

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

F-49

**Journal
des débats
(Hansard)**

F-49

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
43rd Parliament

Wednesday 24 January 2024

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

Consultations prébudgétaires

1^{re} session
43^e législature

Mercredi 24 janvier 2024

Chair: Ernie Hardeman
Clerk: Vanessa Kattar

Président : Ernie Hardeman
Greffière : Vanessa Kattar

Hansard on the Internet

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

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

Index inquiries

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

Le Journal des débats sur Internet

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

Renseignements sur l'index

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

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



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

ISSN 1180-4386

CONTENTS

Wednesday 24 January 2024

Pre-budget consultations	F-1439
Ottawa Real Estate Board; Ottawa Health Coalition; The Ottawa Mission.....	F-1439
Mr. Brandon Reay	
Ms. Nancy Parker	
Mr. Peter Tilley	
Ottawa Transit Riders; Mr. Colton Crosby; Ms. Lori Quenneville.....	F-1449
Ms. Sally Thomas	
Counselling Connect; Progressive Contractors Association of Canada; TCE	F-1458
Ms. Natasha McBrearty	
Ms. Karen Renkema	
Mr. Christopher Wilson	
Mr. Stephen Hamilton	
Alliance to End Homelessness Ottawa; Ottawa-Carleton District School Board; Mr.	
Aditya Rao	F-1467
Ms. Kaite Burkholder Harris	
Ms. Carolyn Whitzman	
Ms. Lynn Scott	
Mr. Randall Gerrior	
Mr. John Blais; Seniors Health Innovations Hub.....	F-1477
Mr. Terrance Hunsley	
Ottawa Community Land Trust; Ontario Long Term Care Association; Centretown	
Community Health Centre	F-1485
Mr. Mike Bulhuis	
Ms. Donna Duncan	
Ms. Michelle Hurtubise	
Ottawa-Carleton Association for Persons with Developmental Disabilities; Mr.	
Michael Wood; Carbon Removal Canada	F-1494
Mr. Dave Ferguson	
Mr. Na'im Merchant	

LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Wednesday 24 January 2024

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mercredi 24 janvier 2024

The committee met at 1001 in the Sheraton Ottawa Hotel, Ottawa.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Ernie Hardeman): Good morning, and welcome to Ottawa. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to resume public hearings on pre-budget consultations 2024.

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

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

Are there any questions?

OTTAWA REAL ESTATE BOARD

OTTAWA HEALTH COALITION

THE OTTAWA MISSION

The Chair (Mr. Ernie Hardeman): We will call the first panel: the Ottawa Real Estate Board, the Ottawa Health Coalition, and the Ottawa Mission—I believe Ottawa Health Coalition is virtual; the other two, I guess, are at the table.

As I mentioned, you will have seven minutes for your presentation. At six minutes, I will give you notice that there is one minute left. Don't stop, because at seven minutes, I will say, "Thank you," and you will stop abruptly.

We also ask you to start your presentations by introducing yourself, to make sure we have the name attributed to the right comments for Hansard.

With that, welcome. We'll start with the Ottawa Real Estate Board.

Mr. Brandon Reay: Thank you, members of the committee, for your time today. I'm Brandon Reay, representing the Ottawa Real Estate Board and our some 4,000 members.

I'd like to start off by thanking all of you for your commitment to supporting the need for housing in Ottawa and across the province. I'm sure it's of no surprise to anyone here that the housing affordability crisis has been a top concern for residents of Ottawa. We all know people in our community who have been doing everything right—from getting good-paying jobs, working hard and saving as much as possible to making sensible financial decisions—and the dream of home ownership continues to be out of reach for them. Our member realtors see this situation first-hand on a daily basis and understand the importance of implementing solutions that will help ease the housing crisis that we currently face.

Home ownership continues to be a cornerstone of prosperous communities. From encouraging people to save for retirement to helping children perform better in schools, home ownership supports families and builds stronger communities. On top of that, the housing and real estate sectors create billions of dollars in economic growth while supporting tens of thousands of jobs across Ontario alone.

However, we have seen a steady decline in home ownership across the province over the past several years. This has been compounded by recent economic factors, including inflationary pressures and multiple interest rate hikes that continue to eat into the wallets of Ontarians, all while household incomes have failed to keep pace.

The cost of housing has increased by 180% in the last 10 years. Ontario is a fantastic place to live, grow, conduct business, and raise a family, but many families are losing hope that they will ever afford a home. The cost of housing and lack of affordability is forcing many families to leave Ontario and to move to other provinces where they can find better affordability.

The 2024 Ontario budget needs to change this outlook to give Ontario families hope.

We want to bring you three key solutions that we believe will help to tackle the current housing affordability crisis. Ontario needs more supply in both rental and market housing. Our rental supply shortage is projected to quadruple by 2026 without appropriate policy changes. We ask that the province introduce policy to reduce wait times for hearings and decisions at the Landlord and Tenant Board. The 4,000 realtors we represent have expressed concern to us over a growing number of private landlords disposing of their rental stock, removing necessary supply from the housing continuum.

We are asking that you fix the Ontario Land Tribunal and zoning rules. There are municipalities right here in eastern Ontario that have hundreds of units being held up by objection after objection. The municipal council has approved these developments, and all it takes is for someone to file an objection one after another, and the project is held up for months or years at a time. We can see this happening right now, here in Ottawa, where an appeal on Ottawa's Lansdowne project is delaying the construction of approximately 700 new homes in the city's core. Reform the Ontario Land Tribunal by preventing abuse, eliminating backlog, and allowing fines for unreasonable delays. Implement land use changes to end exclusionary zoning. Modernize the Planning Act and provincial policy statement to support commercial-to-residential conversions and greater density along transit corridors. And finally, we ask that you streamline and speed up new development applications by simplifying pre-consultations to fulfill the intent and the spirit of Bill 109.

We ask that you eliminate exclusionary zoning. Exclusionary zoning means that many regions across Ontario are zoned to allow only specific types of housing to be built. Converting single-family homes into semi-detached, townhomes or low-rise apartments in such regions requires a long and drawn-out approval process. When the province introduced Bill 23, the More Homes Built Faster Act, in 2022, they made some important progress towards limiting exclusionary zoning, but we need to go even further to truly tackle the crisis. We're asking that the Ontario government enable as-of-right zoning for four units per lot across the province. This would allow the development of much of the missing-middle housing across the province, without being hampered by red tape and lengthy approvals processes. It also complements the fantastic work that the province has done for HST relief on purpose-built rentals. Four units as-of-right will spur the construction of much-needed small rental infill that is currently being inhibited by municipal zoning limitations across the province, including right here in Ottawa. We know that thriving communities require a mix of housing that includes low-rise apartments, duplexes, townhomes and single-family homes. The full spectrum of housing allows families to find a place that meets their needs at prices they can afford.

And we ask that you increase funding for skilled trades. The province has put forward a goal to build 1.5 million homes over the next decade, but there is a dire lack of skilled labour to meet that demand. According to a CIBC report released last year, one fifth of Canada's construction workforce is nearing retirement, 300,000 workers are projected to retire in the coming decade, and there are currently over 80,000 vacancies in the skilled trades labour force. Our solution is to encourage the Ontario government to increase funding for skilled trades programs in colleges, trade schools, and apprenticeship programs.

In conclusion, Ontario's housing crisis is at historic levels, but all hope is not lost. We strongly believe that implementing the changes discussed today will get us one step closer to solving this crisis.

Thank you very much for taking the time to meet with us today. If you have any questions, I would be happy to answer them.

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

Our next presentation will be from the Ottawa Health Coalition, and I believe that's going to be virtual.

Ms. Nancy Parker: I'm Nancy Parker from the Ottawa Health Coalition. Thank you for this opportunity to meet with you today.

The Ottawa Health Coalition is one of the member coalitions of the Ontario Health Coalition. As an Ottawa-based organization, we have a particular focus on protecting the health care system within our region.

This is my third pre-budget hearing on behalf of the Ottawa Health Coalition. In previous years, I have shared personal stories about my family's first-hand experiences. These experiences brought me to the health coalition and keep me here today. Until you are in need of health care, I don't know that people recognize the deplorable conditions they will face. That is why I feel compelled to share the very personal experiences of my family members. They are real.

In the past, I have shared stories about long wait times and hospital conditions during my husband's many trips to emergency following complications from a heart attack. On one of the trips, he waited 48 hours for the first available bed. We witnessed the unsafe environment staff face as they are run off their feet, and paramedics lining the halls waiting to off-load their patients. Today, we can expect much worse, despite this government's promises to put an end to hallway medicine. We have patients who aren't even able to make it to the hallway and who are left to languish in ER waiting rooms or just about anywhere else there is space.

I have also struggled to share the story of my sister-in-law, who was in need of a stronger defibrillator. She had her appointment set for the procedure and headed to the hospital. At the end of the day, she was sent home without the procedure because of unscheduled emergencies. Two weeks later, on the morning of her new scheduled appointment, she was found deceased in her bed.

The evidence is clear that the situation in our hospitals and long wait times for surgery existed long before COVID. These conditions not only impact patients but their loved ones, as well. We know this all too well. Without the ongoing support of his mother and access to proper mental health support, my sister-in-law's young adult son, who had been struggling with depression, gave up his fight and took his life within a short period of time of her passing.

Mental health supports in our communities have been inaccessible and underfunded for many years. We also know COVID has had an enormous impact on the mental health of many. Perhaps the most severely impacted have been those in the health care field; in particular, workers in hospitals and long-term-care facilities. Once celebrated and hailed as heroes, many are choosing to leave their

profession altogether due to burnout and unsafe working conditions.

A retired nurse recently pointed out to me that she was happy to have received the inflation adjustment on her pension cheque instead of having to fight the unconstitutional wage suppression of Bill 124, which leaves nursing staff with a real cut to their wages during this period of high inflation.

Since my last appearance before this committee, our family, like so many others, has feared for the well-being of our aging parents and the conditions that they would face when in need of home care and eventually long-term care. When my mother-in-law was in crisis and in need of a long-term-care facility, placement options were limited to a list of private, for-profit home chains that experienced some of the highest death rates during COVID. The thought of subjecting her to the conditions of anything near what we were hearing in the news was terrifying to us.

A report released by the military confirmed what the Ontario Health Coalition and so many health care advocates have been saying: Many of the for-profit long-term-care-home chains had inadequate staffing and failed to provide the very basic necessities of life, leaving patients to die from starvation or dehydration. Many families who lost one or more loved ones are facing an incredible barrier to hold these homes accountable for their neglect. Bill 218 will effectively protect these homes from prosecution, as families must now not only prove negligence, but they must prove gross negligence, which is a much higher standard to meet.

It has been widely reported that several long-term-care-home chains in Ontario had COVID death rates well above the provincial average. Non-profit long-term-care homes had an average of 2.8 deaths per hundred beds, while municipal homes averaged 1.4. The average death rate in for-profit homes was 5.2 deaths per 100 beds.

Despite these horrendous conditions and the significant loss of life, today the government is awarding 30-year licence renewals to homes like Orchard Villa. Over the pandemic, 85 residents died in Orchard Villa.

Recently, a family member who struggles with mental health issues approached me seeking help. She works a full-time job, at minimum wage, that doesn't offer any level of health insurance. Her family physician ended her practice, and she is now left without a primary caregiver. She relies on medication for a number of health issues. Without access to refills, she could face some potentially serious health risks. After four hours in an overcrowded ER, she finally was able to obtain her prescription refills. With long waits to obtain a family doctor, I have to wonder how many more trips to the ER she will have to make.

Public hospital funding in Ontario is the lowest out of all the provinces and territories. We have the fewest hospital beds per person in all of Canada, and yet this government is choosing to cut hospital funding to below the rate of inflation—increasing it only during the pandemic.

1010

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

Ms. Nancy Parker: Hospital funding this year is once again constrained to below population needs. This government is starving the public, non-profit parts of health care and instead significantly increasing funding for for-profit, privatized health care. Bill 60 effectively paves the way for this to continue and, in fact, encourages the expansion of for-profit clinics while paying them significantly more than what is being paid for the same procedures in our public hospitals—an enormous waste of taxpayer dollars, but a real gold mine for health care profiteers.

On November 14, 2023, CBC reported that, through a freedom-of-information request, CBC News obtained documents that revealed the rates being paid to the privately owned Don Mills Surgical Unit were noticeably higher than what public hospitals received for the same procedures.

In November 2023, the—

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

We will now go to the Ottawa Mission.

Mr. Peter Tilley: Good morning, members. Some of you are from here, and the rest of you aren't. Welcome to Ottawa—again, I'm sure.

Ms. Lisa MacLeod: You can welcome me to downtown, Peter.

Mr. Peter Tilley: Yes, welcome to downtown.

My presentation is not so much about the Ottawa Mission but is on behalf of our sector. As the manager of housing, who spoke to our board last month, said, this is not a time for finger-pointing, for party politics, or for pointing at different levels of government. The city manager of housing said we're in a crisis and we all need to work together, as all levels of government. So that's how I will preface my remarks.

My name is Peter Tilley. I'm with the Ottawa Mission, Ottawa's oldest and longest-established and, I think, one of Canada's more progressive shelters. We've been here since 1906. Our mission statement says that we provide for the homeless, the hungry and the lost by providing food, clothing, shelter and skills. In addition to the emergency shelter piece of what we do, we provide health services, mental health and addiction treatment programs, hospice care, dental services, housing services, educational support, job training, spiritual care and clothing to thousands of people in need.

In January 2020, the city of Ottawa declared a homeless emergency—the first city to do so in Canada, I believe—while also releasing a refreshed, 10-year housing and homelessness plan. But our shelter occupancy, although it declined somewhat in 2020 and 2021 due to the pandemic, rose again in 2022. And, of course, this year all shelters in Ottawa are at over 100% capacity.

People with jobs are even having to stay in shelters across this province because they can't find affordable housing. We need to build more affordable housing.

What is more alarming is, the number of people outside in Ottawa, sleeping rough, as we call it, went from 72 in 2018 to—we measured—275 in October 2023, here in our nation's capital.

I know we're seeing escalating numbers, unbelievable numbers, in Toronto and other Canadian cities. Encampments are now spreading across Ottawa and across cities in Canada and in Ontario, of course.

In Ottawa, the loss of affordable housing is striking. A Carleton University study showed that from 2011 to 2021, Ottawa has lost seven units for every one new unit of affordable housing priced at \$750 per month. The abolition of rent controls for newer units has meant a difference in rent increases for units built before 2018 versus those built after of about 17%, or \$300. Increases in housing supply will be lost unless the erosion of affordable housing is stopped.

Food insecurity in Ottawa has reached catastrophic levels, just like it has across the province. Food bank visits surged by 22% over the last year, to 493,951 people—the highest increase they've ever recorded.

Before the pandemic, our shelter was over capacity. We laid down mats every night on our chapel room floor so people wouldn't be turned away. During the pandemic, that occupancy fell, as I mentioned, as people were moved to physical distancing centres, as was done across Canada.

Since the pandemic, though, we've returned to over capacity. And now we have the refugee crisis, the asylum-seeker crisis that we're all dealing with, flooding into our Canadian cities. We're at a point where 35 to 40 people per night are sleeping in our waiting area—the mats down on the chapel room floor. The beds are full, and they're sitting in plastic chairs or they're curled up on the floor. We have no place for them to go, but we are feeding them three or four times a day, of course, and providing whatever other services we can to try to connect them to the proper authorities to help them move on, now that they've immigrated to Canada.

Our annual number of meals served skyrocketed during the pandemic. We served over one million meals last year for the first time ever in our history. We never thought we would hit that number for years.

We've operated a food truck program that was initially in response to the pandemic, so we could go into the poor communities where there are food banks or maybe seniors couldn't travel on the bus to go to grocery stores. Somebody donated a food truck. We can't pull that away. The incidence of hunger is so great that we're doing 35 stops across the city with two food trucks—thanks to our donor money; it's not government-funded. We're able to provide close to 7,000 meals a week to those 35 communities. That's the incidence of hunger we're seeing here in the city of Ottawa.

In addition to the erosion of affordable housing, poverty fuels food insecurity and housing precarity. Ontario increased social assistance and the provincial minimum wage, but an independent analysis of both reveals that these increases are inadequate in order to provide for basic needs.

Despite the overwhelming pressures here in Ontario, our community was originally allotted only \$845,000, as I'm sure some of our local members know, for the Homelessness Prevention Program, out of a total of \$202 million.

We certainly appreciate the province, the government, coming forward to add an additional \$24 million to support Ottawa Community Housing. We applaud the 2023 budget announcement of an additional \$222 million in annual investment in supportive housing to help those experiencing or at risk of homelessness and those escaping intimate partner violence.

To address shocking levels of food insecurity and homelessness, we urge the provincial government to do several major things:

(1) Address the erosion of affordable housing by:

—reintroducing rent controls to buildings erected after November 2018;

—increasing the Canada-Ontario Housing Benefit to support more rent supplements for low-income renters. There are over 12,000 people on the social housing registry list here; and

—ensuring increases to Ottawa's share—

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

Mr. Peter Tilley: —of the Homelessness Prevention Program are appropriate to our needs;

(2) Preserve the real value of additional funding for supportive housing by indexing it to inflation; and

(3) In order to address inadequate incomes for vulnerable Ontarians, we call upon the provincial government to:

(a) significantly increase social assistance rates; and

(b) increase the provincial minimum wage, to enable minimum wage earners to meet their expenses without having to work in multiple positions.

I thank you for your attention, and I'm pleased to answer any questions you may have.

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

That concludes the presentations. We'll now start the questions, with the opposition. MPP Harden.

Mr. Joel Harden: I'm joining Mr. Tilley in welcoming everybody to Ottawa Centre, the downtown core. It's nice to see people this morning, and it's very nice to see the presenters this morning. Thank you for taking the time.

Peter, I want to start with you. A lot of the people around this table who serve in the Ottawa area join you every Thanksgiving and Christmas to serve meals to neighbours who are homeless. One of the things I noticed this year came across in your presentation: the presence of folks for meals who had just arrived to Canada, who were not the neighbours I'm accustomed to running into who are chronically homeless, who deal with chronic poverty and chronic trauma, who you work with. We're talking about people in generally good health who did not have the supports necessary. Taking your cue, I'm not going to point fingers to any level of government here. But it was shocking to learn from you that people were waiting overnight in a plastic chair for two to three days, graduating to a yoga mat for seven days, before getting access to a bunk bed.

When we spoke, you talked to me about the fact that the city, the province and the federal government do have resources available that could be culturally appropriate, in particular, that could help people find a way to some of the warming shelters that we've created in the city. I know the incredible work that you do. I'm wondering if you want to elaborate on this specific need that I saw first-hand, that you pointed out to me when you were serving Christmas dinner.

Mr. Peter Tilley: Probably all of you, in your ridings, are seeing what's happening with the influx of refugees, asylum seekers and newcomers to Canada. We're just surprised there has been no plan.

1020

People are immigrating, in our case, from countries in Africa; Rwanda, Burundi, Zimbabwe and Uganda seem to be at the top of the list. There is nobody there at the airport to greet them. They were given passes in the days of people busing over from Roxham Road, going to another city and being sent to Ottawa sometimes. Now they're arriving at airports.

One gentleman I spoke to, Emmanuel, told me, "The security guard told me I'm supposed to go to the Ottawa Mission."

We were set up as a homeless shelter, as I said, in 1906. We're there for people who come with mental health needs, addiction needs; as you highlighted, people who have suddenly been evicted from their house or who find themselves homeless. Now we're dealing with a whole new influx of people. Some 74% of the people who booked into our shelter were identified as newcomers. We're already at full capacity, and now we've got, as I said, 35 to 40 to 45 people sitting in a waiting area for six or seven days now.

Again, when somebody suffers from addictions, they used to book into our place and immediately be triaged into an addictions program, probably our own. We have an excellent addictions program for the homeless where we get them working with the Royal, the mental health supports they need. There's a backlog now. They can't get into our shelter. We're no longer providing the services.

Yes, it's a great country, and we're a great city, and we're welcome to all. This is a place of refuge for people who have had all sorts of suffering in their countries, but there has been no plan at any level of government to handle this influx. It's a burden on all of us, and we're all scrambling to do what we can to house these people.

We're down to less than around 40% of newcomers now, in January, because the city has set up some physical distancing centres, warming centres, rec centres. Now they're dealing with their ward constituents who are not happy that their arena has been taken over. But we're in a crisis. When this country hits minus 20, we can't have 270 people sleeping rough outside.

Mr. Joel Harden: I remember being there, again, meeting some of the newcomers who were there and just thinking about what is great about this country—that this country is a place of refuge, that our history is about welcoming people who flee places of persecution, tracing

back to all kinds of families, including my own. So I take your point, but I also take your note—not a blame note, but a note that we've got to collaborate on this across all levels of government. It is disturbing to meet people who say that living in refugee camps was easier, in countries torn apart by civil war, than what they've experienced here in the frigid winter, so we certainly have to work on that.

Mr. Reay, moving to you: You mentioned that one of the things we're dealing with in the city is the unfortunate disposing of housing stock when it comes to rental opportunities.

I'm mindful of the fact that in Mr. Tilley's presentation, he spoke to the fact that the lack of rent control that we have had since 2018—since that was actually taken out, the average rent in our city, right now, in Ottawa is \$2,000 a month. It's a dramatic increase.

You mentioned the Lansdowne project and the fact that it's having delays because of complaints, and I take your point: We want housing built. But one of the key problems that neighbours are having is that there is zero affordable housing available with Lansdowne—absolutely zero. It's the second-biggest capital investment our city has ever made, after the LRT—and don't get me started about that this morning: \$450 million, with no affordable housing, in a housing and homelessness crisis.

I'm just wondering if you agree with Mr. Tilley's case that we need to restore those rent controls. I wonder if you have ideas to share with the committee about how we don't dispose of affordable housing stock.

Mr. Brandon Reay: Our concern is less about rent controls and more about what's happening to private landlords who provide so much of the housing stock. I don't think we have a position of opposition to something like rent control. Vacancy decontrol is more of our concern.

I'm a millennial. I have friends who, all of a sudden, are renting a one-bedroom apartment in Toronto, and rent gets jacked \$400 over the course of a year—and they already weren't in what I would consider affordable. They're in apartments where I say, "I couldn't afford that"—and I'm married, with two incomes, and we're doing okay.

So, yes, I absolutely agree with Mr. Tilley that we need to conserve rental stock.

The example of Lansdowne wasn't meant as a criticism against the complaints. I do want to make that clear. We are here to support the entire housing continuum. While our members deal with market housing, we at the board and our members understand the need to address the situation from the beginning of the housing spectrum, from bringing people into shelters and supportive housing, all the way to the top. It's a matter of keeping that flow positive. That's what we want to see. We don't want to see rental stock fall into the hands of corporate entities primarily.

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

Mr. Brandon Reay: Typically, in our experience—and this is anecdotal—the small mom-and-pop landlords who really can't afford to be missing their mortgage payments tend to be the ones who care a little bit more. That's not always the situation, certainly. But there is a pride of

property ownership, there's more at stake, and they do want to treat their tenants better.

Mr. Joel Harden: I would wholeheartedly agree.

So you're talking about real estate investment trusts, the large organizations?

Mr. Brandon Reay: Yes.

Mr. Joel Harden: We can get into that more in the second round.

Nancy, in the time I have left, which is probably about 30 seconds, I was wondering if you want to elaborate on anything you missed in your presentation. And we can come back to you in the second round.

Ms. Nancy Parker: Most of the people in Ontario are opposed to privatization. The Ontario Health Coalition held a province-wide referendum this past—

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

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

Mr. John Fraser: I want to thank all the presenters for being here this morning and taking time out of your, I'm sure, busy days.

I want to follow up on rent control with both of you.

I want to tell you a story about a woman in my riding. I've known her for 30 years. She works at the pharmacist I've been going to for 30 years. I called in a prescription one day, and she broke down on the phone. The place where she has been living, they're jacking up her rent—double-digit, for a long time. She was in tears. She didn't know what to do—just a simple phone call. This is happening to families across the province.

I would like you to elaborate, if you can, on the need for rent control, simply because there is no throttle on anything built after 2018—none at all. That's not right. We only find out about these things when we pick up the phone to talk to somebody or somebody comes into our office. If you both want to make a comment on that, that would be great.

Mr. Brandon Reay: Point well taken. It is something that we do have a position on at the Ottawa Real Estate Board, and that is that we can see justified an inflationary reflection of a rent increase—but the sort of free market of, "You were paying \$1,300 last year; now you're paying \$1,800; now you're paying \$2,600," is something we're opposed to. I can't see a justification for it beyond something like greed, and it is one of those concerns. If rent is rising with inflation, that makes sense as long as incomes are rising with inflation as well. That's what we want to see—just a moderated approach, if there is going to be rent control.

Mr. John Fraser: Peter?

Mr. Peter Tilley: It's such a burden for our industry.

I went on Saturday to visit someone in the hospital who had the drug dealer—a guy who went through our addictions program. When we placed into housing—he can only afford to stay in a low-rent building. It's Ottawa Community Housing. It's a tough neighbourhood. He got beat up by the drug dealer across the hall after a year of calling for this to stop. He's a guy who's three years substance-free and has a job now, but he can't afford to move out of this

low-income rental building because there's nothing available that, even with a minimum—well, he's above minimum wage. He's working in construction, but he can't afford to find housing. Would there have been a property out there, had rent controls been in place? It has always trickled down—whether it's after 2018 or before, too—as to what's available for housing stock.

It's quite a challenge for so many we're trying to place out of a shelter. We have a housing department. We're placing people into apartments. We placed 424 people into housing during the three years of the pandemic. We move people out of the shelter into housing, but it's so hard when they can't afford to be there.

Mr. John Fraser: I won't get into the Landlord and Tenant Board, which is on both sides, but I do want to talk about throttles.

Nancy, I want to turn this over to you. I didn't hear you speak about temporary nursing agencies. That's something that we heard at ROMA—that rural municipalities are getting double-digit increases in their property taxes because they're using temporary nursing agencies for the long-term-care homes. Our hospitals are spending three and four and five and six times what they spend every year—millions and millions of taxpayer dollars all going to a corporation that's making money. The same nurse can end up in the place where she worked, at two or three times the price. Does that make any sense? Why do you think the government hasn't done anything about it?

Ms. Nancy Parker: The health coalition totally doesn't think that this is the right move. We have a staffing crisis like we've never seen before, and we think—I believe it may be in the province of Quebec where they are introducing a cap on the wages of temporary nursing agencies. That could be a first step. But I think one of the best steps that the government can do is repealing Bill 124—

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

1030

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

Ms. Goldie Ghamari: Thank you, everyone, for your presentations today.

My first question is for Mr. Reay. You spoke a little bit about the delays at municipal council regarding the objections for building, and it just seems like there's a very, very strong situation of NIMBYism happening in Ottawa. Could you please expand on that a little bit?

Mr. Brandon Reay: I don't want to categorize all delays as being just NIMBYism. I think there are legitimate concerns, but those are the ones that we would like to see protections against—just the, "This changes the character of my neighbourhood. I don't like it. We don't think this zoning change should go through, because it's a fourplex and we have traditionally been single-family homes."

Our concern is that, often, at these meetings, the people who are coming in and complaining are the people who don't recognize that the reason their kids can't buy in their neighbourhood is because of this level of NIMBYism. We need to say yes to properties like fourplexes, low-rise

apartments—whatever it’s going to be—to address the housing supply. It’s less about maintaining character and more about ensuring that the people who need the housing, especially the affordable housing, are having their needs met in a meaningful way.

Ms. Goldie Ghamari: Thank you so much.

My next question is for the Ottawa Mission and Mr. Tilley. It’s interesting, what you said.

I’ll share a personal story. My parents immigrated to Canada in 1986 with two suitcases and one-year-old me and \$50 in their pocket. When they landed, they were in Montreal, at Trudeau International Airport. On their first night in Canada, they basically found and rented an apartment. My dad tells me that they had no furniture, and they just slept on newspapers, and I was in my father’s jacket that first night. They basically came to Canada with the understanding and the knowledge that you come here to build a life for yourself—you come here, there are opportunities, you take advantage of those opportunities, but in a way to build a life for yourself. And I’m the product of that. If someone had said to my parents 37 years ago, when they had landed in Canada, that one day their daughter would be a provincial politician, they probably would have laughed and said, “That’s crazy.” But here I am today.

Canada is known for its success stories when it comes to immigrants who come here and are willing to roll up their sleeves and work hard and build a life for themselves. My dad is a blue-collar worker. He’s an electrician. It seems like, from what you’re saying now, it’s almost as if some of these programs that the feds have put out there are creating this false narrative that people can immigrate here and everything will be handed to them on a silver platter. So people come here and they immigrate with this false narrative that has been put out there by the federal government, and now, not only are we seeing the burden of it, but the mission is seeing the burden of it. And it’s negatively impacting all these people who are coming here because they are left stranded. Am I correct in understanding that? Is that what’s happening? It is shocking to me that, like you just said, someone came to the airport and he was told by security, “Go to the Ottawa Mission,” as if that’s the plan.

Mr. Peter Tilley: You’re so right. To meet these people and speak with them—they are former pharmacists and teachers, and they’re coming from war-torn countries in Africa. They’ve been in refugee camps, similar to some of the Ukrainian refugees we’ve taken in. We’ve got a former international lawyer driving for the mission food truck. He has worked his way up from being a dishwasher over the course of a year. His number one goal is to learn English—hard-working immigrant. These people want to be here. They want to be settled. They want what they thought was going to be the dream. I’m sure if we had apartments, they would move into them, as your parents and my parents did—when they came from England with one child, also, in the 1950s. But right now, there’s nothing for them.

And you can tell the difference between our regular guests who come into the mission—they’re dressed in sweaters, carrying briefcases, and wandering around the

streets during the days dealing with some of what’s happening around them. Sometimes it’s quite interesting, the day in the life of being in a shelter downtown, and they are somewhat in surprise. But they’re so polite—constant nodding and thanking us. Was this the dream? An eight-bed dorm with showers—yes, that’s great—and with three meals a day that the shelter is providing. I don’t think they thought that was part of the equation. There has definitely been a failure there, and there’s finally, I guess, a conference happening now on what we’re going to do about it.

Ms. Goldie Ghamari: I know that this past year, we announced that we’re investing an additional over \$200 million to address homelessness prevention, specifically in Ottawa. Do you have any indication or updates on where that funding has gone, once it was announced that we’re giving that to the municipality? Have you seen any benefit from that? Have the people who use the Ottawa Mission seen any benefit from this additional \$200-million investment?

Mr. Peter Tilley: Thank you for raising that.

Yes, it’s baffling sometimes for us, trying to find housing in this city. We had a national housing strategy, in 2017, that was announced at the federal level, that was going to put, I believe it was, 300,000 units over a 10-year period; 100,000 units were going to be refurbished—\$13.5 billion. These big numbers get thrown out. And now we’re sitting here, six and a half years later, waiting for something other than a quick-fix band-aid. “Here’s \$12 million if you want to build 40 units,” which are going to end up costing you \$25 million to build—and “Why are charities building units anyway?” and all this, which has been, I think, lacking in leadership at some levels of government. We’re in a housing affordability crisis, and we haven’t seen solutions to that.

So \$200 million—okay, let’s see where that’s going to be. There might be an announcement today on some of that, I believe.

