else and can get going with.

Mr. Rob Cerjanec: The funding from the province for the Ontario Arts Council is pretty flat, right?

Ms. Katherine Carleton: I did nine years of looking at audited financial statements from the Auditor General for the Ontario Arts Council and noted that the amount is flat at \$60 million. It went up to \$65 million and then came back down again. There was support for the arts through the Ontario Arts Council during the pandemic, but the core funding, year over year, has remained stuck for at least nine years now.

Mr. Rob Cerjanec: How do we compare here in Ontario to other provinces—say, Quebec—when it comes to arts funding?

Ms. Katherine Carleton: I am tempted sometimes to open a post office box in Gatineau in order to be able to access funding from the province of Quebec. Historically, they have been tremendously generous. They see not just orchestras but artistic expression of all kinds as tremendously important to cultural—not just preservation but also a level of cultural excitement.

Ontario is, I believe, second-last in the country in terms of per capita art support at the provincial level. There is potential for a relatively modest investment to have a very significant impact on a really motivated sector.

Mr. Rob Cerjanec: When I look at—we're a very big province, with many different regions. Every region is different and has its own identity. In some ways, if you look at the country, you're almost made up of different population centres—I won't say different provinces within Ontario, but different regions.

Should we be focusing more on outside of the GTA for this? What does that look like to you?

Ms. Katherine Carleton: What it looks like is something that the Ontario Arts Council is in fact already doing, where they have a point system. And candidly, if your postal code starts with the letter M, you lose points.

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

Mr. Rob Cerjanec: Okay, got it.

Duff, thanks for your presentation. A very quick question: What can be done about getting local physician training experiences within the community to help retain physicians?

Mr. Duff Sprague: I'm sorry—

Mr. Rob Cerjanec: Like training locally—what are the benefits of that, and how does that extrapolate out?

Mr. Duff Sprague: A lot of the doctors who remain in Peterborough—we have an affiliation with Queen's University, and we take PGY 1s and PGY 2s. Most of the doctors who stay, the new doctors in Peterborough, have gone through that program. The more doctors we can train

in our community or any community—it's going to benefit. That's the big draw.

I know that Queen's wants med students to be trained, as well. That's a big demand on physicians in terms of their time and the number of patients they can see—

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

We'll now go to MPP Brady.

Ms. Bobbi Ann Brady: Duff, I want to go back to the Health Care Connect piece and just make sure that I understand it correctly. What you would like to see is that each health team has full access to the Health Care Connect list?

Mr. Duff Sprague: Yes, so that we can actually do the transition between patient and physician or community health centre: Rather than just have view access, tell the coordinator from Ontario Health, "Dr. So-and-so wants 10 patients." They pull the patients off the list—we're out of the process—and it goes to the doctor.

Ms. Bobbi Ann Brady: Perfect. Thank you.

I'm going to move over to Maureen. Maureen, recently I attended a local college graduation, and I was struck, actually, by how many graduates were from outside my area. I thought that these institutions were once created to educate local students who would then stay in the area and support the local economy. Why have we seen this shift, and what can our colleges do to attract local students once again? Is this a programming shortfall, and how do we address that given the caps recently introduced?

Ms. Maureen Adamson: Yes, that's 100% correct. We have an access agenda, and we want as many domestic students as we can, and that's what we market for, that's what we promote for. Because of the funding situation that we have found ourselves in—and this not at the feet of any government; this has been in play for some time now—it was imperative to seek other revenue streams, and that became international students. With the caps that's no longer possible, but the focus is all on domestic students.

When I talked about the structural deficits that I mentioned in my remarks, those are the most expensive programs to deliver without the right funding package to do them. We're losing some of those domestic programs right now through the suspension decisions that have been made, but with the right affordability package we can reinstate some and bring them back.

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

Ms. Bobbi Ann Brady: Okay. And could we be helping as a provincial government on maybe doing some education and promotion of our local colleges to attract those students to the schools?

Ms. Maureen Adamson: Absolutely, and I can tell you that colleges do a great job at marketing. They go into high schools. They have very robust plans to try to bring as many domestic students as they can. I will say to you that working with this government provincially, we're hand in glove in trying to figure out the right solutions to do just that, and we've been making some great progress over the last several weeks and months.

Ms. Bobbi Ann Brady: Thank you.

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

We'll go to the government. MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming out this afternoon. I really appreciate it and the feedback you've been giving ahead of the 2026 budget.

I represent a rural riding, like MPP Brady and MPP Smith, and having professionals staying locally is important for rural communities. I wanted to ask you, Duff, about the Ontario Learn and Stay Grant, which we brought in a couple of years ago. We've committed \$261 million to see that grant continue over the next three years. Has that grant had an impact for your organization?

Mr. Duff Sprague: I don't think it has to this day, probably because our level of rurality is not that high. I think you have to have a rurality index of 40. Am I correct on that?

Mr. Joseph Racinsky: Sorry. What?

Mr. Duff Sprague: I don't have a lot to do with that particular program, so I don't know if to access it you have to have the rurality index of 40, which means you're quite rural.

Mr. Joseph Racinsky: Okay.

Mr. Duff Sprague: Peterborough is 20, and I think some of our surrounding areas, a couple of them, are 40.

Mr. Joseph Racinsky: Oh, "rurality" is what you said. That's an important program for my riding and making sure that we're connecting rural people.

On that same vein, to Maureen: Something our government brought in recently is My Career Journey, which is an interactive online tool for students, connecting them with colleges and careers in their region. Have you had any experience with that program that we brought in?

Ms. Maureen Adamson: I have not personally had experience with it, but I do know that it's alive and well, and I think it's getting some pretty good feedback. I think it was a really important step, so thank you for that.

1410

Mr. Joseph Racinsky: Great. Thanks for that feedback.

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

Mr. Brian Saunderson: Thank you to all our presenters this afternoon. It's very helpful to get your input for this important budgeting process, and it's very interesting to hear the perspectives of the critical organizations that you all represent. So thank you for that.

My question is for you, Maureen. I taught at Georgian College, in Barrie, and Barrie has, I think, six satellite campuses. When we talk about the rurality index, that's the type of life that you have to live if you're a college institution up there. I know that Simcoe county is a big supporter of Georgian College for the very reason of attracting youth to the job training they need that will fill our labour market demands.

I would like to get a sense of the relative size. I know we have 20 universities in Ontario. Being the largest population in Canada, with 40% of the population, that's the largest concentration of universities of any province. Is it similar on the college front? How many colleges are in Ontario, and how does that compare to other provinces?

Ms. Maureen Adamson: There are 24 colleges in Ontario. Different provinces have different models, like SAIT and NAIT out in the west and so on. Ontario does have a unique sector profile.

To your point, I think the rural access is really important. These satellite campuses are, unfortunately, some of the things that are first to go because they often lose money. When you're faced with tough decisions, those are the ones that, unfortunately, happen to be first to go.

Mr. Brian Saunderson: And relative student body size: How many college students are there?

Ms. Maureen Adamson: We are graduating about 70,000 graduates per year. I don't have the number for universities. I'm happy to get you very specific numbers and report back to the committee, if that's the wish of the committee and the Chair.

Mr. Brian Saunderson: I appreciate that.

When I was talking with Kevin Weaver about the changes the federal government had made, I understand that not only did they cap the number of foreign students that could attend the schools—previously, they had approved all of those foreign students prior to getting there—but they've also capped the number of programs. I know at Georgian College, they went from about 135 programs that were foreign student eligible down to 35. They lost 100. They couldn't even get their limited student cap into those 35 programs, so it was a devastating change for them.

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

Mr. Brian Saunderson: I appreciate the important role they're playing. One of my sons first went to university, and then, at the age of 29, went and trained in precision machining, the type of jobs that are out there and we need.

I'm interested in your thoughts. You'd mentioned that you're working with the provincial government on trying to be innovative and find ways to change the business model. I'm wondering if there are any thoughts you have that could impact our budget discussions going forward that you could share with us today.

Ms. Maureen Adamson: Yes. I think the most important thing in terms of the budget discussions is the \$1.1 billion that I mentioned. That is truly a structural deficit, where we're losing anywhere from \$5,200 per year per student, and that's on average. Some were losing \$20,000 per student per year. So I think it's truly fixing that structural deficit. I think, over time—

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

We now go to MPP French.

Ms. Jennifer K. French: Thank you very much. I appreciate all of your very thoughtful presentations. We wish that there was more time, but we know that all of us would be available if you have more information to share. We would be glad to hear it.

Maureen, thank you for your presentation. As someone who lives in Oshawa, we're very fortunate to have strong post-secondary in our community and, of course, Durham College. As you were talking about innovative—I think of the ability for colleges to maybe pivot or be more nimble and work with community partners. For us, we've got

OPG and we've got General Motors. We've got lots of neat projects happening.

I do want to take a moment, though. I know that the feds kind of have thrown us into a heck of a crisis, but we were so susceptible to that crisis because we've been so underfunded for so long in the province of Ontario.

The blue-ribbon panel, we haven't been talking about today, but are there still some pieces or recommendations that we can just reach for right now and help us dig out of this mess and actually build towards improving our college system right now?

Ms. Maureen Adamson: The blue-ribbon panel had some great recommendations. I must tell you, though, they were mostly university-related. The request that was in the blue-ribbon panel for colleges and funding was half of what was actually needed at the time, and that was pre-federal cap.

Certainly, there are some great ideas there, but the fundamental issue, as you've said, is the financial sustainability of the sector, and the only way through that is through the operating grant. If there was any appetite for some kind of a student fee—be it tuition or something else—those are the only roads that seem to lead home right now.

Ms. Jennifer K. French: Thank you. I appreciate that. When you say roads leading to home, I think—we won't delve into this too much, but a lot of the students who come to our communities, or might be from our communities, are so desperate to find that affordable housing, and they are connecting with community businesses or learning opportunities—co-op placements—and then they can't stay where they've built these relationships and paths. That's a bigger conversation that I know we're all feeling in our communities, that we want people to come and stay in our neighbourhoods and in our communities.

Katherine, again, as someone from Oshawa, we have the Ontario Philharmonic, and they are fantastic. I would like to take this opportunity to cordially invite all of you to Oshawa to check out our fabulous orchestra, the Ontario Philharmonic.

But also, as a former elementary educator, I saw the value of arts and what that could look like at the hands-on level and imagine the potential across the province. The sustained investment, enhanced investment in public music education, what does that look like? What numbers are we talking, where is the strategy the government could reach for when they watch this committee hearing and say, "Yes, we want to invest"?

Ms. Katherine Carleton: I'm going to have to throw my hands up in the air and say that there are many more people who have far greater expertise in this area than I do. I simply wanted to make the point that this is an ecosystem, that publicly funded arts education, music education, in schools is not just a pathway to kids staying in school longer and having a more passionate connection to learning, but for some of them it opens up lifelong pathways of enjoyment and pursuit of a career.

I speak with some expertise about orchestras. The education piece is sort of like the alpha to the omega of the

orchestra. And I want to be very clear here: I don't care if people play kazoos, synthesizers or violins; the act of making music—and ideally, making music in a group—is the act that I find most significant, and this is the place where it starts.

Ms. Jennifer K. French: Thank you. We appreciate your passion and your expertise.

Mr. Sprague, I wanted to ask you: You were talking about allowing you to be an employer of choice. We had the opportunity to meet with lots of folks and heard from new, young doctors who are being deterred from pursuing family medicine, who can't find a home, who can't imagine affording to set up their own practice, all of that.

It sounds like you've got the formula. Can you tell us a bit of—you've given us some good ideas, but how do we do that? What's the first step? Also, I'd like to follow up about being micromanaged and red tape. I'm sure the government would also love to hear ways to reduce red tape.

Mr. Duff Sprague: The family physician challenge is really kind of separate from the family health team in that we're just one piece of the puzzle that will encourage medical grads to go into family medicine. But right now, they're not—you know that—and that's because their overhead is so inflated; their administrative demands are so overwhelming. We can help with that—

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

We'll go to MPP Cerjanec.

Mr. Rob Cerjanec: Do you want to finish that thought?

Mr. Duff Sprague: We're just one piece of the puzzle. Our interdisciplinary health professionals support them, care for patients, provide services the patients wouldn't otherwise get and free up physician time.

They're now on a payment model where they don't have to see every patient. Their patients can benefit from other disciplines. Most doctors like that.

1420

Mr. Rob Cerjanec: Thank you.