Ms. Goldie Ghamari: My final question, before I pass it along to MPP Hogarth: Have you spoken to the federal government about this? Have you indicated to them the challenge—

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

Ms. Goldie Ghamari: —that you are facing at the Ottawa Mission with this influx of providing housing for newcomers, when the purpose of the Ottawa Mission is something else with respect to homelessness? Are they aware of this additional burden—

Mr. Peter Tilley: We finally have a virtual call on Friday with—we’re looking at the ministers of housing and ministers of immigration, and we do have a virtual call with one of the policy advisers from the minister’s office. We’re trying to get meetings with the ministers ourselves; I know the mayor of Ottawa is, and others, but what the heck? We’ll go circumvent it and try to meet with the federal ministers ourselves and say, “This is what’s happening here. Please, please do something.”

Ms. Goldie Ghamari: If you need any letters of support to get that meeting, let me know.

Mr. Peter Tilley: Yes, we do.

Ms. Goldie Ghamari: I'm happy to write a letter of support.

Mr. Peter Tilley: Thank you.

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

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

Ms. Chandra Pasma: Thank you to all of our witnesses for being here this morning. It's very interesting, hearing your presentations back to back on the crisis with housing and homelessness and also the crisis with health care, because there are certainly some overlapping themes, even though they're different sectors.

Yesterday, we had a witness refer to "waste through poor planning," and that was the phrase that was coming to my mind this morning as I was listening to you speak about the challenges that we're facing in these two sectors and how our inability to address sectors comprehensively is creating situations where people are paying a horrific price, many times with their health or by living on the street or sleeping in a plastic chair in a shelter.

Nancy, I would like to start with you. I just wanted to ask if you wanted to finish your previous answer about the referendum on private health care in Ontario.

Ms. Nancy Parker: Yes, thank you for this opportunity.

As I was saying, throughout the summer months, the Ontario Health Coalition held a province-wide referendum, and over 400,000 votes against privatization of our hospitals were received as a result of that referendum; 98% of the voters are opposed to privatization of Ontario's public hospital systems. As more and more of us come face to face with the failures of our health care system, we expect that this opposition will only grow.

Ms. Chandra Pasma: Not only is private health care very unpopular in Ontario, but it actually has costs for our publicly funded health care system and for patients. We have two quite stark examples of that in Ottawa, with the Riverside hospital being used for private surgeries and the South Keys clinic, where people are being charged exorbitant fees to make up for the absence of primary health care. I was wondering if you wanted to share those examples with the members of the committee and explain what's happening here in Ottawa.

1040

Ms. Nancy Parker: Yes, it came to our attention—actually, I believe it was in January of last year—that the Riverside hospital was in fact renting out unused operating room space on the weekends to a private, for-profit group. There is really no need to do that. We have operating capacity all across Ottawa and across Ontario. Operating rooms are not being used in the evenings or on the weekends, and we have the capacity to use those operating rooms and address the backlog.

In the case of the South Keys clinic—we're seeing more and more clinics opening up in the Ottawa area and across the province that are using nurse practitioners to provide services. Many of these clinics are now charging an annual fee for members, patients to use their services, but they also charge them with each visit. We believe that

this is a contravention of the Canada Health Act, and we're continuing to work and research in these specific areas.

Ms. Chandra Pasma: Nobody wants to pay a fee for health care, certainly, in the middle of an affordability crisis, but when two million people in Ontario don't have a family doctor, that creates a market for fee-based health care.

Peter, I want to say thank you for all the work that the Ottawa Mission does in providing supports and services to people in downtown Ottawa.

I want to ask a question that's more about the shelter system, more broadly, in Ottawa. In my riding of Ottawa West-Nepean, what we see a lot of is families in shelters—often, in hotel rooms where the city is putting them up for years at a time because there is no space to accommodate the family in a shelter. I'm wondering if you can talk about that situation—what's happening there, why so many families are ending up in shelters, and what it's like for kids to be growing up in the shelter system.

Mr. Peter Tilley: There are many family shelter providers, my peers that I speak with, and they're overburdened, yes. Motels are not the answer—it was a cheaper answer, some ways, if it was \$100 or \$110 a night, as it was. Those prices have escalated now significantly.

Either way, my understanding is that the city would pay whatever they have to pay, because they have no choice.

It's different with a men's shelter, where you can put people in dorm rooms of eight or four. Some of the other shelters have larger congregate rooms, as singles—bunk beds, shared showers, and the services we provide. Women's shelters—there's not enough space for single women, those fleeing violence in the household and other issues, addictions and that.

But families—yes, definitely, it's a whole new challenging situation. You can't just put them in dorm rooms—they need to be shared and together. Again, there's no affordable housing in this city, in this province or in this country—a very limited amount of affordable housing, especially for those lower-income families. Where would they go? We just heard the average price of a one-bedroom—\$2,000—in this city, let alone a two- or three-bedroom. If they go on the social housing registry waiting list, they're going to be amongst many, and they're looking at a five- to seven-year wait. So it's challenging.

And yes, what a place for children to grow up—in a motel, in a single room, often. It's not an answer. And it's all that backlog of years of not building affordable housing.

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

Ms. Chandra Pasma: Hotel rooms don't have cooking facilities. So parents are trying to provide adequate nutrition to their kids while cooking out of a microwave or a hot pot.

Mr. Peter Tilley: Yes, it's not ideal. This is a great country, and that's better than being outside, but it's not how we envisioned, over the last 10 to 20 years, things would unfold in this country of ours—for families to be living in motels, individuals who don't belong in shelters to be in shelters.

Ms. Chandra Pasma: Thank you.

A very quick question for Brandon: Is there any jurisdiction in Canada that has already enabled as-of-right four-unit zoning?

Mr. Brandon Reay: I don't believe as a province, no—but there are cities in Ontario that have taken it under their purview to do so, including London and Toronto.

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

Mr. Stephen Blais: Thank you, gentlemen and Nancy, for coming this morning.

Peter, I represent Orléans, an upper-middle-class suburban community. I was just looking it up—we have the seventh-highest median family income in Ontario, top 20 in Canada. Homelessness doesn't necessarily manifest itself in Orléans in the same way it might in the urban core, with people actually on the streets; it's couch surfing, it's sleeping in your car, it's living with family and friends for extended periods of time. We're starting to see huge impacts in even upper-middle-class communities—the same types of communities that Lisa and Goldie represent. The food bank in Orléans, I think, told me they had 2,000 visits over Christmas. This is, as I said, a community in the top-10 income range for the province. There have been poor people forever. There will be poor people forever. We need to help them and do everything that we can. But when the crisis is extending up the income line to that level, how do we get a handle on that?

Mr. Peter Tilley: That's a great question. There are many economists and pundits who are better positioned to answer that than I am.

Again, it has been a theme here—if we could add the affordable housing stock, I think, to the market, things get a little better. If you can pay the rent and have some disposable income, you don't have to go to food banks; you're not waiting for the mission's food truck to arrive in your neighbourhood once a week in order to get a supplemental meal.

I told someone the other day, and they weren't aware that—as someone who used to be at the Ottawa Food Bank—you generally don't get more than three or four days' supply of food once per month when you go to a food bank. So it's going to be an emergency stopgap measure. That's all it is. Hopefully, there's grace and kindness—as we used to do when I was there—if somebody shows up a second time, given their situation.

To answer your question, it's a broad spectrum. And it's hitting all communities. I'm glad you pointed that out. We are seeing it hit all communities in all cities in this country of ours. It's not only people sleeping outside; it's people having to go to food banks in record numbers—I think in Ottawa, it was up 30% or something. And it's still not enough.

Inflation is out of control, as we know. We can raise the interest rates all we want to try to get that under control, but I think it starts—to answer your question, from my area—with affordable housing. There are so many people staying at the mission who are ready to be housed, probably ready to move into jobs, who shouldn't be there.

And yes, we realize that we're the last house on the block for those who suffer from severe mental health and addiction and other issues, and that's generally the population the shelter has served for over a hundred years.

Mr. Stephen Blais: We've seen, too, in Ottawa, in particular, and I presume it has manifested itself in other cities, a tension between investing in temporary shelters—and I don't mean paying for people in hotels, but physically building new shelters; say, the Salvation Army facility in Vanier a few years ago—versus the investment in long-term.

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

Mr. Stephen Blais: Salvation Army—I debated that on council, I've got to say, six years ago, give or take. It's still not built. It was supposed to be 350 beds. You're talking about 350 people sleeping on the street in Ottawa at night.

How do we reduce that tension?

Mr. Peter Tilley: I think I heard it best from federal MP Mona Fortier once. She said we can't put a check mark in one box until we put an X in the other. We really need to build the affordable housing and get people moved out of shelters, and then we can say, “We don't need as many shelters”—but we first need the housing to move people into. As I said, there are many staying in family shelters and single shelters—men's and women's—who shouldn't be. So, yes, the answer isn't to keep building bigger shelters, mega shelters or anything like that. The answer is to get some affordable housing, get this economy stimulated and get people into jobs—

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

We'll go to the government. MPP MacLeod.

1050

Ms. Lisa MacLeod: I want to say thanks, first and foremost, to Brandon and Nancy for being part of the discussion.

My comments and questions will be to an old friend, Peter Tilley.

Peter, I think you do yourself a disservice when you just talk about what your current portfolio is. You have spent 20 years, maybe 30 years, in this city, building from the ground up some of our most vulnerable populations. I think on behalf of all of my colleagues, and I know especially for my colleagues from Ottawa, we want to say thank you for doing some of the very toughest work in our city. By no means do I expect that it was at any time easy, but I have to say this is probably the most difficult time that you've gone through.

I also want to say thank you for your moral clarity on the refugee crisis. I think for too long, it has been a hot potato, where people were able to use the word and brandish the word “racist.” I think you eloquently described it, as did my colleague from Carleton, MPP Ghamari. When people come to this country, we expect to give them a level of dignity, and we expect, when they land here, whether that is by land, sea or air—that they expect that their conditions for life will be better than what they left. We have failed in this country in doing that, and I will say, it's something that has bothered me for quite some time. So

your moral clarity is important, and I encourage you to continue to push for it because you say it in the right words and you have the experience in your facility in order to do that.

Everyone has touched on so many great points today, and I'm very proud of all my colleagues. This is a great discussion, where we require action.

I do have three questions, and the first one is—I know, having worked with you in the past, you have multiple sources of funding, from the city, from the province, from the federal government and all kinds of different streams. How much time are you wasting, from the front lines, dealing with applications for one-time programs or time-limited programs that you cannot build a sustainable organization from?

Mr. Peter Tilley: That's a great point. People don't realize less than 25% or a quarter of our funding comes from the city—it used to be the province—for what was per diems and is now block funding, and that's to cover what we call “three hots and a cot,” the basic essentials for people coming into a shelter. It's far short of what we have to pay per person per night, when you look at the cost of trained front-line staff who have to deal with the situation. All our staff now carry naloxone kits, and they're regularly bringing people back to life. So there's that piece—but only a quarter of that. The other three quarters is raised from our donors.

Our addictions program is not a provincial addictions program; it's unique to the homelessness sector. It's addiction and trauma services—because we peel back the layers of what happened in youth.

That amazing Chef Ric's job-training program—

Ms. Lisa MacLeod: I was just going to ask you about that, so make sure you tell everyone about Chef Ric.

Mr. Peter Tilley: We just graduated 22 students, formerly homeless, and many of them now newcomers, into jobs. And 90% of the people who come out of that four-month program go into jobs. It's a job-training program. The beauty of it is, it's a social enterprise. It's a catering operation that, this year, will clear \$2.5 million in catering revenues that go back into the job-training piece of it. We took over the former Rideau Bakery at 384 Rideau Street so we could enhance it. This semester, we have 30 students enrolled, of which 90% will likely graduate into jobs—and it's a social enterprise paying for itself in doing that.

We do things very uniquely at the Ottawa Mission, because we're trying to make it a better city, a better country for all. We're unique in that many shelters here in Ontario would have 60% to 70% of their revenues come from government sources—we have a lot of our programs that we run. We really get the message out to our donors about the importance and the value of the work we do, so they respond.

Yes, we finally saw a slight increase in the funding from the city recently. But we're bursting at the seams. It's not getting better.

Again, most refugees, the newcomers who are waiting in our waiting area—we're feeding them. I reminded the city the other day that we're feeding them three or four

times a day, and we do snacks at night. So it's not just 35 to 40 people waiting. They have to be fed, and they're lining up. You should have seen it this morning. I do my rounds, and it's unbelievable, the pressure that—we had to add a front-line staff worker to deal with the number of people. We've had to add a caseworker who can connect them with Matthew House, Catholic immigration services, legal, and all the other supports they need. It's such a different, unique sector now, and that has put a burden on us. We didn't think we'd be in this business, but it started to come up in June.

Ms. Lisa MacLeod: Well, I think that any of my colleagues who aren't from Ottawa should take a moment to visit the mission at some point.

Mr. Peter Tilley: Many have.

Ms. Lisa MacLeod: I want to talk a little bit about the market. I think all of us who are here today don't—well, no, I guess we do have some urban members. I think that the market isn't what it used to be—a hallmark tourism attraction, a place where locals would frequent to get our goods and our fresh fruits and vegetables. It's now a more dangerous place.

I know you and I have both been part of discussions about how to make the urban core here in the city of Ottawa more safe, as a result of the homelessness that we're seeing and people living in the rough downtown.

Outside of just building more things, is there anything, in the lines of training people and supporting other groups, like Operation Come Home and Shepherds of Good Hope, and all of you—is there a way that we can, as a province, support what has gone wrong in the market to restore it to what it should be?

Mr. Peter Tilley: That's a great question.

You're right; it's a challenge. The market is becoming the city centre where those who are severely addicted—and this fentanyl is such an addictive drug and so dangerous; it kills—and those with severe mental health gravitate to their community, whether it's Toronto or Ottawa.

One of our accountants, Dina, is from Egypt, and her family comes to visit once every couple of years. They love to go to Old Montreal. She came back after this summer and she said to me, “Peter, I don't know what happened. There are people sleeping in church stairwells, people sleeping on the streets.”

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

Mr. Peter Tilley: So it's Montreal, it's Ottawa—it's the downtown cores, yes. You can't move along these people. We need enhanced social services supports and more mental health supports, I believe. They're a unique population.

I don't ever give up on anyone. I'm a former addict myself, from many years ago. That's why we have an abstinence-focused addictions program that we fund ourselves, through our donors. I think there's a way to reach out to these people and try to get them back on track, instead of just saying they're somebody hooked on fentanyl and they probably have a few months to live.

Ms. Lisa MacLeod: Do you have a question?

Ms. Christine Hogarth: Is there time?

Ms. Lisa MacLeod: I'll just wrap up, then.

I want to say thank you, Peter—and to all the deputants today. This was really great. I look forward to having a meeting with you in the next week or two, if that's possible.

Mr. Peter Tilley: Yes. That would be appreciated.

Ms. Lisa MacLeod: And I'm sorry to my colleague, who I—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for these questions and also for this panel.

We want to thank all the participants for the time you took to prepare and the excellent way that you presented the case.

OTTAWA TRANSIT RIDERS

MR. COLTON CROSBY

MS. LORI QUENNEVILLE

The Chair (Mr. Ernie Hardeman): The next panel will be Ottawa Transit Riders, Colton Crosby, and Lori Quenneville.

You will have seven minutes to make your presentation. I will let you know, at one minute, when there's one minute, and at seven minutes we will cut it off. We ask you, as you start your presentation, to introduce yourself to make sure we can attribute the comments to the right person in Hansard.

With that, we'll start with Ottawa Transit Riders. The floor is yours.

Ms. Sally Thomas: My name is Sally Thomas. I'm a Paralympic alumna living in Ottawa. I am here asking the province to invest in public transit, especially paratransit.

I moved to Ottawa from Belleville, mostly to take advantage of the pretty good transit system. I am on ODSP, so obviously I don't have a lot of money.

I was born with my disability, but I have not let that stop me from being actively involved in my community. As a two-time Paralympian, I competed for Canada for 10 years in the sport of powerlifting. Transit was better, and I was able to go to my training sessions by transit—both conventional and paratransit. Without good transit, none of this would be possible.

I am a board member of the Ottawa Transit Riders. Founded in 2019, we are an advocacy group fighting for better transit. We have a subcommittee called ParaParity that focuses on accessible transportation, including active transportation.

Why are we here asking for the province to support public transit? Number one: affordability. Right now, we're dealing with inflation and an affordability crisis. Life in Ontario, especially with a disability, is expensive. Good public transit offers people, especially low-income residents, choices.

1100

Not everyone can drive. Not everyone can afford a car. When a city has good public transit, families can afford to live with one car or even no car at all. Good public transit

provides freedom. Teens can work, marginalized—not vulnerable—people can go to school and work, people can afford to volunteer in their community, people can get to medical appointments, and people can participate in their neighbourhood. It's a good thing.

People like me who live on ODSP can afford to have a life in a city with good public transit. We can go to school. We can work. We can volunteer. We can have a social life. We can attend consultations like this.

This is another reason we need the province to step up and support transit. It's a question of, number two, equity.

Just yesterday—I use Para Transpo to get around—I was at a store shopping for a new backpack, and then I was going to go to work. I had to wait for my Para Transpo bus for an hour, and I was late for work—and it was eight minutes between where I was at the store and my job. If I was not in a wheelchair, I could have gotten in an Uber or a taxi. I can't get in an Uber or a taxi because the Ubers are not accessible and not funded to be accessible by the province, and taxis are not available in Ottawa because no one helps them attain their taxis or upkeep their taxis, and so people have chosen to stop driving them. And that affects me.

Also, I was talking to one of the personal support workers who help me out. As you know, caregivers don't make a lot of money, so she gets around by transit. The other day, several buses failed to show up, so she had to take an Uber to get to work on time. The cost of that Uber was about half her take-home pay. That should shock you. It shocked me. Don't forget, there are also lots of people like me who can't take a taxi or an Uber, as I mentioned. We need public transit.

Let's not forget about climate change. We're in a climate emergency. We can't keep kicking this can down the round. The number one thing that we can do is get people out of cars. We want people to have options. People should have the freedom to use public transit, and transit should be good enough to get them where they want to go, when they want to go.

What does this have to do with the province? The city of Ottawa funds public transit, but they simply don't have the resources. Transit is very much a provincial responsibility. It's also a wise use of taxpayer money as everyone benefits from a good public transit system. Even people who don't use transit and think that it doesn't affect them benefit from a good public transit system.

Think of transit the next time you're sitting in traffic. If some of those people could leave their cars at home, traffic would be lighter. And conversely, if transit continues to decline, traffic is going to get worse, parking is going to get worse, and life is going to get more expensive.

My heart breaks when I hear someone say, "I had no choice. I had to buy a car because transit is declining."

Support for public transit is a choice. We're asking the province to choose to support transit.

Thank you for listening.

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

Our next presenter will be Colton Crosby. This will be virtual.

I believe, Colton, you heard the instructions, so the floor is yours.

Mr. Colton Crosby: My name is Colton Crosby. I am 16, and I have lived in Ottawa all of my life. I am thrilled to have an opportunity to speak with you all today.

I'd first like to begin my presentation by acknowledging the fact that the land on which we gather today is traditional unceded territory of the Algonquin Anishinaabe Nation. I honour the long-standing relationship the Algonquin people have with this land. They are the original caretakers.

As a 16-year-old, I believe that I bring a fresh perspective to this discussion. I also believe that the voice of a younger generation of people is extremely important and should be heard much more often than it is. It deeply concerns me, however, that I, someone who is not even an adult yet, seems to be much more concerned than many of those who are in charge of this province.

One of the biggest things I take issue with is the neglect of the public sector, such as in education and health care. I constantly hear officials touting, "We increased X spending by Y amount. This is a huge accomplishment." Well, it isn't working. We have to do more. If the large influx of workers bragged about by ministers had the impact they claim it did, then we would not be in the situation that we are in now.

As a student, I have seen a worsening over the years in our education system, largely due to a lack of funding and an increase in class sizes etc. Ideally, more provincial money would go toward smaller class sizes, more supplies, better air quality, higher salaries and fairly resourced staff to better ensure the success and well-being of students with IEPs.

As previously mentioned, I'm extremely worried about the state of our health care system. There is no excuse as to why a place such as Ontario should have wait times that can span well over 12 hours in emergency rooms that seem to be closed almost every other week, especially in rural areas such as Carleton Place, Almonte, Perth etc., because they simply do not have the staff and resources to deal with the influx of patients.

Instead of spending in the public sector, we are committing billions of dollars towards construction projects such as Highway 413, the relocation of the science centre, the levelling of Ontario Place—which will result in hundreds, if not thousands, of destroyed mature trees, the disruption of bird migration paths and the destruction of existing habitats that are crucial for many species, endangered and otherwise—as well as the building of unaffordable suburb divisions that won't even be ready for who knows how many years on protected greenbelt land and some of the richest soil in the country for agriculture. The list goes on. All this after making cuts to the salaries of public sector workers such as nurses, who have been in the forefront of our worsening hospitals for years.

Something that I find particularly embarrassing is moving ServiceOntario locations to large corporate chains

such as Staples and Walmart in the name of saving a mere \$1 million and potentially compromising our private information. At this point in time, a total of 11 ServiceOntario offices are being moved into these corporate locations, just for that saved \$1 million likely to go to another construction project.

Almost every single public sector establishment within this province is degraded, underfunded and heavily flawed, but our budgetary priorities are building projects such as the Bradford Bypass and the aforementioned Highway 413, which still have undisclosed costs that reach into the billions and are not needed. Highway 407 is located only 15 kilometres south of the planned route and follows the same east-to-west path that intersects the 401 at Milton and the 400. The 407 is much underused, could accommodate a large number of vehicles and save billions of dollars; although nobody uses it now because of the extreme toll costs. The lowest possible estimate I could for this unneeded stretch of pavement was \$4 billion in taxpayer money. Given the current state of our province, this to me seems absurd.

None of what I just said even mentions the environmental damage that will be done—which seems to be a recurring theme lately with provincially funded construction projects—but to put it simply, it will be extreme. Perhaps the wetlands don't matter. This has led to the reasoning for many budgetary decisions, which is to accommodate Ontario's fast-growing population and create jobs.

This leads me to my next point: Where exactly do we intend to house Ontario's growing population? In overpriced, sprawling suburbs filled with cookie-cutter homes, monoculture lawns and price tags that most young people in this province could merely dream of? Owning a home is something that at this point many people in Ontario have simply given up on altogether.

The rent situation isn't much better either. The average rent in Ontario, according to a recent report, was \$2,446 monthly, which is just below BC. As a young person myself, I feel as if every other month there is another announcement about a long-standing heritage site being [*inaudible*] under mysterious circumstances, another major ecological impact due to the decision and further cuts being made to the public sector, all while privatization is expanding into areas, frankly, it has no right to be in.

It seems to me that those who run this province seem to believe that hospitals fix themselves and the best course of action is to let private clinics do more. I am only 16, but it's extremely difficult to not take a nihilistic outlook on the province, the world I am expected to navigate and live in while it's actively falling apart. The world is currently going into a climate crisis, which will result in heavily disrupted global food supplies due to droughts, wildfires etc. But what do we do instead? Pave over paradise and put up a parking lot.

Many of this province's amazing species are endangered and must be protected, but why not build a spa on nesting grounds? Our population is rapidly expanding. What should we do? Build as much urban sprawl with

wildly unaffordable homes and as many useless highways as possible.

It seems to me that the priority is supply, rather than quality, reliability and availability. I'm well aware of the fact that it's easier for somebody who is uninvolved with the budgetary funding process simply to say, "Spend more," and I'm sure you hear that a lot, but that is not my point. My point is that, for now, we should put off unneeded construction projects in favour of funding the public sector, building affordable housing for our rapidly increasing population, and minimizing the environmental impact of our decisions—this includes not only the forests, but the species that rely on Ontario's rich and diverse landscapes, as well as the health of everyone who lives in this province.

1110

I understand that many things are outside this committee's control, but all I'm asking of you is that with your next decision, please think of the effect it will have on generations to follow.

Thank you all for your time. I hope you have a great rest of your day.

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

Our next presentation is from Lori Quenneville. Lori, you're on.

Ms. Lori Quenneville: Thank you for the opportunity to participate in this pre-budget consultation. My name is Lori Quenneville.

I would like to begin by acknowledging that I'm speaking to you from the traditional and unceded, un-surrendered territory of the Anishinaabe Algonquin people. The Algonquin people have inhabited and cared for these lands long before today. I take this time to show my gratitude and respect to them and to the land for all that it provides us: trees to give shade, water and food to sustain us, and paths to connect us. I give thanks for this path, and I welcome the opportunity to connect with you.

There are many issues affecting lives in Ontario that would require budgetary consideration. I will concentrate my time on the Ontario Disability Support Program, or ODSP.

Federal and provincial budgets were once a general plan or forecast and a foundation on which to build. There was an unspoken promise of mutual care, understanding, respect and empathy, but it seems that these values have been forgotten. There's no greater evidence of this than treatment of those on social assistance, specifically ODSP, who have been medically assessed and duly confirmed as in need and eligible yet only receive support at less than 50% of the poverty rate of Canada. For historical context, someone receiving the maximum ODSP benefit today brings in the same as the average male did in 1976.

No one plans on becoming disabled. Whether from birth, as the result of an accident, disease, illness, or perhaps due in part to yet another year of aging, disability can become a reality for any of us in the matter of a moment. Persons with disabilities live in a state of constant worry and concern about how to provide for themselves and their

families. The community has many different lived experiences, but common threads include that living as a person with a disability is exacerbated by age, that life is exponentially more expensive and that they are living in legislated destitution.

Imagine the endless maintenance of what it means to be a person with a disability under governments that will not even pay their most vulnerable citizens less than minimum wage. Even though Mike Harris guaranteed that aid for seniors and persons with disabilities would not be cut, there was no increase to ODSP during his eight years, inflationary or otherwise. Nor was there was an increase which kept pace during the 15 years following, when the Liberals had the helm.

The current government is nearing its sixth year in power, and only after freezing rates for yet another four years did they take any action, regulating that ODSP must be indexed to inflation, in the single greatest change to the program in the 27 years since its creation. I'll grant you that, and I applaud it. But it's 26 years too late to meaningfully help those whose lives completely depend on it. Calls by concerned organizations, food access centres, MPPs and party leaders alike to double respective provincial support appear to have fallen on deaf ears, and those on ODSP continue to be malnourished, become unhoused and die.

The short of it is, the current level of support is not enough to sustain those who must try to survive upon it. ODSP requires a reset. Estimated inflation rates do not match lived reality. An average new rental bachelor unit is listed at 141% of the entire income allotment of a single person receiving the maximum allowable benefit of ODSP, and that's just for shelter. Healthy food options, especially if a special diet is required; clothes; utilities; insurance; personal hygiene and products; transportation; laundry; basic communications services; medications and diagnostics; PPE; an unexpected expense or saving for the future are just not on the radar. Medical coverage is constantly decreasing and creates further shortfalls.

Knowing this information, is it any wonder that half of the homeless population is comprised of persons with disabilities? Shelter spaces are non-existent, and hundreds are sleeping rough every night, regardless of the weather.

Add to this the complexities of supporting a dependent. This adds to the layers of an already challenging situation. Children born to persons with disabilities are victims of the same systemic discrimination experienced by their caregivers, as they too suffer from the lack of adequate support levied, thus perpetuating a cycle of poverty, trauma and abuse.

Canada's largest minority group is faced with systemic discrimination and violations to their right to life. Current levels of support affect their physical and mental health. They are tracked and surveilled, and penalized based on relationship status, thus deterring them from pursuing a relationship or potentially forcing them to stay in an unsafe situation, because they just can't afford to leave. To add insult to injury, they are discriminated against and disqualified from benefits based on age.

The situation is such that if provincial support is not made right, several from this community will apply for MAID based solely on mental health issues that are the direct result of inadequate support—and if the expansion is halted again, some have said that they will do it themselves.

The current financial situation is beyond dire. Adequate support for this marginalized group truly is a matter of life or death. Their mistreatment is not a money-saving measure and, in fact, increases secondary costs. For example, every time a person on ODSP goes to the emergency department because of acute malnutrition, it costs taxpayers up to \$4,000. As rates are so low and food access centres have limitations and finite resources, this can and does result in multiple ED visits per month. Your consultations are about finding efficiencies and cutting red tape. For the well-being of this disabled community, and frankly of the entire province, you can begin by cutting the red tape to survival for these Ontarians. We need to at the very least double ODSP and index that to inflation. In addition to finally allowing disabled people to live in a reality where their lives are shown to actually matter, you would save over \$200 billion of taxpayer money over the next 10 years. How? We waste \$82 million a day, or \$30 billion annually, in secondary cost spending, patching the damage done by this legislated poverty. If, instead, we doubled ODSP and OW—

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

Ms. Lori Quenneville: —we would save \$20 billion per year, or \$54 million a day. This change would benefit the province on a fundamental level, and those billions could be used to rebuild and bolster our compromised health care system and bring provincial debt to 2017 levels.

In closing, including the called-upon increase, I would urge for these two amendments:

—individualize ODSP: Keeping it as it stands jeopardizes the safety of disabled people by forcing dependency upon their family members, and it prevents the true realization of marriage equality;

—please amend ODSP regulation s.42, exemptions, payments by Canada, to add subsection 20, payments made under S.C. 2023, c. 17, the Canada Disability Benefit Act.

This is one of the rare instances where we really can save money by spending it.

Thank you for your time.

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

That concludes the presentations for this panel. We will now start with the questions and the first round. We'll start with the independents. MPP Blais.

Mr. Stephen Blais: Thank you, everyone, for being here.

Sally, I'm going to start my questions with you, because you're talking about a subject I know a little bit more about.

Over the years, there has been tension within government between investing, when talking about investing and transit, between capital—so building new systems, buying new vehicles etc.—versus operating expenses, the cost to fill the trains or the buses with gas, higher operators etc. I think the challenge you explained earlier today is one

where there is a lack of vehicles and drivers on the road within the para system to get you the kind of frequency of the service that would have solved your problem earlier today.

Does Ottawa Transit Riders think that there should be more of a focus, from a provincial level, on providing investment to expand the physical footprint of OC Transpo, i.e. buy buses, extend routes etc., or should there be more of an emphasis on helping the city cover operating costs so that fares could come down or more services could be provided with the same amount of operating money—the same bus pass you have today would pay for more, because the province was paying some of those bills.

Ms. Sally Thomas: As far as Para Transpo goes, the reason I waited an hour for the bus yesterday was because there weren't enough buses on the road. The dispatch can't do anything with not enough resources. So, in short, both are needed.

First, we need buses. OC Transpo is hiring bus drivers. I got another new one two days ago. But there are still not enough buses. So the drivers who are making a fair amount of money—some of them make enough money to end up on the sunshine list, and we all know what that is—are sitting in a driver's room playing cards, because they don't have buses to drive.

Mr. Stephen Blais: Yes, that's a fair point.

1120

The province has recently done something in the GTA—they're investing about \$150 million to support suburban transit riders in the GTA with what's called Presto fare integration. It's going to make transit cheaper in the GTA, on top of the enormous subsidy that GO Transit riders already receive from income tax. Ottawa hasn't received that same kind of investment to help keep prices down or even to lower prices, as they're doing in the GTA.

What would a small investment from the province do for you and the riders within the Ottawa Transit Riders group if the OC Transpo pass could come down \$10, \$15, or \$20 a month? What kind of impact would that have for you and other riders?

Ms. Sally Thomas: Well, for instance, for a while, my doctor was in Manotick, and Manotick wasn't covered for the OC Transpo pass. I have a pass, because I use it every day—

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

Ms. Sally Thomas: —but I had to pay \$8.75 each way to get to see my doctor, and my bus pass didn't count.