Maureen, the college sector has been a recurring topic whether it's in the Legislature or in our communities as well.

I'm very curious, with some of the more specialized programs that, I think, require a higher upfront investment and cost more to run—I'm talking culinary, hospitality programs, maybe some skilled-trades programs as well. And some of these programs are closing at colleges in the province. And they're closing, I think, for a variety of reasons, but even when there's local jobs and opportunities and there's interest in those communities to go into those programs.

How do we keep those programs open?

Ms. Maureen Adamson: You're making my job very easy: funding. And that is really the bottom line.

These are high-cost labs when you think about the consumables, the equipment that the culinary students, for example, need to have. Other sorts of things that are very hands-on, they're expensive. And I would say to you that those were the ones that were suspended for that very reason.

I would also say to you that many of those programs, like culinary, at one time had a lot of international students

that had interest in them. And those were some of the ones that were hit by the federal government where they no longer would provide work permits or study permits for those programs.

So, it's kind of a Catch-22.

Mr. Rob Cerjanec: Okay. So more funding, essentially, in order to keep programs like that.

Ms. Maureen Adamson: Yes, and I think—and working with government—it's funding those things that meet labour market needs. And that's in fact what we're trying to work through the province with and they're very co-operative and collaborative on that.

It is, what are the jobs that we need, and are those the ones that we need to fund on a priority basis?

Mr. Rob Cerjanec: Because I'm sure you would agree that we want to ensure that folks within their communities where they reside have opportunities to go to college in their chosen field and where there are job opportunities locally, as opposed to having to go further away, which then turns into a barrier, from a financial perspective.

So that's why I'm looking at—how do we do that, especially at smaller institutions like yours?

Ms. Maureen Adamson: Again, it's ensuring that those programs where there's a labour market need and where people—like at Peterborough, we need culinary students—that those programs are adequately funded.

The difficulty with some of these programs in smaller communities—we don't have that, economies of scale. Our community in Peterborough may need 15 culinary students, whereas Toronto might need 1,500. So it makes it also difficult to run those programs with the funding that would be required when the labs are small.

Mr. Rob Cerjanec: Thank you. Within, let's say, colleges in a certain geographical area—let's say, part of southwestern Ontario, you know, Windsor area, London area—is there more coordination that colleges need to do with one another around kind of course offerings or what, maybe, could be made available to ensure their viability?

Ms. Maureen Adamson: That's a great point. I mean, colleges are pretty collaborative, much more so than universities who are their own separate corporation, as you know.

We have collaborated to the tune of, even recently, \$300 million worth of savings on things like libraries, other kinds of curriculum sharing. But there's certainly much more that could be done. There's no question about it and, in fact, those are some of the things that an innovation fund would help support.

Mr. Rob Cerjanec: Around entrepreneurship and creating new businesses, what do you think the sector needs to do an even better job at that with students and graduates?

Ms. Maureen Adamson: To create students that are entrepreneurial? Is that the question?

Mr. Rob Cerjanec: Yes, and starting businesses and—

Ms. Maureen Adamson: Yes. That's a great question. I can tell you, at Fleming, we have several programs that do provide those soft skills along with a trade, for example. They come in, they learn how to be interdisciplin-

ary, how they might set up a business, and then they learn the trade so that they've got both tools to do it.

So I think some of it does exist to varying degrees, and it's—I know when I sit with the presidents, it's often top of mind.

Mr. Rob Cerjanec: Okay. Thank you.

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the question, and it concludes this panel.

I want to thank all the panellists for a great job. Thank you for taking all the time to prepare it. We apologize for—you were so lively that you brought the power off. We thank you very much for being here.

MS. JESSICA BUSHEY

MS. CATHY ABRAHAM

CANADIAN MENTAL HEALTH
ASSOCIATION HALIBURTON,
KAWARTHA, PINE RIDGE

The Chair (Hon. Ernie Hardeman): Our next panel is Jessica Bushey, Cathy Abraham and the Canadian Mental Health Association, if they would come forward.

As with the past panels, you will have seven minutes to make your presentation. At the end of six minutes, I will say, "One minute." Don't stop. Finish your presentation, because that's where the punchline comes in.

I would ask all the people behind the panels to take it further back out of the room.

With that, the first presenter will be Jessica Bushey. I do have to ask everyone to make sure you put your name on the record before you start speaking.

Ms. Jessica Bushey: My name is Jessica Bushey.

The Chair (Hon. Ernie Hardeman): You're good.

Ms. Jessica Bushey: Okay, that's easy.

I've worked in Ontario's developmental service sector for 18 years, supporting people with developmental disabilities in both residential and community-based settings from the age of six to the end of life. I'm grateful for the opportunity to appear before this committee. I believe it's essential that those of us who provide front-line support and those that we support every day speak directly about how government funding decisions shape real lives.

Over the past several years, funding and supports for developmental services have not kept up the pace with growing need, rising costs and increasing complexity of care. The consequences are not theoretical; they're felt daily by individuals with disabilities, their families and workers like me who support them.

According to the independent Financial Accountability Office of Ontario, under the current funding plan, the Ministry of Children, Community and Social Services is projected to allocate significantly less than what is required to maintain existing programs through 2027-28. While the FAO's cost-driver forecast for MCCSS indicates a need for roughly 4.2% annual growth just to sustain service levels, the 2025 budget instead has a decline of 0.5% annually. For the developmental services sub-item specif-

ically, the FAO projects an average annual growth of only 3.6% between 2023-24 and 2028-29, but that rate assumes no increase in the number of people served.

In reality, demand is growing. The number of Ontarians with developmental disabilities continues to rise, but the wait-lists for critical supports and housing remain vast. According to Community Living Toronto and other sector organizations, over 52,000 people are waiting for essential supports. The latest report from the Ontario Ombudsman just last month, titled *Lost in Transition*, makes shocking findings about the lack of capacity, staffing and housing for adults with developmental disabilities, leaving many languishing in hospitals, seeing many of their developmental gains reverse—as a front-line worker, this isn't surprising, but the breaking point we are at and the most vulnerable people in our society pay the price.

For many of us on the front lines, this underfunding has real, harmful effects: long wait times for services, families pushed into crisis, chronic understaffing, burnout and increased pressure on already stretched workers. In my workplace, I've seen these impacts first-hand. We are regularly asked to do more—to support individuals with increasingly complex need, to cover ongoing staffing shortages and extend care beyond our means—and all without a meaningful wage increase or stable funding.

To address these urgent challenges, I respectfully recommend that the 2026 Ontario budget include the following:

(1) Significantly increase funding for developmental services, with the goal of eliminating wait-lists and ensuring timely access to supports and housing. Increasing funding and eliminating wait-lists will allow more people to access the support and housing that they need to reduce crisis situations, unnecessary hospitalizations and family breakdowns. Stable and adequate funding will support a wider range of services like community living, respite, employment supports, meaningful community participation and personalized care. These aren't luxuries; they're essential to dignity, inclusion and equal opportunity.

(2) Earmark a portion of new funding specifically for wage increases for developmental service workers like myself to improve staff retention; reduce burnout; and recognize the skill, dedication and complexity of our work. Workers in the developmental services sector take on complex, often emotionally and physically demanding work. Investing in fair wages and adequate staffing reduces burnout, turnover and chronic vacancies. This leads to better stability, continuity of care and quality of support for individuals. With stable funding and fair wages, agencies can recruit and retain skilled staff, enabling more consistent, person-centred care rather than crisis-driven and minimal service delivery.

1430

(3) Commit to long-term, stable, predictable funding growth, not short-term or one-time infusions to match rising demand and inflation and to guarantee safe, high-quality supports for individuals with developmental disabilities.

(4) Lastly, invest in broader public services and supports, including community-based housing, respite care,

employment supports and community participation programs to promote inclusion, autonomy and quality of life for people with developmental disabilities. Investing in developmental services is an investment in public services that benefit the entire community: reduced strain on emergency services and hospitals, decreased need for crisis interventions and stronger, more inclusive communities.

Ensuring people with developmental disabilities have access to stable supports enables greater social participation, independence and contribution, ultimately reflecting a more equitable, just and compassionate society. From a fiscal perspective, adequate funding now can prevent more costly crises like emergency care, homelessness, mental health breakdowns and caregiver burnout later.

By prioritizing developmental services in the 2026 budget, funding both wages and core services, the government will be making a concrete commitment to strengthen public services for some of our most vulnerable citizens. This aligns with the broader values of social justice, inclusion and community well-being. It would demonstrate that the province doesn't abandon those who rely on supports nor the workers who dedicate their lives to care. Instead, it upholds their dignity and our collective responsibility to build a fair society. Investing in developmental services is not just a special interest; it's foundational to a functioning and inclusive public service system.

In closing, the underfunding of developmental services over the past decade has had and continues to have serious—

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

Ms. Jessica Bushey: —damaging consequences for individuals, families and workers. The evidence is clear: Current funding trajectories are inadequate to meet demand, sustain service quality or retain staff.

With the 2026 budget, the government has the opportunity to reverse this trend to invest in what truly matters and to restore dignity, stability and hope in a system that supports vulnerable Ontarians.

I urge this committee to recommend that the government commit to substantial long-term funding increases with dedicated resources for wages and core service expansion that provide dignity for the people and workers who make up this sector in the budget.

Beyond the numbers, it's a question of values: of inclusion, respect and care. The supports we provide are worthy of being properly funded, and we know this government is not shy of making big investments. So we ask you to sufficiently invest in people with disabilities, their communities and the workers that support them.

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

We'll now hear from Cathy Abraham.

Ms. Cathy Abraham: Thank you very much. Cathy Abraham, for the record.

I am a democratically locally elected public school board trustee with the Kawartha Pine Ridge District School Board. I represent the municipality of Clarington and have done so for more than 20 years. Our board is a mix of urban and rural, and its jurisdiction stretches from the Courtice-Oshawa border to the west end of Trenton, north

to Apsley and all points in between. We have a city, a large municipality, many towns and small villages and many family farms.

I am also the past president of the Ontario Public School Boards' Association, known as OPSBA, which represents all 31 English public school boards and 10 school authorities. That's nearly 1.4 million students, almost 70% of Ontario's kindergarten-to-grade-12 student population.

It is an honour to speak to you today, and I think it's very important that this government is conducting these public hearings and giving people across the province the opportunity to share their thoughts and recommendations for the province's budget. Normally, the timing of these pre-budget meetings occurs after we have already shared our recommendations for core education funding, but the Ministry of Education did not engage the sector in any consultations this year. It is extremely unfortunate as that's how the experts in education provide their evidence-based data and information about how to improve how education is funded. This annual consultation is something we take very seriously to help inform the government about education priorities.

I strongly believe that a quality public education system is paramount to a healthy society. It is good for our economy, and it is good for our future. Schools must provide the conditions necessary for continued success and achievement for all students. It's important for education representatives to be here today because, as you know, education is the second-largest funding line in the budget.

While the overall funding for education has increased, funding for K-to-12 education on a per-pupil basis has not kept pace with inflation and is down more than \$400 since 2018. This has led to a significant funding gap of nearly \$700 million based on a June 2025 analysis from OPSBA.

We were recently at Queen's Park for our advocacy day, and we met MPPs—some of you here today—from all parties to talk about the pressures all boards are feeling.

One area that is severely underfunded across the province is special education. There continues to be a lack of funding and adequate resources to effectively support special education needs given the increased demands. In fact, 73 of 74 Ontario school boards—that's all English public; all French public; and our Catholic coterminous boards, French and English—and school authorities have special education deficits and struggle to meet the needs of students.

That need continues to grow as more students with complex needs enter the public system. It is an area of growing need. Requests for special incidence portion funding has increased 54% in four years. We need to serve and support all of our students. We are asking to work with the Ministry of Education to implement a review and revision of the present funding model.

Another funding pressure felt in different ways all over Ontario is student transportation. Many boards overspend their transportation budgets to meet their own unique local needs. Transportation, with its many complex challenges, continues to be an area in which the ministry and school boards have struggled to find solutions.

It's not just about getting students to and from home and school; it is much more than that. It includes school field trips, sporting events, extracurricular activities, additional service for before- and after-school care and, of course, special transportation for students with special needs. It may also include students who use public transit operated by their local municipality. We must work with our local school boards via shared routes and local consortia for common policies. Sometimes this is bell times.

As I said earlier, I've been a trustee for over 20 years, and I can tell you that this issue has not gone away and it has not been fixed. It is true that the Ministry of Education did revise its transportation funding model to establish some common standards across the province, but the model did not address ongoing significant inflation pressures or the amounts included in contractual agreements.