Mr. Stephen Blais: So Ottawa Transit Riders believes that the expansion of the service is more important than the lowering of the price?

Ms. Sally Thomas: Yes, I would say that.

The Chair (Mr. Ernie Hardeman): We'll now go to the government side. MPP MacLeod.

Ms. Lisa MacLeod: Sally, thank you very much. My questions are for you.

I did want to say thank you to Colton, as well as to Lori, for bringing their views to the floor of this assembly. It's important that everybody feels that their voices are heard.

But I do want to focus on you, just like MPP Blais did. I think a number of the concerns we would have in my constituency of Nepean are very similar to his in Orléans. We have massive bedroom communities that are high-growth. He will remember, because we're both old enough—and I'm not trying to share anybody's ages here, Stephen—

Mr. Stephen Blais: Well, I'm quite a bit younger.

Ms. Lisa MacLeod: You're never supposed to say that to a lady.

We're both old enough to remember Andy Haydon reminding us, as a city, that we had a world-class transit system with the best world-class bus system anywhere, and we had at the time, in the early part of amalgamation, enough buses on the roads. We were keeping up with growth. You can't take a city that used to be 500,000 and then go to 1.2 million people and think that the same bus system and then adding a train to it is going to fix everything. Again, we have 1.2 million people here.

When you were talking about waiting an hour for the bus in the cold Ottawa winter, where there is likely slush, snow and God knows what other type of brisk breeze coming—that really does anger me. My husband and I brought in a young lady who was 18, and we were helping her get her final credits for high school. We wouldn't leave her at the town centre in Barrhaven, because we had no idea, at 7:30 at night, if a bus was going to come on time. In some cases, they waited an hour and a half.

Some of these challenges are on the city—I would argue that a lot of them are on the city. I would argue that the bus routes are on the city; I would argue that the staffing levels are on the city—and I take your point on the sunshine list. I would argue that the multi-modal use of our system is on the city. And I would definitely say Para Transpo is on the city.

However—and I will say this as an Ottawa member—first and foremost, Ottawa needs to make sure it gets its fair share, as other cities do across the province of Ontario, so that we can continue to fund our existing transit lines and then increase lines that we need to see into Barrhaven; into Stittsville; into Goldie's area, in Riverside South; as well as into Moodie Drive.

My question is—because you really hit a nerve with me, in a very positive way—do you speak to similar transit riders in Toronto about their experiences? And if so, what are their experiences? We do know that there has been a significant amount of upload there—and a great big deal with the other community.

Ms. Sally Thomas: Yes. I do speak to other people in Toronto, specifically. I have family in Toronto, so I took a family trip to Toronto last summer, and I was speaking with the taxi driver who picked me up. First of all, their taxis are connected to Wheel-Trans, which is their equivalent of Para Transpo. All of their taxi companies are attached to Wheel Trans. The summer before, I was in Whitby. Their taxi system is owned by the city, so the taxi drivers are city employees, and the taxis are city property and therefore the responsibility of the city to maintain. That got them more drivers and more taxis. So I didn't

have to wait more than six minutes for a taxi when I was in Whitby two years ago.

Ms. Lisa MacLeod: That's a good point.

Back in 2003-04, when I was working at the municipality and I was working with the Taxi Advisory Committee, one of the things that I worked on with then city councillors Diane Deans and Jan Harder was bringing London taxis into the city so that we could have a more accessible taxi service. And then, perhaps there was a linkage—I know the chair of transit back then, in 2014, would have been my colleague, so he may, in the second round, want to address some of the challenges that the city has now as a result of some of the decisions they may have made.

We have sort of a transit system under siege here because of the way the light rail program was delivered and the amount of money that we have seen in cost overruns. I look at the city, and taking a transit system that was the envy of the world, through our bus rapid transit, moving into light rail, which became a fiasco—and then diverting a lot of money from some of the basic things that we should have done.

I'm wondering—and this is a bit more of an accountability question. I want to know if Ottawa Transit Riders has had this conversation, of where we need to go in terms of getting accountability for the challenges we've seen with the LRT, which have basically diverted important resources away from you and Furhaha, who was living with us, and so many of my constituents who rely on transit getting them from their doctor's appointment in Manotick to school in Kanata to work right here downtown.

Ms. Sally Thomas: You're going to have to shorten the question.

Ms. Lisa MacLeod: I know, but I like talking. I'm a Maritimer.

Ms. Sally Thomas: Summarize again so that I can properly—

Ms. Lisa MacLeod: Basically, do you think that there should be accountability for everything that has gone wrong with the LRT, in order to find out where the money went and who was responsible for it, and then really fix the bus rapid transit system that we have in Ottawa to restore it to its former greatness?

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

Ms. Sally Thomas: Yes, of course I do. There should be accountability. I struggle with how to attain it, since the mayor who was in charge at the time is no longer the mayor. I don't know what the answers are, but I do know that there should be some accountability.

Ms. Lisa MacLeod: Yes, because just throwing more money at a problem doesn't solve it unless you know what the root cause is.

Ms. Sally Thomas: Yes, agreed.

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

Mr. Joel Harden: Thank you to the folks appearing this morning.

Thank you, particularly, to my friend Sally Thomas. It's not often that we get, in this committee, to be in the

presence of a Paralympian. We have Olympians and Paralympians in the city, and we respect what you did representing our country, Sally. But this morning, as you've done before, you're representing the case for public transit.

I want you to know that yesterday we were in Brockville, and we heard from Gideon Forman from the David Suzuki Foundation. They brought forward a demand to the budget the government is now in front of, asking for \$725 million in operational funding for transit. I think it's really important—

Interjections.

Mr. Joel Harden: Chair, if I may just say, on a point of order, it's hard for my friend to hear if there's loud noise on that end of the table.

Ms. Lisa MacLeod: Sorry about that.

Mr. Joel Harden: Thank you.

The case was made from Mr. Forman yesterday for \$725 million of operating funding in public transit. When we look at why our public transit system in Ottawa is facing shortfalls, Mr. Forman said yesterday that we have 74,000 fewer service hours this year, in 2024, in OC Transpo because of cutbacks from the province.

1130

First of all, do you support the case Mr. Forman made yesterday for that \$725 million to flow so that, as the member for Nepean said, Ottawa gets its fair share of transit funding for the province?

Ms. Sally Thomas: Yes, absolutely.

Mr. Joel Harden: And particularly, if you don't mind, Sally, elaborate on what that would mean for Para Transpo. As you said on the many occasions I've had the pleasure to hear you go forth on this, it's often forgotten.

Ms. Sally Thomas: Yes, it's very frustrating to need Para Transpo. I'm actually able, in good weather, to use the conventional side, as well, but for those who can't, it's very frustrating to learn that the amount of budget allocated to the Para Transpo side isn't proportional to the amount of people who use Para Transpo.

Mr. Joel Harden: We know that, thanks to Mayor Olivia Chow of Toronto, a new deal for transit has been negotiated in Toronto, where \$600 million is going to be invested. Some of that is one-time funding. Some of that is ongoing funding.

If I heard the member from Orléans correctly, he was also saying that it's time for a new deal for transit for Ottawa. Would you agree?

Ms. Sally Thomas: Yes, absolutely.

Mr. Joel Harden: The other thing I just want to make clear for the benefit of this committee, when we think about what went wrong with phase 1 of the LRT, is that Ottawa Transit Riders was part of a community movement that fought for two years for the province to declare a judicial inquiry. We have a report from Justice William Hourigan, one of the most esteemed justices in the country, that said very clearly that one of the key problems we had in the construction of phase 1 of the LRT was a secretive consortium that makes it very difficult for people in my profession of politics to scrutinize public-private partnership arrangements that are done. And then we can't

figure out the details of what went wrong because it's all proprietary information.

Do you still have that same concern—that if we are to build transit, it has to be built in the public interest and we have to know how these transit systems are built?

Ms. Sally Thomas: Yes, for sure.

Mr. Joel Harden: It is amazing that we are still having parts of the infrastructure falling apart. We had, two weeks ago, parts of a ceiling of a tunnel from the LRT falling apart. We have routine failures.

And the sad thing—just for our collective benefit—is that the same consultants who built phase 1 of our LRT system, which has been the scorn of the country, are currently building major GTA transit projects: the Eglinton Crosstown, which is delayed; the Finch West LRT; the Ontario Line. The Ontario Line is now at a billion dollars a kilometre, Chair, when it reaches its destination. That's how much it's costing the province.

So I want to thank you, Sally and Ottawa Transit Riders.

I also want to say, for the other two presenters we had here this morning, Colton and Lori—and Lori, in particular, if you wouldn't mind. You made the case that the province could save money if we decided to invest in the well-being of neighbours with disabilities. Is there anything you forgot—because that's a really important point for us to consider.

Ms. Lori Quenneville: Sorry; is there anything that I—

Mr. Joel Harden: Is there anything you forgot to mention about how legislated poverty is not only unethical in what we do to people, but it's expensive for the province?

Ms. Lori Quenneville: It's very expensive for the province. The example that I gave with regard to a person on ODSP who visits an emergency room department because of a malnutrition event—that happens several times per month, times how many people who are on ODSP. The inability to purchase food, let alone healthy food, is exponentially affecting—and forget about the morality of it all; forget about the fact of how we treat people daily. Man's inhumanity to man baffles my mind. That's just one example.

We could go to the other end of the spectrum and then add in the fact that, if they all of a sudden need a liver transplant because of malnutrition—or the fact that every time they steal food just to survive, that's secondary spending, as well. The time to arrest, the time to convict, the time to bring them to court, the time to jail them—that all costs money. If we just support people properly, they will use that money to contribute to the economy.

Mr. Joel Harden: Right. And we're going to hear this theme today from other deputants.

How much time do I have left?

The Chair (Mr. Ernie Hardeman): Two minutes.

Mr. Joel Harden: Colton, I want to offer you an opportunity. Thank you for your presentation today. You spoke from the heart, as a young person, with rapid speed, listing many facts that we should pay attention to. If you were to highlight one or two to emphasize in the time I have left, what would those be?

Mr. Colton Crosby: One of my major points, as I ended with my presentation, was that I feel as though many of these construction projects—yes, they're important, but they're being done at a time when everything is crumbling. I've spent my entire life watching teachers buy school supplies with their own money. There are now mandated e-learning classes, which are classes that are completely asynchronous; you don't have a teacher, because there simply aren't enough teachers to teach every course at schools. That's my first major point.

My second major point is the ecological damage done by these construction projects, such as Highway 413 and Ontario Place.

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

Mr. Colton Crosby: As a young person, that really concerns me. I've spent, again, my entire life concerned about the environment. Given the current state of the climate in the world and the fact that we're in a climate crisis that will affect food supplies, I don't see the reasoning behind covering our vital farmland in Ontario with pavement just to build another highway, when there's another highway directly next to it, to save 30 seconds per commute from one side of a city to another. That's just my two cents, as a young person.

Mr. Joel Harden: Just for the record, in my last 10 seconds, I'll note that unfortunately, the province allowed for a \$1-billion writeoff on the 407 when we had an opportunity to leverage that. So we should take the next opportunity we have to do what you propose.

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

Ms. Stephanie Bowman: Thank you, Sally, Colton and Lori, for your insightful presentations based on your personal experience; all three were very impactful.

Colton, I'm going to start with you. First of all, I want to thank you for your comments. Your presentation was full of lots of important issues, ranging from education, health care, affordable housing, the environment, our agricultural land, so there's a lot to unpack there.

You raised a point that's interesting, I think, in particular, for the government to hear: that you're a citizen of Ottawa and you care about Ontario Place. Certainly, we've heard that Ontario Place and the science centre are things that people across the province don't care about.

I'm a member from Toronto, and the science centre is just outside my riding. Many families and children walk there. In fact, that's one of their main methods of getting to the science centre with their schools—to walk, as a class, to the science centre and experience the great learning there. So I've really been active in fighting for it to stay where it is, to certainly get the funding it needs to maintain the level of programming that we want it to have, but also to protect its heritage. It was built by a very famous architect, as you may know—and those things are important to protect for our heritage. So thank you for speaking out about that.

You talked about the greenbelt. The government is planning to pave over paradise, as you said, with a parking lot. I think we've used some of those similar lines in the

Legislature. They're also planning to pave over very valuable farmland, as you said—grade A farmland—if they build the 413. Certainly, the \$8.3-billion greenbelt scandal has deterred them from building on the greenbelt. We hope they will also listen to people like you who are concerned about building over that farmland, paving it over for the 413, because, as you said, the 407 is underutilized.

I would like to ask you a question, in particular, about education, because you're a student. You're in high school. You're 16 years old. You talked about the need for smaller classes, the need for individual education plans, or IEPs, for students to be supported. I know that we've heard from a number of teachers and principals in these hearings, so far, talking about the impact of mental health on students, on teachers—creating some violence in the classrooms because of lack of supports to students. I wonder if you could share a few examples of what you and your fellow classmates and students talk about as it relates to the impacts that the \$1,200 of cuts in funding to students is having on you and your classmates.

Mr. Colton Crosby: I think one of the biggest impacts of the increased class size is that students who have IEPs, such as myself—I have an IEP for OCD—don't receive the level of help that they require in a class size that is significantly larger than it should be.

1140

Another point is that those schools are not built to have 25-plus kids in a small, concrete room that was built for 20; it's too much. And especially in large high schools, the resources are completely underfunded.

I grew up in a smaller elementary school and had two classmates who were disabled—one had epilepsy, and the other had Down syndrome—who spent their entire life there but could simply not go to the same high school the rest of us went to—we were at a feeder school to that high school—because of how lacklustre the resources were for them. So they didn't have the ability to attend with their friends they had spent their entire life with. That was a few years ago, back in grade seven, but it's still the same. For people who don't have IEPs, who are unable to get one but have conditions that would warrant one, such as ADHD—

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

We'll now go to MPP Ghamari.

Ms. Goldie Ghamari: I want to thank all the presenters here today, especially Colton. I think it's very inspiring to see young people getting involved in politics, so good for you on that.

I want to focus on Sally a little bit and talk a little bit about public transit as well, because it definitely is a big issue in my riding of Carleton.

When you mentioned Manotick, an area that I represent, I was surprised because not a lot of people who live in Ottawa even know about Manotick, and that's not even that far out from the downtown core—we're talking about places like Greely, Osgoode, North Gower, Richmond, Ashton, Vernon, Metcalfe.

When it comes to public transit and OC Transpo, in fact, it's funny—there's a bus that goes to Osgoode. I

don't know if you've heard of Osgoode. It's even farther south than Manotick. The bus comes one day a week. It comes on Thursday morning, and usually it's for seniors and people who can't drive, including people with disabilities like yourself—or mobility issues, I should say. They get on the bus, and then it drops them off at Alta Vista, and then from there they can go wherever they need to. In the afternoon, that same bus will go from Alta Vista back to Osgoode. And if you miss that stop, you're stuck for a week, because that's the only route there is.

So I definitely understand your concerns with that. It is a big issue in my riding, Carleton itself, the area that I represent, is geographically larger than the city of Toronto. So it is a challenge. Oftentimes, because there is no public transit out there, unless you drive, you really can't get anywhere. People do have the option of calling Para Transpo, but even then, it takes a while for it to get there, if at all.

You mentioned that the pass you had didn't cover Manotick, and therefore you had to pay extra. Can you delve a little bit deeper into that? My understanding was that a pass would cover the entire city. But you're saying it was separate?

Ms. Sally Thomas: You would think that the pass covers the entire city, but it does not.

Ms. Goldie Ghamari: How long ago was this?

Mr. Stephen Blais: Always.

Ms. Sally Thomas: What I described was about a year and a half ago.

Ms. Goldie Ghamari: Well, the former chair of the transit commission would know for sure. So that's still the case, then, that there's an extra—

Ms. Sally Thomas: As far as I know, unless it changed. Thankfully, my doctor's location has changed, so I'm now back within the urban transit area and I don't have to pay that extra. But she was there for six months, and I had to go a few times to see her for various things, and each way it was \$8.75. I was able to get it covered through ODSP, but I had to get her to sign paperwork, which she thankfully "forgot" to charge me for, because getting a doctor to sign something costs 50 bucks. I wasn't spending 50 bucks to get there, so she just didn't charge me. The ODSP would pay the \$8.75 to go there and back each time that I had to go.

Ms. Goldie Ghamari: That's nice.

Ms. Sally Thomas: But I think that's ridiculous.

Ms. Goldie Ghamari: Our public transit system here in Ottawa has made not just national but international news for various reasons, and it's very frustrating for everyone, myself included, because I'm a big supporter of public transit.

I grew up in Toronto before I moved up here to Ottawa. I remember moving up here to Ottawa for law school. I used to live in Barrhaven at the time, and I specifically recall, when I was taking public transit from my house in Barrhaven to University of Ottawa, that it would take me anywhere from an hour and a half to two hours. In my third year of law school, I finally got frustrated and bought a

car, and that two-hour public transit drive only took me 30 minutes when driving. So it's very frustrating.

We're seeing ridership numbers coming down—and it has still been down to before pre-pandemic. It hasn't even reached the pre-pandemic levels yet, which is impacting the ridership—

Ms. Sally Thomas: Para Transpo has—it's at about 90%.

Ms. Goldie Ghamari: Wow. Well, that's good. But I'm hearing Glen Gower, the current chair, saying that for the majority, it's still at 75%.

I just looked up OC Transpo now, and the recent news is "Man Dies After Being Found on OC Transpo Bus Wednesday." That's making international news as well. It just makes me wonder. It makes me shake my head and say, "What is happening with the city? What is happening with OC Transpo? At what point is the city going to take some accountability and responsibility for this?" It seems like every day there's something new, whether it's the LRT, whether it's someone having a heart attack on the bus and being found in the bus garage—that's how they found him, which is shocking to me—or whether it's issues with Para Transpo or the additional fares.

I want to thank you for coming here today, voicing this and bringing this issue to light, because I think it's so important, and your voice speaks for many in the city.

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

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

Ms. Christine Hogarth: I want to thank everybody for their comments today. It's very important and it's very interesting to hear what everyone has to say about all levels of government.

Sally, my question is for you. Being someone from Toronto—and I also have to thank MPP Harden for his comments about—

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

Ms. Christine Hogarth: —Premier Ford's deal with Toronto, because we're very proud of the work we've done to help out Toronto; Toronto is just one area. You said some positive things about transit, and you said that taxis in Toronto work with Wheel-Trans. Do you have any other positive experiences—or have you heard—about the Toronto transit that could be lessons learned to bring to the Ottawa area?

Ms. Sally Thomas: I know that their window to pick a person up is 15 minutes, as opposed to Para Transpo's half an hour. I can book a bus every five minutes.

Ms. Christine Hogarth: In Toronto?

Ms. Sally Thomas: In Toronto. Not here. Here, it's 15.

Ms. Christine Hogarth: Is there anything else we could share? Because I—

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

I will now go to the opposition. MPP Pasma.

Ms. Chandra Pasma: Thank you so much to the witnesses for being here and for your passionate presentations this morning. Once again, it's interesting how much overlap there is, and some common themes and challenges.

Lori, I want to start with a question for you about the impact on your health of living in poverty, which you

spoke a little bit about with regard to nutrition. My experience, as someone who has been an anti-poverty activist for 20 years, is that there are many impacts on your health of living with financial uncertainty, living with poverty, that would certainly affect someone's disability status, and I'm wondering if you could elaborate on that a little bit.

Ms. Lori Quenneville: I don't think it's just a matter of constant hunger or malnutrition; I think under-supporting affects every aspect of a person's life. Without proper nutrition, you're being affected mentally and you're being affected physically.

Sorry; can you repeat what you'd like me to focus on?

Ms. Chandra Pasma: What are the impacts on your health of living in poverty or living with financial uncertainty for a long time?

1150

Ms. Lori Quenneville: Again, those two things: physical and mental. It's exhausting to be constantly wondering how to make ends meet. And the fact that it affects a person's dependant, as well, is infuriating. The penalization—in speaking to the community, you feel like a criminal. You feel like you're being penalized for being disabled, and it's unacceptable.

Ms. Chandra Pasma: Absolutely. One of the stories that has always stayed with me is, a participant in the basic income pilot who had an autoimmune condition said, 20 years on ODSP and she only ever got sicker—six months on the basic income pilot, and she went into remission because of the autonomy and financial certainty she had in her life for the first time.

You spoke a little bit about some of the costs. I'm wondering if you can speak to some of the benefits that we would see for individuals with disabilities but also for us as a community and as a province if we actually provided a livable income to people with disabilities in the province.

Ms. Lori Quenneville: The day-to-day is spent trying to figure out how to sort things out, trying to figure out how to pay things. There is never enough money. You are always in the hole. You can't get out of a hole when you start off in a hole.

So what would the benefits be? A person could pay their bills. They could pay for their shelter. People with disabilities are still purchasing masking. PPE is expensive.

The instance of fraud is actually 0.052%; that equates to 250 people out of half a million. We are all, as a group and as a community, being held to task for something that we shouldn't be.

People need to be able to contribute to their own household. If they're given money, it has been proven, they are going to spend it on requirements like shelter and food, and they're going to contribute back into society, into the economy. If it's all about the capitalist almighty dollar, give people money and they will come and they will spend. It's not like they're going to go hog-wild and splurge on things that aren't a necessity, because they have been so long without those necessities.

It is exhausting. Physically, it creates pain. Mentally, it creates pain. And as of March of this year, we are going to

be able to death-by-doctor simply because we have mental health issues. It's unacceptable.

Ms. Chandra Pasma: It's completely unacceptable. As you say, it's penny-wise and pound foolish. We know that transfers to low-income people have one of the highest economic multipliers of any government spending. It's criminal that we are leaving people living in poverty—criminal based on the effect on their lives, but also based on the fact that we are paying so much more to keep people poor than we would pay to actually provide people a decent level of support.

Sally, what you said really resonated with me, as well. My older sister had severe disabilities, and I spent many hours sitting with her, waiting for an accessible taxi to arrive, having to do the bookings 48 hours in advance and then still wondering if the transit was going to arrive on time. I've certainly seen the impact that the wait times and uncertainty have for people living with disabilities.

Yesterday, we heard about the vicious cycle, where underfunding means there is less service available, and fare increases mean fewer people ride the bus, which means there's less revenue, which means there are service cuts. We heard that we really need the province to invest to pull us out of that vicious cycle. We've heard a lot of blame placed on the city of Ottawa this morning but no attention paid to the fact that Ottawa isn't getting its fair share of funding in a number of areas and the province could really step in and make a difference for Ottawa transit riders.

Can you talk a little bit about what a difference it would make if the province actually invested in Ottawa transit?

Ms. Sally Thomas: Well, transit is a provincial thing, as well as municipal. The fact that Para Transpo goes into Quebec makes it provincial, in my opinion—I don't know if I'm correct, but in my opinion, that makes it more of a provincial responsibility.

You're stopping people from working. You're stopping people from enjoying their lives. It speaks to the mental health issue.

As I mentioned, I'm also on ODSP, and I also live with a mental illness because of my disability and the struggles that it entails. It's not really a pity party. I do my best.

But, yes, it's a provincial responsibility to help with transit.

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

Ms. Chandra Pasma: Thank you for sharing your story with us.

Colton, a quick question for you—I wish I had twice as much time. The Ottawa-Carleton District School Board is also spending more than \$26 million more on special education than what they're receiving from the province. I don't know which board you're in, but you made reference to students on IEPs not getting the supports they need. Can you elaborate a little on what your experience has been?

Mr. Colton Crosby: My experience has been, luckily, not as bad as I know many others have had with larger schools where their classes are just packed and they don't get the supports that they need because there are too many students to account for. The time of the very limited resource teachers who are inside the schools is so spread out,

they cannot make any significant difference in the lives and education of children with IEPs, in my opinion, because there isn't enough funding, there isn't resources, there isn't enough—

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

I want to say thank you for taking the time to prepare for this meeting and the great job you did in presenting. I'm sure it will be of great assistance as we continue our deliberations towards a great budget for the province of Ontario.

With that, we will now recess until 1 o'clock.

The committee recessed from 1201 to 1301.

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

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

COUNSELLING CONNECT
PROGRESSIVE CONTRACTORS
ASSOCIATION OF CANADA
TCE

The Chair (Mr. Ernie Hardeman): We will now call the first panel. The first panel is Counselling Connect, Ottawa Health Team; Progressive Contractors Association, which will be virtual; and the TCE, which is also virtual. So it's going to be lonely at the table.

With that, the instructions are: You will have seven minutes to make your presentation—and this includes online. At six minutes, I will say, "One minute." At seven minutes, I will say, "Thank you."

We also ask the presenters to identify themselves when starting their presentation, and if anyone else is going to speak secondarily, that they introduce themselves before they answer a question and speak.

With that, we will start with Counselling Connect, Ottawa Health Team.

Ms. Natasha McBrearty: Thank you for having me. My name is Natasha McBrearty. I'm pleased to be here on behalf of Counselling Connect, which is a groundbreaking initiative initiated by the Ottawa Health Team/Équipe Santé Ottawa. This initiative is changing the face of mental health, substance use health, and addictions services in Ottawa and the surrounding region.

I stand before you to recommend that Counselling Connect be granted annualized funding of \$550,000 to meet the growing demands for brief services aimed at

addressing mental health, substance use health and addiction needs in the eastern region.

To provide you with a glimpse of the program, let me share a story that encapsulates the impact of Counselling Connect. Recently, one of our clients, Martha, faced a crisis with her teenage son who was experimenting with drugs and alcohol. He ended up in the emergency room with alcohol poisoning. Recognizing the need for more than just medical treatment, the ER physician handed her a card with a link to Counselling Connect, a single website that connected her to counselling services, both for herself and her son, in their preferred language and modality, all accessible at the time they needed it.

This scenario, like many others, demonstrates the need for a timely intervention without the need for extensive assessments. Research indicates that most people benefit from a brief intervention to address their immediate needs and prevent problems from escalating. Counselling Connect serves this purpose by helping clients mobilize their resources in the moment to work through life challenges. Where some clients may need more intensive services, Counselling Connect has developed pathways with regional access mechanisms like AccessMHA that can help them navigate services. Either way, the client leaves Counselling Connect equipped with a plan to address their immediate situation with service options and hope.

To guide you through Martha's experience with Counselling Connect—she was overwhelmed, and she accessed the site right from the hospital's parking lot. The user-friendly interface guided her to select tailored services, connecting her with a counsellor who spoke her language—in this case, Farsi—and who could offer virtual sessions. Before Martha even left the hospital grounds, she had scheduled an appointment with the counsellor to address her emotional needs and her son's substance use.

I want to highlight three key features of Counselling Connect. Firstly, it revolves around accessibility and client choice. The easy-to-use booking system has expanded since its inception to co-locate brief services from across four health teams, bringing together over a hundred counsellors on one website. It provides a seamless experience for clients looking for services.

Secondly, it caters to people of all ages. Our youngest client was two years old, and our oldest was 97 years old. They can access at different times—lunchtime, evenings—and through different modalities—in person, on the phone, or virtually—with options to direct online, just like you would a massage, or if they don't have access to technology, through 211 or one of the participating community health agencies.

Lastly, the program reduces health inequities, delivering services in multiple languages and services delivered specifically by and for the community, including Indigenous services, services co-developed in partnership with the Ottawa Black Mental Health Coalition for the African, Caribbean and Black community, and the 2SLGBTQ community, ensuring cultural responsiveness and safety.

From an administrative perspective, Counselling Connect has successfully reorganized existing commun-

ity-based resources to provide client-centred care while reducing cost through a shared infrastructure. The site not only streamlines referral processes, but it diverts clients from emergency services and other costly health care services, preventing issues from escalating or offering an option while they wait for longer-term services.

According to our client surveys, we know that one third of people who use Counselling Connect would have accessed services through their GP, and 7% would have gone to an emergency room had it not been for Counselling Connect. At \$142 per intervention, this program delivers high value.

With a strong evaluation focus, Counselling Connect measures outcomes across various indicators, ensuring accountability and effectiveness, and it allows the sector to monitor, demand and adjust resources in real time based on demand.

Currently, over 50% of Counselling Connect's resources come from existing community capacity. That has been supplemented by one-time funding by Ontario Health, the United Way, the Ontario Trillium Foundation and the Ottawa Community Foundation. But without additional funding, the site faces the prospect of reducing the number of counselling sessions available, which will impact primarily children, youth and equity-deserving groups. Longer wait times could result in more costly interventions in the long run.

To conclude, Counselling Connect, as a proven Ontario health team innovation operating successfully for over three years, requests \$550,000 in annualized funding. We believe that this funding is indispensable in ensuring that individuals across the eastern region have access to brief, culturally responsive counselling services when they need them. It's an investment in adjusting immediate needs, prioritizing client choice, preventing escalation, and diverting individuals from emergency services or other costly health care options.

I want to thank you for your time—

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

Ms. Natasha McBrearty:—and consideration and for your commitment to the mental health and well-being of our community.

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

The next presenter will be Progressive Contractors Association. This will be virtual.

Ms. Karen Renkema: Members of the committee and fellow presenters, thank you for indulging us at this time today to talk a little bit about PCA and some of our recommendations for the upcoming budget. With me—I'll introduce him so we don't take too much time, and he can introduce himself again—is Stephen Hamilton, our director of public affairs for Ontario. My name is Karen Renkema, and I am the vice-president of PCA for Ontario.

PCA is a national association of leading construction companies that employ 40,000 unionized skilled workers across the country—workers who are primarily members of the CLAC labour union. Our membership is comprised of small, medium and large general contractors and

subcontractors involved in many types of construction across the province, including hospitals, mining, water and waste water, roads, bridges, schools, housing and long-term-care facilities, to name a few. More significantly, our contractor members have worked hand in hand with our union, CLAC, through Skills Development Fund investments to provide innovative training to our existing workforce, as well as entry-level training to attract the workforce of the future.

I'd like to share some recent examples of our collaborative partnership, focusing on supporting our next generation of skilled trades professionals:

(1) CLAC's entry-level boot camp, in partnership with PCA and the support of the Skills Development Fund. Some 141 individuals have participated in this program in the past year and a half to two years, with a 14-person fellowship of justice-impacted-individual participants scheduled to complete or having completed this program.

(2) The initial development of the supervisor micro-certification program through the Skills Development Fund, which focuses on safety, culture, leadership, teamwork and communication skills. Some 651 unique participants have participated in this training program since its introduction in late 2021.

(3) The apprenticeship group sponsor program. We focus on supporting small to medium-sized employers across the province, providing them support in understanding how to support and mentor apprentices through their journey, as well as providing administrative support to small and medium-sized employers. This was launched less than a year ago, and this program has already supported 22 employers and 40 apprentices across the province.

Now I'd like to turn to items that further Ontario's economic success in relationship to key policy changes that could impact the provincial budget: accessibility to workforce and contractors to bid on public construction work.

The following is of no surprise to the members of this committee: The provincial government will be spending historic amounts of money on infrastructure. Meanwhile, it is estimated over 82,000 people will retire in our sector. This, coupled with increases in labour demand, means that the industry will need to recruit over 120,000 construction workers over the next decade. While this presents phenomenal employment opportunities in construction, it also means that we all need to ensure that we have a workforce capable of doing the work. That means we need to encourage as many qualified contractors and their workers to be able to do the work.

The government should be commended on their strong action on closing the regulatory-barrier-focused Ontario College of Trades, introducing a new entity with a laser focus on increasing and supporting the skilled trades, Skilled Trades Ontario, as well as lowering the apprenticeship ratio to 1-to-1 and establishing the results-focused Skills Development Fund that I mentioned before. This government has also provided municipalities and public entities with the ability to reach more qualified contractors and workers through open and competitive procurement.

The government has also done an excellent job in promoting skilled trades as a first-choice career path.

However, more can be done. As it relates to procurement issues and ensuring that we have ample labour supply and contractors to bid on all projected construction work in the province, today I want to focus on two concerns. The first is ending restrictive project labour agreements. A project labour agreement, or PLA, is an agreement between the owner of a construction project and selected unions that essentially guarantees a monopoly of the labour supply will come from the building trades unions. While these types of arrangements have occurred infrequently in the past in the Sarnia region between private owners and unions, the Ottawa Hospital signed a PLA for the \$2.8-billion expansion of their Civic campus. This is the first time in the province's history that such an important piece of provincially funded infrastructure has been under a PLA. This means that all local taxpaying, non-union and CLAC workers are unable to work on this project. No part of this arrangement is equitable or fair for all workers. The costs associated with this arrangement have been estimated by the Montreal Economic Institute to be in excess of \$250 million, costing the province.

1310

Secondly, PCA continues to urge the provincial government to mandate that Toronto be able to open competition for their procurement process. The city of Toronto remains the only municipality in Ontario that has maintained restrictive bidding, where only building-trade-union-affiliated companies can bid on institutional construction work like building new fire stations, community centres and libraries.

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

Ms. Karen Renkema: The urgency around this matter is compounded by the extreme budget pressures that the city is facing, which is prompting the city to propose a double-digit property tax hike this year. This could be solved by fair and open tendering.

And finally, quickly, on the issue of workforce development, we believe that we need an all-hands-on-deck approach to training. Our apprenticeship system remains a 1970s model of training that needs to be modernized. While the government has funded innovative training through the Skills Development Fund, the basics around the apprenticeship system have not been re-examined in a comprehensive way in at least the past 20 years. We would welcome a broad-based consultation on ways to improve the system, including increasing training delivery agent providers as well as suggesting stackable and modular training options.

Thank you for your time. Stephen and I would welcome any questions from the committee.

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

We now will move on to the presentation from TCE.

Mr. Christopher Wilson: My name is Christopher Wilson. I'm from TCE, Total Communication Environment. I stand before you today not just as an advocate but as a brother of Jamie, a cherished member of the TCE community.

TCE was founded in 1979 by my parents, Christine and Murray Wilson, who were driven by a passion to create a supportive space for individuals living with intellectual disabilities and specialized communication needs. At the time, my mother was an instructor for sign language and she was introduced to a young boy—Jamie—who had jumped around from foster home to foster home, wasn't toilet-trained, was mostly immobile and had no way of communicating his basic needs. My mom was asked if she would help him learn some basic signs and, with my mother's generous heart, she worked with Jamie and still to this day Jamie is able to sign basic things like coffee or chicken or camping, some of his favourite things.

When my parents' family started to grow and they realized that caring for Jamie was a monumental task, they looked for places for him to live and for services. At the time the only real services in the province were institutions, where my parents didn't feel that Jamie could live a meaningful life. That's the reason they founded TCE all those years ago. Jamie is still living at a TCE home, and he is living a very meaningful and happy life.

I've had the chance to travel extensively in my lifetime, and I always find it interesting in countries with a lower socio-economic status that a lot of people with intellectual disabilities are swept under the rug and forgotten about, and they're not afforded the opportunity to live meaningful lives. It makes you very proud here in Canada and in Ontario that individuals with intellectual disabilities are able to live meaningful lives. However, without increased funding, that will be jeopardized. That's why I'm here to speak with you today.

TCE continues to provide crucial services to over 35 individuals and their families in Ottawa.

My parents believed that every person has the right to live in and be part of their community. They were advocates and trailblazers.

I've sat on the TCE board for the last six years, and I sit on the family support network at TCE.

I'm here today to shed light on the challenges that TCE, along with other numerous developmental sector agencies, is currently facing.

Despite the unwavering dedication of our staff and the invaluable services provided to our community, the rising costs of living have put TCE at risk of not meeting the demands essential to our mission. When my mother passed away four years ago, I became power of attorney for my brother, and I rest easy at night knowing he is well taken care of at TCE. However, that's becoming more and more stressful as the funds don't continue to come in and meet the requirements of the organization.

The heart of the matter lies in the need for sustainable funding. TCE, along with organizations across Ontario, is grappling with the harsh reality that, without adequate support, we are forced to make difficult decisions—decisions that could compromise the very services that our loved ones depend on. This includes having to cut services, reduce staff to part-time and risk them leaving the sector, an inability to support families who have been

waiting years for services on provincial wait-lists, and even, potentially, unfortunately, close homes.

I am bringing my voice to the issue alongside a group of advocates composed of individuals with intellectual disabilities, their families and allies as we come together to implore the provincial government for immediate action. There's a campaign asking for a minimum of a 5% increase in base funding for developmental services agencies like TCE. This increase is not just a number; it represents the lifeline that prevents agencies from cutting services, operating less frequently or, worse, ceasing operations altogether. The demand for a 5% increase in Passport funding and Special Services at Home is equally crucial.

My own personal experience is that my brother Jamie, using his Passport funding, gets to enjoy the things that he loves in life, like camping, which I was mentioning earlier.

Without these adjustments, the 100,000 people with intellectual disabilities in Ontario, including my brother Jamie, and their families face uncertain and challenging circumstances. The urgency of our plea cannot be overstated. We need the provincial government to recognize the critical role that developmental services agencies play in our communities. The ripple effect of not addressing this issue would extend far beyond just the agencies. It would directly impact the lives of those who rely on these services.

So I ask you, on behalf of my brother and every individual at TCE and beyond, to please act on our call for an immediate 5% increase in funding for developmental services agencies. This is not just a financial investment. It's an investment in the well-being, dignity and quality of life for individuals with intellectual disabilities and their families. We need #5ToSurvive now.

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

We'll now start the rounds of questioning. We will start with the government side. MPP MacLeod.

Ms. Lisa MacLeod: It's great to be here. Karen and Chris, I really appreciated your two separate presentations here. On behalf of the Progressive Contractors Association—Karen, it was great to see you. And Christopher, it was wonderful of you to be here, to provide us with what living with dignity really does mean for people with special exceptionalities, and I want to say thank you. Also, I was delighted to hear about your parents and the legacy that they have.

I will be turning my time, though, to Natasha, who's got a uniquely Ottawa proposal here today. Of course, being the longest-serving member from the city of Ottawa, I'm very proud of the work that we've done in many of our different areas, whether that's building the economy, building houses, but also building capacity in mental health. I was really quite taken with your presentation.

When my daughter, Victoria, was just born, we would use the Pinecrest-Queensway quite a bit for the Mommy and Me time for the babies, so I'm quite familiar with what you're doing.

I had the opportunity to work on the suicide prevention plan for the city of Ottawa many years ago at the regional opioid centre at the Royal Ottawa, and, of course, I've been a mental health advocate.

I want to talk to you a little bit about this program. So \$550,000 seems like a lot to someone like you, but to many of us around this table, when you're dealing with hundreds of millions of dollars and billions of dollars, it's really not. Can you tell us a little bit about what that annualized funding will do and what it would replace in terms of the contributions that you're getting from some of your partners?

1320

Ms. Natasha McBrearty: That's a great question.

Essentially, it maximizes the existing resources. It is an innovation from the Ottawa Health Team, but we've grown to cover most of the eastern region across four health teams, so we're really talking not only about Ottawa, but rural areas as well. All of our agencies—I work at Crossroads Children's Mental Health Centre, in partnership with Pinecrest—have small pockets of funding for brief services, so what Counselling Connect has allowed us to do is to pool all of those resources on one single website which then maximizes what we can collectively offer. When we did this and we paired that up with a comprehensive evaluation plan, we saw that demand—especially over COVID and the convoy and different events—really outstretched what we were able to deliver, and so we were lucky to get one-time funding from the province and from different funders to bolster that capacity to meet demand.

But now, we've sort of hit a steady state. We're continuing to see approximately 700 clients per month, with different peaks and valleys, and what we'd like to do is make sure that we continue to sustain our capacity so that we can respond quickly. More than 90% of people get an appointment within the week that they go to book the appointment, which is a far cry from most mental health services. It really allows us to address the problem in the heat of the moment to prevent any further escalation. So it's essentially like offering an EAP for the province that's accessible to everyone.

Ms. Lisa MacLeod: This is a constituency office dream, because I can tell you, trying to get into Crossroads over the years—my staff have been working with yours, and it has been incredible, so I think that's amazing.

So the \$500,000 would continue to sustain the 700 people? I'm seeing you nodding your head yes. That's absolutely incredible.

If we were able to get that \$500,000, do you guys start talking a little bit more about diagnostics and how to provide that type of service before just getting into therapy?

Ms. Natasha McBrearty: The value of Counselling Connect is that it is transdiagnostic. We do have navigation sites, and the province has really invested in these navigation and access sites, but what we're finding is that people need to go through a thorough assessment, multiple appointments, multiple times telling their story before they get connected directly with a counsellor.

So the value of Counselling Connect is that in that moment, you are connected directly with a counsellor who can help you address your need in one to three sessions. Actually, research shows that for 70% of people—we found above that in our own outcome evaluation, but research shows 70% of people will have their issue resolved in that brief intervention.

There are always going to be people who need more, and this is where we have established pathways with AccessMHA, which is our local coordinated access mechanism that can match people to the service they need if more intensive services are needed. But while they're waiting for that service, Counselling Connect offers, again, a safety net where they can access services to meet their immediate concerns.

Ms. Lisa MacLeod: This is really, really amazing work that you're doing.

You're getting one-time funding from Ontario Health. The one-time funding is also from the United Way and Ontario Trillium Foundation. Are you asking for this one-time annual funding of \$550,000 to replace the United Way and OTF funding, as well?

Ms. Natasha McBrearty: Essentially, we've gotten little pockets—well, not little; very important pockets—of funding that have helped sustain us until now. We started in 2020. That funding is exhausted. It's also hard to maintain our staff with contracts, and so the annualized funding would allow us to add capacity to the site and create permanent employment.

Ms. Lisa MacLeod: This is really incredible.

How are you working with the local hospitals, whether it's Roberts Smart Centre—sorry; that's not really a hospital, but you understand where I'm coming from—or CHEO? Are you interfacing with them, as well as the regional hospitals?

Ms. Natasha McBrearty: Yes. There are over 30 community-based organizations that are collectively working on Counselling Connect, including hospitals in the Renfrew region, CHEO, as you mentioned—

Ms. Lisa MacLeod: You said the magic word for the guy next door.

Ms. Natasha McBrearty: Perfect. And 1Call1Click is the access mechanism at CHEO, so we have a direct linkage with the Royal and AccessMHA. So everyone is working together—and this isn't to replace navigation services; this is really working in complementarity to offer something now as people access what we know is a complex mental health system.

Ms. Lisa MacLeod: Is this happening anywhere else in Ontario?

Ms. Natasha McBrearty: Not that I know of, no.

Ms. Lisa MacLeod: Is this happening anywhere else?

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

Ms. Natasha McBrearty: It is highly replicable—

Ms. Lisa MacLeod: It's wonderful. It's a great story for the city of Ottawa. I'm very proud of you.

I'm just wondering, in terms of the 700 students you have—and you've got a pretty good breakdown of their demographics: Do you have a sense of where the need is

greatest, in terms of the city and then in the rural parts of eastern Ontario?

Ms. Natasha McBrearty: One of the things that really surprised us but that is really what this initiative set out to do—43% of our clients identified from equity-deserving groups. We know, because we've partnered so closely with the Ottawa Black Mental Health Coalition, with Wabano here in Ottawa, with Centretown and their 2SLGBTQ services, that these services, by and for the community, already have the trust of the community.

The other thing we've heard is that sometimes, for people who have a mistrust of services, this is a nice way for them to dip their toe into services, try it out, test it out and make sure it's safe.

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

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

Ms. Chandra Pasma: Natasha, if you want to finish that answer, please go ahead.

Ms. Natasha McBrearty: I think I've lost my train of thought—but thank you.

Ms. Chandra Pasma: Thank you to all of the witnesses who are appearing this afternoon. We certainly appreciate you taking the time.

I also want to express my strong support and admiration for Counselling Connect. Many of the partner organizations from across the city—Pincrest-Queensway Community Health Centre in my riding, Jewish Family Services—have been key partners in creating and running this program. I'm immensely proud and grateful for the work that you're doing. My colleague MPP Harden and I were very happy to send a letter to the Minister of Mental Health asking for the province's continued support, because this is a model that we should be adopting across the province and that we should definitely be supporting here in Ottawa.

You've spoken about the savings for the broader health care sector in terms of hospitals and general practitioners, but what's the impact you see on services for partner organizations, like Pincrest-Queensway or the Wabano Centre?

Ms. Natasha McBrearty: Well, what's really innovative, I think, is our evaluation framework. We're able to see where the demand exists and then tailor services to meet that demand.

There's an example—actually, again in Renfrew—where their walk-in clinic was going to close, and we were able to bolster those services, because we knew there was a need for virtual services in that rural area, to make sure that they still had that coverage.

I would say that's how we've negotiated this since the start, almost on the daily—looking at where the demand is, and then matching resources to make sure that we can cover the areas where it's needed.

Ms. Chandra Pasma: Right, which makes it an incredibly responsive program. If something happens in one part of the city or to a certain demographic or age level, you're able to respond.

Many of my constituents—and I'm also the education critic, so I see this a lot for children—are on incredibly

long wait-lists for mental health care. The timeliness of the access to care is so important as part of this model.

Christopher, I want to thank you so much for sharing your personal story, which was very impactful. I also had a sister with severe disabilities, and so I definitely saw many of the challenges in the province of Ontario in providing sufficient and adequate support for people, and especially the challenges once you're no longer to accommodate somebody with disabilities at home.

I'm wondering if you can talk to us a little bit more about the needs in Ontario. Do you know when the last time this sector received an increase in funding was?

Mr. Christopher Wilson: Thank you very much for your question, MPP Pasma—and MPP MacLeod as well, for your recognition.

I'll be completely honest: I am a family member, and I don't have that information. We're not a day-to-day operational board. I'm more here as an advocate on behalf of the family, as opposed to—I am obviously advocating for the organization as well, but I don't have the day-to-day information in front of me, and I apologize for that.

Ms. Chandra Pasma: No, that's fair enough.

Can you tell us a bit more, then? What would be the impact on someone like your brother if there isn't an increase in funding and these services are in jeopardy?

Mr. Christopher Wilson: Thank you for that question. I do have an answer for this one.

1330

As a board member, we were recently faced with the very difficult decision to—we didn't end up closing a home, but we made the decision to close a home if we didn't get our one-time top-up payment for the fiscal year.

For somebody like my brother Jamie, who has an intellectual disability, to then have to change where he's lived for over 20 years would be devastating for him. He's very high-needs, and he has his same routine every day and has his house set up in a way that supports his needs—and it's everything that TCE has done with the eye of person-centred. His needs are always at the forefront, and everything that we do is to ensure that his needs are taken care of. So to upend him like that, to have to close a home and to move him into a home where his needs might not be met would be very devastating for him. He's very immobile, so he needs a place that's accessible. As I mentioned earlier, he's deaf, so he has communication needs. All the staff members at the home where he lives have some ASL, American Sign Language, so that they can communicate with him. When he mentions something like coffee, they know that sign, and they're able to provide that for him. He also had, unfortunately, some very severe medical issues in the past year and has been hospitalized many times so his bed is set up in a way—he needs a catheter at all times—that is meeting those health needs as well.

It was a very difficult decision on our part, but we couldn't take the risk if we didn't get that funding to continue to operate and eat into the money that really wasn't there. And to close a home would be devastating

for not just Jamie but our 75 individuals we provide care for.

You mentioned wait-lists for mental health. I'm a teacher. This Counselling Connect sounds like a fantastic program because that wait-list for mental health is very long for the developmental services sector as well, and there are parents at home taking care of their loved ones who are getting to a point where they're going to need staff support.

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

Ms. Chandra Pasma: From what I understand from OASIS, there's a wait-list of pursuable supportive housing of approximately 1,200 people in the province of Ontario.

The one thing I will say, compared to the experience of my sister who had physical and mental disabilities but could communicate—she could be placed in a long-term-care facility when there was no other place that could provide care for her physical needs, but for someone like your brother, there are very few places that can actually provide care because of the challenges of communication. There are not many organizations like TCE that I know of that provide care for people with disabilities and address the specific communication challenges of someone like your brother.

Mr. Christopher Wilson: Yes, exactly. That was the heart of my mother's goal, basically, for TCE, so thank you for mentioning that.

Ms. Chandra Pasma: Thank you very much for sharing your story with us today.

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

Ms. Stephanie Bowman: Thank you to all the presenters for taking time to speak with us today.

Karen, I would like to start with you. Thank you for your presentation and talking about the need for workers in skilled trades. Certainly, we know with our aging population here in Canada, demographics, lower birth rate etc. that immigration will continue to be a big need for getting those skilled workers.

I wonder if you could talk a little bit more about the 10-year challenge you referred to, around needing to recruit 120,000 workers over the next decade—the competing needs around, or the Catch-22, I should say, of people talking about how we need workers, we need housing, we need to bring those workers in, but when they get here, there isn't sufficient housing. Could you talk a little bit about that and how you see the challenge with bringing in skilled workers from other countries—how that will play into that 120,000 over the next decade?

Ms. Karen Renkema: I'm going to defer this to Stephen.

Mr. Stephen Hamilton: I'm Stephen Hamilton, the director of public affairs at PCA.

Immigration is one solution. Obviously, we want to grow our domestic work force as well. We want to train young Ontarians to go into the trades because it is a lucrative career path. So I think on the immigration side, the province should be congratulated. They have done a lot of work on the Ontario nominee program, which is kind of the one provincial stream that they do have control over for immigration. Certainly, we're working for them on

that, to bring in skilled trades workers from across the globe. Skilled Trades Ontario has a role in the accreditation process on that. When you bring a worker in from Europe, Asia or wherever, it's important that they're not just in Canada waiting for that accreditation, sitting idly while they want to work. Again, the government has done the right things on the legislative pathway, so there are tight timelines that Skilled Trades Ontario has to meet in order to do that accreditation. It's still early days in terms of Skilled Trades Ontario to do that work, but that's the immigration pathway.

Obviously, domestically, the education process and the apprenticeship process—that's a whole other, very complicated, network of challenges. Karen kind of highlighted one, and I'll focus on that.

Right now, if you want to do an apprenticeship, there is the in-class component and then there is the in-the-field component. The in-the-field component—on the tools, as we like to say—is kind of the most important part. That's what 80% of your apprenticeship is—on the tools.

The in-class component, in a lot of cases, the only training delivery agent, which usually is a community college, but not always—sometimes, it's a union training centre. In some cases, there is only one in the entire province. So take sprinkler fitters, for example—you're in a room with sprinklers above you. The people who did that work were only trained—they legally can only be trained in one training centre located in Markham, Ontario. Again, this is problematic just from an equity standpoint—bringing people in the trades.

We need to think of ways to make it easier for apprentices and young people to go through the system.

Right now, if there are only one or two facilities or places to train in a province as large as Ontario, that's certainly problematic—

Ms. Stephanie Bowman: Thank you so much.

Just because I have a minute left, I want to turn to Natasha for a moment.

Natasha, thank you again for your presentation and talking about the great work that you're doing. It's interesting; we hear across the province during these hearings about challenges in mental health and, whether that's from COVID or other crises you talked about—the opioid addiction and other things—we know that it's a big problem. It's nice to hear a positive story here—acknowledging that you're saying it needs more money to help with that. So I certainly support that.

Again, you're leveraging technology. You're leveraging some shared resources across the four different health units.

Could you talk a little bit about—

The Chair (Mr. Ernie Hardeman): Thank you very much. You'll have to save that answer for the next round.

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

Mr. Andrew Dowie: I want to thank all the presenters for being here.

My question is for the Progressive Contractors Association. I should say I was very intrigued by some of the comments that you made about not only our government

but governments across the country doing their best to invest in training, invest in infrastructure and get our economy going. To learn that real workers are being excluded from the opportunity to benefit from some of the economic output of those investments, I would say it gives me some grave concern. I'm wondering if you could elaborate a bit further as to what the history is of this, what the legislative situation is that is leading to this, and really what the consequence might be for organizations and unions like CLAC and some of the other non-union workers out there.

Ms. Karen Renkema: I appreciate the question. I will turn it over to Stephen first, then I'll fill in the blank if needed.

Mr. Stephen Hamilton: The Ottawa Hospital specifically did that through a mechanism called project labour agreements, which is embedded in the Labour Relations Act.

1340
Basically, the Ottawa Hospital acts as the owner for this \$2.8-billion expansion. Before it went to IO, Infrastructure Ontario, which does the procurement tender and issues the contracts and that sort of thing, the Ottawa Hospital is in control of the early stages of the construction, and in this case, that includes creating something called the project labour agreement, which is an agreement between the western Quebec and eastern Ontario building trades unions. The only unions that can participate in that are unions with a provincial collective agreement.

Because CLAC doesn't have a provincial collective agreement—the agreements are between the employer, the specific construction company and the union—they cannot participate. The reason the Ottawa Hospital did this is because they're leveraging this arrangement to seek out donations from the unions on an annual basis, and this is embedded in the project labour agreement itself for the hospital. What's effectively happening here is that through these higher infrastructure costs—which are implied as part of this, because you're limiting a significant component of contractors locally that can bid—the Ontario government will be essentially cross-subsidizing the project because of this arrangement. It's damaging, obviously, just from a competition standpoint, and from a fairness standpoint, as well. As Karen also noted, there has been no project labour agreement like this that excludes non-union, alternative unions, CLAC etc. with successive governments going back 20 or 30 years.

What's happening with the Ottawa Hospital truly is unprecedented from a number of standpoints. Maybe we're too late to stop this one, but we do not want to see, with the future hospital build-outs, with the future infrastructure build-out of the province, this type of thing being replicated.

Mr. Andrew Dowie: Thank you for that.

Chair, how much time is left?

The Chair (Mr. Ernie Hardeman): You have 3.5 minutes.

Mr. Andrew Dowie: I'll pass the microphone to MPP Hogarth.

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

Ms. Christine Hogarth: I've got above a minute, so I'm lucky this time.

I thank all the presenters for being here today.

I want to concentrate my questions on the Progressive Contractors Association.

Yesterday, I had the opportunity to spend some time with our Minister of Labour, David Piccini, at an organization in my riding called Building Up. It's an organization that's a not-for-profit that helps young people who may have had a different life than others learn the skills that are necessary. Yesterday, I was able to help frame a wall and learn a little bit of how to drywall. I actually used the electric saw myself, which I was pretty proud of—

Ms. Lisa MacLeod: None of us are moving into that house.

Ms. Christine Hogarth: Yes, no one is going to move into that house. It was inside a building.

I was really impressed with the opportunity that we're giving young people. You see more investments in the skilled trades in our province. Our government, under the leadership of Doug Ford, Monte McNaughton and now David Piccini, wants to make sure that there are more skilled trades—and I think you mentioned a deficit all across the province, not just in my community in Toronto, but also the Ottawa area, to find more people in the skilled trades to do the jobs.

When you bring in people, they also need housing, and that's sometimes a reason why people don't move to Ontario. Actually, there's a housing crisis across Canada. And then you see councils having double-digit property taxes—in my community, it's looking at possibly a 17% property tax increase if the feds don't come to the table. And sometimes people are renters.

Do you think a double-digit property tax has any impact on the cost of renting?

Mr. Stephen Hamilton: I do, obviously.

The affordability crisis is manifesting itself in a number of ways which a lot of people don't anticipate. Just in terms of getting international labour, all of a sudden Canada isn't the place it once was in terms of attracting people, because of the high cost of living.

When you have things like a double-digit increase in the city of Toronto—and the city of Toronto has unique needs, so I'm not going to diminish the challenges the mayor has there. But I think when you have what we see as simple solutions, like opening up the procurement system, like every other municipality—we think this is kind of low-hanging fruit for the city of Toronto to realize some cost savings in their capital budget, which is absolutely a massive capital budget for obvious reasons. We think they should be taking advantage of that. Unfortunately, they haven't to date, but with the real—

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

Mr. Stephen Hamilton: —strain on the cost of living, a double-digit property tax increase will hopefully make them have a second look.

Ms. Christine Hogarth: I appreciate those comments.

Sometimes, when you're a renter, you don't realize that property taxes will have an effect on you because you're not really paying that directly, but indirectly, your landlord is, so we just want to make sure that message gets across to our renters. If you could share that message to anybody

in Toronto, I would certainly appreciate it, because many of us can't afford a double-digit property tax increase.

I want to thank everyone for being here. It has been an amazing opportunity to hear your stories.

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

Mr. Joel Harden: Thank you to all the presenters who came this afternoon.

Natasha, I want to start with you. I will try to frame it, in a way, as an Ottawa-based politician—a lot of us around the table here are. Sometimes I think the reason why Ottawa can lead with proposals like yours is that we really are a big small town. It is a huge geographic area that includes rural, suburban and urban, but we're of a size that a lot of us run into each other constantly. The fact of the matter remains, there's a lot of collaboration. Of course, there's always going to be competition between people who work in similar fields, but I find less of that here than in other places where I've lived.

You mentioned 1Call1Click. That's another example. I'm not familiar with any other case in the province of Ontario. Only the province of Alberta, actually, has a system-navigated system where a parent can call for their child in distress and have a navigator right through the system at a moment when they need help the most.

You mentioned that really powerful story of the person from the parking lot after their child was admitted for alcohol poisoning. I wonder if you have any other anecdotes you can share with this committee—because really, as you said, that's when people need that help. They need help across different languages, across different cultural capacities, across different parts of this city. Any more you can offer for Hansard for us as we make this case to the government would be helpful.

Ms. Natasha McBrearty: There are so many. I can draw from my own experience, because I work with children under 12 at the Crossroads Children's Mental Health Centre. As was mentioned, we have, unfortunately, extensive wait-lists for our more intensive services. But we have so many kiddoes who present, and through one to three sessions, we can really address so much that's going on and sometimes interrupt what's happening.

We see a lot of children coming in with anxiety, for example—not being able to fall asleep at night, dreading school or avoiding school. Because we're able to involve the whole family in the intervention, we are not only talking with the little one but also empowering parents, helping them with whatever might be going on for them.

I think what's really vital in Counselling Connect is the all-ages approach. With children, their mental health is really interconnected with their parents' mental health. So if we find that parents are struggling, it's so easy to then just reach out to our partners at JFS family services, for example, or Family Services Ottawa and create that pathway for them to be able to access support. That's something we weren't able to do in the past. People had to go to multiple doors and fill out different intakes and referrals. We've eliminated all of that. It's as simple as going to one door; it's the right door, and we'll help you

figure out what that needs to look like for you to meet your individual need.

Mr. Joel Harden: I guess what I want to do is assume that you've made a powerful case today, and we can work with all members of this committee to make the case to the government to continue with this annualized funding. I want you to reflect, for the next bit of time, on what this could grow to.

We had the benefit, in Ottawa Centre, of having a youth mental health round table. One of the people who came was someone you know, Dr. Shari Mayman, from Anchor Psychological Services. One of the things she asked us to do before we hosted that was to not just bring the service providers into the room, with your network and 1Call1Click; she asked us to bring martial arts coaches, people who direct artistic schools in the city, high school teachers, people who had outdoor ed programs—because everyone needs what she called mental health first aid. If we can reach someone in crisis, in that moment they're in crisis, they're not going to present to the ER with alcohol poisoning.

Have you had discussions, in Counselling Connect, of where you'd like to grow—doing advocacy in schools, perhaps, or community centres or cultural organizations—to pursue that bigger objective of mental health first aid so we're not always dealing with people in crisis?

Ms. Natasha McBrearty: We haven't necessarily had those conversations to date. I think that what Counselling Connect does—we're the glue that brings all of these different services from various agencies together. Our role has really been about amplifying what's already out there and then looking at where there are gaps and filling in those gaps.

A good example is, we shared, collectively, the cost of a communicator, which none of our organizations could do on our own. Because of that, you'll see our ads popping up on Google, and people tell us, "This is how I found you. I didn't know where to go, and now I know where to go." None of us could have done this on our own.

So it's really about how you bring all of these pockets of resources that the province is funding together in a way that we can maximize what we're able to deliver on our own.

1350

Mr. Joel Harden: Amazing.

Chair, where am I at?

The Chair (Mr. Ernie Hardeman): You have 2.4 minutes.

Mr. Joel Harden: I want to transition, Christopher, to the TCE story. I agree with what my colleagues have said; it's a powerful story.

You talked about how this was something that is a project of the heart for you and for your family. But what connection do you have, through TCE, to other families? And is there a discrepancy between the resources you've been able to get versus how you'd like to see this kind of advocacy grow? What could the province do, beyond the 5% case that you've made very powerfully, to grow these more personal networks that are very family-suited? It would seem that a lot of the advocacy begins there. So how does that get supported right across Ontario?

Mr. Christopher Wilson: We have what's called at TCE the family support network, which is family members of residents at TCE who get together on a monthly basis and support each other. I'll be honest: This is something that is not easy. Sometimes it's a challenge with a lot of hard work. It's tough navigating the system sometimes, so we come together and we support each other. It's something that started with my parents years ago. They'd get together and they'd wrap Christmas presents and bring them to the homes and support the staff that way, but nowadays it has evolved into trying to, as I mentioned, navigate the system. I mentioned the Passport funding which, for those who don't know, is individualized funding that is for individuals with intellectual disabilities to use—

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

Mr. Christopher Wilson: —for things like, as I mentioned, my brother going camping.

It's tough navigating the system, especially because as our residents age, their parents are aging as well, and so they don't know exactly how to access those funds. So we get together and we help family members go through the process of accessing those funds. That's something we'd love to expand so that all family members who have loved ones with intellectual disabilities could access those funds, because oftentimes when they're not used, it just disappears, and their family members don't get the benefit of living a meaningful life and doing the things that they love to do.

Thank you for that question.

Mr. Joel Harden: Thank you for taking time from teaching in public education to make the case, as a family member, that this needs to be a priority. We deeply appreciate that today.

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

Ms. Stephanie Bowman: I'll come back to Natasha to finish my last question, which was basically—you talked about how you're leveraging technology, you're working together with other partners. Could you talk about the opportunity to amplify that work even more broadly across the province? Are you talking with your fellow similar institutions and organizations across the province to think about how this could be amplified even further?

Ms. Natasha McBrearty: The program was replicated in Calgary, and they've done a great job of building it out with support through our initial launch. We have talked with other child and youth mental health organizations and, yes, other organizations, for sure. It's something that we really value the community-based nature of, so I don't think it's something that we would just scale up without consulting. It's really about bringing together resources that are already working in partnership and then, through technology—we use a platform called CareDove, and it seamlessly links people together and allows them to share their resources in a way that wasn't possible before these technological advances.

Ms. Stephanie Bowman: My next question will be for both of you.

I've heard during these rounds of consultations, and you two both have talked about navigating the system and

being the glue—or being a connector, Natasha, in your case. In some of the other hearings, we’ve heard about the not-for-profit sector having to navigate 16 different ministries, and that groups, maybe more like TCE, are having to work across different ministries to access funding or try to, again, access grants and other things.

I want to give you an opportunity to talk a little bit about how you think things could be streamlined for your own organization and others that you may be familiar with, to reduce the red tape that not-for-profits and other organizations outside of businesses need to navigate.