Some of those contracts will soon be renegotiated. We need to extend the transition funding period to allow boards to continue to adjust to the new formula, because I can also tell you that transportation challenges are very different across the province. I hear about them from my colleagues at other boards, no matter where they are in the province. Most boards will tell you that driver recruitment and retention, due to compensation, few hours and split shifts, remains a huge problem.

I'm sure many of you realize the school boards rely almost solely on the provincial government for funding. When that funding does not keep pace with inflation, the impact is felt directly in the classroom.

For instance, we are asking for funding to fully cover the employer costs of federal increases to the Canada Pension Plan and employment insurance statutory contributions. This is well over \$100 million a year. In fact, there are some boards in this province who would no longer be in deficit or even close to it if this statutory obligation was funded.

In KPR, like all boards, we struggle with special education, we struggle with transportation and we struggle with the statutory requirements. We are not different than those across the province.

Finally, before I end my remarks, I do want to emphasize the importance of local, democratically elected school board trustees as well as the other trustees who are appointed in Ontario's education system, whether they be our Indigenous colleagues or those in our school authorities.

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

Ms. Cathy Abraham: As someone elected to be the bridge between my community and our public education system, I believe these local voices matter. Trustees across Ontario know our communities, schools and students. We are committed to improving our education system because we believe in quality public education for all.

Thank you for the opportunity to address this committee today. I look forward to answering any questions you may have.

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

Our third delegation will be the Canadian Mental Health Association.

Ms. Ellen Watkins: Ellen Watkins from Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge.

1440

Thank you for providing space and time for the Canadian Mental Health Association Haliburton Kawartha, Pine Ridge to address this committee.

I would like to begin by thanking the provincial government for providing a 4% budget increase in the 2025-26 budget. This increase clearly demonstrates the government's commitment to community mental health and addictions care, and it will help our sector manage rising day-to-day operating costs, including inflation and essential wage adjustments.

CMHA HKPR is proud to share that our commitment to creating space is grounded in resilience, agency and control for both staff and clients and has positioned us to meet the evolving needs of our community with flexibility, innovation and confidence. We're an organization of 180 who support 2,000 individuals a month with over 90,000 individual interactions a year.

As demand for our services continues to grow and as we recognize the vast and diverse continuum of individuals seeking support, it is critical that the mental health and addictions sector remains a priority in the 2026-27 provincial budget. There's no segment of our population untouched by the needs for mental health services. We ask the government to maintain momentum this year by providing another round of stabilization funding for the community mental health and addictions sector.

CMHA HKPR serves a large and diverse region—urban, rural and remote communities spanning Haliburton county, Kawartha Lakes, Peterborough, Peterborough county, Northumberland and Northumberland county—where access to mental health and addictions care varies widely. What is consistent, however, is the need. Like every CMHA branch across the province, we're seeing record high demand for services. One in four Ontarians now reports experiencing moderate to severe psychological distress. Across the province, use of crisis services is up 30%, and youth hospitalizations for mental health have increased by 136%, and our region is no exception.

Data from our branch shows more than 15,500 service provider interactions with clients and crisis-specialized services alone, which does not include the 8,000 support calls answered through the national suicide and emotional distress phone and text line. Through our support, we minimize contacts with EMS to below 2% of our total contacts through the 988 system.

I would like to take a moment to share how CMHA HKPR has invested the budget infusion received. Two years ago, 250 people were waiting for mental health services. Today, that number is 16, a 98% reduction. This transformation didn't happen by chance; it happened because we dared to innovate, collaborate and stay true to our purpose. We have also reimagined our crisis pathways with flexibility, mobility and rapid access to core services. Now there's no wait-list for crisis services, and we connect with individuals within 24 to 48 hours, because when someone reaches out, every hour matters.

Across our region, we provide supportive housing to over 300 individuals and are investing in spaces that are not only affordable but designed to promote health and well-being. Our commitment goes beyond services; it's about creating environments where people can thrive. We lead with partnerships, courage and innovation because we know that when we combine our resources with those of diverse community partners, the impact is exponential. Together we are building a stronger, healthier future for everyone. Even though we can evidence successes, we recognize it is not enough.

Mayors and community leaders across the province have indicated that mental health and addiction issues are impacting all our municipalities across the span of community members. As Ontario continues to face tariff-related economic instability, research shows that these fiscal uncertainties can increase the risk of mental health and addictions issues, including anxiety, depression and substance use.

With these issues in mind, the increase in last year's budget acts as an incubator for innovation that, if supported, again, can reap exponential results. To ensure sustainability, improve service quality and retain skilled professionals, a more sustained investment in a system designed to foster innovation and flexibility—organizational funding—is urgently needed. Without it, the sector remains vulnerable and unable to effectively meet the growing needs of Ontarians, which brings me to our formal pre-budget ask.

The community mental health and addictions sector seeks another 4% base budget increase for the community mental health and addictions sector in this budget. This will allow us to continue to work towards providing competitive compensation and safe spaces where local health needs are met. In addition, though not a funding ask, I ask for consideration of organizational budgeting reform grounded in flexibility to rapidly reallocate our resources to meet presenting needs.

Our current model of health funding relies on sporadic, formal budget submissions with little opportunity to reallocate dollars between programs and expense lines. The good news is that this investment and proposed budget reform will go a long way in supporting not only our sector but the overall health and justice systems. Every dollar invested in community mental health saves multiple dollars in downstream hospital and justice system costs.

One example is supportive housing. Supportive housing is a forgotten segment of the housing continuum. It helps reduce homelessness and connects service users with wraparound mental health and substance use supports.

CMHA HKPR supports over 300 individuals in both owned and leased spaces. Every dollar invested in supportive housing saves up to \$3 to reduce use of hospitals, shelters and correctional facilities. People who are unhoused have health care costs seven times higher than those who are stably homed. CMHA is one of the province's largest supportive housing providers with over 6,000 housing spaces, yet demand continues to far exceed capacity.

The province's commitment to capital funding for supportive housing is commendable and has created real momentum, and the funding for essential human support has not kept pace.

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

Ms. Ellen Watkins: We are at a critical juncture where unit vacancies remain low yet rent supplement allocations continue to grow, resulting in a year-over-year funding surplus. While we appreciate the flexibility to reinvest these surplus dollars in infrastructure projects, we urge consideration for reallocating a portion towards human support.

Housing alone does not keep people housed. Without corresponding investments in staffing, we risk undermining the very success these capital investments were designed to achieve. Safe, sustainable housing requires both bricks and mortar and the human supports that make stability possible.

As you can see, our work helps support many areas of our community. With stabilization funding and support to increase budget flexibility, our sector can continue to drive innovation so that we can grow support across communities and improve outcomes while also being a fiscally responsible investment for the government.

In closing, I would like to thank the committee for making time to hear from CMHA HKPR and the other stakeholders in our community. Thank you.

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

That concludes the three presentations. We will start the first round of questioning with the government. MPP Kanapathi.

Mr. Logan Kanapathi: Thank you, all the presenters, for your thoughtful presentations. Thank you for being here and bringing your voice to this pre-budget consultation.

My question is to Canadian Mental Health Association. Ellen, thank you for your compassionate service you provide to not only Peterborough region; all the CMHA providing the services across Ontario is commendable. I come from the York region CMHA chapter. Thank you for being at the front for a lot of people impacted by their mental health. Especially the young people are facing a lot of social and economic challenges these days, and you are giving hope. We're only able to give so much hope during this challenging time.

You mentioned about some of those numbers. Some of them are impressive—how you are handling some of the clients through the funding. Could you elaborate on that? Some 250 people used to be waiting. They were waiting; now they're down to 60 or 70. I'd like to hear more about your numbers.

Ms. Ellen Watkins: Yes. Thank you. The funding that we've received allows us to keep up with wages or move wages closer to what people find affordable in our community. We've also worked really hard on our culture to understand what a great workplace is. Part of it is wages, and part of it is having access to the ability to inform the work that you're doing.

The 250 on the wait-list getting to 16 was really a combination of factors that came together. There was provincial coordinated access that allowed us to say, "Our system needs to be redesigned." We looked at, "What is the core focus of the work that we do? Let's be really clear and intentional about the work we provide, ensure that we are providing the supports required by the individual, not by a system."

So then we're able to do episodic care with really quick re-entries into service. What that means is that we're able to see people for the time they need and then invite them back quickly, if required. That is what's driven us to a 16-person wait-list across the continuum.

Mr. Logan Kanapathi: I know there is a crack in the system. That's what we are fixing piece by piece and bit by bit. Thank you. You're aware about that.

In 2020, we announced Roadmap to Wellness, a \$3.8-billion investment over 10 years to rebuild and modernize the system of mental health care. It never happened in the history of Ontario. When we took over the government, that was our political manifesto, this amount of funding, before COVID.

1450

So you tell me—this is falling into complete disrepair after a decade of neglect. Would you be able to expand on the impact of this investment and where you think it is most impactful?

Ms. Ellen Watkins: Yes. What I'm seeing in our sector is really the impact of the investment in the centre of excellence. It is allowing us to take frameworks that are designed at a provincial level, with the ability to implement at a local level, based on the resources we have. So programs like Ontario Structured Psychotherapy, the investment in early psychosis intervention, the provincial coordinated access system, HART hubs: They are large, great ideas with a framework that is able to be evidenced and measured. And then what I'm seeing in the sector is that they're asking local providers to execute them through collaboration and understanding how we can combine our resources to create the biggest impact.

So there's a shift that I'm seeing in how we are being supported from a health care perspective, which I think has been helpful. Definitely, programs like OSP that have moved into fee for service are hugely supportive of the community mental health sector; 988 is a similar program. So I provide you the service, you tell me what I pay for that service and then we at a local level determine how to execute so that we can create the best revenue generation at the best quality.

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

Ms. Ellen Watkins: Those are some of the examples in terms of how Roadmap to Wellness is affecting us.

Mr. Logan Kanapathi: Thank you.

MPP Smith.

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

Mr. Dave Smith: Thanks, Chair. I appreciate that.

Ellen, I think you sell yourself short. There are some specific things that you guys have been able to do in the last seven, eight years. There has been a massive shift in

the approach. You're working collaboratively with so many other organizations. But I want to touch on a couple of things in particular, because I think that this is one of the things that really does help reduce that wait-list.

The two mobile mental health and addiction buses: Can you elaborate on what you're doing there? Because Peterborough is one of the pilots on this, and it's fantastic work.

Ms. Ellen Watkins: Yes. We have, very appreciatively, received funding of \$1 million to run two mobile mental health clinics. They serve the Haliburton community and the Peterborough county and Northumberland community. It provides us a place and space for people to come at regular intervals to receive mental health—

The Chair (Hon. Ernie Hardeman): Thank you very much. We'll have to save the rest for the next round.

We'll now go to MPP French.

Ms. Jennifer K. French: Thank you for your very thoughtful and informative presentations, and I will also say, very passionate. It is clear that you are here because you care, not just today. So thank you for all the work that you do.

I'm going to go in order. Jessica, thank you for your presentation. I feel like you manage to put a lot into that short period of time, and I know that there's so much more.

I appreciate that when you said as a front-line worker—I mean, of course, all of us know that a front-line worker sees things first and knows things. But I also have the opportunity as a local MPP to hear from community members—sometimes workers, sometimes families—and everyone is reaching for services that are not funded or need a compassionate plan to make things better.

You had given us recommendations, and I appreciate that, but what would those investments, what would those changes actually look like for the clients that you serve, for the workers that you work with, for the parents and the families of the folks who depend on your services?

Ms. Jessica Bushey: I'm going to speak to the worker part first, because that's what I am. Workers in developmental services haven't gotten meaningful wage increases, and we know, with inflation, everything is soaring. I, myself, personally, have the highest-paid position you can get where I work, and I work two jobs, because I'm a single mom. We have multiple—almost every single worker where I work has more than one job. Bill 124 hasn't been remedied for us yet. We haven't had a meaningful wage increase in quite some time.

Funding to core services and funding earmarked for wages is really important. It also affects the people that we support. We have a high turnover rate in developmental services. People with disabilities deserve to have continuity of care. They deserve to have workers that are paid well, who are skilled, and they deserve to have that consistency in their supports. We have a very high turnover rate because of burnout and because workers are having to get multiple jobs.