Christopher, I’ll start with you.

Mr. Christopher Wilson: Thanks for the question. Of course, when our employees and our family members are spending the majority of their time navigating the system, it doesn’t provide them the opportunity to provide the care for our loved ones. So that’s a great question.

Again, I’m not involved with the day-to-day operations of TCE, so I can’t answer the specifics of this, but it’s definitely something that could value our family members, if it was addressed. We have an aging family population, and technology is sometimes a struggle for them. Finding ways to make things more accessible for them would give them peace of mind and would ensure that their family members are living the most meaningful lives possible and are contributing members of their houses where they live.

Ms. Stephanie Bowman: Natasha?

Ms. Natasha McBrearty: I would say that we need prevention-oriented services rather than waiting until people get to a place where they need intensive services and have to navigate a complex system. These are the kinds of solutions where it doesn’t matter if my house isn’t on fire—I can call any time I think I need some support and get counselling when I need it.

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

Ms. Natasha McBrearty: I don’t have to wait until it escalates or moves into something else. And then from that point—that idea of no door is the wrong door—they can help you navigate services according to the individual need that you present with. I really think that upstream intervention is where it’s at.

The Chair (Mr. Ernie Hardeman): That concludes that question. It also concludes that panel.

We want to thank all the panellists for preparing and coming and presenting your viewpoints in such a way that I’m sure it will be of great assistance in preparing the budget for 2024. Thank you very much for being here.

ALLIANCE TO END
HOMELESSNESS OTTAWA
OTTAWA-CARLETON DISTRICT
SCHOOL BOARD
MR. ADITYA RAO

The Chair (Mr. Ernie Hardeman): The next panel is the Alliance to End Homelessness Ottawa, the Ottawa-Carleton District School Board, and Aditya Rao.

You’ll have seven minutes to make your presentation. At six minutes, I will say, “One minute.” At seven minutes, I will say, “Thank you.” We do ask everyone to start by introducing yourself. We also ask that if anybody is going to speak subsequent to the introductions and the presentation, that they also introduce themselves before they answer a question.

We will start with the Alliance to End Homelessness Ottawa. The floor is yours.

Ms. Kaite Burkholder Harris: My name is Kaite Burkholder Harris. I’m the executive director of the Alliance to End Homelessness Ottawa. We represent 75 agencies in Ottawa in the housing and homelessness sector. I’m also the chair of the Ontario Alliance to End Homelessness, so it’s exciting to be able to speak to you as a member of that group today as well.

This month actually marks the four-year anniversary of Ottawa declaring a housing and homelessness emergency; we were the first city in Canada to do so, and sadly, many others have followed since.

Homelessness is really at the extreme end of a housing crisis that’s obviously impacting every aspect of our communities. In Ontario, the housing crisis looks like a one-bedroom apartment that costs over \$2,200 a month; it looks like university students and people working full-time sleeping in cars, sleeping in shelters. The housing crisis looks like constituents calling your offices about to be evicted because their building is being sold, seniors unable to downsize in their community because there are no more affordable options. It means billions of dollars are being spent on alternate-level-of-care beds, because largely there are no affordable housing options for people. Small businesses can’t hire because people can’t afford to live in our cities. And it means young families—critical to the future social and economic growth of this province—leaving Ontario at the highest-ever rate of out-migration, last year, for more affordable places to live. In short, the housing and homelessness crisis threatens our growth and provincial finances, and ruins lives.

1400

None of this is inevitable. Homelessness and the housing crisis are solvable challenges, and communities are getting it done across the country and the world, but it requires a change in direction.

Right now, we are investing in the crisis, not in the solution. More temporary accommodations, more tents with heat vents for those in encampments, shipping containers, more emergency shelters—all of this is homelessness management, not homelessness reduction, and it’s very expensive. We need truly affordable, housing-focused solutions to end this crisis.

In the short term, the cheapest, fastest way to permanently house people staying in encampments and shelters is with rent subsidies in the private market. In Ottawa, we could house 400 families with a generous subsidy today for \$4.8 million; we could provide supports for an additional \$4 million. For just \$8.8 million, we could house and provide significant wraparound support for 400 households. Instead, just for temporary housing costs

alone, we're spending \$25 million a year, and that's just in Ottawa, and that's just for people staying in hotels; that doesn't include our normal shelter system. This story is playing out in communities across our province, and provincial health care and emergency systems are footing the bill. Don't tell me it's too expensive to fund housing when we are buying homelessness in bulk.

The longer-term critical investment is in funding non-market housing. The private market, despite financial and regulatory incentives, simply cannot and is not able to develop housing at the depth of affordability that we need—not just for very low-income people, but increasingly middle-class households as well.

We need the provincial government to use every tool at your disposal to build non-market housing. With the use of free, well-located government land, operational funding prioritizing fee waivers and zoning enablers for non-profit providers, we can scale up in this province. Using these tools, we can build non-profit housing for \$200,000 a door, versus the current market rate of \$500,000 a door.

A recent Deloitte report showed that should we double our current non-profit housing stock, we would actually boost GDP to the Canadian economy by between \$36 billion to \$167 billion. Non-profit housing is a smart use of government money.

I commend this provincial government on investment in by-name lists for every community and requiring the use of data to drive reductions in homelessness. But to reduce and end homelessness, we also need truly affordable housing.

I urge you to use this budget to invest seriously in non-profit housing, in particular, the only kind that will both create real affordability and get us on a path out of this crisis and into a more prosperous future.

Ms. Carolyn Whitzman: I'm Caroline Whitzman. I'm a policy consultant who has worked with the Alliance to End Homelessness Ottawa, as well as the Housing Assessment Resource Tools project. I've provided a written submission, but I'm also here today to talk to it.

The heart of the Housing Assessment Resource Tools project has analyzed 2021 census data, and as of the 2021 census, there were 640,000 households—over one in eight—in unaffordable, overcrowded, and/or uninhabitable private homes. That doesn't include people who are homeless; people living in congregate housing, as you heard in the last session, such as group homes or long-term care; or students. None of those are groups that are counted by the census, at the moment, in terms of core housing need, and therefore they seem not to count. But of the private households in need, over 70,000 can afford less than \$455 per month for housing costs, and another 425,000 households in Ontario can only afford a maximum of \$1,138 per month. It is possible to work your way backwards from those costs, as difficult as they seem.

Certainly, the policies that we've been working for at HART talk about the importance of the federal government providing infrastructure funding for housing, and housing is critical infrastructure.

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

Ms. Carolyn Whitzman: There are several things that the provincial government can do in partnership with the federal government:

- provide adequate welfare so that people can afford housing, and address welfare rates that haven't kept up with inflation or the cost of housing since the 1990s;

- provide adequate housing, health and social supports to end homelessness. Last week, we had visitors from Finland, whose Housing First initiative showed \$21,000 per year saved per person given Housing First, using the model that Kaite explained;

- improve renter protections to prevent homelessness; and

- support an acquisition strategy similar to what BC has done to retain affordable housing in perpetuity and support non-market assets.

Finally, supporting very simple and relatively cheap mechanisms, such as rent banks, to help prevent increasing homelessness are all things that the provincial government can do at this point.

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

The next presenter is the Ottawa-Carleton District School Board.

Ms. Lynn Scott: My name is Lynn Scott. I'm chair of the Ottawa-Carleton District School Board. With me virtually is Randall Gerrior, our associate director for business operations, who will assist me with answering your questions.

As one of the largest school boards in Ontario outside the GTA, we serve more than 75,000 students from many different cultures and backgrounds; from inner-city enclaves, established urban residential areas, rural hamlets and villages, and newer suburban communities experiencing explosive growth.

Ontario families believe in the promise of high-quality public education and expect all of us to ensure each child has the opportunity to fulfill their potential. In the current fiscal climate, the OCDSB is struggling to meet that expectation. We appreciate the new funding provided in the last few years, but it hasn't kept pace with inflation, and 2024 is the year to catch up.

It doesn't matter how good the curriculum is when learning is repeatedly disrupted by the constant churn of teachers and support personnel through classrooms because we're always replacing people away on sick leave or short-term disability. We can't make efficient use of existing facilities when we still face restrictions on conducting pupil accommodation reviews and getting new schools built quickly enough to keep up with enrolment growth. We can't properly address the escalating incidence of dysregulated student behaviour when we don't have enough money for appropriately trained staff to support students with significant behavioural challenges. Improvements to the Grants for Student Needs and the capital funding program are urgently required to meet these challenges.

Let's start with replacement workers. Since 2012, when new legislation significantly changed the design of sick leave and short-term disability plans for school board staff,

the funding for replacement workers has fallen further and further behind. We worry about the wellness of our employees. When a staff member is ill, we want them to stay home and get better so they can come back and do their jobs. But while they're on sick leave or disability leave, we need to replace them because we can't leave a class without a teacher, and we can't leave a student with special needs without support.

In 2022-23, we received \$15 million in provincial funding to cover the cost of replacement workers; our actual expense was \$35.8 million. We had to find the difference of more than \$20 million elsewhere in our budget, where there's almost no discretionary funding that can easily be reallocated.

The problem is a structural one. It's rooted in provincial legislation and chronic underfunding. In the OCDSB, we've seen our average per-employee sick leave and short-term disability usage increase by several days per employee over the last few years, and early indications suggest a further 9% increase this year in our costs for replacement workers. The remedy isn't within our control; it is within yours, if you recognize the true cost of replacement workers and adjust the funding accordingly.

Next, we have an equally problematic challenge with capital funding. We welcome the work already under way by the Minister of Education and others to make provincial and municipal planning and construction approval processes more efficient, but the time lag between creating our business case for a new school, the announcement of funding, and the build time can lead to a very different dollar amount by the time construction starts.

Funding benchmarks need to recognize the true rise in construction costs, the impact of supply chain on costs and build time, and the inflation that occurs between the capital funding award and the timing of construction. Otherwise, boards may find themselves unable to proceed with approved projects because cost increases outside our control exceed the original funding. We'd also like to make more efficient use of our existing facilities, but we need the new pupil accommodation review guideline now, together with an end to the moratorium on school closures.

1410

Turning to special education, I don't know of any Ontario school board that doesn't overspend its funding allocation for special education, to which you can add the ever-increasing need for mental health supports. Delivering on every child's right to an education is increasingly challenged by our need to support more and more students with complex development, behavioural and medical needs. When we can't provide the necessary support—educational assistants and professional student services—these children can't access their learning.

We're also still dealing with the after-effects of the pandemic's social isolation on students' mental health, self-regulation and social development. Critical investments are needed to provide the necessary support so that all students, including those with complex needs, can learn in a classroom environment that is safe and inclusive for all.

School mental health workers are critical in providing quality mental health promotion and prevention as part of the system of care in our community. With ever-increasing caseloads, the work of our school mental health workers is now largely focused on urgent responses to violent incidents, suicide risk assessments and supporting students with complex mental health needs. Lengthy wait times for community mental health services and students requiring longer-term interventions mean there is not enough time or staff to implement the proactive measures designed to prevent the future need for more intensive services and support down the road.

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

Ms. Lynn Scott: Coupled with this, we also need less restrictive rules and less red tape to work effectively with our community partners to support children's mental health. Working together, we can get it done.

In our written submission, we've also highlighted our needs in the critical areas of student transportation and cyber security. The new funding formula for student transportation left out funding for small-vehicle service where yellow buses are neither the safest nor the most efficient way to get children to school. As for cyber security, the number of malicious attacks is very much on the rise, and school boards are struggling to keep up.

We appreciate what you've been doing in the government, and we thank you for the opportunity to speak to you directly today, but we do need more help.

We would be happy to take your questions. Thank you.

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

We now have Aditya Rao.

Mr. Aditya Rao: Thank you for this opportunity, members of this committee, to speak to you today. My name is Aditya Rao. I'm here in my personal capacity as a resident of Ottawa Centre. I'm a lawyer, a researcher and, most importantly, a resident of a housing co-operative, and so I want to talk to you about housing.

There are about 35 families living in my co-operative. It's a small community, right by the Pimisi LRT station on Booth Street. Like other co-operatives, we govern ourselves. We collectively decide how much money we will pay in rent or, as we in the housing co-op movement call it, a "housing charge." In fact, we just had a meeting a couple of days ago to discuss our co-operative's budget, kind of like you're doing right here. We all looked at the forecasted maintenance costs, the cost of fixing our parking lot, the cost of redoing the outside walls; we even had a healthy debate about how often we should repaint our units. We discussed that if we want to do all the repairs and maintenance that we need to do, we're going to need to increase our rents. Everyone around the table agreed.

Why am I telling you this boring story? It's because my message to you is actually quite simple. The housing crisis isn't as complicated as everyone makes it out to be. The solutions have been before us all along—I know, because I am living in one of them, and I want everyone to have the option to live in it too.

When we increase our housing charges, or rents, in the co-op, I know that every extra dollar I am paying is going into the maintenance and upkeep of our property; every dollar is used for the benefit of our little community. We decide to increase our own housing charges, and we do so democratically.

When someone in a Killam or a CapREIT building receives a rent increase notice, not only do you have no control over the rent you have to pay—especially in the newer, non-rent-controlled buildings—but the extra dollars you're forced to pay must also include a chunk to pay dividends to shareholders; it must include a chunk to pay for the company's fancy new office someplace, a chunk to pay for the CEO's third new vacation home. You aren't just paying for your building's upkeep; you're being forced to pay for profits, not all of which will be reinvested in your community.

I'm here to ask the committee to urge the government to rethink its framework on housing spending. The problem isn't just that there's a supply problem; the problem is that it's a "right kind of supply" problem. We don't need to be subsidizing the market to build unaffordable luxury rentals. We need more non-market solutions, like the co-op in which I live.

Many here may say to me, "Sure, Aditya, that's great and well intentioned, but you're being naive. To solve this crisis, we need both affordable housing and market housing. We can't solve this crisis without the market." Well, to that, I have two things to say in response. The first is that I think we need to stop talking about affordable housing on the one hand and market housing on the other. Housing is either affordable or not affordable. So as a matter of public interest, let's just focus on creating housing that's affordable. The second thing is, we can't rely on the market to solve a problem that the market created in the first place. Considering profit-hungry corporations a well-intentioned stakeholder in solving the housing crisis is a bit like considering the fox a valued partner in the construction of hen-houses.

As the housing crisis worsens, we are looking for people to blame for it. This week, we learned that apparently it isn't speculative investors gambling with housing, large multinational companies buying up student housing or profit-hungry companies trying to squeeze as much out of tenants as possible—no, we learned that it's international students to blame. International students, who are forced to pay five to six times the tuition of domestic students, who must endure the trauma of family separation, who take immense risks to come to Canada, to build a better future for their family, who become indebted to loan sharks while believing the promise of this country, who are, in fact, the victims of the housing crisis—no, they are the ones to blame for worsening it. What is their crime? They're increasing demand, we're told. Meanwhile, the companies that have been running roughshod in the market get tax breaks and giveaways to build more unaffordable housing. What kind of upside-down world are we trying to build? This is like if a town burns down

because of a runaway arsonist and then we blame the town for creating demand for arson.

I want to conclude with the often-cited parable of the river. Many of you have heard this before. It goes a bit like this: One day, a group of villagers was by a riverbank. Suddenly, somebody noticed a child being swept downstream, drowning. They rushed out and saved the child. This happened again and again the next day, with more children being swept downstream. The villagers saved as many children as they could. They felt that they were doing their best. "We can't save everyone," they said to each other. Then someone suggested, "Maybe we should go see who is throwing these kids into the river. Maybe if we fixed the problem upstream, we wouldn't have all these kids drowning." But this creates a controversy. Committees were struck. The village government offered incentives to encourage innovative solutions to divert some kids from the river as they came down. There were lobbyists for a group of villagers who had come up with the "dangle a tree branch over the river" solution; they even won an innovation award for it, don't you know. Meanwhile, the people throwing the kids into the river carried on.

The thing is, we know what's causing the housing crisis. It's the fact that we're treating housing like an investment to profit from. It's the fact that we permit for-profit corporations to purchase entire apartment buildings and even family homes, simply to extract more profit from them.

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

Mr. Aditya Rao: Meanwhile, as the Co-operative Housing Federation of Canada has shown, co-ops maintain even our market rents at sometimes 40% below what the for-profit market charges. This is because co-ops democratize housing decisions and trust communities to determine their own future and, crucially, because profit is not part of the conversation.

Let's implement solutions that we know work. This, of course, means robust rent control and security of tenure to prevent people falling into homelessness in the first place, but for this committee, this means, quite simply, in my view, that public money should be used in the public interest, not for private profit. Co-ops, non-profits and public housing will guarantee permanent affordability. So let's just do that.

The Chair (Mr. Ernie Hardeman): That concludes the presentations for this round.

We'll start the questions with the official opposition. MPP Pasma.

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

Aditya, I don't think I've ever heard that ending to the parable before, so thank you for sharing that wisdom with us.

There has been so much important insight in your various presentations, and I wish I had time to dig into all of it. Unfortunately, I'm going to leave the housing components to my colleague so that I can devote some time to what's happening in education here in Ottawa.

1420

I'm going to start with school transportation, which has been utter chaos here in Ottawa this year. My family has been one of thousands affected. We didn't have a school bus at the start of the year. We finally got a school bus, and last week the school bus got cancelled once again.

Let me also say that I'm afraid that what's happening in Ottawa is the thin edge of the wedge, because the factors here in Ottawa are not unique to Ottawa; we're just ahead on the timeline compared to other parts of the province. So if we don't address the challenges with the school funding formula for transportation, we are going to see this kind of chaos across the province next year.

You mentioned briefly that the funding formula didn't include small-van transportation, and I'm wondering if you can elaborate for the committee on what that meant—being left out of the funding formula—and what role small-vehicle transportation plays in Ottawa school transportation.

Ms. Lynn Scott: I'll start, and I'll refer to Mr. Gerrior in a minute.

In terms of our small vehicles, the reason we use them is for some of our very high-needs students who literally cannot tolerate the environment of a regular school bus, even a small school bus. Some of them cannot be transported safely if there are other students, so we have some solo rides. We try very hard to support those students so that they can ride with others, but that doesn't take the problem away.

The other thing that also happens is that given the nature of our city, with the large rural areas and long distances, we have students coming in very small numbers from some considerable distance to attend specialized classes and programs, and sometimes even just to get to their neighbourhood school, where using a minivan is much more cost-effective than using a minibus.

Mr. Gerrior?

Mr. Randall Gerrior: I would say that although the small vehicles were not funded in the funding formula, we were given what was called transitional funding to bridge the gap for this year. The province has recognized that they need to look at the small-vehicles part of teacher funding of the transportation formula.

My major concern with the transportation funding formula is that it's not keeping up with the reality of what it costs to provide transportation, whether it be yellow buses, small vehicles or small yellow buses. The concern here is that the vendors themselves, the third parties that provide these services—we're not providing them enough for each route so they can stabilize the driver pool, which is why you're seeing the shortages in bus drivers and why you're seeing routes being cancelled across the city for Ottawa.

Not only has the province frozen funding—it used to be based on a per pupil growth model in our board, and all the boards, actually. The minister just mentioned yesterday that all of the boards in Ontario are growing, but the funding to provide the transportation services is either stable or decreasing. On top of that, as inflation hits our vendors, they're not being able to keep the services stable

because they're not being offered the increases they need to operate effectively.

Those are some of the concerns that I have with the way the current funding formula works. It's not realistic in providing the service to the number of students we transport.

Ms. Chandra Pasma: I agree with you 100%, and that's what I'm hearing from other school boards as well.

Here in Ottawa, you got a \$6-million cut with the new funding formula. Yes, you got one-time transition funding of \$1.8 million, but it only made up for one third of that cut, one time.

Last summer, you renegotiated half the contracts for school transportation; this summer, the other half are coming due. What happens when these transportation companies are looking for a rate increase to cover the higher cost of school buses, to cover the higher cost of gas, to cover the wage demands of drivers? Finding drivers has been a significant part of the challenge here in Ottawa. What happens when you have to negotiate the other half of the contracts with less funding and a much higher funding demand from the transportation providers?

Ms. Lynn Scott: It's really hard to tell unless the funding changes. All I know is that last fall, when one contract could not be negotiated in the zone that I represent—with about 8,000 students in the schools in that zone—one student in three did not have a bus to school on the first day of school. And some of those students still did not have a bus to school—a distance for them of 10 to 15 kilometres—until almost the beginning of December.

Ms. Chandra Pasma: I want to be clear about what we're talking about here. On the one hand, we have a government that is sitting on \$5.4 billion in a contingency fund that they could choose to spend on anything in the province of Ontario at this moment, including \$6 million for school transportation here in Ottawa, and they're choosing not to spend it; and on the other, we've had parents having to pay out-of-pocket to drive their children to school, to drive back to school to pick them up every single day—parents who are arriving late for work, parents who are having to miss meetings, kids who are having to deal with the chaos. So the expense has been downloaded to the families of Ottawa, instead of the government paying less than a per cent of their contingency fund on school transportation in Ottawa.

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

Ms. Lynn Scott: I can't disagree with you on that.

There is definitely a need to do two things: One is to make sure that all of the boards with enrolment growth are getting sufficient funds, and the other one is to talk to us, because our consortia people do know their work and they have a very good idea of where the challenges are the greatest.

Ms. Chandra Pasma: School transportation is just one area where you've been cut short by the province. I know it's a significant gap on sick leave funding—\$35.8 million; with a gap of \$20 million on special education. The board is spending \$26 million more on special education than what you're actually getting.

You can't continue to provide the services that children in Ottawa need and deserve if the ministry is perpetually underfunding the board, not providing the actual cost—

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

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

Mr. Stephen Blais: Thank you, everyone, for your presentations this morning.

Lynn, I want to talk about the capital program a little bit, and I'll start by just giving you an anecdote. The government, last fall, asked all boards for their capital priority lists to prepare for this year's announcements, and as part of the exercise I met with Pino and whichever of your superintendents is responsible for that capital planning. Your superintendent didn't know what property you owned, and he didn't know what schools you were planning to build in Orléans, and I've got to tell you, as a parent, as a legislator, as someone who's trying to advocate for my community to the minister, that was a little bit shocking. Then, the next day, I opened up the newspaper, I went on CTV News, and your board was spending the entirety of its time dealing with internal drama around the board.

This is not so much a question as a comment. I appreciate things have started with your presence here today, as opposed to others, but I think the public board—the biggest board in Ottawa—needs to get its act together a little bit, from an administration point of view, so that we can stop hearing about drama and start learning more and hearing more about the success that you're having in our schools, the success that your teachers are having in our schools, the success that our kids are having in schools.

On the capital side of things, what is your major ask of the government this year, and what have you heard to date vis-à-vis that process?

Ms. Lynn Scott: To the best of my knowledge at the moment, we have not had any word on the status of our capital priority requests for the current year. Those requests included additions to several schools which have been on our capital priorities list for a very long time, as well as a request for an addition at Earl of March Secondary School. This is one of those challenging situations where the growth in the community has meant that the existing schools do not have enough space, but the building sites on which we have options, because of the design of the development planning and so on with the city and the developers—we can't access those sites to complete the purchases and build on them. We're in a very difficult situation of adding to a school that is already very large because the next closest schools can't accommodate the additional students—one, because it's on well and septic, and the other, because the site would be too small.

1430

In terms of the Orléans situation, we know that there is a long-term need for another high school in Orléans. That, I expect, will be on our radar in the next couple of years—but it all goes to the pace of growth within the communities. The pace of growth is not always easy to predict. That's one reason why we have very long advocated not just for boards to have long-term capital planning, but also

for the province to have long-term capital planning, so we know which things will most likely get funded and what kind of order we can hope for from the province when we submit our business cases for these.

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

Mr. Stephen Blais: I do appreciate the answer, and I'm not an apologist for the government, as everyone across the table knows and understands, but I'm sorry—there is no plan to build a high school in Orléans. You've owned the site for 20 years. Sir Wil is only at 105% capacity, and enrolment is going down, not going up. You're never going to build on that site. You can sell it tomorrow for \$15 million to \$20 million and build the elementary school that we actually do need in Orléans. I've mentioned this to Pino. I've mentioned it to the trustees. I've mentioned it to the superintendents. You are the new land barons in Ottawa. You need to release the land that you're never going to build a school on and start building the schools that communities in the suburbs desperately need.

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

Ms. Goldie Ghamari: There are not too many things I agree on with MPP Blais, but on this, I agree with him 100%—everything that he said, I 100% agree with.

Congratulations on becoming the new chair of the board. I understand that you became the chair through a tiebreaker, and the tiebreaker was basically a deck of cards. That sets the tone for the kind of school board that this is.

We have four school boards in Ottawa, and the only one that consistently makes it in the news is the OCDSB, and I constantly have to ask myself why.

First question—and it's just a very quick yes or no: Is Justine Bell still in Mexico?

Ms. Lynn Scott: As far as I'm aware, she is currently in Mexico—

Ms. Goldie Ghamari: So she has been in Mexico for half a year at least, because I know that when I was watching the OSTA meetings, she was always virtual. So she has been in Mexico at least since the summer.

You spoke in your presentation about making use of existing facilities. Any reconsideration to reopening Munster Elementary School as an existing facility that could be used? Yes or no.

Ms. Lynn Scott: At this point in time, no immediate consideration—however, we are looking at doing a massive review of our elementary programming, which could result in some reconfiguration of schools, particularly if we change our program structure in ways that would make it viable to reopen the Munster school.

Ms. Goldie Ghamari: My understanding is that when the school was slated to be closed—and this is prior to me getting elected—there was some reconfiguration of the boundaries. Then, some programs were not being offered at the kindergarten level—specifically, French—which disincentivized parents from attending Munster, and they went elsewhere. Enrolment dropped, and therefore the school was shut down. Every time I've asked you about it, since getting elected in 2018, you've always said there are

no plans to reopen Munster elementary, even though it's a perfectly functioning school. I know the school tried to sell it to the city of Ottawa at some point in 2019. I personally stopped that, because I did not want to see the school being sold for private use. I would like to see it reopened, as would the community.

You speak about how one of the challenges for building schools is lack of provincial funding. You received funds to build Stittsville public high school in 2018. Is that school open yet?

Ms. Lynn Scott: That school will open in September.

Ms. Goldie Ghamari: So it takes the school board six years to build a public high school.

Ms. Lynn Scott: It doesn't normally take us six years to build a school.

Ms. Goldie Ghamari: What about Riverside South public high school? Riverside South public high school was on the list. The communities were fighting for that. I know, in Riverside South, for over 10 years, I got elected—it was one of my local campaign promises. I secured funding for Riverside South public high school, the first public high school in the community, in 2020. Is that school open yet?

Ms. Lynn Scott: That school will be opening, I believe, in 2025.

Ms. Goldie Ghamari: So it's going to take five years to build that high school—six years for the first one, five years for the second one.

What about the second elementary school in Findlay Creek, the one where—it was in the news that Vimy Ridge had 23 portables and, instead of the school board prioritizing building a second public elementary school there, the school board, the trustees, decided to just prevent students from attending and have them go elsewhere. I had to work with the community on creating a local petition to prioritize building a second elementary school in Findlay Creek. When is that going to be opened up?

Ms. Lynn Scott: I'm just trying to remember.

Mr. Gerrior, do you remember whether it's this fall or next fall? I think it's a year from this fall.

Mr. Randall Gerrior: Yes. It's next fall.

Ms. Goldie Ghamari: The reason I ask is because six months prior to that, the Catholic school board received funding to build a public Catholic elementary school in Findlay Creek. I attended the shovel-breaking ceremony for that in the late summer, early fall. That's slated to be opened up this September, in 2024. So even though you guys received funding six months after the Catholic school board—I haven't even been invited to the groundbreaking ceremony for that, and the school is going to be opened at least one year after. To me, that says something. If the Catholic school board can build a school—our province gives them funding; schools pop up like weeds. That is a good thing. I say that as a compliment, because they have their act together. They know what they're doing.

How much time do I have, Mr. Chair?

The Chair (Mr. Ernie Hardeman): You have 2.3 minutes.

Ms. Goldie Ghamari: Thank you.

I want to turn to OSTA now. OSTA—let's not even get into that right now. Actually, no, we will get into that. There are so many things to talk about. Where do I even begin on this? Let's say that there's a challenge with providing transportation for students.

And let's be very clear: The regions that were mostly impacted by the school bus cancellations were heavily in my riding—the vast majority were in my riding. If the Stittsville public high school had already been opened, that would have been 1,500 students who wouldn't have to be shipped to South Carleton in Richmond. If the Riverside South public high school had been opened, that would have been another 1,500 students who wouldn't have to be bused to South Carleton in Richmond or somewhere in Merivale. Could you imagine the efficiencies that you could have with your school bus routes if you actually built schools on time like the other school boards? That's 3,000 kids right there you're unnecessarily moving around, and I'm not even speaking about the elementary schools. I'm just speaking about two public high schools that you've had funding for for six years now, and we're still waiting to get those built.

Again, how does this have anything to do with provincial funding when we have four school boards in Ottawa and there's only one that's constantly making it in the news? Everyone is suing everyone. Vicky Kyriaco was let go or dismissed or whatever. She's suing OSTA right now.

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

Ms. Goldie Ghamari: You have one of your board members who is taking you guys to the Human Rights Tribunal.

Meanwhile, it's the children who are suffering; it's the children who are not getting the education they need, because instead of focusing on the basics, instead of focusing on route planning, instead of focusing on building schools, instead of focusing on education, the trustees are so busy fighting with each other and focusing on all this other unnecessary stuff that nothing is getting done.

How is throwing more money at your particular school board going to fix that issue?

Ms. Lynn Scott: We're not asking for more money to be thrown at one particular school board. We believe there are many school boards that are in the same situation as we are.

Ms. Goldie Ghamari: Not the other three in Ottawa.

Ms. Lynn Scott: Just to respond to a couple of your comments—for the first thing, yes, there does need to be—

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

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

Mr. Joel Harden: I'm just going to mention off the top that I'll be sharing some of my time with my colleague from Ottawa West–Nepean towards the end.

Thank you very much, Kaite and Carolyn, for your comments about the urgency of the moment—we've been hearing it for the last two days in eastern Ontario deputations.

Something that we are hearing about across many different policy issues is the necessity of coordination and making sure that all the agencies responsible for a particu-

lar policy area are on the same page. Could you elaborate on how that can be a part of dealing with our homelessness and housing crisis?

Ms. Kaite Burkholder Harris: Yes, and it's good to build on Natasha's presentation earlier, in terms of how here are lots of good examples of successes in coordination.

One of the things that has been happening across the country and across the province—kind of a key first step to a community reducing homelessness is really having some kind of a centralized coordinating agency, in many cases, which is then working with all of the other agencies to get them having a common intake process, and 1Call1Click is a great example of exactly that. I think the current government has actually mandated both the 10-year plan as well as the by-name list, and the by-name list for people experiencing homelessness is really critical. It's real-time data that you can actually access—it should be every day—to understand how many people became homeless yesterday, how many people exited homelessness today. So it's really leaning into that data to understand how we use our resources best.

1440

I think the other key piece of all of this—there's coordination, there's data and strong leadership and governance at a local level. I think a really encouraging story in Canada is Alberta, where Edmonton reduced by about 43%—this is pre-pandemic, so there's a caveat there; things are obviously very tough right now; Calgary—the largest homeless shelter in North America—reduced by about 50% in two years. There are some significant success stories, but they all started at a local level with data, coordination and good leadership. Interestingly, the government of Alberta saw the seven major cities in Alberta doing that and said, “You guys are saving a lot of good money. That's great. Let's get on board,” and really came to the table as a great partner. In Ontario, there are a lot more communities, and that's a challenging thing, but I think we have some good pieces in place.