Speaking to the people in service, funding would help them in so many ways in terms of community participation, inclusion and dignity for these people—housing or even something as simple as food. Transfer payment

agencies are having to put a budget on the food—up to \$14 a day per person—because they're living with a disability and they're in the care of the system. Core funding will change people's lives.

Speaking to families, specifically right now, I support families with children with disabilities. I support people from birth up until the age of 18. I'm seeing grandparents. I'm seeing people who are young who have gotten kinships, supporting these people with disabilities, and once they turn 18, they're on that wait-list of 52,000 people for adult services. Funding for the families and for those programs is essential.

We have people in their eighties and nineties caring for children who are, quite frankly, quite aggressive, and it's very, very hard for these grandparents and these families and even the young kinships, trying to manage that. The education system doesn't have funding for the LLS classes and for EAs. A 1-to-1 EA for a high-behavioural child just doesn't exist.

Funding across the board would affect not only workers but the people supported from childhood right until the age that they pass away.

Ms. Jennifer K. French: I appreciate your delving in for us, because oftentimes when folks come to committee they come with the numbers, they come with the measures, the metrics and the budget ask. But we all live in our communities, and we know that there are very real human consequences to the lack of funding and impacts of potential funding, so I appreciate your fleshing that out for us. Thank you for the work that you do.

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

Ms. Jennifer K. French: How long? One minute? Wow. Okay.

Cathy Abraham, I am glad to see you here. Thank you for your many, many years of committed service to strengthen public education. As a former educator myself, I will fight to the end for public education. Frankly, I hope that that end is no time soon. But we'll continue to want to have our communities have that access to locally elected leadership, to trustees. I thank you for that.

You said that the ministry did not engage this year in that annual consultation. Has that happened before?

Ms. Cathy Abraham: No.

Ms. Jennifer K. French: Are there plans for it to happen? Is it a matter of scheduling?

Ms. Cathy Abraham: Not that we are aware of.

Ms. Jennifer K. French: I would be glad to know what was missed by not having that, what conversations weren't had.

Ms. Cathy Abraham: Oftentimes, it gives us an opportunity to delve even deeper into numbers and examples and "Here's why this matters" and "Here's how it connects." We didn't have that opportunity. This is good; I get to speak to you, but I have seven minutes. We would often present—

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

We'll now go to MPP Cerjanec.

Mr. Rob Cerjanec: Let's pick up on that. Let's continue, because I think that conversation with the minister needs to be longer than a seven-minute conversation. It needs to be a collaborative conversation, because I know that every group in public education has ideas and solutions to deliver education better, save money, efficiencies and innovation. So what does that look like?

Ms. Cathy Abraham: We never say that we have every answer. We never say that. We always say, "Look, ask us the questions, because we have experts that either work for us as associates at OPSBA or we have access to those people in a way that other folks don't." Trustees, who are sitting around their tables month by month, have information that we would love to share.

At our provincial association, we have two main work groups who do that, policy and program. That's all they do. They delve into research. They delve into the information. They come up with, "What do we think is going to work best for the rest of the province?" That's the information we share. We think it is a way to be more collaborative. We would like to work with the ministry in a more collaborative way.

We all want the same thing: We want our kids to do well. We want the kids that end up at CAMH as adults—we want the kids that end up with my colleague over here—we want them all to do well, and they start in our schools. So all we want is the opportunity to share the information, to be collaborative about what's going on in education, because we do have some challenges.

1500

Mr. Rob Cerjanec: There are many challenges, I think. Two—and you mentioned them—are special education and student transportation. What's the impact of not having sufficient special education funding in our classrooms?

Ms. Cathy Abraham: So there are a number of them. Clearly, we're not meeting the needs of some of these students that require the special education support, but it cascades. So you have a classroom that is your average-sized classroom, you have a classroom teacher, but now we have a student who maybe has learning difficulties, maybe has behavioural difficulties, but we don't have enough money to provide the EA for the time that that student needs it. So now you're taking away from the teacher's time with the whole class to support that student.

All the students deserve support. That special education student deserves support. But if we don't have the funding to be able to do it, we have to take it from somewhere else, and sometimes it's about time and focus and the classroom teacher, and it just cascades down to everybody.

Mr. Rob Cerjanec: And we have a violence-in-schools challenge, and it's a challenge because, in my estimation, kids aren't getting the support that they need. We don't have enough adults in the classroom.

How many more people do you think that we need in our school system to help address this challenge?

Ms. Cathy Abraham: I would not guess. We just need more—we just need more. Even if every school even had two more adults in their school to help with kids, that would be helpful.

Mr. Rob Cerjanec: So that's something we've proposed as recently as this week, actually—Ontario Liberals have—as one way to help get kids the support they need, to help bring down the level of violent incidents and to provide, frankly, a break for some of our educators and EAs and ECEs in our schools, and the other support staff as well, and the mental health workers, and everyone.

I really fear that if we don't fix this issue, if the province doesn't fix this issue, it is going to have long-term impacts on kids, who become adults. It's going to have—it already has long-term impacts around retention and recruitment, because we want our experienced educators to stay. We want them to decide, "You know what? Maybe I want to be a principal." And folks are choosing not to do that because of how stressful it is in the school environment.

Ms. Cathy Abraham: Absolutely.

Mr. Rob Cerjanec: Around student transportation, do you think a model like they use in Kingston, where they're using public transportation for students in secondary—do you think that's a model that can work in some areas?

Ms. Cathy Abraham: I know you're very well aware of—I'll use KPR as an example: That's great if you're in Peterborough and you have public transportation. I mean, it actually is a wonderful model if you have public transportation. But when you have a very big rural area, you probably don't have a municipal bus.

Mr. Rob Cerjanec: But if we do that in these more urban areas, that then helps provide some flex in the system, right? Because we have trouble attracting drivers; we have trouble retaining drivers.

Ms. Cathy Abraham: Yes, and it still needs to be funded. That is not free.

Mr. Rob Cerjanec: Yes, 100%—no, 110%, and it's actually one good way that we can—

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

MPP Brady.

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

It's great to see you again, Cathy. I know you are a fierce advocate and trustee. I want to talk about—I could talk about this all afternoon, actually. I talk about the chaos and the crisis in the classroom, and that is not what we are debating at Queen's Park. We are debating things like school board trustees, and I call it tinkering. Much of what I've seen in the Ontario Legislature this fall session is tinkering with the education system and doing nothing to curb that crisis and chaos in the classroom.

I'm wondering, with respect to your role as a trustee—over 20 years—and I understand; I talk about saving democracy all the time. I'm fearful that today it's the school board trustee; tomorrow it could be the teacher. I'm wondering if you can tell me the changes you have seen in the role of the school board trustee over your 20 years and if you believe that that is purposefully done.

Ms. Cathy Abraham: I don't think that I want to question somebody else's motivation for anything. But I will tell you, there have been changes. Over the 20 years, or just over 20 years, that I've been doing this, you have

seen the role of trustees, and some of the decisions we used to make for our local communities—because we know our local communities—become more centralized to Queen’s Park, which I don’t have a problem with. Some of it’s fine; we should all have a shared curriculum, absolutely, because no matter where you live in this province; if you’re in grade 3 in Apsley or you’re in grade 3 in Thunder Bay, you should be learning all the same things, because that just makes sense.

But sometimes I know more about my community than others who are making these decisions. I know about the schools that I have; of the 26 in Clarington, I know which schools are having socio-economic challenges. I know which schools don’t look like they have socio-economic challenges, but the reality is they do. We can make decisions locally based on those things.

Ms. Bobbi Ann Brady: The education minister continually talks about these problematic school boards, and there are problematic school boards in this province that need to be reined in. But can you tell me if you know whether or not it was school board trustees who pointed out some of the problems at these school boards, or was it administration?

Ms. Cathy Abraham: Listen, generally—I just want to say this, first of all: School board trustees are human beings. Like everybody sitting around this table, we all know people that are problematic, because we’re human beings and we have flaws. So I don’t pretend that there are no problems.

I would say that, yes, as a general rule, we do know when things are going on. But it takes us time because you have to follow things like labour law before you can make changes and you have to go through the process. Sometimes you may not know about it, or you may not hear about it, but things are happening behind the scenes to try to fix some problems—

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

We now have to go to the next question. The next one is the government. MPP Saunderson.

Mr. Brian Saunderson: I want to thank the panel for taking time this afternoon to come and share your opinions and expertise from your front-line positions with us in this budget consultation process.

I’m going to focus my question on Ellen and Jessica, because, sometimes it’s not necessarily the amount of the funding you get but how it gets delivered to you. You mentioned that in your comments, Ellen, about how it can be siloed and the restrictions that come with the funding. If it came with some flexibility, you might be able to use that.

I served on our E3 board locally—developmental services and community services—in Collingwood. We found siloed problems between independent supported living, other programs and age transitions for children when they come out of the programs.

I’m wondering if you could—starting with you, Ellen—speak a little bit more about how flexibility in using the funds would help to advance and enhance your services.

Ms. Ellen Watkins: Yes, definitely. I think Duff also shared the same message before I came in, so it’s a little bit of a repeat. The ideal would be that organizations who demonstrate that they are fiscally responsible and that they are meeting their targets, their outcomes and objectives would have more flexibility to allocate their dollars where we’re seeing changing needs on a year-to-year basis.

You have a yearly, annual budget process. We are not required to do that with our funders every year, which sounds crazy, that I’m saying I want to do this more often. However, yes, you do, because the conditions are changing. Having the ability to share how we can use those dollars in different ways would be helpful.

For us, specifically, it’s the number of funders that we connect with. We were chatting about it early on the rent supplement side. The Minister of Housing provides the rent supplements; the supports are on the health side. We create surpluses right now because of vacancy rates etc. that get converted into infrastructure development. However, we’re lagging behind in supports for the humans. So is there the ability to move some of that money between ministries in a short term or a longer term so that we can stabilize the system?

Certainly, investment outside of our system but into deeply affordable housing and the ability for us to purchase more: In the social services, what I can tell you is, every three units we put into social service, I can create one more rent supplement. So opportunities to use our money in ethical but flexible ways certainly makes it go further.

1510

Mr. Brian Saunderson: Thank you.

Jessica, would that assist you?

Ms. Jessica Bushey: I mean, yes. I’m not going to sit here and pretend that I know all the ins and outs of the budgets of developmental services and transfer payment agencies in the area. Like I said, I’m a front-line worker, so my experience is directly in how it affects the people that I support and the real lived experiences that I have to help families navigate through every day.

I do think there are a lot of silos in developmental services—like you said, the different programming. For example, people who are in supported independent living are eligible for five hours—at least from the workplace I work at—of support a week. I don’t work in that department, but I have colleagues who do, and I know that they are stretched to the max. I know that those people are getting well over five hours of support because of how much they require. However, because the funding is so particular, they can’t get funding from anywhere else to get more staff into that specific program to get those people what they need.

And those people who maybe shouldn’t be living in a community, in a supported independent living environment, can’t go into a residential setting because there’s no room until somebody passes away. Similar to long-term care, there are no beds. So a more generalized funding increase, as opposed to specific programs, would benefit people with disabilities as a whole, across the board.

Mr. Brian Saunderson: Just to follow up on that: The age transition, is that still an issue? Does funding drop dramatically when they hit 21?

Ms. Jessica Bushey: In family services, they're in our care, supported by us from whenever the family reaches out to access—typically around the age of six, but it could be from birth—until they're 18 years old.

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

Ms. Jessica Bushey: They do stay in the school system in LLS classes until they're 21, but they move over to adult services at the age of 18 and then go on that wait-list and increase the wait-list of that 52,000 people. So there's a huge gap between 18 and whenever they're going to get actual services from the adult side of things with MCCSS.

Mr. Brian Saunderson: I know we don't have a lot of time; I'll be quick. You've talked about collaboration, working with other service sectors, in your comments, so the same question to both of you.

Maybe this time I'll start with Jessica: Do you collaborate with other service providers, and those collaborations, could they be strengthened, and finding efficiencies there? What opportunities are there, do you think?

Ms. Jessica Bushey: I think, personally, the front-line workers do an excellent job at collaborating with other agencies and service agencies, especially in the Peterborough area. I work very closely with both CAS agencies. We work with the school board. We work with CMHA. We work with everybody.

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

We'll now go to MPP French.

Ms. Jennifer K. French: Ellen, we haven't had the chance to chat yet. I did want to say that, as someone who lives in Oshawa, I appreciate CMHA Durham immensely, not only because they're my neighbour—where my office is and where their front door is, we share a lot of the same neighbours and the same neighbourhood.

I've seen from my vantage point the important work that they do, whether it's housing supports, the peer mentoring. I hear from our neighbours just how vitally important that is, for someone on their journey to help them participate in the community.

The Back Door Mission's Mission United project, if you're not familiar and if the government members aren't familiar, is some of the proudest work I've done, alongside your colleague Minister Tibollo, who really saw something in Oshawa and made sure that it could happen sustainably. So I know that all of us work with CMHA in our communities where we've got them.

I would like to know—and this is not a criticism. Your presentation was great, but it was kind of at a level that maybe is the language of government. I would like for you to tell us a little bit about what it feels like to have the housing supports for someone that we might not have met in our neighbourhoods. What does it mean for them to have that housing worker to help them stay housed—or an actual community example?

Ms. Ellen Watkins: I might answer it in the flip side. I want to talk about what happens if we don't have the support in place, if that is okay.

Ms. Jennifer K. French: Just tell us stories that we can feel, because that helps to make the impression of why this matters.

Ms. Ellen Watkins: Yes, definitely. We are looking to transition people into housing, and the housing that is sometimes available is not conducive to health and well-being. If we don't have appropriate supports for people who aren't ready for that supported independent living, we end up creating further crisis. So if we don't have adequate supports for individuals in the supportive housing sector, we end up moving, sometimes, to a place where there's no other option than eviction back into homelessness, which then starts the cycle again.

So, certainly, if we have the ability for people to be regularly contacting individuals who are in supportive housing to move them to higher levels of independence with an exit, it is definitely helpful to the whole system and continues to create hope, as the other member mentioned, and the ability for people to reach their potential in those spaces.

Ms. Jennifer K. French: I appreciate what you said there, but what it looks like for me, or what I have seen in terms of the success story that I'm sure we can all extrapolate, is that for an individual who is struggling and might not be able to manage the paperwork and responsibility and timelines and appointments and whatnot of being an exemplary tenant, for example, to have that intermediary, to have CMHA as the point of contact for the landlord to help navigate those things if something is behind, if damage is done, helps to keep someone housed. But I also know that it's a very popular program with our local landlords because they have answers, they have someone to pick up the phone. It's a win-win for everyone involved.

Is there an opportunity to fund that better? Can we extrapolate that and expand that across the province? What can the government take away from these hearings that they can make sure that more good happens?

Ms. Ellen Watkins: Yes, definitely. A direct infusion of dollars to supports would be the ideal solution.

The other recommendation is, where we're creating surplus in the rent supplement dollars that aren't currently able to be used within the system due to vacancy, can we use those to support the supports?

So there are two sides, as you mentioned. There are the human supports in the housing, and then there's those administrative supports, because those are two different pieces of work: landlord relations and maintenance from an administrative perspective and also from a housing support. Funding both of those sides are critically important to keep the system running.

Ms. Jennifer K. French: Thank you. I appreciate that, because we talk about housing in the Legislature a lot. Sometimes we speak the same language; sometimes we don't—

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

Ms. Jennifer K. French:—but I think we all have the same goal: We want people to have the right place to live in the communities and be able to be safe and have stable housing. I know that’s a successful one, so thank you for that.

I will turn back to Cathy. Is there something that we can do for homework, to read or to figure out the next steps? Because if you’re not meeting with the ministry, is there something that we can share with the ministry on your behalf if they won’t meet with you?

Ms. Cathy Abraham: We would be more than happy to share with you as much information as you’d like. We have a wealth of information. I don’t think we—if anybody met with you on advocacy day, we can provide you with all the information we shared there that just gives a snippet.

You’re asking about housing. Just think about all those kids, all those families, that don’t have houses. Those kids are in my schools. We’ve got to support them. I’d love to talk to you about it—

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

We will now go to MPP Cerjanec.

Mr. Rob Cerjanec: Ellen, thanks for your presentation. What I found interesting is the need for flexibility in using funding to help provide support for individuals where it might make a bigger impact or difference as opposed to something capital just based on where needs are or where the whole situation is. Can you explain a little bit more about that?

Ms. Ellen Watkins: Yes, definitely. On the rent supplement side, we were chatting in the lobby earlier that, because it’s between two different funders of the government, the money doesn’t cross paths, and you can’t use it for human supports. You can use it for building supports, which is greatly appreciated.

We know we need more infrastructure. Again, if we don’t have the supports to go along with that infrastructure, we will continue to create the cycle of homelessness and creating people to feel less hopeful. Without the supports, we can’t help people meet their full potential within housing and full society.

Mr. Rob Cerjanec: I’m curious how you were able to really bring down that wait-list for mental health services. What did—

Mr. Dave Smith: Great supports from the NDP.

Ms. Ellen Watkins: Definitely, yes, having support from the government as a whole in recognition of the importance of our work is helpful. It really came down to being able to pay our people, to wanting to stay, creating a culture that they want to work in and providing them the autonomy to look at the system to design it from not only, “How do I take my skills and best implement them for the community?” but also looking at our clients to say, “What are you looking for? What is it that we’re trying to help with?”

1520

So, flipping the script, not following a set description of what we believe care looks like and talking to each

client individually to say, “What does care look like for you? Here’s what we can do to help you”—let’s do those things.

Mr. Rob Cerjanec: I think some other folks will need to take some notes from you on that, because in other communities it’s not that case. It’s really good to hear that you’ve been able to do that here.

Jessica, thank you very much for your presentation and for supporting the developmental service sector. If you had to pick one thing—I know there’s a lot more than one; trust me. We can talk for a long time about that. But I guess if you could pick one thing, how do we really bring those wait-lists down?

Ms. Jessica Bushey: Funding.

Mr. Rob Cerjanec: Yes.

Ms. Jessica Bushey: Funding—that’s why we’re here, right? Funding for residential programs, funding for community-based programs, funding for child and youth services so that we don’t have parents who are in their eighties supporting their grandchildren because the parents maybe have a disability themselves or they can’t—money.

I don’t know what else to say. It’s just—that’s what’s going to make those wait-lists go down, and then you’re going to need staff to staff those programs.

Mr. Rob Cerjanec: Correct me if I’m wrong, but I think we’re probably approaching a point in time in the next five years, 10 years—it’s even happening now—where some of the adult caregivers won’t be around to help.

Ms. Jessica Bushey: That’s right.

Mr. Rob Cerjanec: I think we’re going to be in a big crisis. We already are in some ways—in many ways. And I have to say, it’s probably one of the toughest jobs, one of the toughest things I have to hear as a member of provincial Parliament, that a parent says to me, “I don’t know what’s going to happen to my kid when I die.” And if we can’t get this right as a province—if we can’t do that—we failed. We have failed. We have failed families. We have failed individuals.

So I want to thank you so much for coming here today and sharing the work that you’re doing on the front lines and how we can provide dignity and support for individuals.

Around wages and retention, what are some good strategies that can happen in this sector?

Ms. Jessica Bushey: Well first of all, we’d like our Bill 124 remedy. Our wages were frozen, and we haven’t had meaningful wage increases. Like I alluded to—well, it’s the truth; I have multiple jobs. A lot of my colleagues have multiple jobs, and we’re still waiting for that unconstitutional bill to reach us.

Mr. Rob Cerjanec: Okay. Thank you.

Cathy, one last thing around trustees: Can you give me one great example of how a trustee has been able to help somebody?

Ms. Cathy Abraham: Oh, gosh. Well, I know for myself, I recently, this week, just dealt with a parent who was having some difficulty with a child. They were just not understanding the system, not understanding what they needed to do—and help that parent get that student the

help they needed in their classroom, not because anybody was doing anything wrong, but it was just because they didn't understand.

That's an important part of the role I have. I want to tell you—

The Chair (Hon. Ernie Hardeman): Thank you very much, and maybe MPP Brady will let you continue.

Ms. Bobbi Ann Brady: I'll give you part of my three minutes here. Go ahead, finish that, Cathy.

Ms. Cathy Abraham: You know, it was school board trustees that first came up with junior kindergarten. It was school board trustees that first came up with food in the classroom so that kids don't go hungry. There's a number of programs that came as a result of programs that school board trustees brought to their schools that people just take for granted.

But every single day—we don't do big splashy things; we do small things to help families so that they don't fall through the cracks.

Ms. Bobbi Ann Brady: We won't know what we have until it's gone.

Anyway, I don't have much time. I'm going to say that compassion should be part of Ontario's defining character, and I want to thank both Jessica and Ellen for your comments today, but compassion means we should be doing our absolute utmost to ensure that everyone's full potential is reached.

Ellen, it's not lost on me that you used the word "reimagined." I say this all the time: We have to reimagine many of our systems in this province. Most of our critical systems that are serving us on a daily basis are in crisis, so I really like that word, "reimagining." MPP Saunderson spoke about silos; I've seen this. I've seen it in the mental health sector, and we need to break those down.

Jessica, I'm turning to you: I hear from my agencies all the time that these are not luxuries. These services are not luxuries for families; in fact, they're lifelines. I'm wondering if you could think of one thing that we could reimagine in the developmental services sector, despite funding, that would make a big impact.

Ms. Jessica Bushey: I think it's value for the people who I support. Them having dignity, respect and being included in the communities that they live in is instrumental in success for the community. I think that everybody deserves to have support if they need it, but also deserves to have some dignity and some value.

We see people with disabilities and a whole variety of things come across our mind, and a lot of the work that we do as front-line workers is making sure that our communities are inclusive and making sure that people we support are included in our community and valued.

Ms. Bobbi Ann Brady: And we've seen the #5ToSurvive campaign from Community Living Ontario, and that has passed. We're asking for 4%. How long do we have, do you think, before the entire system crumbles?

Ms. Jessica Bushey: We're already crumbling. It's already happening. It's happening right now. This is a threat right now.

Ms. Bobbi Ann Brady: Thank you.

The Chair (Hon. Ernie Hardeman): That concludes the time for that question and for this panel. I want to thank all three of you for the great job in preparing it and—what did they say—doing your PhD and defending your cause.

Thank you very much for taking the time to be here.

ONTARIO ENGLISH CATHOLIC
TEACHERS' ASSOCIATION
PETERBOROUGH VICTORIA
NORTHUMBERLAND CLARINGTON
ACORN30

The Chair (Hon. Ernie Hardeman): While we're changing the table, the next table will be the Peterborough Victoria Northumberland Clarington unit of the Ontario English Catholic Teachers' Association and acorn30.

As we're coming up, we'll ask the presenters to take the table—

Interjections.

The Chair (Hon. Ernie Hardeman): —and we'll ask the committee, if they're going to carry on, to take it at the end of the room.

With that, as you've likely heard already, your presentation is seven minutes. At six minutes, I will say, "One minute." At seven minutes, we'll be moving on.

The first presenter will be the Peterborough Victoria Northumberland Clarington unit of the Ontario English Catholic Teachers' Association.

Mr. Bart Scollard: Thank you. I hope you can hear me okay. My name is Bart Scollard. I am a Catholic teacher and local president of the Peterborough Victoria Northumberland Clarington unit of the Ontario English Catholic Teachers' Association. I am here representing the 1,200 professionals who teach kindergarten to grade 12 in publicly funded Catholic schools in PVNC.

Catholic teachers in PVNC and teachers across Ontario want nothing more than to do the job they love in a learning and working environment that best supports students. But to be at our best, we need a government that makes real investment in the resources and supports that students need to learn, to grow and to thrive. Let us use this opportunity of the upcoming 2026 budget to realize a better future for our students.

Families, students, teachers and education workers in PVNC Catholic are deeply concerned with underfunding in our schools and not properly investing in what students need to succeed. Everything we are proud of as Ontarians and Canadians starts in our classrooms.

This government is potentially silencing parents and communities with threats of removal of democratically elected trustees, the very people who keep our school system strong, making it harder for parents to voice their opinions and ask for help. Students don't need more centralized control at Queen's Park; they need real investment in the future, and they need it now.

The Ontario government continues to underfund schools, leaving students and teachers with less and less. Over the past eight years, the Ontario government has underfunded

schools by \$6.3 billion. With adjustment for inflation, school boards received less funding per student this year than they did before the current government took office in 2018.

Every day, Catholic teachers in PVNC see the devastating impact that this underfunding is having on our students, including overcrowded classrooms; a growing teacher recruitment and retention crisis, with more classes being covered by unqualified people who lack proper training and experience; rising incidents of violence in our schools, with more teachers and support staff reporting burnout; schools in disrepair; and a basic lack of school supplies such as paper, pencils and textbooks.