Investing in coordination is important, and it's something that we need to see happen if we want to start to make real marks on reductions in homelessness.

Mr. Joel Harden: Carolyn, is there anything you'd add on that front?

Dr. Carolyn Whitzman: I want to talk a little bit about the Rapid Housing Initiative, which is a federal initiative. It has to be said that it was done off the back of a napkin in the 2020 budget, but it has had some amazing spillover effects in Ontario in terms of economic development. NRB modular construction in Cambridge and ANC modular construction in Brantford have been able to really increase their plant due to using modular construction. Factory-built construction can greatly decrease the time—I hear the frustration of five- to six-year delays on schools, but these are homes that, in many cases, for instance, in Hamilton, were built in nine months. That's great. That's federal infrastructure money that's helping Ontario firms. But they also need social and health supports, and that's slowed down some RHI projects. And they absolutely

need rapid municipal approvals. We know about the project in Willowdale that has been languishing for three years for the lack of a ministerial zoning order.

So that's one example of how all three levels of government can do something really concrete to reduce homelessness and, incidentally, increase really productive activity, economic activity, in Ontario.

Mr. Joel Harden: Thank you very much.

Chair, how much time is left?

The Chair (Mr. Ernie Hardeman): You have 3.3 minutes.

Mr. Joel Harden: I'm going to share the rest of my time with MPP Pasma.

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

Ms. Chandra Pasma: I just want to follow up on this issue of underfunding in education, because we really see the lengths the government will go to to try to blame school boards for not being able to deliver a quality education and all the resources that students need, when the government is actually funding education \$1,200 less per student per year now than they were in 2018, when this Conservative government came to power.

School boards do very good and important work every day in the province, but I'm sad to say you're not magicians and you can't make money magically grow.

I want to talk a little bit more about special education funding and what the costs of underfunding in special education are.

Yesterday, the committee heard that in Windsor-Essex, they haven't been able to provide special education classes to children with special needs because they haven't been able to find enough educational assistants.

We heard that the Thames Valley District School Board has had to cut 91 sections, primarily targeting students with special needs.

Here in Ottawa, I hear frustrations from families of children with special needs—that their children's needs aren't being met.

And yet, your board is spending \$26 million more a year on special education than what you're getting.

I'd like you to talk us through a little bit: What's the impact on other programs when you have to take funds from other lines in order to be able to make those expenditures on special education? And when you're contemplating cuts—I know last summer it was a case of which line for special education you were going to end up cutting. What does that mean for kids with special education needs?

Ms. Lynn Scott: I think there are two parts to this. One is that, yes, we do have to find funds elsewhere in our budget, which means less for other initiatives. As much as possible, we take it out of administrative functions, but, inevitably, because such a small part of our budget is for administration, it does also impact our regular schools and the programs that they offer.

In terms of special education, we have had a model, historically, with a lot of specialized classes for high-needs students.

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

Ms. Lynn Scott: As we learn more about how to provide good special education and support, we want our students to learn to become as independent as possible and we want them to be included, and that means looking at some significant structural changes to how we deliver our special education, some of which could result in reallocation of funds back into special education—but our ability to use more to provide in-class supports, for example, for dysregulated students who need educational assistants' support on a higher level.

Ms. Chandra Pasma: I know, visiting a lot of schools in Ottawa, the one thing—when I ask principals, “What’s your biggest need?” at the top of the list is always more educational assistants. And yet, the OCDSB hasn’t been in a position to provide additional EAs to all the schools that would like them because of the significant underfunding by the ministry.

Ms. Lynn Scott: That’s one of the challenges, because when we have those specialized classes with the additional educational assistants’ support in them, that means we are also transporting students, sometimes for a very long distance, to get them—

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

We’ll now go to the independent. MPP Bowman.

Ms. Stephanie Bowman: Thank you for being here today. It has been very informative.

I would like to start with the Alliance to End Homelessness Ottawa. Kaite, thank you for your presentation. I appreciated hearing some of the numbers, seeing that I spent part of my career as an accountant. I want to better understand the comments you made. I think you said we could house 400 families for \$4.4 million, provide supports for another \$4 million, and with that \$8-odd million, give them full supports—housing and supports, supportive housing, wraparound supports. Instead, we spend \$25 million on hotels. Could you talk to me about the mechanics of that? If that money is coming in, why are we spending it on the hotels instead of doing what you were talking about and providing subsidies in market housing?

Ms. Kaite Burkholder Harris: I have a lot of sympathy for why we’re in the mess we’re in. The building is on fire, so I think everyone is just feeling that extreme pressure. No one wants anybody to die in the streets. We all understand that.

I think at the end of the day, most of our city’s finances—it’s deficit-funded for the hotels; some of it gets paid back if it’s an asylum-seeker family from IRCC, but it’s a year later. But increasingly, the city, out of its own finances, deficit-wise, is just actually spending the money. It’s interesting, because I’ve had good conversations with councillors who say, “Where are we going to get the money to put it into rent subsidies?”, and I say, “Well, you’re already spending the money.” We’ve opened three new shelters in this city in the last two months, basically, that didn’t exist, and they’re city-run shelters.

The numbers that I’m crunching—it’s basically a 10-to-1 support ratio, and that’s sort of the Cadillac of supports for somebody with severe mental health and

substance use needs. It’s basically \$1 million to a hundred people, and that matches the city’s numbers from a council report in June. And then, \$4 million for the rent subsidies would be a full year for 400 people, and that would be \$1,000 a month. So that is a more generous subsidy. We’ve actually just done a really good trial with an increased subsidy at the local level that has total flexibility, which is also key in the program design. It’s not hemmed in by, “Here’s the criteria. If you don’t fit, you can’t do it.” It allows us to actually have system flow, and that, in itself, as well—we’ve noticed a huge increase in market availability when the amount is a little bit higher.

Ms. Stephanie Bowman: Let me just see if I understand this.

Aditya, you talked about innovation. For me, innovation is about taking an existing problem, getting the right people in the room and tackling it in a deliberate, planned fashion to actually break down, again, the root causes, the barriers etc. and come up with a viable solution.

It sounds to me like what you’re saying is that we need organizations like yours, municipal government, potentially provincial, potentially federal—we need those players in the room to actually talk about, how do we make sure we don’t spend the \$25 million on a less-than-optimal solution, and spend the \$8.8 million to give people what they really want. Is that a fair summary of the situation?

1450

Ms. Kaite Burkholder Harris: Absolutely. It requires taking a breath, and that’s what I think nobody feels the freedom to do right now.

I do want to just add that this past week, we had a week of solutions. That’s all I wanted to talk about, coming up to the fourth anniversary of the crisis. I’m sick of talking about how bad it is. I want to talk about how we can get out of this mess.

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

Ms. Kaite Burkholder Harris: One of the solutions: We had an operator of a youth shelter in Niagara region who now works with shelters across the province and the country—they have reduced their numbers by 75% to 80% in terms of just coming into shelter, because they changed their system to focus on prevention and diversion. So now we’re having conversations with local providers here about how we can do that as well, and I think that’s a piece that is totally about system coordination and stepping back and saying, “How do we do this better and more intelligently with the resources we have?”

Ms. Stephanie Bowman: Thank you.

Aditya, I’ll turn to you briefly. I know you talked about the model for co-op housing, and I know that is a model that can work very well, so I certainly would encourage investments in that.

The other thing that we hear about is modular housing for homeless people or individuals and families experiencing homelessness.

Are you both in favour of modular housing? I know that in Willowdale in Toronto, we had a long case where even the provincial member was against it for a long time, and finally it has been approved years later.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time. If you want to finish the answer, you can do so in the next rotation.

We'll now go to MPP MacLeod.

Ms. Lisa MacLeod: I'm looking forward to asking the Alliance to End Homelessness Ottawa a few questions, but before that, I want to say thank you to Aditya for bringing your passion here to the floor of the committee.

I want to quickly go over to my old friend Lynn and talk a little bit about the school board. When I was listening to MPP Blais as well as MPP Ghamari, I heard four constant themes being reiterated, and one is partially with respect to your board, and that's OSTA. I think we all know that for about eight years straight, I would ask for the resignation of the chair of OSTA and the CEO of OSTA each year, because we simply weren't getting our kids to school on time. I know that there are challenges, but that was a really unresponsive consortium, and it does bear some responsibility on each one of the school boards—so I'm glad that you did take action.

I want to talk a little bit about the other four boards that are building. MPP Ghamari was very clear that they do build, and the template that they use for each one of their boards, particularly with the Catholic board, is that they understand how to get the maximum build off of a minimum of dollars. In my high-growth area, we're starting to see the other boards build a lot quicker—and this has been ongoing for me since 2006, as you know, because we've been working together since that time.

To MPP Blais's point of view: I think you have a billion dollars' worth of assets. A number of them are not required, and they should be liquidated in order to support additional builds.

Interjection.

Ms. Lisa MacLeod: Well, there's a case to be made when it's an MPP, to sit there and say to the board, "We understand what our community needs"—but there are schools like D. Aubrey Moodie that could be. So I think that there has to be a conversation amongst the provincial government representatives in the area on what those needs are.

I say this because I recall a meeting in 2011, which I don't believe you were at, when I was at the school board. I was asking for the Riverside South school to be built, and also another school in Barrhaven. The school board didn't, at the time, have the data.

What I heard today really made me nervous because, as somebody who has represented, for six elections, a high-growth area, I have a pretty good sense of housing starts in my constituency. I know when the demographics are about to change—and I work with the city of Ottawa in order to do that. They use a number of different pieces of data, but they do use the census. I think everyone here understands we're a data-driven society, and we already knew, when we were talking about the LRT, that there were going to be 400,000 more people in the city of Ottawa after 2010. Now we're here. We're not a city of 600,000 anymore; we're a city racing towards 1.2 million.

It's not like it was something you weren't prepared for. I'll just leave it at that.

I do have a question. Is Justine Bell a school board trustee?

Ms. Lynn Scott: Yes, she is.

Ms. Lisa MacLeod: And what would her compensation be like?

Ms. Lynn Scott: Our current compensation for a trustee who is not the chair or vice-chair is about \$16,500.

Ms. Lisa MacLeod: That's a little bit of coin for being in Mexico. That's not bad.

My last question—and I'm going to cede my time over to MPP Ghamari—is to the Alliance to End Homelessness Ottawa. You're doing great work. We've all worked together; you're working with a number of different organizations. Can you very briefly tell us, what is the shortfall? Even if we spend the \$8.8 million for 400 households, what is our shortfall?

Ms. Kaite Burkholder Harris: In the month of October, we had 3,200 unique individuals in the shelter system. That is the highest it has ever been. Those folks then stay in shelter. We're in an unprecedented time right now, but I think, monthly, we're hitting over 3,000. We just added, basically, 400 new beds, but it used to be 2,000 beds. We added 400, and then we also have a ton—basically 500 families in shelter.

Ms. Lisa MacLeod: Thank you so much.

MPP Ghamari?

Ms. Goldie Ghamari: How much time do I have?

The Chair (Mr. Ernie Hardeman): MPP Ghamari, you have 3.2 minutes.

Ms. Goldie Ghamari: Just going back to some of the questions I had: It seems like a lot of the challenges that the Ottawa-Carleton District School Board is facing relate to lack of facilities, and that's because you guys can't build schools fast enough, like the other three school boards. I just want to make it very clear: This isn't a comment on the staff or the director of education. I know Pino Buffone is new; he came in in August, well after the OSTA fiasco had started. And I know that the current staff at the school board are working hard.

I tune in every month to the OCDSB trustee meetings because it's better than watching a Netflix reality TV show; it really is. There's always some sort of drama. There are always some sort of allegations. There are always some sort of accusations. In speaking with my constituents—and not just my constituents, but people from all across Ottawa—the one message I get is that they have lost confidence in the school board trustees.

I think this is why it's so important for people to pay more attention to these municipal elections. People think, "Oh, it doesn't impact me." And yet, for those who have children in the public education system, your school board trustee is one of the most important politicians in your day-to-day lives, because they are the ones who directly impact the quality of your children's education.

I can only sit back and imagine and think to myself—if the OCDSB trustees had been more concerned with getting proper updates from Vicky Kyriaco and OSTA, for

example, during the summer months on the plan for how they were going to provide bus routes for students, maybe there wouldn't have been a fiasco. The only way I heard about the school bus cancellations was on the radio, prior to the long weekend before the first day of school. As a provincial MPP, that is how I found out about the thousands of school bus cancellations which heavily impacted my riding. I found out about it on the radio. No one bothered to reach out to me—not you, not anyone, not my local school board—

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

Ms. Goldie Ghamari:—trustee, no one. So for me to get the news about the school board trustees from the radio is a little bit shocking. I think it shows the disconnect here, even though I've constantly tried reaching out. It's very frustrating.

I would say that the take-away here—you've already said in your previous statement to me that you're not here asking for money, so money is not the issue here. So I'm not quite sure what this presentation here today is about. What I would say is, I'm willing to work with you. I'm willing to work with the school board trustees. But what I would like to see is some seriousness, some dedication—maybe not have school board trustees in Mexico for half the year or longer; maybe focus on building schools; maybe have a plan to get those schools built; and maybe focus on reopening Munster Elementary School and providing a little bit more quality education to rural schools.

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

We thank everybody very much for taking the time to prepare and presenting here today. I'm sure it will be quite helpful as we move forward for the 2024 budget.

MR. JOHN BLAIS

SENIORS HEALTH INNOVATIONS HUB

The Chair (Mr. Ernie Hardeman): Our next panel is John Blais and Seniors Health Innovations Hub.

1500

The presentations are seven minutes. At six minutes, I will notify you that you have one minute left, and at the end, of course, I will say, "Thank you." We do ask the presenters to present with their name when they start their presentation to make sure we get your presentation attributed to the right person in Hansard.

With that, we'll first hear from John Blais.

Mr. John Blais: My name is John Blais. I'm a retired engineer, and today I'm representing myself. I'm here to make the case for more funding for the Ministry of Natural Resources and Forestry, or MNRF.

The Auditor General's 2023 value-for-money audit highlighted the poor management of aggregate resources in Ontario. Susan Lloyd-Swail of the Reform Gravel Mining Coalition made an insightful presentation on this subject last week. I don't want to simply repeat what she said, but I'll try to convey the scale of the problem and why the MNRF needs to be staffed up to the level where

it can meet the requirements of the Aggregate Resources Act.

Last week, Catherine Fife asked Susan if she thought the Wild West for aggregate applied in Ontario. Susan replied, "Yes," and I concur. The aggregate industry appears to operate with total impunity.

The Auditor General's report said that there are only 34 inspectors for pits and quarries, yet according to the MNRF online database, there are 5,883 active permits and licences in the province. Note that permits and licences are issued by the Environmental Registry of Ontario. How can the MNRF possibly meet their obligations to enforce the Aggregate Resources Act with so few inspectors? The report went on to make 18 specific recommendations, all of which imply a requirement for more staff.

Each major aggregate producer tries to have their own private operations scattered all around the area in which they do business. This may be good for competition, but it makes for a high-level of redundancy on the supply side, with unfortunate consequences for nature.

In the interests of the environment, let's halt the proliferation of unnecessary pits and quarries. This will also help to cap MNRF's workload.

Ordinary citizens concerned about the environment face hurdles, and significant ones. There's an industry lobby called the Ontario Stone, Sand and Gravel Association, or OSSGA, that advocates for the reduction or removal of regulations. They have a publication called Untangling Red Tape. This contains a detailed list of all the regulations they'd like to see weakened or rescinded. Perhaps some reform is called for, but not by using the slash and burn approach. In November 2022, Bill 23, the More Homes Built Faster Act, did just that to various clauses in 10 existing acts. Among other things, the bill limited the rights of individuals and citizens' groups to take part in hearings, and it reduced conservation authorities' ability to protect wetlands.

Then there's the provincial policy statement. It's about land use planning, and reading it gives the impression that it was partly dictated by the aggregate industry.

Last August, the Ministry of the Environment, Conservation and Parks put forward a proposal to make changes to the Environmental Protection Act. They'd like to expand Ontario's permit-by-rule framework to allow aggregate operations to use their online system to generate certain permits using the Environmental Activity and Sector Registry, or EASR, process. But this industry has demonstrated the abject failure of self-reporting. They'd have a field day with self-permitting. Self-regulation in the aggregate business simply won't work.

Aggregate producers pay a tonnage fee for all the aggregate they report. For 2024, the fee is 23.7 cents per tonne. Most of this is split between the crown and municipalities. Provincial revenue is a mere five cents per tonne.

Also worth noting, the Aggregate Resources Act requires that there be a trust fund, the Aggregate Resources Trust, which is managed by the Ontario Aggregate Resources Corp., or TOARC. Only 0.7 cents per tonne goes

into the trust for research and site rehabilitation. In addition to the actively licensed operations, there are 8,206 so-called legacy pits and quarries, and they pose a huge problem. The 0.7 cents per tonne pittance that goes into the trust for rehabilitation is totally inadequate. The current selling price on aggregate is in the range of \$20 to \$25 per tonne, leaving lots of room to increase those minimal tonnage fees.

The Reform Gravel Mining Coalition says that the maximum tonnage of gravel already licensed for extraction in Ontario exceeds the actual demand by a factor of 13 times. That sounds like a lot, but data from online sources backs this up. So what is the actual demand? The 2022 annual report from TOARC states that the yearly amount produced from licences, permits, forestry permits and private sources was 178 million tonnes.

As I mentioned before, MNRF's online database of pits and quarries contains details for 5,883 active licences in Ontario. Those licences are classed as either limited or unlimited, referring to the maximum annual tonnage they're each allowed to excavate. I have no idea why they allow unlimited licences, but if we arbitrarily assign a very modest tonnage value to these operations, a simple calculation results in a total licensed capacity of 2.3 billion tonnes. Dividing by the demand yields an excess capacity of 13 times. We don't need any more pits and quarries. There are plenty of them.

Further, the total licensed area of all the currently active pits and quarries adds up to 1,774 square kilometres.

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

Mr. John Blais: If that was a single round excavation, it would be 47.5 kilometres wide. The image that I was going to show shows a circle of that size on a map comparing this to the city of Toronto, which has an area of 630 square kilometres. The pit and quarry area is almost three times the size of the city of Toronto.

Thank you for your time.

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

We'll now go to Seniors Health Innovations Hub.

Mr. Terrance Hunsley: Thank you for giving us the opportunity to make our case before you today. You obviously are dealing with a wide range of very important issues.

I would like to take just a few seconds to acknowledge and thank a few people who have braved the warnings of freezing rain today to turn out to support our presence here today. Could I ask you maybe to either wave, stand up or just to say hello. Thank you so much.

Members of the committee, I'm the leading edge of the baby boom. My parents were very happy to see the end of the war, and I came along almost directly after that. In my 77 years, I have never been very much of a dramatic person, but I do want to tell you that the lack of primary care for seniors is an iceberg that is surfacing. I'm not comparing, in any way, the Ontario government to the Titanic, but without a change of course, this crisis could become catastrophic.

We are proposing a cost-effective solution to that issue. SHIH, the Seniors Health Innovations Hub, is a volunteer organization, seniors-driven, working with the community, with the service sector, with experts in many related fields to aging. We apply our own aging experience to learn and understand practical ways to improve conditions for aging in the home and the community, and to be a catalyst for innovative community developments that can lead to solutions. We focus on primary care, on home and community care, on social inclusion, lifestyle, safety, seniors' technology and seniors' housing.

1510

So why focus on primary care today? Well, the Ontario College of Family Physicians tells us that the 2.3 million Ontarians who were without access to primary care in 2022 will increase to about 4.4 million in 2026. The written submission references studies which show how timely primary care not only improves lives but pays for itself in savings in other parts of the health and the social care system.

Why focus on seniors, other than the fact that that's who we are? Because primary care is of life-and-death importance to older seniors, and older seniors are the fastest-growing segment of the population. Failure to act now will result not only in human suffering but also in increased and costly problems in the health and social care system. An alarming number of seniors in Ontario don't have primary care. In central Ontario alone, 6,500 in 2020 increased to 7,700 in 2022, and if we use that same projection that I mentioned earlier, we could be looking at 15,000 a couple of years from now. Why is that? Because doctors are retiring, because many are burned out—we know that—and because new doctors don't want geriatric caseloads. Few doctors are trained in geriatrics, and OHIP disincentivizes them to serve seniors because we have multiple chronic illnesses, we have disabilities, we have increasing vulnerability. We require more time, more visits, longer visits, sometimes home visits, more management of conditions, more record-keeping—all of these things keep doctors from wanting to have geriatric caseloads. Seniors are several times more dependent on primary care than the average Ontario resident. In the last decade of life, the consequences of a lack of primary care happen fast: overcrowded emergency rooms, more ambulance services, more specialized interventions, more hospitalization, longer hospitalization, more readmission to hospital, more bed blockers, more need for institutional care, as well as personal and family suffering, more stress and anxiety through the entire population.

So what's our proposal? It's modest. In partnership with the Centretown Community Health Centre and a geriatric care institution, Perley Health, we have proposed a clinic employing nurse practitioners in team-based geriatric primary care. Nurse practitioners are licensed for primary care in Ontario. They have a record of client satisfaction and health outcomes equal to doctors, and they can call on doctors when they are needed. Our nurse practitioners working with us have told us that, indeed,

they do call on doctors when they come upon a case that they don't know how to deal with.

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

Mr. Terrance Hunsley: They can be trained faster at less cost than doctors, and they are paid less.

Unfortunately, Ontario Health is only willing to commit about \$31 million across the entire province for these solutions, innovations, which is a tiny percentage of the spending gap. So we're asking for your support not only for funding of our proposal but for the government of Ontario to budget sufficient funds to fulfill its responsibility for primary care for seniors and all Ontarians.

Thank you very much.

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

We will now start with the questions. We'll start with the independents. MPP Fraser.

Mr. John Fraser: Chair, before we start the timer, just a clarification, because we have two presenters here: Are we dividing up our time differently or the same?

The Chair (Mr. Ernie Hardeman): No. We just carry on as normal.

Mr. John Fraser: Thank you very much. I'm ready to go.

Thank you very much for being here. I'll try to get two questions. I only get four and a half minutes for this go-around.

Mr. Hunsley, I appreciate your remark about only \$30 million for nurse practitioner-led clinics. So—

Mr. Terrance Hunsley: Only \$30 million for new, innovative solutions across—

Mr. John Fraser: No, just nurse practitioner-led clinics. New innovations—

Mr. Terrance Hunsley: Would be one of them.

Mr. John Fraser: Yes, would be one of them. The applications far exceed, probably—Ottawa's applications exceed—

Mr. Terrance Hunsley: I understand there was \$1 billion in applications.

Mr. John Fraser: Yes, that's what it is.

There were 25 nurse practitioner-led clinics in 2018. Do you know how many there are now?

Mr. Terrance Hunsley: I think it's the same amount, but there may be one or two more. I don't know.

Mr. John Fraser: There are only 25. The number hasn't changed in five or six years.

We're going to need a lot more than \$30 million, and so I hope that your project is successful. What area will that serve?

Mr. Terrance Hunsley: We're focusing on central Ottawa, without a really clearly defined border, but more or less the area that the Ottawa Health Team serves, which is probably half of the population of Ottawa in total.

Mr. John Fraser: How many patients do you think they would roster? Is there a number?

Mr. Terrance Hunsley: We've budgeted for two nurse practitioners at the beginning, which would serve somewhere between 1,500 and 2,000, depending on the complexity of the individual cases. And we are scalable to six

nurse practitioners, which would probably respond to somewhere around the same number that have been counted. It would not respond to the 15,000 projected.

Mr. John Fraser: Thanks for being here.

Mr. Blais, thank you very much for your presentation.

I do remember the Auditor General's report—actually, the first thing I did when I got elected was, I ended up in a committee that was doing a report on Ontario aggregates back in 2014, so I probably know enough about aggregates to be dangerous, but that's about it.

Is there a specific project or expansion of aggregates in Ontario that you're concerned about?

Mr. John Blais: I have one adjacent to me, but they're all over the province.

Mr. John Fraser: I understand that. I'm trying to understand, if we have 13 times what we need for aggregates—I understand that aggregates should be close to where they're being used, and we're a big province. I just find it difficult to believe that the government is going to put more money to the Ministry of Natural Resources to address this. The people who are there are great. They work hard. But it's one of those ministries that, when we're at budget time—and I can remember this; it's not exclusive to one party necessarily—the money is just not there. It's like you're at the end of the buffet. Some members here would know that. And when you go to ask for a little bit more—

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

Mr. John Fraser: What would you do to underline to the government that they have to do this?

Mr. John Blais: There's a greater focus now on the natural world and how we're destroying it as we go along, and mining gravel is very destructive. There are all these promises. They put in plans to rehabilitate after they've finished, but quarries can last 100 years, so the current management of most of these companies say, "Well, it's not going to be my problem." There's supposed to be progressive rehabilitation, but I don't even see how that could work if they're taking gravel out all around and going deeper over a wide area, over the whole quarry. So that whole rehabilitation process is a little difficult to believe.

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

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

Mr. John Yakabuski: Thank you for joining us today.

I'll first thank you, Mr. Hunsley, for joining us. I am actually one of your group—my wife and I are both seniors, but we're not, as you called them, old seniors; we're just those younger seniors yet, but we do know what's ahead of us, and I appreciate you bringing those issues forward. My wife's mother is still living, so she is definitely an older senior.

1520

I want to speak to Mr. Blais. I feel I have a responsibility to speak to you, because I'm a former Minister of Natural Resources and Forestry. In fact, I was there when we made a lot of changes, and I was also around when the previous government made changes.

A lot of these pit licences far precede us. It has been something that is part of the fabric of Ontario for a long, long time. And I think we cannot lose sight of the fact that not all pits are active; many of them are inactive, but if those licences aren't secured, quite frankly, when the day comes—if you only have enough pits for the 175 million tonnes I think you were talking about in your presentation, well, next year we've got a problem. So you have to think ahead.

One of the things about the projections here in Ontario is massive growth—if you've been here for these hearings, you know what the challenges in housing are. If you're bringing in 10 million more people into Ontario, they have to have a place to live. If they have a place to live, they have to have a hospital, or a bigger hospital or new hospitals, and schools—and long-term-care homes for our seniors, when they can no longer care for themselves, and probably a retirement home before that. So we have to be constantly thinking ahead.

I understand there are a lot of people who don't like the fact that we mill, mine and extract aggregate, but we do have to plan for the future. None of us could get here today if not for aggregate. In fact, this floor would fall through if not for aggregate, and this building wouldn't be here.

So I understand how you feel, sir, but we have a responsibility, as government—and I know that if you got one next door to you, you're going to be one of those people who feels, “God, I don't like that.” There are all kinds of aggregate pits in my neck of the woods, and I understand how important they are, because aggregate is not a manufacturable commodity; it is a finite resource. If we do not extract it where it exists, if there's another use placed on that land of some kind, we'll never be able to get at that aggregate. There are all kinds of things that have been built over aggregate over the decades and into the last century that we'll never be able to touch. We need to have access to aggregate, and I understand how you feel differently.

I don't have a question for you, but I am defending—I will say, as the Minister of Natural Resources, I was very proud of the nearly 3,000 people who worked under our leadership in that ministry. I do want to say, too, that if we had too many more employees, we might have been able to license a few more pits, and some of them might have been close to you as well. Our staff are the ones who allow us to do the investigations and make the approvals for those pits and quarries, because they're so integrally important to being able to build Ontario, and that's what we are committed to do.

But I do thank you for your viewpoint.

I'm going to pass it MPP Ghamari.

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

Ms. Goldie Ghamari: I just have a quick question before I pass it to MPP MacLeod. This is for Terrance.

I was really interested to hear about the Seniors Health Innovations Hub and how it's volunteer-driven.

Have you heard of an organization called Rural Ottawa South Support Services, or ROSSS for short?

Mr. Terrance Hunsley: No, I haven't.

Ms. Goldie Ghamari: I would like to give you their contact info afterwards. They provide a lot of services for seniors in sort of the rural and southern part of Ottawa, but they're also expanding. Some of the programs that they have, I think, would be very beneficial to many of the seniors within your group, as well, especially the A Friendly Voice program, which our government funds. It's basically a way for seniors to call and speak with someone. It's volunteer-driven. There are lots of seniors involved, and they have other programs and resources. So I would love to connect you and everyone with them and see how you two can collaborate together.

I'll pass it now to MPP MacLeod.

Ms. Lisa MacLeod: How much time do I have, Chair?

The Chair (Mr. Ernie Hardeman): You have 2.3 minutes.

Ms. Lisa MacLeod: I just want to thank you very much, John, for coming.

My question, again, is to the Seniors Health Innovations Hub.

I was really impressed with your point of view, Terrance, and obviously the number of people you were able to bring here to be part of this. Like MPP Ghamari, I would like to have a conversation with you—a lot longer.

I'm going to actually have a lot more questions than the time I have left, so I'll ask that I can continue in the second round.

You mentioned working with Centretown and Perley Health—full disclosure, my husband is on the foundation for Perley Health. Do you have a proposal already into the ministry as a result of this? I see some nodding heads.

Mr. Terrance Hunsley: Yes. It went in last June.

Ms. Lisa MacLeod: Who's the leader on the submission? Who would be the person the ministry would contact?

Mr. Terrance Hunsley: My name is the contact name on that submission.

Ms. Lisa MacLeod: Okay, so it's through this. Obviously, it has been team-based. So you have practitioners from there.

And the proposal—when did it go in?

Mr. Terrance Hunsley: It went in on almost the final day, which I think was June 13 or something like that.

Ms. Lisa MacLeod: I know there are a number of other nurse practitioner proposals that are in there, so I'll make sure to follow up on that.

Are you looking at any other partnerships throughout the city of Ottawa?

MPP Ghamari is right; the rural Ottawa seniors' support services is incredibly important. I used to represent it years ago.

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

Ms. Lisa MacLeod: We do have a large seniors population in Barrhaven. Are you working with—go ahead, and then I'll ask at the end.

Mr. Terrance Hunsley: We work with a large number of organizations in the community, including ones like Carefor, for example; Bruyère health with the University of Ottawa school of medicine; the Carleton University

engineering school for technology; the school of social work in Carleton; the department of sociology at Carleton—I'm sure I'm missing a number—and with other health and social service providers as well.

Ms. Lisa MacLeod: And just ponder on this one—because he hasn't cut me off yet: Can you let me know, in the next round, who your funders are? It seems like you're doing a lot of great work for our community, but I want to make sure that's sustainable.

Mr. Terrance Hunsley: We don't seek sustainable funding for our organization. We seek money to help the organizations that are there to come up with innovative projects.

The Chair (Mr. Ernie Hardeman): We'll get to round two. The NDP opposition: MPP Harden.

Mr. Joel Harden: Thank you very much to the presenters for coming this afternoon.

I'm sorry, Mr. Blais, but I have to offer particular thanks to my friends from the Seniors Health Innovations Hub. I think this committee has had the benefit of hearing from some Ottawa innovation on housing today, on mental health. We've had projects talked about before this committee today that have already been scaled up. I want to hopefully predict that this is the next one.

Seniors Health Innovations Hub, the nurse practitioner-led clinic—and I take MPP MacLeod's point. There are a bunch of proposals before the Ministry of Health, but this one, in particular, has united health care providers. It wouldn't have happened if it wasn't for Seniors Watch Old Ottawa South and the connection into MPP Fraser's community and across the community. I am very excited by the prospect of this gaining the expression of interest from the Ministry of Health and what it can do.