1530

According to the Conference Board of Canada, every dollar invested in publicly funded education yields \$1.30 in total economic benefits to Ontario. At the same time, the inverse holds true for each dollar that is cut from our schools. Every cut to publicly funded education takes a toll on Ontario's future.

It's critical that we set up students for success as they are our future—our future tradespeople, entrepreneurs, scientists, health care professionals, politicians and more. Real investment in education today ensures that our students graduate with the skills and love of lifelong learning that will power tomorrow.

Mental health and well-being: Students, teachers and families need a fully thought-out, comprehensive and properly funded plan for the government to address the systemic issues contributing to mental health challenges in our schools. Only a small percentage of schools have regular access to essential mental health services and professional supports.

Our schools need real investment to support students with behavioural needs and those who are struggling. This government must prioritize real investment to support students with special education needs and stop underfunding our school board in PVNC Catholic, which has been forced to reduce support staff. And although they're not my members, they're just as important in the support of our students in our schools.

Every school I visit, staff are concerned about the growing number of students who have individual education plans and safety plans in their classes and stress and worry about the ability to meet the growing needs of all students they teach with not enough resources. As recently announced by Minister Calandra, we need to have a thorough review of how Ontario schools support learning. Please include all stakeholders in this discussion, the very people who know what is needed to support student learning.

Class size matters. Class sizes are growing, and classes are too large. Teachers cannot give students the dedicated one-on-one time they need and deserve. Studies are very clear: Smaller class sizes lead to better outcomes, including increased student engagement, motivation and academic success, while large class sizes leave students behind. We're calling on the Ontario government to commit to lowering class size averages in Ontario's publicly funded schools and to work meaningfully with

teachers to understand and factor in the role of class composition when determining class sizes.

Violence: Students, teachers and everyone in our schools have a right to learn and work in a safe and healthy environment. In recent years, Catholic teachers in PVNC have seen a dramatic increase in violence. Here are some of the examples from my members of violence they experience in the classroom every day:

"Student was dysregulated. He was spitting, punching, scratching, and biting at staff. I was spat at and scratched (drew blood)."

"Student asked me if he could access a preferred activity. Student was told he needed to eat lunch first and then have access to preferred activity. Student became upset, kicked his chair, started yelling and told me he was going to" effing "kill me."

"A student in my class spit on me when they were upset during a transition time. I was gathering my students on the carpet and this student hit another student hard on the head because they did not want to transition to the carpet. The student was removed to another room for some redirection."

Violent incidents are often calls for help for our most vulnerable students. It is a form of communication, and we need to keep that in mind when we think about addressing this important issue.

Learning suffers when classrooms are disrupted by violence. Catholic teachers call upon the Ontario government to invest in the resources and supports for more front-line, school-based child and youth workers, social workers, psychologists and other professional services so that we can proactively support the students who are in crisis.

School repair and building backlog: Some schools in PVNC Catholic are aging and in a state of disrepair while others are way over student capacity. A structural assessment identified an issue with a section of concrete—RAAC—at Notre Dame Catholic Elementary School in Cobourg affecting approximately one third of the building, where students and staff from those areas had to be relocated to other parts of the school.

The government has repeatedly denied funding to replace Notre Dame, and now costly repairs are ongoing to address the roof, which is not only negatively impacting student learning right now, but the desperately needed repairs and infrastructure products are now even more expensive.

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

Mr. Bart Scollard: We also have St. Elizabeth Catholic Elementary School in Bowmanville at 200% capacity, with the grade 8s now being housed at a nearby secondary school, St. Stephen.

The government needs to prioritize our students and schools, investing in a real plan that addresses the current \$17-billion school repair backlog. Let's invest in students and schools. Every student, regardless of their individual needs, should have access to the resources they need to thrive. A real plan to protect Ontario to invest in our future must focus on student success and fostering healthier

schools for students and teachers alike. Let's work toward a better future for Ontario students. The 2026 budget is an opportunity to best support our students, one that Ontario cannot afford to squander.

As stated in a letter to all PVNC Catholic parents on December 3—of which I'm one; my daughter is a current student in PVNC Catholic—with regard to the EQAO results, Minister Calandra wrote, "We have a responsibility to make sure every student has the skills and confidence they need to succeed. You expect better results for your children, and so do I. We will continue"—

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

Now we'll hear from the Peterborough Victoria Northumberland and Clarington unit of the—no, that's the one we just did. The other one is the really short one, acorn30. Thank you.

Ms. Heather Watson: Thank you, Chair. Good afternoon. Thank you for the opportunity to speak with you today. My name is Heather Watson, and I'm a small business owner. My company works directly with other small businesses across the province.

Every day, I see challenges and opportunities facing entrepreneurs who make up the backbone of our economy. Small businesses represent 98% of all businesses in this province, yet we are often under-represented in provincial economic policy.

I wanted to speak today with you about competitiveness, modernization and the real conditions that small businesses are operating under and how this upcoming budget can help us not only survive but grow.

First, I want to talk about tariff supports. Current provincial relief programs focus heavily on industries directly impacted by tariff changes and global trade disruptions. Those sectors absolutely need attention, but the ripple effect extends far beyond them.

When large manufacturers and suppliers face cost pressures, they pass those costs downstream. Small B2B and service-based companies absorb those costs with far fewer resources and significantly more risk. Small businesses deserve access to proportional tariff support so we can adapt without compromising jobs or long-term viability.

Secondly, I'd like to talk about technology adoption and AI. Technology and AI represent a major opportunity for small businesses to improve productivity and competitiveness, but most lack the capital, knowledge or time to implement these tools properly. They know they need to modernize, but they're stretched too thin to take on transition alone.

Ontario needs targeted grants or tax credits for small businesses adopting AI, digital tools and productivity systems, not only for purchasing that technology but for training and implementation. Without this support, the gap between digitally ready businesses and everyone else continues to widen.

The provincial government has often highlighted Toronto as the major centre for technology growth, and the data backs that up. Toronto has become one of North

America's fastest-growing tech centres, with tech employment rising by more than 40% in recent years.

We have world-class AI talent and innovation happening right here in Ontario, but most small businesses don't have access to the resources to participate in that transformation, again, without targeted support for digital adoption. Creating programs and funding to incentivize collaboration between this world-class talent and small business owners will help us as a province innovate faster by creating proof of concept while supporting these small businesses.

Third, I want to talk about productivity and operational efficiency. I was going to talk a little bit about red tape, but I know we've got two PAs on the red tape reduction ministry, so I think you've heard enough about that, I'm sure, in your travels.

When it comes to productivity, the province talks a lot about it at the macro level, but it really happens at the micro level within small businesses that are trying to modernize systems, streamline workflows and operate more efficiently. Access to support for process improvement, digital adoption and business modernization is still difficult to navigate. Small improvements in efficiency across thousands of companies add up to major gains for the provincial economy.

In both these cases, when we're talking about technology, productivity and AI, I want to encourage the province to consider rolling out a newly enhanced version of the Digital Main Street program, which some of you may recall has been going on since 2016, I believe, or earlier, partnering subject matter experts with those brick-and-mortar businesses to help them increase their digital literacy and solve real-world business problems.

I was fortunate enough that my company was one of the delivery agents for an aspect of this program in 10 different municipalities, and we saw first-hand the impact. That street-level, one-on-one support helped those small businesses grow their collective knowledge and adopt those digital technologies.

Fourth, I just want to touch on access to capital. Traditional bank financing is increasingly a challenge for small and particularly rural operators. Many of us need modest, strategic injections of capital: micro-grants, low-interest modernization loans or hiring bridge loans to help bring on staff ahead of revenue growth. These tools help small businesses scale sustainably, which ultimately grows the provincial economy.

1540

So consider loans and incentives for small businesses to purchase Ontario-made products, which would amplify the visibility of the Ontario Made program and create a flywheel effect: The more Ontario businesses that are buying from each other, the stronger and more resilient our provincial economy becomes.

I'd be remiss if I didn't touch on the human element of entrepreneurship. Behind every small business is a person, someone who is carrying substantial financial risk, operational pressure and responsibility for their team and for their community. Many small businesses don't have health

and wellness benefit programs for their staff, much less themselves. Mental health support for entrepreneurs is extremely limited, yet the expectations placed on them continue to rise. Subsidized counselling, peer support programs or a mental health tax credit for small business owners would strengthen the ecosystem that keeps our communities strong.

Finally, just to touch on the rural reality, since we are in what our MPP calls “God’s country,” up in Peterborough–Kawartha: Rural businesses face unique barriers like inconsistent broadband, smaller labour pools, higher operating costs and limited access to support programs or capital. We want to modernize and innovate just as much as urban businesses do, but we know most of the programs that the government puts out are typically for those larger communities. We need equitable access to tools and resources, so rural Ontario must be included intentionally in decisions about modernization and support.

In closing: When small businesses thrive, our communities thrive. We create local jobs, invest in our people, support our communities and strengthen both rural and urban economies. The 2026 provincial budget is an opportunity to invest in the areas that deliver the strongest return: innovation, competitiveness, modernization and the entrepreneurs who drive economic growth every single day.

On behalf of the many business owners who do not have the capacity to be here today, thank you for your time and consideration. I urge you to ensure that small businesses are not only acknowledged but prioritized in this budget.

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

We’ll now start the first round of questions with the official opposition. MPP French.

Ms. Jennifer K. French: Thank you both for your presentations. We’ve had quite a variety today, so it’s quite interesting for us as members. We appreciate the background and the diving right into details.

I’m going to start with you, Heather. As you were talking about the rural reality in modernizing and innovating for small businesses and wanting to be a part of shaping the strategies or working with government to figure out what’s going to match or fit with small business, I was just thinking about what we had been talking about in the Legislature. Just recently, we have been talking about energy. We heard stories about Hydro One and different businesses, different communities, different residences, challenges for folks who are maybe outside of the Toronto grid and a little bit further removed and how different it is for them.

When it comes to either a grid you can count on or whether it is something like broadband, what can the government take away today? What would you like to say in terms of what that needs to look like and how we get there? As someone who has served as the infrastructure critic for a long time, I watch big numbers in the budget year over year for broadband, but we’re not getting the dollars out the door. We’re not getting people connected

as quickly as we would like. If you know of something that might be in the way or a helpful suggestion, I am sure we are all ears.

Ms. Heather Watson: Thank you, MPP. Through the Chair: Broadband is one of those tricky ones. I’m a bit of tech nerd myself, and people in my community tend to call me up and say, “Hey, who should I go with? What provider should I go with? I live here. I live there.” It seems to be a bit of a hunting and pecking game of trying to figure out what provider can offer what service. If you talk to the providers on the phone or their chats, they’ll tell you that “Oh, yes, we absolutely service your area,” until you actually get the service installed and realize that it’s shoddy at best, depending on the carrier or provider.

Being able to have a centralized map where small businesses—and residents, for that matter—can actually identify what providers are providing what services in those specific areas—I know earlier, a couple of years ago, MPP Smith made an announcement with some expansion of broadband in our community and the questions arose: “Well, where is that expansion?” And I understand there’s competitive intelligence there that maybe those providers aren’t able to share. But businesses and residents want to know so that they can make the right decisions to hook into the proper providers.

You talked, MPP, about the grid and energy. I only need to look back to March 31 to April of this year where we had the ice storm that came through this region significantly. The Premier came to visit in the days following. The aftermath is, there were homes and businesses without electricity for a week, and that just won’t do. We have businesses that lose stock, their refrigeration stock that they may have, restaurants that would operate. They all still have the ability to rise and support one another, but it’s really difficult to do so under those terms. Those businesses, thinking ahead, have to put in backup power, generators and have all these contingency plans in place that our urban partners wouldn’t normally have to do.

Ms. Jennifer K. French: Thank you. I appreciate that. It would seem, then, that some of the local members already have direct access to your expertise. That’s good. They know where to find you. I will switch.

Bart, thank you very much for your presentation. I had the opportunity to be a grade 7 and 8 teacher, on purpose, for many years—a transferable skill set to the Legislature, I will add.

Mr. Dave Smith: As Speaker, yes.

Ms. Jennifer K. French: Yes.

But I appreciate that there’s too much to fit into this opportunity. Let me assure you that public education continues to be an important conversation at the Legislature, and we do hear from so many on education issues, so this isn’t your only chance to share with us.

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

Ms. Jennifer K. French: Oh, my goodness. I also have a second round of questions, so I’ll start with you on the next round.

I think it’s important that we’re all actually talking about what is happening. Many parents might hear about their kids come home and talk about the learning walk that

they went on and that they go on a lot of learning walks in a week. And maybe the parents don't know that a learning walk is the nice way of saying that they were evacuated several times a week, that they leave the classroom and they go on a learning walk. And while it might be valuable time, it is not in-the-classroom time because they've had to be removed. We aren't talking about the reality.

You gave some examples—obviously voices from your members—kicking, spitting. Who should we be talking to on a regular basis to really have our finger on the pulse?

Mr. Bart Scollard: Not just the teachers but the support staff, because the teachers are often the ones that are involved.

The Chair (Hon. Ernie Hardeman): We will have to do that on the next round. The time is up.

MPP Cerjanec.

Mr. Rob Cerjanec: Through you, Chair, why don't we just pick up on that, actually? Because I think there's a lot we could talk about there.

Mr. Bart Scollard: It's really the front-line support staff—our EAs, our CYWs. In PVNC we have what we've called our CASA program. That's for our autism spectrum students. Those are those classes where often the violence occurs. I get reports daily from those staff that are injured daily.

The question is, what can we do to best support our students that are in need? Those needs change. Every student is unique, right? Sometimes it takes individual programs that would support those students.

The question I often bring, when we have our labour relations meeting regularly with human resources at the board, is, students in regular classrooms don't fit everyone. What can we do to support those students that just don't fit the mould? We need to find a way to support those students, especially the ones that have violent tendencies, unfortunately, and that's the only way that they can communicate. How do we best support them? Because what we're doing right now is not a service to them. Those students go home every day, their families are living it 24/7 too and they're asking for help as well.

Mr. Rob Cerjanec: In one way, it's very much a public education system. I completely agree with you that we need more individualized classes in some situations, in some cases. Not everyone learns in the same way or in the same environment. I think that will help quite a bit.

What are the impacts that your members are facing because of the increase in violence in the classrooms, the lack of dedicated support in some classrooms as well, and people?

Mr. Bart Scollard: Unfortunately, they're calling me or my colleague who works with me full-time. Sometimes they suffer in silence. Sometimes they have to take time off work—PTSD, often. The sad thing is that even this week, I had two members who resigned. One was a brand new teacher right out of the faculty. When I discussed with this person, I said, "Please, before you make this decision, take some time. Don't decide immediately because I'd hate for you in a year to regret your decision." Ultimately they took a week, two weeks and they decided to leave the profession.

1550

That's the sad thing. What can we do to make sure that the environment that everyone is working in to support students—how do we make it better? When I started teaching in 1998—obviously, as we all know in this room, I believe that the world has changed significantly, and we need to do a better job to support the students and to support the people that are that are working in front of them every day.

Mr. Rob Cerjanec: What's the cap at your board on split grades? Is there a cap?

Mr. Bart Scollard: There are no caps per se, but if you go through, for example, kindergarten, if you're aware of that—our maximum is 33 students. So once you have more than 16 students, you have an ECE. Then there's the primary cap average, 20 to 1, and then up to 23 in 10% of the classes. The grades 4 to 8 average is 24.5. But it varies. That's a board average. That's not a classroom average. Some other boards because of their contracts actually have class caps, and our board, just the way it has always been, we don't have that. And in secondary, obviously, it's 23 to 1.

Mr. Rob Cerjanec: Do you think that we really need to—because I know from collective agreement to collective agreement, from board to board, it's different. I've heard of some boards where you've got one teacher teaching five grades.

Mr. Bart Scollard: Yes. Depending upon the size of the area, like the remote areas—for example, the secondary school I'm released from, St. Stephen in Bowmanville, has 1,400 students. There's a lot more capacity to have classes, but in order to have classes like, for example, grade 12 physics in Lindsay at St. Thomas Aquinas, then those class sizes might only have 10 students.

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

Mr. Bart Scollard: Then at St. Stephen, they might have 30. So I did have a class a number of years ago in chemistry—I'm a chemistry, science and math teacher—that had 37 students in it.

Mr. Rob Cerjanec: Is it even possible to effectively teach 37 students and give them the best ability to succeed?

Mr. Bart Scollard: They were a good group. With labs it made it very interesting because I had to do it in two groups. I said that day one is this group and day two is this group, and I said if it didn't work, unfortunately, I'd have to demonstrate all the labs. And they were a good group.

Mr. Rob Cerjanec: Okay, well, that's good to hear.

This board that I was talking about that has the five grades in one—the class is 30. Between grade to grade it's different. Grades 2 and 3 or even 2, 3, 4, fine, but 5—I was shocked when I heard that.

Mr. Bart Scollard: And it depends on the learning abilities of the students. There was a movement when I was in teacher's college to do stream classes. In my personal opinion, I don't think that works for students.

The Chair (Hon. Ernie Hardeman): Thank you. Time is up for that question.

MPP Brady.

Ms. Bobbi Ann Brady: Heather, I was wondering how you feel about the calls for lowering the small business tax rate. CFIB was before us yesterday at committee, and they talked about the need to lower the small business tax rate and also raise the eligibility threshold. I'm wondering if you have an opinion on whether or not that would help you as a small business owner and if you believe in any other tax cuts or if you have any ideas for tax cuts for R&D, things like that that might help you as well.

Ms. Heather Watson: Thank you, Chair. Through you: Honestly, I wish I could give you something on that, but, at the end of the day, I'm just speaking as a small business owner who talks to a lot of small business owners. I had the opportunity to take a look at today's agenda and see the breadth of speakers today, most of which were either union-based or NGOs, and I'm not any of those.

If the CFIB was talking about lowering the small business tax rate, great. I don't feel knowledgeable enough to be able to speak to whether or not that specifically would help my business or other businesses because I'm not too sure what they were proposing.

Ms. Bobbi Ann Brady: Can you share with the committee, then, what you are hearing from the small businesses? I visit a lot of small businesses in my riding on the weekends, and morale is really down. Sales are down in the retail outlets. I'm just wondering if you can tell us what you are hearing when you speak to small businesses.

Ms. Heather Watson: Certainly, small businesses are struggling, as you said. Whether it's the first three quarters of this year—quite truthfully, a lot of companies have been a little slow to move forward. Up until Thanksgiving, it seemed a lot of companies' customers were sitting on POs, not sure what was going on in the broader scope, whether they're in the manufacturing sector or not.

At Thanksgiving, things got a little bit busy, but then it's like, "Holy moly, we've got a whole year's worth of business to do in the last quarter." So people are stressed out and thinned to the max, and the labour force is swinging from having zero applications sitting on a desk, to now having tons of applications sitting on a desk, and no time or resources to go through those to find the best people.

Ms. Bobbi Ann Brady: Right.

Bart, I'll move over to you. Principals tell me that they spend the majority of their day trying to find coverage for staff, and that that is more than a full-time job for them. Can you comment on whether or not we should be re-examining the sick day schedule? This may not be the right time, but I understand that the sick days are a bit of a problem. Not only does it affect classrooms, but it also affects budgets.

Mr. Bart Scollard: I'll tell you something about sick days. It's interesting, because I've been tracking it. This is my fourth year on leave in my position, so I get notifications all the time, monthly, and—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time with that question. Maybe it will come around in the second round.

I will go to the government side. MPP Saunderson.

Mr. Brian Saunderson: Thank you to both our presenters. We've saved the best for last, so thanks for being patient.

Heather, I understand you're the mayor of Douro-Dummer. Welcome, Your Worship. As a former mayor, I'm also the PA to Minister Fideli, so I'm very interested in your angle on this. I appreciate you're here, really, as a small business owner yourself, and I'm wondering if you can tell me a little bit about the business and the clientele you serve.

Ms. Heather Watson: Certainly. Yes, the small businesses that I work with are—let's define small business for a second, so we're all on the same page. They have less than 100 employees; it doesn't mean that they have less than millions of dollars in sales. We work primarily with manufacturing and the agriculture sector, interestingly enough. But we do work with NGOs and we do work with smaller B2B companies.

They're experiencing challenges right now. As I had mentioned in the previous comment, they're optimistic. They believe in the province, they believe in what the future could hold, but in the grand scheme of things, they're still struggling and trying to do more with less.

That's where in my previous remarks, in talking about adoption of technologies to help them with process improvements, and help them adopt technologies such as AI—they're hearing all kinds of great things about it. I know federally, NGen is looking for some good cases that they can demonstrate some technology with, particularly in the manufacturing sector.

There's lots of innovation happening in the agriculture sector, and we do work across Canada in the agriculture sector. There's lots going on there, but small businesses on the macro are still struggling to figure out how we employ this technology—where do I find the time between taking care of all of the other hats that any business owner would typically wear?—as I'm sure you would understand.

Mr. Brian Saunderson: No, I appreciate that.

As MPP Brady mentioned, we had CFIB in—I guess it might have been just yesterday; it seems like longer than that, but I think it was yesterday. Her comments were, I think, that for the last 22 months, demand has been down. So that's affecting consumer confidence, and I think that affects then the businesses' ability to plan forward. That was one of the big issues she identified. So it's not necessarily the direct impacts of the tariffs, although they are very significant; it's also just the whole uncertainty that stems from that and flows from that.

And so I'm wondering. We've taken a number of measures as a government, not just to protect Ontario businesses and to help to find some of the larger, directly impacted manufacturing sectors—also border communities—but also business generally: things like opening up trade across Canada, eliminating trade barriers that are affecting us there and doing certain things—direct-to-consumer sales, labour mobility in terms of interprovincial agreements. I know these are new changes, but have your clients seen any impacts of those on the ground? I know it would probably be sector dependent as well.

1600

Ms. Heather Watson: Yes, it is extremely sector dependent. Some of the interprovincial trade, as it relates to CFQ for tradespeople working in the skilled trades—that doesn't seem to have made any change. Trying to find the millwrights, the CNC, that high-skilled labour force in the manufacturing sector, is still a challenge. They're not pulling them from Alberta to come work in Ontario; it seems more that they're going that way than they are coming this way. But it's a highly competitive space to be.

I've spoken with MPP Smith about this in the past. What often happens is these smaller businesses bring in apprentices and train them up and then larger corporations—OPG, for example, in this area—scoop them up because they don't want to take on those apprentices. It's doing that on the backs of small businesses that are trying to get people trained. Then as soon as they get their ticket they have a door open to go into one of these larger companies, and they're gone. So those barriers weren't there necessarily in terms of the labour force.

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

Ms. Heather Watson: My clients are typically selling across Canada anyway. We have clients who are governed by other—FAA—regulations that had never been able to sell into the US because of that since the 1950s, because of regulations there.

They're good efforts; don't get me wrong. I think it's making a move, but I'm not seeing it with our clients specifically.

Mr. Brian Saunderson: Are any of your clients taking advantage of the new manufacturing tax?

Ms. Heather Watson: I believe so, yes, and I think that they'll be able to leverage that, but I can't get into the specifics of it. In the work that we do, we often act as an extension of our businesses, but we don't get into the details of the grants and programs and tax incentives because we're not on the finance side of their operations.

Mr. Brian Saunderson: How much time do I have left?

The Chair (Hon. Ernie Hardeman): Nine seconds.

Mr. Brian Saunderson: Well then, I'm just going to thank you both very much for your time, and thank you for your dedication to your community, both of you.

Ms. Heather Watson: Thank you.

The Chair (Hon. Ernie Hardeman): And they're all gone.

Now MPP French.

Ms. Jennifer K. French: As threatened, or promised, Bart, I'll return. We were talking about who to ask to know what's going on, and you had been saying that it is teachers but also the support staff who are the front lines.

I will just say that when I was a teacher, I taught long enough ago that I had educational assistants who were able to assist educationally. I watched the transition as they were no longer able to be in the classrooms and were in the halls with radios and were in a very different job. I think Minister Calandra will recognize that there is an opportunity to re-support the support staff to support students in learning and EQAO scores.

What I was going to say is that one of the things that I really hear about that is so upsetting—I'm saying this on the day before December 6, and I'm going from here to an event where I'll be speaking about gender-based violence. The students in the classroom—elementary students who see predominantly female adults that they care about who are assaulted or who are subject to violence on a regular basis—are forced to override their instincts to protect or be upset. Administration comes in and tries to calm and to quiet and override their instincts to be upset. I worry about what that looks like in our society down the road, when a whole generation of kids is told that that's okay, quietly.