I'm wondering if you could talk a little bit about why you chose the nurse practitioner model, beyond the salary comparison. You did a lot of work in putting the proposal together.

Mr. Terrance Hunsley: Well, one of the biggest factors, besides money, is supply of health human resources. Doctors are in very short supply, and it takes a long time and a lot of money to train a doctor. There are—I'm probably wrong on this—at last count, something like 280,000 registered nurses in Canada, almost any of whom could be trained to be a nurse practitioner in two years. It doesn't take very long. It doesn't cost very much money to do it. I'm also told that for each person who gets accepted into a nurse practitioner program in university, at least locally, there are five applicants. So there are many, many people who want to become nurse practitioners. It is feasible to train them up, and to do so in a short time, at reasonable costs.

Mr. Joel Harden: Very persuasive argument.

The other thing I want to mention about this particular proposal which I find unique is that you're reaching out, particularly, to seniors at risk in our community. It was a big focus of the proposal, as I understood it—low economic status and social isolation.

Minister Cho, who's a member of the government, has championed the issue of social isolation and has specific-

ally called, as I understand it, in every opportunity he has, on measures to deal with social isolation and bringing seniors into the community, not pushing them into directed care when they can safely live at home through appropriate home care. I understand home care to be an important part of your proposal too. Could you elaborate?

1530

Mr. Terrance Hunsley: Both of those aspects are very important programs. Social inclusion is one of the areas that we're working on. In fact, one of our members here, the chair of Seniors Watch Old Ottawa South, is very active in making linkages between community associations and seniors' activity centres and reaching out to get more people involved.

The home care area is an area that we are moving into. Our home care group did just publish a guide to aging in the community, which has been distributed—but it's one where we are active.

We're told, from OECD figures, that Canada invests very little in home care relative to other OECD countries but, at the same time, invests quite a bit more in long-term residential care than OECD countries. We kind of think that ratio should be reversed.

Mr. Joel Harden: This certainly has been the strategy of countries like Denmark. They have decided to put home care at the front to ensure people can age safely in place—which is an argument that Minister Cho made many, many times.

Yesterday, we were in Brockville and we heard from the president and CEO of the Brockville General Hospital. He corroborated these provincial statistics that I think bear greatly in your project—that about a quarter of people coming into the ER right now are coming in with low acuity needs that could be helped with primary care. They're presenting to the ER because they don't have a nurse practitioner and they don't have a family physician. He talked about the savings to the Brockville hospital being massive if we could get primary care options, particularly, to people who have serious needs but not ambulatory needs, not high acuity need. Are you thinking in the same vein as what we heard yesterday from Brockville General Hospital?

Mr. Terrance Hunsley: Yes, of course. We've made the point that there have been a number of studies like this type of study which have shown that more investment in primary care leads to savings in emergency rooms and almost all of the other dimensions of the health care system. So that's important.

We all know that doctors are retiring, but one of the hidden, not necessarily acknowledged aspects is that a lot of older doctors have a lot of older patients. It takes a long time to get a doctor, and then people hang on to them. So retiring doctors are freeing up a lot of older patients.

Mr. Joel Harden: So this is a strategy based on equity. It's a targeted strategy focused on need.

I take the points raised by members opposite that there could be even further collaboration with other initiatives in the city of Ottawa.

The health care system stands to save considerable money, when our tertiary institutions are under huge stress.

Is there anything you haven't mentioned yet that you'd like to?

Mr. Terrance Hunsley: Just that being old puts you in the category of the social determinants of health—being old and having a chronic illness puts you into another category, having a disability puts you into another category, and being socially isolated puts you into another category. People who study intersectionality would recognize—

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

Mr. Terrance Hunsley: —that we would meet those criteria.

Mr. Joel Harden: In the next round, Mr. Blais, we'll get into what you're raising around aggregate. But I'm wondering, just in particular, as someone who pays attention to the climate debate in Ontario very closely, what are the implications for Ontario's climate obligations, given the strategy we're moving towards in the aggregate industry?

Mr. John Blais: Most of these operations would involve clear-cutting, so if there's any vegetation or trees on the site, they're gone and probably gone forever—until rehabilitation occurs. There's that loss of biodiversity. All the birds and animals that inhabit the site are out of luck. It's an incremental thing. As we chew away at our environment incrementally, sooner or later, it's all gone.

I said that if we put down the quarries—

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

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

Mr. John Fraser: Thank you again for being here, Mr. Hunsley. I want to thank you and thank my colleague across the way for bringing this over. If you have some spare ones, if you could send them to my office, that would be great.

I did note something in here—there are a lot of great things in here: You included end-of-life care and palliative care, which I think is something that's critical to be discussed not only in our community, but with an aging population. I want to encourage you, as an organization, to keep doing that because there are a lot of things that happen at the end that don't have to happen and things that should happen that don't happen, and some of it stems from ourselves—that we have to actually talk to people about what we want to do. Again, I hope that your application is successful. Anything that I can do to help, please let me know.

Mr. Blais, I do want to get on to something about aggregates and the amount of money that we put away for rehabilitation, that trust fund. Is it 0.7 cents or seven cents—

Mr. John Blais: It's 0.7 cents—

Mr. John Fraser: That doesn't seem like a lot of money.

Mr. John Blais: It could be doubled and nobody would notice.

Mr. John Fraser: Yes. And so what do you think is a reasonable amount for that? What does the government need to do to—what's the deficit in terms of where is it not working?

Mr. John Blais: I don't think the government is collecting enough. They could fund the MNRF a little bit more if they collected, say, 10 cents per tonne—instead of five that went to the province.

Mr. John Fraser: It is interesting; I've got two abandoned quarries—well, I guess we wouldn't call them abandoned anymore, right now. One is owned by the city of Ottawa, and it is where people go to walk their dogs—Conroy Pit, as they call it. The other one is a housing development right now. But that's not always what happens to quarries once they're done?

Mr. John Blais: When they restore them, they will put some dirt around and call it an alvar, which is a special type of plain. It's a flat limestone plain with a little bit of dirt on it, and it's very special. You can't just make one; they have to be naturally created. So it is a bit of a—

Mr. John Fraser: It is something that we've heard of before.

Two things I hear about quarries that really—people say it's obviously affecting the natural environment—it's permits to take water, affecting the water table. That's why neighbours sometimes get upset—because they're upset about their well and something happening to it, or, on the other side, the proponents saying, "We're not doing anything wrong. It's all good. We're not affecting the aquifers." I think 0.7 cents doesn't—or seven cents, right?

Mr. John Blais: It's 0.7 cents per tonne.

Mr. John Fraser: Well, maybe I'll get an explanation as to why that's—

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

Mr. John Fraser: There may be some expertise in the room that will help me. Thank you for bringing that up. Even though I was part of writing a report on aggregates in Ontario some 10 years ago, I didn't remember that, and I think that's a really important point for the government to consider. As I said, maybe somebody would be able to educate me as to why that's enough.

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

Mr. John Yakabuski: I wasn't sure I was getting any more questions today. Actually, sometimes I don't ask questions—I just love the sound of my own voice.

The operators, ultimately, are responsible for that rehabilitation, and I think you know that, John.

I do want to ask—I'll ask you, because my colleague Mr. Harden asked you about the environmental impacts, and one of the considerations that is foremost and of paramount importance is the impact on the environment. I am going to ask you for your thoughts on it.

Aggregate isn't moved with a wheelbarrow; it is moved with machinery and trucks—diesel-powered dump trucks, all-tandem trucks and tri-axles and things like that.

I'd ask you what your thoughts are of the impact if you have to continue to move that aggregate that is vital in the construction of everything farther and farther to the build-

ing projects where it's needed from the source of where it's extracted? What are your thoughts on that impact on the environment?

1540

Mr. John Blais: That would be significant. It is desirable to have pits and quarries near the projects where they're used.

Maybe I can ask you: Is there much trading of aggregate between construction companies, or do they all have to have their own private sources?

Mr. John Yakabuski: Every pit is licensed to an entity. There's a construction project, and they may purchase aggregate from a pit operator that they're doing something there—that's commodity trading; it happens in everything that we do. So if there is a pit that another company can use, particularly in road building—if you look at road building, asphalt is substantively aggregate. That's not uncommon. You may bid on a road project, not get it, and your competitor gets the road project, but you have all the pits that are closest to that road project that's going to be built. Well, you're going to make a deal with the operator of those pits, the licensee, and get those done.

I know my colleagues have other questions—because I'm not actually here to answer questions; I'm here to ask them, which I just did. I am going to pass it on because I know my colleague from here in Ottawa would like to ask some questions.

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

Ms. Lisa MacLeod: I enjoyed the conversation, and it was so civil for disagreement, so that's great. Always keep it respectful.

Mr. Blais, I don't have a question for you. He used up all the questions on that.

Terrance, I want to go back to you because I'm very, very interested in what you guys are coming forward with. I made a joke to John that it seems like all the health care dollars go into Ottawa South, and I'm not going to say it's not because you're not effective—you are effective—but it's because over the years, the land was available, the hospital is there, and that's great. But for some of us who don't represent the south central of the city—I'm thinking of Mr. Blais, obviously, in the east; myself in the west—sometimes our seniors end up being underserved. And I noticed that you have a number of different collaborators, particularly with the universities and Bruyère Continuing Care, which is great.

I'm wondering if you are working with anybody in the west end in terms of seniors' health care, geriatric care, which I know we are specialists in at the Queensway Carleton Hospital—there is a unit there that we've had in my office from time to time talk to us. I know we have significant numbers of Legions in the west end that are always interested in care for their veterans. And I know that we're continuing to build long-term-care facilities. In fact, Southbridge is coming into Barrhaven, and they're creating a health care clinic when they open. So I'm wondering if you have those types of relationships, or are they mostly all city-centric?

Mr. Terrance Hunsley: I think it's fair to say, really, that most of our relationships, at least at this time, are city-centred and they reflect the groups of people and the volunteers who are getting involved. Recently, we've had people join our group from Orléans, and a few from the west. But to be fair, at this point, at least, we're fairly city-centred.

I should mention that the Champlain region—Ontario Health defines the Champlain region, which tends to be a wide swath of central Ottawa—is the region which has the distinction of taking the longest for people to acquire primary care; they go on the Health Connect waiting list. It has the longest wait times in the province for primary care. I don't make that as any kind of an argument against any other area. I think seniors in every region need to have primary care.

Ms. Lisa MacLeod: Yes. We did talk a little bit about your sustainable funding. You said you don't need funding, or you're not asking for funding because you don't—

Mr. Terrance Hunsley: For our organization. But we're asking for funding for the nurse practitioners' centre.

Ms. Lisa MacLeod: Sure, but I want to get a sense—because you seem to have great value in Ottawa; you seem to have great connections. Who supports the funding for your research and the data extraction and all of the demographic studies that you need? Are they provided for free to a volunteer group?

Mr. Terrance Hunsley: There's a variety. Our technology projects have tended to be funded through the National Research Council—Age-Well.

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

Mr. Terrance Hunsley: There's a program called IRAP. Those funds go to the university-based scientists who are working on it. Other funding initiatives would come in—and it may be Southminster United Church, which administers funds from the Ottawa Community Foundation. We did get a grant from New Horizons to produce the guide that Mr. Fraser showed. That money went through the community association.

Ms. Lisa MacLeod: I've already told Yasir that his name is on the back of it. He's excited.

Mr. Terrance Hunsley: Yes. I hope he likes his picture.

Ms. Lisa MacLeod: Yes, he was excited.

I'm going to give you my card after this. I want to say thank you to you and your organization for bringing some truly progressive ideas to this table today.

Mr. Terrance Hunsley: Thank you.

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

Ms. Chandra Pasma: Thank you very much to the witnesses for being here. Two very interesting presentations—disparate, but very interesting.

Mr. Hunsley, I'll start with you. I'm hearing of this proposal with very great interest. Ottawa West–Nepean is actually the second-oldest riding in the country, with a very high proportion of seniors, and so projects to ensure that seniors can age at home with the care that they need

are incredibly important for my constituents. I'm impressed by the work that is coming out of the community—that this is a community-driven project.

In my riding, we're also seeing naturally occurring retirement community projects, making sure that seniors are getting the resources they need at home, including resources to address isolation. We also have the Olde Forge Community Resource Centre, which provides many programs focused on preventive care that ensure seniors are able to continue to live independently. We also have the Queensway Carleton Hospital, which has the acute-care-for-the-elderly unit. I know, speaking with Dr. Falconer—he has told me that every day a senior spends in the hospital, they are 50% less likely to ever live independently once again.

The cost for one day of hospital care in Ontario is \$722, so every form of care that prevents a senior from needing hospitalization is more cost-effective than hospitalization. And yet, as one of our witnesses said yesterday in Brockville, what we tend to do in Ontario is waste through poor planning. We're not actually planning the interventions that are more cost-effective, and then we end up spending more money.

You've made a pretty compelling case of what the benefits are if we spend this \$1 million. What's the cost if we don't spend it?

Mr. Terrance Hunsley: Well, you gave one pretty good example of an extra day in a hospital being 700-and-some dollars. I'm not a very good statistician, but I do kind of remember that the cost of primary care for an individual for a year is somewhere around the same amount. So if you provide an extra person primary care for a year, even if you save one day in a hospital, you've sort of broken even in a way, I think. To me, it's kind of a no-brainer. It makes sense that we keep people out of emergency rooms; we keep them out of ambulances; we keep them from going back into hospitals, because there's no follow-up. They come out of the hospital, and they don't have follow-up primary care, so they go back in the hospital. These things don't have to happen very often before you've spent all the money that you would have spent otherwise in primary care.

Ms. Chandra Pasma: Absolutely. In the meantime, it's a much less invasive form of care. It's much less detrimental to the independence and autonomy of a senior. They're much more likely to be able to continue living independently if a problem was able to be addressed through primary care, as opposed to needing hospital intervention.
1550

Mr. Terrance Hunsley: Yes. And could I just make just one other observation?

Ms. Chandra Pasma: Please.

Mr. Terrance Hunsley: It has not come out in the public eye very much right now, but I mentioned that I'm the leading edge of the baby boom, and as the baby boom gets into the age of frailty, which I'm going to be in very soon—the typical caregiver for the generation ahead of us has been a child. It's more likely, not too many years from now, that the typical caregiver is going to be a senior, a

partner and vulnerable, so we're looking at a lot more vulnerability in that whole relationship that's going on because of this demographic transition that's taking place. The younger generation are living all over the world now. There are more couples. Men are living a little bit longer—I like that idea. But it does mean many caregivers are going to be seniors as well.

Ms. Chandra Pasma: And if I may raise a self-interested point at the same time, my parents are somewhat behind you but still baby boomers, and we're looking ahead to the care that they're going to need down the road. Also, I have teenagers, and I'm starting to wonder about what will happen with them down the road and whether they will be able to afford to move out.

There's a generation we're expecting to provide care that is being pulled in two directions for two generations.

The more that we can address the health care needs and the independence and autonomy of seniors systematically, the better care that is provided for everyone within our society.

A total 180 now to Mr. Blais: I was looking at the Auditor General's report. You highlighted the fact that there are only 34 inspectors for over 5,000 open licences in Ontario. The Auditor General also highlighted that the majority of these inspectors are inexperienced.

I'm wondering if you can walk us through what is the impact of not having enough inspectors and the majority of the inspectors being inexperienced.

Mr. John Blais: I think the Auditor General also mentioned how many actual inspections were done; I can't remember the exact number.

Ms. Chandra Pasma: And it declined by, like, 60%.

Mr. John Blais: Yes. They found a number of infractions which were not pursued. I guess they just got away with that. And the whole attitude of this industry is that they can get away with things. That's—

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

Mr. John Blais: As an example, the pit near us—the land is zoned as an ANSI, an area of natural and scientific interest, and it has been that way for a long time. It was also zoned EP3 by the city. The operator bought it in 2013, knowing that it had all these restrictions on it, but knowing that he could also twist some arms and use a lot of high-priced consultants. He must have spent hundreds of thousands of dollars on documentation that thick, and diagrams and data that are supposed to show that the impact will be minimal or non-existent. That's completely ridiculous, because if you strip-mine an area, there's no natural environment left; it's gone. It's also adjacent to the—

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

I want to thank the panellists for the time they took to prepare and presenting here today—and for some, the audience they brought in. We welcome you all, and we thank you very much for participating.

OTTAWA COMMUNITY LAND TRUST
 ONTARIO LONG TERM
 CARE ASSOCIATION
 CENTRETOWN COMMUNITY
 HEALTH CENTRE

The Chair (Mr. Ernie Hardeman): The next panel is the Ottawa Community Land Trust, Ontario Long Term Care Association, and Centretown Community Health Centre.

I just want to advise the panel that you will have seven minutes to make your presentation. At six minutes, I will give you notice that you have one minute left. At the end of that one minute, I will say, “Thank you very much for your presentation.”

We do ask each presenter to identify themselves at the start of their presentation to make sure we can attribute in the Hansard the right presentation.

With that, the first presenter will be the Ottawa Community Land Trust.

Mr. Mike Bulthuis: Good afternoon, Chair, Vice-Chair, members of the committee and local members of the Legislature. Thank you for being here in Ottawa and giving us a chance to present to you directly today.

My name is Mike Bulthuis. I serve as the executive director of the Ottawa Community Land Trust, or the OCLT. The OCLT is an incorporated non-profit aiming to preserve housing affordability in the National Capital Region. We are one of close to 20 established and emerging community land trusts, or CLTs, across Ontario.

CLTs are organizations that work to acquire, develop and steward permanently affordable housing, land and other assets that contribute to our thriving communities. In terms of defining a CLT, I love this definition from a colleague: CLTs are organizations trusted to hold land for the community.

The Ottawa CLT was created in 2021. Our aim is to acquire existing rental properties from the private market and turn them into permanent non-profit affordable housing. In so doing, we aim to keep housing affordable forever—and that is our brand.

There’s already a shortage of affordable housing across Ontario. However, this shortage continues to be made worse by the rapid erosion of our existing affordable housing stock. And quite frankly, we’re losing it faster than we’re building it. Here in Ottawa, we know that over 30,000 naturally occurring affordable rental homes—that is, homes from the private rental market that had been renting for less than \$1,000 a month—were lost between 2011 and 2021. That equates to 31 lower-rent, affordable homes for every single new home that is built using government programs. So, clearly, while new supply is needed—and I agree—we also need to slow this erosion. Some of this loss is absolute—older, low-rent properties that are demolished to make way for redevelopment or lost to the short-term rental market. Many more, however, are “lost” in a relative sense; that is, the homes still exist but at much higher rent.

In 2022, rents for two-bedroom units here in Ottawa that turned over to new tenants increased, on average, by 18.2%, compared to an average 2.8% within units without a turnover. Further, the share of units that are affordable to renters with the lowest 20% of incomes—that’s one fifth of Ottawa residents—were less than 1% in Ottawa.

One strategy to intervene could be the acquisition of these modestly affordable homes by community housing providers so that renters remain secure and so that the homes can offer affordable living to future tenants, but few organizations have the capacity to make these acquisitions. It was really this idea that gave birth to our organization, the OCLT. Like Scotiabank, which in 2023 recommended that Canada double its stock of community housing, really just bringing it closer to the OECD average, we believe that community ownership is the best way to protect affordability in perpetuity.

We also know, from 2023 research by Deloitte with the Canadian Housing and Renewal Association, that more community housing boosts economic productivity. I’m happy to talk more about that. And one of the quickest and most cost-effective ways to add community housing stock is through transferring existing, private market rental housing to community ownership.

1600

At the OCLT, we’re beginning to operationalize this goal, this mission. We bought our first piece of land and preserved our first six-unit affordable housing property in October of last year. Our ability, though, and that of others to make more of these acquisitions could be significantly enhanced with provincial support. Within our first purchase, existing rents at the time of closing and still today are well below average market rent. Given this level of affordability, the maximum mortgage that we are eligible for is well less than 50% of the asset’s value.

We’re committed to both affordability but also project viability, and as such, we’ll protect existing tenants and their rent levels. Upon unit turnover, rents will be adjusted but remain well below market average to a more modest level of affordability, ensuring that we can service the debt, including the mortgage, but also further community-based impact investments, like a community bond campaign that we are launching. In comparison to market rents, these rents, which would result from a financialized acquisition—our rents will remain affordable over time.

Even so—and this is the critical point—the difficulty in this property, like many others that are being sold today, is that the revenue generated from rents is simply insufficient to fully fund the acquisition cost, including the needed long-term upkeep, which we are committed to.

In this case, in our first purchase, the missing piece came in a modest municipal grant and philanthropic gift at the time of purchase that together represented about \$650,000. That filled our equity gap. This non-repayable capital was the critical element to sustain the preservation, permanently, of these six affordable units at rates well below market average. In most cases, this non-repayable capital remains elusive.

So how could the province of Ontario assist in filling this gap and, in turn, preserve a supply of permanently affordable housing? I offer three brief recommendations:

—first, through the contribution of non-repayable capital that would be complementary to conventional mortgage financing and additional impact investment—this is over and above—to enable non-profits to purchase lower rent housing assets. These grants or forgivable loans—considerably less per unit than the cost of new construction—would help people stay in their affordable homes, and then maintain and preserve these homes in perpetuity;

—second, through the province deploying repayable, long-term patient capital to enable acquisition and preservation. These loans could be interest-only until the rent revenue on the property and the property's overall value increases, at which time the funds could be deployed to support further housing preservation;

—and lastly, through a simple yet impactful measure, the province could reduce or even eliminate the land transfer tax for properties that are acquired by non-profit organizations like my own. Eliminating this tax on our first acquisition would have represented a contribution of over \$25,000.

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

Mr. Mike Bulthuis: With the housing crisis we are experiencing, we can't expect any single sector or even order of government to foot the entire bill. We are assembling a diverse source of capital, including from community-impact investors. Still, the critical preservation of non-market community assets will require all of us, including the province, to be at the table.

Thanks so much for your attention today.

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

Our next presentation is from the Ontario Long Term Care Association, and this one is virtual.

Ms. Donna Duncan: Thank you very much for the opportunity to join you this afternoon. My name is Donna Duncan. I'm CEO of the Ontario Long Term Care Association. We represent 70% of Ontario's long-term-care homes, including non-profit, private, municipal and First Nations homes.

Long-term-care homes provide quality care and living, affordable housing, individualized supports and a caring environment for people living with increasingly more complex health conditions. Our system, quite honestly, was not built for the current or future complex care needs of our residents.

As we all know, there is a profound demographic shift under way. The first of the baby boomers will soon be turning 80, and the population over 80 is projected to more than double by 2040. One in five adults over the age of 80 will have complex care needs that will require specialized long-term care. We are already seeing the strain of this increase in demand across the health system, including on our hospitals.

As of last September, there are more than 43,000 people in Ontario waiting for long-term care, and the wait-list is increasing at an unprecedented rate.

To be fair, the Ontario government has made historic funding commitments to rebuild old homes and build new ones and increase hours of care for residents and enhance staffing in our long-term-care homes. In no other jurisdiction have we seen such a commitment to begin to address legacy issues in long-term care.

However, while we are seeing progress, we still have more urgent work to do to address historic and emerging demands. Long-term-care homes continue to face significant challenges with staffing, structural deficits and their ability to rebuild the remaining older homes. We need to address these operating challenges to maintain existing and build new long-term-care capacity.

First, long-term-care homes need more funding to meet the increasing care needs of residents as well as their growing staff costs. Over the last decade, there has been a significant increase in the number of residents with complex, high care needs in long-term care. And we estimate that between 75% and 80% of all of our residents today in long-term care are coming directly from the hospital because they cannot be cared for at home. This is happening at the same time as we navigate a shortage of workers across the entire health system. As a result, our long-term-care homes are facing high staff agency costs. Our homes are also facing increased staffing costs through higher arbitrated awards, including retroactive awards for Bill 124.

Second, long-term-care homes need an increase in operating funding. There is a significant deficit between funding and their actual expenses from inflation and other factors beyond their control. All homes receive funding for operating that helps to pay for resident accommodation and related services such as utilities, housekeeping and laundry, building maintenance, major repairs, and insurance. But we have seen costs across all of these areas escalating. In the last five years, funding for resident accommodation and services grew by less than 5%, while inflation has driven up costs by 16%. The pressures from inflation have been compounded by workforce shortages, supply chain issues, the cost of maintaining infection prevention and control, and the extraordinary costs of managing ongoing outbreaks. This is not a stable situation. Residents pay a fee for their accommodation that helps to pay for these costs, but the government no longer follows a historic policy that aligned what residents pay with their available income. Paired with recent levels of inflation, this has also contributed to an untenable funding gap for homes. These create a risk to being able to rebuild an older home, as lenders need to see that a home is financially stable and will be able to pay their mortgage and financing commitments. In addition, small, northern and rural homes face higher costs. An operating grant specifically for northern and rural homes is needed to ensure they remain financially viable and can rebuild.

Finally, our long-term-care homes need further support to be able to rebuild and modernize. It takes three to five years to build a long-term-care home. The government, as noted, has made significant and historic investments in capital projects, but in order to advance the redevelopment

of the remaining homes—approximately more than 200 homes—and meet the needs of the rapidly aging population across the province, the next phase of the government’s capital programs needs to align construction funding with inflation and the cost of financing. Older homes also face significant barriers in meeting the fire code requirement for additional sprinklers that will come into effect at the end of this year. The assumption, when that deadline was established, was that all older homes would be rebuilt by now, not anticipating that the capital program would stall for decades or that the world would face the disruption of a pandemic. We are seeking the government’s financial and logistical support to address this critical issue. If homes are unable to install additional sprinklers or rebuild, they face closure. Many of these at-risk homes are in rural communities across Ontario, including eastern Ontario. Communities and families will struggle to find alternate care and accommodation for people with very high needs, increasing pressure on local hospitals and primary care, as well as on families and other caregivers.

In closing, I can’t stress enough that many long-term-care homes, especially small homes, will be unable to continue to operate if these challenges are not addressed. We ask that the following measures be included in the 2024 Ontario budget:

- allow more flexibility in how long-term-care funds are allocated by unlocking the government’s current long-term-care investments;

- increase funding for resident accommodation and services to cover the actual costs of running a home;

- provide an increased construction funding subsidy that is in line with inflationary construction costs;

- provide a program for licence extensions for homes that are not yet redeveloping and support homes in addressing sprinkler requirements as quickly as possible; and finally

- establish a dedicated secretariat to provide navigation across provincial and municipal governance to facilitate building, environmental, transportation and other planning approvals.

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

1610

Ms. Donna Duncan: We estimate that the funding required to address these requests is well within the multi-year spending approved and planned for long-term care. Any underspending against the plan should be applied to the sector’s urgent needs to ensure we sustain capacity.

Our homes are committed to working together with the provincial and municipal governments to address these urgent issues. We look forward to working you.

We thank you for your time and attention, and we welcome your questions.

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

Our next presentation is from Centretown Community Health Centre.

Ms. Michelle Hurtubise: My name is Michelle Hurtubise. I’m the executive director at Centretown Community Health Centre. We are located here in downtown Ottawa,

with an annual budget of \$17.7 million, serving over 16,400 clients each year, with over 61,000 client interactions in our health and social services.

Many of our programs have seen an increase in clients, including some of our most vulnerable: those without stable housing and struggling with mental health and complex substance use issues—the number in that program that we served in 2020 was 200; at the end of our last fiscal year, we served over 1,000 individuals, and the number keeps climbing, along with the complexity of their needs.

The Ministry of Health notes that “when people have health care available in their communities, and in ways that are convenient for them, they are more likely to seek and receive the treatment they need when they need it and stay healthier.” An investment in comprehensive primary health care is the foundation of an integrated health system.

A well-resourced, fully-staffed primary health care system keeps people in community and out of emergency rooms and hospitals while ensuring effective and efficient use of health care funding towards equitable health outcomes. To support this, we are asking for two key investments: Invest in health human resources for interprofessional primary health care teams; and invest in community-based primary health care organizations through base funding increases to sustain the health of communities.

The health human resources at comprehensive primary care organizations across Ontario has been underfunded for over 11 years. At Centretown, we are struggling to fill many positions, such as nurse practitioners, dietitians, nurses and chiropractors—especially those positions requiring bilingualism. It’s compounded with the difference between the salary in community-based health care positions and other parts of the sector and government—a difference of \$20,000 and upwards per year. This gap makes it difficult for us to provide that full range of health and access services as a primary care provider and to assist in meeting those two million Ontarians who do not have access to primary care. If this compensation gap continues, we will see increases in hospitalizations and emergency department usage, as primary care will be unable to sustain care for Ontario’s most complex patients.

Community health centres, also known as CHCs, provide care for populations that are 68% more complex, on average, compared to the average Ontarian. Despite that complexity, our clients go to emergency departments far less than expected based on their complexity, resulting in over \$27 million saved every year.

On average, patients with team-based care have improved health outcomes, fewer emergency visits and better discharge experiences. And the cost savings, ranging from \$10 to \$90 per patient per month, add up. Team-based care supports the government’s Your Health plan and ensures that people receive the best care outside of hospitals, ensuring community supports are available to people who need them most and that hospital care remains for those most urgent needs.

The Alliance for Healthier Communities, of which Centretown is a member, has joined with nine other provincial associations representing primary and community

care providers to form the community compensation working group. Our report on the community health market salary review shows that despite the rising cost of living and a competitive health care job market, community sector staff experienced an average salary increase of only 1.53% in 2023, with most projecting a 0% increase. As a sector in the community, we are \$2 billion behind on wages, compared to our peers working in the hospitals and other sectors. This is despite the fact that community health care requires a specialized skill set due to highly complex patients often facing multiple severe and chronic conditions, 24/7 service delivery responsibilities and obligations, and much more limited resources relative to hospitals.

Ontario needs to invest approximately \$165 million, or a 12.3% increase, over the next five years to reach just this year's 2023 recommended salaries for our members. Community-based health services have also had a frozen operating budget for 15 years. We require an investment in our base budget so that we can maintain and improve health and service levels and meet the needs of our clients and the communities we serve who face the greatest barriers to health care and the poorest health outcomes. Our costs have continued to rise—utilities, rent, cyber security—in addition to the mentioned health human crisis. We are now in the position where we are making cuts to service delivery in order to balance our budget.

We need sustainable and adequate funding in order to maintain our capacity to deliver primary care, mental health services, health promotion and community programs to keep people healthy and well in their communities and out of the hospital.

Clients like Amanda, who was recently interviewed on White Coat, Black Art—she is a client of Centretown CHC who has significant medical and mental health challenges, and she is a smoker. She is unable to work, and her source of income is social assistance. Being a client has supported Amanda to remain out of hospital for both her physical and mental health challenges and, with the support of our integrated teams, she has reduced her smoking from over a pack a day—close to two packs a day—to just two or three cigarettes a day. This significant reduction has helped her stay healthy and out of hospital. With our social prescribing project, she is connected to our community programs and other resources in the community to help her develop and maintain a social support network that we know also makes the difference.

We provide a range of culturally safe services that address the social, economic and ecological determinants of health. Over 60% of population health outcomes are determined by these social determinants of health, such as income, education and working conditions.

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

Ms. Michelle Hurtubise: Investing in comprehensive primary health care means addressing health inequities that impact on our health system use. CHCs have the solutions, and we provide some of the most innovative services that help end hallway care. We divert people away from hospitals and emergency rooms while ensuring

they get the care they need when they need it. We do alleviate pressures on the rest of the health care system by managing people in the community and close to home. We want to be part of solving this crisis.