I wanted to ask what impact is felt by your members now, and how do you see this going and growing as people do leave the profession and are overburdened by the paperwork, but there's no change to the situation?

Mr. Bart Scollard: It is the ongoing struggle all the time. I hear from teachers at almost every school that they beg for additional support. EAs are often carved up into individual times with specific students, and there's only so many ways you can cut up a piece of pie, and there's only so many ways in terms of time.

In each school I go to—and it's not just them—they're always speaking about those poor students that are in the class that could use that support. But most of the EA support is dedicated towards students who have violent tendencies, right? And they're not the ones that are being supported. The ones that sit there quietly in the back of the room are not getting the support. That's what I hear, mostly.

Most of my members are pretty tough. They battle each day, in and out. I think that, maybe down the road, after year after year of this, we might see more people wanting a change or leaving the profession. But I'll be honest; a lot of my members are pretty strong, and they fight hard with their principals and senior administration that come to their schools to get more support. And it is challenging.

I know the question from MPP Brady was about sick leave. It does have an impact on that because there's only so much that someone can take, even as an adult in front of students that you want to be strong in front of. There's only so much a human being can take, and at some point, they need a break. It's something that we need to recognize and not feel that they should have to suffer silently, because it's a mental health—

Ms. Jennifer K. French: And also, this is a workplace, and we're talking about elementary school classrooms where people shouldn't have to be strong; they should have to be capable and qualified and caring, we would hope.

Fundamentally, to go to work knowing that you are in danger but you're just going to have to grin and bear it because you care about the students—I think there are real opportunities for the government to understand better and invest better and do better.

Mr. Bart Scollard: The other piece, if I can add—and thanks for bringing this up, because what we're seeing more—and it doesn't really fit well, but it's a reality—

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

Mr. Bart Scollard: —is work refusals. We're seeing more and more of them. I'll be honest; it's mostly our

CUPE colleagues that are strong enough to actually do that. A lot of my members are fearful of reprisals from their employer for making those decisions. But we're seeing more and more work refusals now, and the Ministry of Labour, I don't think, totally knows how to really handle that, where a student actually is a hazard.

Ms. Jennifer K. French: And we are talking about a predominantly female workforce, with exceptions, of course, and this is one more opportunity that we see where we could do better instead of saying, "Be quiet and take it."

I appreciate your time and all of you that have come and spoken to us today. We are very grateful for the insight and the expertise. Thank you.

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

Mr. Rob Cerjanec: Through you, Chair: Thanks for your presentation, Heather—a lot of ideas, a lot of suggestions, which is great.

Yesterday, we saw CFIB, and they were talking about, overall, just providing direct tax relief for small businesses; to cut the rate to 2% from the 3.2% that it's at now.

You mentioned a couple of things, and I'm very interested in them. Productivity: What do you think the province should be doing to drive productivity?

Ms. Heather Watson: Chair, thank you. Through you: What could the province do to improve productivity, MPP? Again, the business owners know what they need to do within their own businesses. They just don't have the resources to be able to do it themselves.

I saw this first-hand, as I mentioned, through the Digital Main Street program years ago. We brought in youth—summer employees—who came in and would sit down with them and say, "Okay, you're writing out all of your price tags by hand"—legitimately—"or your chits, your sales slips. Are there other ways?" "Well, yes. We've always wanted to do this, but we don't know what software is best. How do we find those workflows?"

So giving people somebody that they can trust to get information from—because there's a lot of reticence around that with software providers and not knowing, and they don't speak the language and they're afraid that they're going to get duped, right? They just need a trusted resource, so a program such as that would certainly help small businesses find those opportunities for productivity within their own businesses.

Mr. Rob Cerjanec: Do you think the province can play a big role in helping to make those kinds of connections and build that knowledge?

Ms. Heather Watson: Absolutely. Again, we saw it first-hand through the Digital Main Street program, to be able to leverage it, create youth employment and then create those opportunities for small businesses to learn and grow from.

Mr. Rob Cerjanec: What would grants or tax credits look like for AI adoptability for small businesses? What does that look like in your mind?

1610

Ms. Heather Watson: It could look like micro-loans for hiring the consultants or whomever and the time saved, if you will, can go back towards paying back, because

there's a dollar value associated with the time lost. Or it could be tax credits for being able to deploy particular software within their business—again, using the example of somebody who's handwriting their sales slips going to an online bookkeeping software system and helping them deploy that in the first year.

Mr. Rob Cerjanec: So where with AI—in some ways, it's existed for quite some time, and in other ways not very long at all. I think it's something that we're all still learning about. I think members of the Legislature are learning about it; I think government is trying to figure it out, as well. Do we need a strategy around that so that we can increase people's knowledge and then what the opportunities are?

Ms. Heather Watson: Certainly, increasing the knowledge base, the knowledge capital within the province would be worthwhile, MPP. Again, there's reticence because people are curious about the technology, but they're also nervous about the technology. There's a lot of fakes and scams and things that are going on, obviously, that people don't want to lose their shirt trying to adopt that technology.

If there is a centralized repository where business owners could go and access information about becoming more self-aware and even the questions to ask when they're going down this path—not necessarily endorsing particular software or applications—would be a tremendous help.

Mr. Rob Cerjanec: I introduced a bill in the Legislature; it didn't pass, but it was for the province to create an AI strategy, a plan, essentially, bringing in industry, manufacturing stakeholders, everybody: How do we create new jobs and opportunities out of it? How does the role that our post-secondary institutions play within it—because there's so much more that I think that we can be doing, and I'm really glad that you raised some of that today.

Hearing directly from someone who's working with small businesses and a small business owner yourself, you do a lot of work around agriculture. What are some of the challenges that you're seeing customers facing in there?

Ms. Heather Watson: Like, my agricultural customers?

Mr. Rob Cerjanec: Yes.

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

Ms. Heather Watson: It's succession planning within their property. Where do they go: the cattle farmer who is trying to get out; the next generation doesn't want to come in; or it's cost-prohibitive for the next generation to come in. Just like a small business owner—we have an indebtedness to our community and our teams; those farmers and agricultural operators do as well and are concerned about what's going to happen to the land and the operation in the future.

Mr. Rob Cerjanec: Awesome. Thank you.

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

Ms. Bobbi Ann Brady: Mr. Scollard, did you finish everything you wanted to on the sick days?

Mr. Bart Scollard: Yes, I can add a bit more to that.

I've been tracking it, as I said, the last four years. I get different sets of data: one that the board provides annually and it's kind of all employees of the board, but then I track

the—it's the 11 days, right? In our contract, we're notified if someone has been absent more than 11 days, because I reach out to them to see how they're doing and check in on them.

I've seen a dramatic reduction in the last few years. I think part of it is to do with attendance management that's been introduced across the province. It is a bit problematic, because I think a lot of boards are not recognizing disabilities that people have, and there are reasons why they might be away from work more than others. But it's a very complex issue.

I have these discussions with people in HR all the time at the board: If you want to get to the root of any issues, find out why. Why is someone taking a sick day? It could be many different reasons. A lot of issues surrounding sick days, when they come in and produce medical notes for the board, are mental health. Those are predominantly those issues. We also get data when, unfortunately, people have to take long-term disability because of cancer and those different things, but mental health is right up there; I'd say 50% of them.

Ms. Bobbi Ann Brady: Yes, I hear that as well. I get phone calls from parents. All in one week, I got these phone calls: a dad whose grade 1 student had been hurt for the second time in a month from the same student; a teacher who is off indefinitely due to a brain injury caused by a student; teachers carrying walkie-talkies in case they need each other's help; a kid packing heat; and a high school student telling her mom she does not go to the bathroom at school because a boy is now allowed to use the girl's bathroom. This is all in rural schools. These are not issues that we have seen in rural schools before.

In the previous presentations, we talked about re-imagining. I think that our education system has to be reimagined as well. I talk about consolidating support, EAs, speech pathologists. The supports are limited, and I think it's time we consolidate those supports and move the children who need those supports into specialized classrooms so that they can thrive and that the other kids can also thrive in the classroom.

Mr. Bart Scollard: I think that all the stakeholders need to get together and figure this out. I'm by no means an expert—I'm a math, chemistry, science person—but there are a lot of complexities that are involved in the classrooms of today. The 21st-century classroom is different from the 20th-century classroom when I started in 1998.

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

MPP Smith.

Mr. Dave Smith: Bart, I'm going to throw something slightly different at you. I recently read J.L. Granatstein's book, *Who Killed Canadian History?*, and there's a section in that—an entire chapter dedicated to it—about education around history. What he says in it is that we've gotten to a stage where we're afraid to offend, so we cleanse what's being said. His reference to it was—he used to be the curator of the Canadian War Museum in Ottawa—with

respect to the Holocaust and Second World War history. What he described in it was that there may be students who are of German heritage, and the education system has changed, then, how it describes the Holocaust so that they don't offend someone who could be of German heritage.

As we're hearing things about mental health issues and some of the lack of resilience, I'll refer to it as, are we getting to a stage where the desire not to offend is actually impeding teachers' abilities to do the job that they want to do?

Mr. Bart Scollard: Sorry. Just to be sure of your question: Is it about resiliency? Or the desire to do what they want to do or do what they want to say?

Mr. Dave Smith: It's a combination of both. The reason I say that is because, in order to be resilient, sometimes you have to be exposed to things that make you a little bit uncomfortable, so you develop the strategies, then, to deal with that uncomfortableness.

Are we getting to a stage where we're trying to cleanse so much that we're actually doing a disservice?

Mr. Bart Scollard: No. There are two different things. I'll try to tackle both sides.

The resiliency piece: Yes, I'm very concerned that we as a society need to look at ways that we can support students better in ways of mental health and well-being, because, obviously, we're seeing a definite decline with our students, whether it's attendance or other areas that we can measure.

In terms of the difficult conversations, a lot of education has been put forward to—either it's universal design for learning or whether it is involving having those difficult conversations in terms of—I'm trying to think of the appropriate word to use, but with another lens. It's a trauma-informed lens because we have students from all different areas and backgrounds. We deal with all sorts of different things in our classrooms. But we have to be cognizant of making sure that, in my role—if I was in the classroom, I'm not making political statements too. I'm very careful about those types of things as a teacher.

In terms of changing the narrative, I think that there are a lot of narratives that have been placed out there that might not be totally what everyone else has experienced, so it's recognizing that everyone has a different narrative. How do we navigate that? I think it's important to have those difficult conversations, though, too.

I'm not sure. Does that answer it?

Mr. Dave Smith: Yes.

Mr. Bart Scollard: I believe that we need to have those conversations. Those conversations—whether we agree or not, I think they still are important, but it depends how you do it too.

Mr. Dave Smith: Chair, how much time do I have left?

The Chair (Hon. Ernie Hardeman): You've got one minute three.

Mr. Dave Smith: Heather, I'm going to switch over to you. I know that you had some experience with Digital Main Street. I know that you've said that we should be taking that model as we move forward with AI.

If you could design a program, then, for small business to take advantage of AI, would it be based around training for those individuals, or would it be based around describing or suggesting which software they should be using?

Ms. Heather Watson: Chair, through you: I'd say a little bit of both, quite truthfully. They need to understand what tools are available to them and also—

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

Ms. Heather Watson: —understand the capabilities of those tools to be able to deploy them effectively. So again, that one-on-one knowledge is really important because it has the applicability to that specific business as opposed to a larger knowledge hub.

Mr. Dave Smith: I think a lot of people right now are looking at some of the AI tools that are out there, that are freely available for us, and they're doing things like, "Do a roast of me," or, "Make a picture of this politician using these types of criteria." They think it's fun, but they haven't been able to figure out how to make it work in their business.

In 20 seconds or less, since that's all we have, how do we promote that for them so they can understand how it could be used in their business?

Ms. Heather Watson: Giving them more literacy around the tools that are available to them: It's not just about ChatGPT prompts; it's about understanding what the potential of AI is.

The Chair (Hon. Ernie Hardeman): Thanks very much. That does conclude the question. It also concludes the time for this panel. We want to thank you very much for the time you took to present and the able way you presented it, and, hopefully, as we prepare the report, it will be a great benefit to us in coming to conclusions on it.

With that, this concludes the business for today. Thank you all for participating.

This committee now stands adjourned until 10 a.m. on Tuesday, January 13, 2026, when we will resume public hearings in Brockville, Ontario.

The committee adjourned at 1622.

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