Thank you for your time and consideration today, members of the committee.

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

We'll start the questions. The first round will go to the government. MPP Byers.

Mr. Rick Byers: Thank you to all presenters this afternoon. I really appreciate you sharing your stories and the impact you're having in this great community. It's great to be here.

Michelle, I spent three years on the board of South East Grey Community Health Centre, which serves the metropolis of Markdale and Dundalk. I got to know the model very well. I'm a really big fan of the model, both for a rural setting and also in urban environments. It works in both settings very, very well—as you said, team-based care.

Can you give me a bit more background on Centretown—how long you've been in the community and your coverage area etc. would be helpful. Others may know this, I know, but it would be helpful for me to better understand.

Ms. Michelle Hurtubise: We are, in fact, the oldest community health centre in the province. We were funded in 1969. We are celebrating our 55th anniversary this year. In Ottawa, for our local primary care services, we serve the area of Old Ottawa South, Centretown and the Glebe. We have been partners with one of your earlier presenters, around the Seniors Health Innovations Hub. Beyond that, we also serve the region of Ottawa and, actually, quite far in eastern Ontario, with a number of our programs, including our community diabetes program, chiropody program. We are the largest provider of trans health gender-affirming care in the area and have people coming all the way from Cornwall, Kingston, Arnprior for our services, and we also are one of the largest providers in the region of 2SLGBTQ mental health and substance use counselling.

Mr. Rick Byers: That's great. Wow. The oldest in Ontario. That's very, very interesting.

On the staffing point you've made, and thank you for sharing that, we've heard that elsewhere—understand the challenge. Give me a sense of which type. Is this for nurse practitioners, nurses, doctors, PSWs, or all of the above?

Ms. Michelle Hurtubise: It is all of the above. Our current hardest positions to recruit for right now—we've had a vacancy of two full-time positions in our chiropody program for close to two years. We have not been able to fill it. We regularly have vacancies in our nursing. Our nurse practitioners—the biggest challenge with that is filling for things like maternity leave, because people can get permanent positions within that.

We are very fortunate, as a community health centre, that we have not yet struggled with some of the challenges

around recruiting physicians. We are a teaching facility, and for most of the medical residents, once they have a chance to experience our model, this is where they want to work. So we end up keeping them as resident locums and are then able to hire them as soon as we have vacancies.

1620

Mr. Rick Byers: Thanks for your work.

Donna, I have a quick question for you. Thanks for the work your organization is doing.

As you know, it's a big priority for the government—50,000-plus new and upgraded beds, so exciting.

I did hear your comments about the funding needs the industry has. Obviously, there is a shared population of municipally run operations and privately run facilities. Can you give me a sense of the funding priorities you outlined here? Do they apply to both or to municipally run ones? I'm just curious about that, if you can provide a little more background.

Ms. Donna Duncan: As I indicated, at our association we have a mix of members. We represent 70% of the provincial long-term-care homes. We have municipal homes as well as not-for-profit and small independent homes, culturally specific homes, as well as for-profit homes. Our submission really represents all of our members, so while AMO will have a specific ask on things and more eastern and western wardens may have specific asks as well, overall, our asks are intended to cover the entire sector.

Having just come out of meetings at the Rural Ontario Municipal Association conference over the past few days, we certainly have heard a lot around how our municipal governments, including our rural municipalities, are having to subsidize their long-term-care homes. The reality is that our operating funding doesn't work for any of us, and each and every home in the province is really struggling to meet the operating pressures: inflation, supply chain, insurance, energy costs, food costs; again, the cost of staffing, including for agency staff and for non-profits and catch-up on Bill 124. We are in a bit of a perfect storm as we move forward. And these do have severe considerations for the ability of our homes to be able to rebuild. So the operating funding is really key for our banks and lenders. If you're going to borrow money, you have to demonstrate that you can carry a mortgage.

So our pillars around HR, capital and redevelopment and operating funding really are interrelated for all of our members, regardless of ownership in the province.

Mr. Rick Byers: Thank you very much.

I'll pass it over to MPP Hogarth.

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

Ms. Christine Hogarth: How much time do I have, Chair?

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

Ms. Christine Hogarth: Oh, jeez. Just under the wire. I'll start with Donna.

I want to thank everyone for being here today. An interesting day—with our last speakers, we had aggregates and we had seniors. Part of what we're doing with long-

term care in this government is building homes, which we need those aggregates for, and I'm sure our well-organized seniors who were just here would be interested in our long-term care and the future of long-term care.

Our government has invested almost \$5 billion to hire and retain 27,000 long-term-care staff. I'm wondering, from your professional opinion, what kind of impact does this have for our future in Ontario?

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

Ms. Donna Duncan: It's much-needed. We're really grateful for the dedicated funding on staffing. Staffing costs are only increasing for us—our ability to recruit and retain nurses. The nursing staffing initiatives and PSW initiatives really have been critical. Our challenge is, in many cases, filling those roles, but if we didn't have those funds available, we would not be able to meet the costs we're currently facing. So these really are key. As I said, your government has made historic investments that we have not seen in other jurisdictions. We have a lot of catching up to do. The pressure on our system is really high, as we've got 43,000 people waiting, and we do need to staff those additional new builds that you're committed to building. It's all part of the puzzle, but we wouldn't be able to do it without those dedicated funds.

The Chair (Mr. Ernie Hardeman): That concludes the time. We'll now go to the official opposition. MPP Pasma.

Ms. Chandra Pasma: Thank you very much to our witnesses for being here this afternoon—three different sectors, but some very common themes across the sectors. I want to drill down a bit, in my time, on some of the consequences if we don't make the investments that you're asking for.

Mike, it's a very interesting model that you're here presenting on. In an earlier panel this afternoon, we had the Alliance to End Homelessness Ottawa, who were talking about how we spend so much more addressing the cost of homelessness than we would actually spend if we invested in solutions, and now you're here with an innovative solution.

You talked about funding models that you would like to see, but you didn't actually put a number. Do you have a number you want to see in the budget, either for Ottawa or province-wide, for community land trusts?

Mr. Mike Bulhuis: There's one province, currently, that has announced funding in this space—and that is the preservation of what had been naturally occurring, affordable rental—and that's the province of British Columbia, with an announcement of a \$500-million rental protection trust. I don't have the population of BC handy, but I think that's an interesting comparator. Certainly, the housing markets of the lower mainland, in particular, and the island are probably a little bit higher but comparable to the GTA and, increasingly, eastern Ontario as well. So I think it's something within that ballpark of \$500 million to \$1 billion. I think it's important to keep in mind that the more of that that we can make non-repayable, the deeper the affordability is that we can preserve. But I think that even with repayable capital that is patient, we can actually

protect a lot of the more modestly affordable rental stock today.

Ms. Chandra Pasma: If I can contrast with what's happening now, we are both losing affordable housing, but when the housing stock is being owned by real estate investment trusts, the rents are being taken out of the province—often out of the country—whereas when those rents are being paid to a community land trust, those funds are being invested directly in our community through the refurbishment of existing housing stock, the maintenance of housing stock and the acquisition of new housing stock. Correct?

Mr. Mike Bulthuis: Yes, 100%. In fact, our community land trust, like others, is working to develop a revolving loan fund, an acquisition fund, that we can use to both make strategic acquisitions now, but then, within five to 10 years, draw whatever equity we can, put that back in the fund and actually scale up our operation. Any proceeds that are there, if you will—we are a non-profit—are re-invested in the portfolio, so that we can actually do more within this community.

Ms. Chandra Pasma: And funds aren't an issue right now. The province of Ontario is sitting on a slush fund of \$5.4 billion that they could spend on programs and services at this very moment. They are choosing not to spend that. My question is, who is paying the cost, instead, of that, in Ottawa or in the province of Ontario?

Mr. Mike Bulthuis: I think we all are. I'm sure that the alliance presented earlier today on the cost of homelessness. I mentioned that Deloitte study with the Canadian Housing and Renewal Association that was done in the fall of last year. It found that our economic productivity would increase with a greater share of community-owned housing. That's not just because of the construction and all of the activity that would go into the production of that housing. It talks about the benefits to an individual's well-being by living in protected housing. They don't have to worry that next month their unit is going to be owned by somebody else and their rents are going to go up by 20%. They can confidently plan to pursue skills training or other kinds of opportunities that would be really critical to fill sectors in our society, as well. I think that the benefits of ensuring housing stability for folks are borne by all of us, just as the costs are.

Ms. Chandra Pasma: So many low-income individuals are paying not only with their precious dollars in the midst of an affordability crisis, but also with their anxiety and their mental health.

Mr. Mike Bulthuis: Yes, 100%.

Ms. Chandra Pasma: Michelle, I have a similar question for you, but let me start with: How long has base funding been frozen in the community health sector?

Ms. Michelle Hurtubise: It has been frozen for 15 years.

Ms. Chandra Pasma: So when you look at inflation over the past 15 years, we're talking about, in real terms, a cut of more than a quarter of your budget.

Ms. Michelle Hurtubise: Millions and millions of dollars—not just for me, but for other organizations. I think last year I calculated it in the neighbourhood of about \$2

million, in real terms, of cuts to our services. It has meant that we do not have the flexibility in our operating budget. In previous years, we could use some of that flexibility to start innovative programs and try things, because we had some resources to be able to move around. We no longer have that flexibility.

Ms. Chandra Pasma: The government could pay for it with their \$5.4-billion contingency fund; they are choosing not to. Who is paying the cost instead?

Ms. Michelle Hurtubise: We get at least 20 calls every single week from people looking for primary care providers; we are losing physicians in the community every single day, so it is some of the most vulnerable, and where people are ending up is actually the emergency departments because there is no other place for them to go. Just in the past month alone, we have turned away four pregnant women who don't speak English or French as their first language, who are newcomers to the country and have not had prenatal care for most of their care. There are very few providers who would take them. We would take them if we had the resources to serve them. So they will likely end up in the emergency room, delivering without having had any support for their whole prenatal journey.

1630

Ms. Chandra Pasma: Much like in Mike's housing sector, the answer is, it's individuals who are already some of the most vulnerable members of our society—but then, at the end of the day, all of us, because we are ending up spending more on health care, because it's being delivered via hospitals and the emergency room instead of being delivered via primary care.

Ms. Michelle Hurtubise: That's absolutely right. And when you really need those emergency services, those lines are long—than waiting for what is appropriate emergency-level care.

Ms. Chandra Pasma: Thank you for helping us understand that better.

Donna, I have a similar question for you. Who will pay if the government doesn't make the investments in long-term care that you're asking for today?

Ms. Donna Duncan: The people who need the service—and especially, we are seeing a significant risk in our small, rural communities. The economics for a small, rural home don't work.

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

Ms. Donna Duncan: So we are really concerned about what the pressures will mean. We will see increasing pressures on our hospitals. We're already seeing that in ALC, but also on families and family caregivers across the province.

We have had to do a lot of catch-up for decades of neglect. The government has made progress, but unfortunately, the baby boom is here and we are seeing very, very real pressures, given the aging demographic.

Ms. Chandra Pasma: And what happens if the long-term-care facilities are literally not there when a patient needs one?

Ms. Donna Duncan: Well, we are seeing homes close already. We've had one in Ottawa close, as well as one in

eastern Ontario. So we are seeing that burden in your hospitals. We're seeing the burden in the community hospitals, but also in the urban hospitals.

We have work to do. We've got a great commitment, and our homes are certainly committed to working with everybody to realize the possibilities of this and make sure that we don't have to—

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

We will now go to the independent. MPP Fraser.

Mr. John Fraser: Thank you very much, Mike, Michelle and Donna, for being here today. With our limited time, I'll try to squeeze in as much as I can.

I'm going to start out with health care and with you, Donna—and, Michelle, this will be roughly the same question.

We've seen the expansions of agency nursing in this province, and it has had a very detrimental impact on our health care system. We were just at ROMA listening to rural municipalities telling us about the impact of agency nursing and how much they are spending—sometimes two, three, four times what they spent in the previous years to support their patients or their residents. I know that there is a group of long-term-care homes in southwestern Ontario—I think around Kitchener-Waterloo—that spent almost 10 times what they normally spent on agency nurses. And yet, the government has refused to actually take action in terms of putting some throttle on that. You are paying literally sometimes three, four, five times what we would pay the same nurse in the same place.

Is your association calling on the government to take action on making sure that there is some control on the cost of agency nursing?

Ms. Donna Duncan: We are calling on the government to take measures to ensure that we have nurses. What we are advocating for is a vendor-of-record approach—that all agencies would have to meet standards and have full disclosure as to how funds are being allocated between those they collect and the staff to make sure that there is full transparency and that we're not exploiting the system. We want to make sure there are no bad actors. It was the Wild West.

We are seeing some stabilization across the system. We poll our members every other week. We're seeing the usage stabilize, but there is still an overreliance on agency nurses and, to your point, especially in rural communities where housing becomes an issue—affordability of housing, availability of housing—for front-line staff.

We don't want to have unintended consequences, where we suddenly pull the rug out from under them in terms of their ability to pull together a salary. We have to look at compensation, overall, for all of our employees and make sure that we're competitive. We know that other provinces are being more creative in terms of their recruitment and retention of nurses and PSWs and others, but we do know that there is no simple solution. This is a national problem, if not a global problem. Certainly, yes, we need to take steps, there need to be measures, but we also have to make sure we don't cause unintended

consequences. Clearly, we need to a better job in supporting our front-line staff.

Mr. John Fraser: I think Quebec is taking some actions in terms of trying to put a harness on what's going on here and getting some control.

I'm still surprised that the government hasn't done anything, because it's—

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

Mr. John Fraser:—money that's getting spent.

It's affecting community health centres, Michelle, in another way, so if you—you've got probably 50 seconds.

Ms. Michelle Hurtubise: We can't even access agency nurses—not that I think that's the solution—because they are going to hospitals and long-term-care facilities. They're not available. So it actually pulls the availability of nursing across the whole health care system.

What we are calling for is fair compensation across the system, regardless of where you're working, so that you do not have inequitable balances and the health care system as a whole can function more effectively.

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

Mr. John Yakabuski: Thank you to all of our deputants today for joining us.

I'm going to focus my questions on the long-term care.

Thank you, Donna, for the work you do and for being with us here today.

We are talking about an unprecedented, historic investment in long-term care—the commitment to build or redevelop 58,000 beds. I shudder to think where we'd be if our government hadn't made that commitment, given the record of the past. Having said that, we know that this presents a monumental challenge, not only to the government, but to the sector itself. I realize that during and after the pandemic, the cost factors became, quite frankly, untenable in many situations, where even approved projects were unlikely to proceed if we didn't do something about it. I don't have all the information in front of me, but I think the number was \$30 per bed per day in additional funding to be able to proceed with many of these projects, which, quite frankly, could have been taken off the drawing board if we hadn't done something—but it speaks to the responsiveness of our government to say, “We recognize that the circumstances have changed, and we're going to do something about it.”

My riding of Renfrew–Nipissing–Pembroke certainly benefited from those changes. We also have, as you addressed, some homes in smaller, rural communities that, even at that, were not going to be viable because of the capacity, or lack of capacity, of the community to raise their commitment. We don't all have some large corporate donors that can help with the fundraising.

We still need to see those beds redeveloped. We still need those homes. Otherwise, as you said, if they're not moved on, we could see some of those homes not proceed or close entirely. So are you working—because I know we are, but are you working with us and with the government to draw up some real suggestions about how we can make sure that we can actually redevelop those homes that are

needed in those more far-reaching rural communities that don't have the capacity of some others? I can speak, in my own riding—so, obviously, we want to work together. How are you guys pushing the envelope, as well, in making sure that the sector is involved in encouraging the government to do exactly that?

1640

Ms. Donna Duncan: Absolutely, we are working very, very closely with the Minister of Long-Term Care. Also, discussions with the Minister of Municipal Affairs and Housing, looking at access to land, development charges, the affordability of land issues—but also recognizing that operating funding is really key for lenders in our long-term-care homes, whether you're a non-profit or a small independent; you actually have to secure your own financing and then put your capital upfront. It's approximately \$500,000 per bed. So even if a small, rural home is looking to build 100 beds, it's a significant investment and a risk.

So we're very encouraged. We're having discussions about extending that program and enhancing it to ensure that our rural homes are able to build. We are also keen to see a small, rural operating grant, which would also support redevelopment and ongoing operating going forward, and supporting our non-profits in ensuring that they have the tools they need.

I would say our larger members, and our larger private members, actually have a community of practice and are lending their support and advice to our smaller non-profit homes, including rural communities, where we are all working together to try and find solutions.

Finally, I would say that there are policy solutions. Similar to the 20,000-bed projects that the previous Conservative government launched, where they had a secretariat and some dedicated teams to help push projects forward across—navigating red tape across the entire government—we are advocating, similarly, for a dedicated secretariat to work with all long-term-care homes, especially in smaller communities, to navigate the red tape of approvals for planning, zoning, getting approvals on your environmental approvals, to clear the weeds out and expedite the projects.

We have asked to prioritize all homes that are facing challenges on sprinklers—to make them our number one priority, to safeguard that capacity in the system. We've got to stabilize all of our capacity, and we do have to ensure that everyone in our small communities has access to care and long-term care.

So we are very encouraged by the leadership of Minister Cho, his commitment and ongoing passion, and we are very grateful for the financial commitments.

Our challenges right now really are demonstrating to lenders that we have the capacity to carry the debt, making sure that we can cover the construction costs, because construction costs in small communities are much higher. In many cases, we have to bring labour into the community. But this is critical. We really are grateful, because the baby boomers are going to be turning 80 in four years—and this will be sustained over the next 20 years. We have, today, 43,000 people waiting. All of our communities,

including our rural communities, have growing wait-lists, and we anticipate that their wait-lists will be growing at approximately 38% per year.

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

Mr. John Yakabuski: That is very helpful. We appreciate the collaboration and the partnership that we have with you, as well.

As someone who has now entered that age group myself, I understand and I appreciate the commitment that we all have to our seniors, because they did the heavy lifting in building this province and this country. It's the least we can do as they age—and some age more quickly than others—that we're there to take care of them in those challenging times. It's time for them to be rewarded for the work that they did to pave the way for us. So thank you very much for being a part of it.

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

Mr. Joel Harden: Thank you to all the presenters for coming today. I know you are all really busy people. Making time for this and making the Ontario budget a priority is very important.

I'm detecting a lot of themes today. One of the themes that I'm detecting is that we have some significant problems in front of us. The other great theme—and apologies, Chair, for being a little Ottawa-jealous right now—is that we have some great solutions. So that's what I'd like to talk about for the first few minutes of our time this afternoon.

Michelle, first to you, at Centretown: If you were to receive a base budget increase, if you were to receive help on staff compensation, if you were to receive help for the incredible programs that you offer some of the most disadvantaged people in your catchment area, tell this committee about some of the things you could do.

Ms. Michelle Hurtubise: Well, one of the pieces in a project that we're doing right now that we'd love to scale up is, we're actually doing training, mentoring, and have centralized our intake for gender-affirming care for people who are trans across the region of Ottawa. With our part-time staff we have in the clinic, we are training other primary care providers to provide that gender-affirming care, under the agreement that they get coaching, training and mentoring and that we are the centralized intake. This means people are not phoning around for care. We're using our existing resources. We could expand that and greatly expand the access to primary care, so that people could actually stay with their own primary care provider or be able to access that care regardless of whether or not they had a primary care provider.

Speaking for my colleagues, we're also working on centralizing an intake process, for example, around immigrant newcomers to Canada. People spent a lot of time trying to navigate this system and entering in multiple doors. Being able to have the staffing and resources to have that fully staffed—we could actually support that.

We have just been selected by the city of Ottawa for a safer, alternate response for mental health and substance use crises, which is a 24/7 response. That is providing

people to go out and just address that mental health crisis, but if we actually had the companion health care dollars with it, we could be doing that street outreach in health and meeting individuals who are very complex and difficult and have only gotten so much more so with the toxic drug crisis and the pandemic over the past couple of years. That would take a huge amount of pressure off of the general health care system, but certainly for emergency rooms.

Those are just three quick examples of what is possible.

Mr. Joel Harden: Chair, I just want to add an anecdote for the purpose of our committee. We got a case, over the last weekend, of somebody who went to the Ottawa General Hospital, presented at emerg with acute appendicitis, and waited for 37 hours before the emergency surgery. What we heard back from the health care professionals was that the industry standard for health care, in that moment, as the goal, should be no more than 16 hours. While this person was waiting at the General, she could see the absolute burden we are putting on staff. The other thing she saw—and I think this bears record because this was in the Ottawa Citizen today, Chair. Our police chief, Eric Stubbs, noted that the police are actually working on a program right now to make sure, working with you and your important program, that officers aren't waiting with very complex medical patients, which is the law. If you're bringing someone into the ER as a law enforcement person, it's your obligation to stay with that person for the well-being of the staff in the building. While the constituent who talked to me was waiting for 37 hours for emergency surgery, she noted that there were two code whites declared at the general. That's the code that signals that there has been a physical attack, a serious attack on a health care worker in the building. So we are dealing with a very serious situation.

When we're talking about the ability to help some of those neighbours long before they're in acute mental health crisis—psychosis, the toxic drug supply, whatever is behind the behaviours—that would be huge. I think it's not just huge for the hospital system; it's huge for our policing capacity, for keeping our communities safe. So I really appreciate that, Michelle.

Mike, over to you: You mentioned the BC example. Could you, for the benefit of this committee—sorry to put you on the spot, but you're the expert, not me. Could you talk a little bit about what that \$500 million has been able to accomplish in the province of British Columbia? If we had a robust acquisition strategy that brought rental housing back into the deeply affordable housing market for our city—what are some of the realms of possibilities that we've seen through the BC example?

Mr. Mike Bulthuis: The Rental Protection Fund in BC is an announcement of \$500 million—really interesting—being deployed to three affordable, non-profit and co-operative housing associations across the province. The provincial government has invested \$500 million into these three organizations to deploy into strategic acquisitions that would help preserve affordability of some of the housing that is currently privately owned and being transferred to community stock. I don't have numbers in

front of me in terms of how many units. The fund was announced in January 2023, and I think by last fall, if I'm not mistaken, they had announced 12 specific properties that would be supported by non-profits in different parts of the province to acquire—I think that alone represents several hundred units, if I'm not mistaken.

One of the really significant parts of that fund, to me, is the predictability that it offers to both community housing providers that want to preserve that housing and also sellers—to know that they have a willing buyer who would have the capacity to make that kind of acquisition.

I think to an eight-unit building here in Ottawa, in our Vanier neighbourhood, that was the ideal kind of property that we would have loved to buy. It was listed. We made an offer. One of the conditions to our offer was a timeline of, I think, 90 or 120 days for us to assemble funding. As I mentioned, some of that funding is rather loosely defined right now. The seller rejected on that notion and then we heard that, two days later, it was sold to someone else.

1650

So I think the BC fund is the amount, it is the deployment through the sector, and it's just the predictability that it offers to buyers and sellers in terms of some of that impact.

Mr. Joel Harden: Thank you.

How much time do I have left, Chair?

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

Mr. Joel Harden: Okay.

Donna, over to you: I appreciate the work that people in your sector do. Often, we talk about long-term care and we talk about it in drastic terms, but we want to incentivize people to work in the sector; we want to incentivize people to operate in the sector. Could you tell us why you're a leader in the sector and why the sector should matter?

Ms. Donna Duncan: Because it does matter, when we look at the population and the fact that the people who are coming into our long-term-care homes have really critical needs. They are the individuals who built their families. They built our communities. And we have an obligation to care for them and value them. There are many cultures who judge themselves by how they care for their elders, and we have an obligation to move forward to update and enhance the environment within which we care for them and ensure that we have the right staff, the right mix of staff and the partnerships within our communities to keep them safe and well. That matters to me. It's what motivates me and our homes. None of our homes want to close. Everybody wants to rebuild. We want to operate. We want to build a better life—

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

We will now go to MPP Bowman.

Ms. Stephanie Bowman: Thank you, Mike, Donna and Michelle, for being here and for your commitment to the important work that you do.

Mike, I will start with you. Land trusts are really of great interest to me—I know that in agricultural land, there are models for that. In the GTA, we have the Duffins Rouge Agricultural Preserve, which was kind of what you

were talking about: land preserved for farming, in that case. The government was going to develop some of that land. I'm glad to say that they reversed course, following the greenbelt scandal, so now that's being protected. But it just goes to show that even when you set these things up, they can be reversed.

I want you to talk about the importance of the model for community-based land trusts, where you've got, again, a not-for-profit and a board, I presume, that is overseeing this organization and conducting its affairs in a fiscally responsible manner, so that you can meet your goal of making sure we protect rental housing. Just talk a little bit more about the value of having some volunteers involved and the momentum that can bring to these kinds of important mechanisms to protect rental housing.

Mr. Mike Bulthuis: We were incorporated three years ago. Our founding board very much brought together leaders from the non-profit and co-operative housing sector, but also a couple of private sector developers and housing economists, with a real recognition of the challenge in front of our community and the desire to do something about it. I think that has been really interesting, because it has created a table where we're seeing solutions coming from different sectors and we're trying to be innovative in what we do. We know that some of the old solutions are working, but many of them are not, and we need to try new things. I think that's one piece.

We are governed by that board, doing all of the fiduciary responsibilities that you outlined. We are a member-based organization, as well, and so for the past year, we've been trying to grow our membership as we acquire properties. We envision folks on our board representing that housing sector, but also members of the community with an interest in this issue, and tenants in the properties that we own. That sort of tripartite governance system is very common in community land trusts. I think that also compels the organization to sustain its commitment to affordability, sustain its commitment to its tenants, and preserve that affordability long-term.

Finally, being a community-based organization, we bring together resources from different sectors and energy and expertise from different sectors, and I think that's the beauty of what happens when folks come around a single table.

Ms. Stephanie Bowman: I think it's important to point out that it isn't always throwing more money at things that can solve the problem; it's sometimes doing things differently.

Unfortunately, I think we have a record level of spending in this province under this government, and yet we have a record number of crises. We've got health care and ER crises; we've got housing crises; we've got opioid crises; we've got nursing shortage crises. Every file has a crisis.

I just want to highlight that there are ways to do things differently with the money—whether it's your organization or others.

Again, you're asking for an introduction of capital, which, of course, you can leverage into—

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

Ms. Stephanie Bowman:—developing and creating more affordable homes. I just want to thank you for that important work.

I hope that you get some additional money, like BC is getting, to be able to protect our rental housing.

Michelle, I'm going to turn to you. Some of these crises that we've got have been created. Bill 124 has created a crisis in health care. Certainly, in many of these consultations, we hear about the impact that is having on community health centres, but also that you are providing innovative solutions in terms of delivering care in a different way. Could you talk about how you can drive things in an innovative fashion to provide services to the community?

Ms. Michelle Hurtubise: I just want to acknowledge that the crisis goes beyond Bill 124. We've had 15 years of a base budget freeze, so it has gone on much longer than the tenure of this government.

We have the solutions. The six CHCs here in Ottawa put together a joint proposal—six organizations worked together around a joint proposal to increase capacity in the services. We have a deep quality improvement—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time—just when we're going to hear the solutions—for this panel.

We do want to say thank you to all the presenters for a great job of putting it together, taking all that time and then coming here and presenting it to us. We very much appreciate it.

OTTAWA-CARLETON ASSOCIATION
FOR PERSONS WITH
DEVELOPMENTAL DISABILITIES
MR. MICHAEL WOOD
CARBON REMOVAL CANADA

The Chair (Mr. Ernie Hardeman): We will now be hearing from the Ottawa-Carleton Association for Persons with Developmental Disabilities, Michael Wood, and Carbon Removal Canada.

You will have seven minutes to make your presentation. At six minutes, I will say, "One minute," and at seven minutes, I will say, "Thank you."

We do ask each presenter to start by introducing yourself to make sure we have the name properly in Hansard to attribute it to the fine comments you're going to make.

With that, the first presentation will be the Ottawa-Carleton Association for Persons with Developmental Disabilities.

Mr. Dave Ferguson: My name is Dave Ferguson. I'm the CEO of OCAPDD in Ottawa and Cornwall. The agency supports approximately 900 people living with developmental and intellectual disabilities, including autism, in eastern Ontario, and we employ about 650 staff. Many of the people we support require intensive behavioural interventions or ongoing support for their medical or mental health challenges, in addition to their developmental disability.

I would like to thank you for this opportunity to speak with you today. I would like to focus on two items: specifically, the #5ToSurvive Campaign; and, secondly, support for tuition subsidies for DSW students. I am aware that some of my colleagues have already presented you with information on the #5ToSurvive Campaign. I would like to reiterate some of that information, as OCAPDD is experiencing the same challenges.

First, base funding increases to the DS sector have totalled less than 4% over the last 30 years, while the cost of living has arisen by close to 60% during the same period of time. The risk to people we support is increasing, as agencies are no longer able to offer stable supports, their services and programs are closing, and agencies are unable to respond to the demand for services from families in the community.

Staff recruitment and retention are negatively impacting services. Programs are often operating short-staffed, which does prevent many community activities from occurring and can, in fact, lead to service delivery errors, such as medication errors, as staff are tired and overworked. Internal labour relations have also become extremely challenging, with more strikes having occurred in the last year in the sector than in the previous 15 years combined.

The sector has responded to the historic challenges with innovative ideas and approaches. At OCAPDD, we have amalgamated two other DS agencies that were experiencing financial challenges; we have established social enterprises and increased fundraising efforts; and our board of directors has recently funded the creation of a studio in Ottawa, as many of you would know, at the Silver Spring Farm, with no ministry funding, where individuals can use their Passport dollars to enrol in a variety of activities otherwise unavailable to them.

1700

However, like every other agency in the province, we are at risk of having to reduce services further. Some of these reductions in the sector may be seen in the form of mini institutions being created in the future, which is not an option anyone wants to see.

The 5% base increase would cost approximately \$110 million, we understand. With an increase to Passport and ODSP also at the 5%, that would increase the cost to roughly \$145 million.

OCAPDD also supports the request for the creation of an inter-ministerial task force to develop a sustainable funding model for the sector so that we can avoid future crises and not repeat these challenges that we're going through.

With respect to tuition subsidies, OCAPDD's board has engaged in an advocacy campaign to raise the profile of the situation. That situation is an unintended consequence to the government's decision to provide tuition support for personal support workers, or PSWs, during the pandemic. We certainly support that decision. However, students considering a career in social services now compare a PSW course with free tuition to a developmental services worker program, or DSW, with tuition costs in excess of

\$17,000. We are seeing future workers diverting into the PSW programs as a result. My comment is, even a teenager can do that math.

Our ask is simple: Provide the same tuition support to DSW students as to the PSW students. Otherwise, our future workforce will be severely depleted, undermining the sustainability of the sector.

The sector has always responded and continues to want to respond to the demands of families in the community. However, we need the government's financial support to continue to do this.

I thank you for the opportunity to speak with you today, and I look forward to this government's continued support of the most vulnerable citizens of Ontario.

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

Our next presenter will be Michael Wood.

Mr. Michael Wood: Thank you very much, everybody, for having me come down. I was actually teaching at Algonquin College, and I told my students—they actually were all pretty happy I gave them a 20-minute leave—"I've got to head downtown," and let them go a little bit early today. I appreciate this so much, and for different reasons than why some people might think that I'm here.

Over the course of the pandemic, CTV referred to me as the voice and face of small business, and I've been before this committee twice before for small business. But today I'm here for a different reason.

I was at Queen's Park in June, where I met with MPP Blais; I met with MPP Harden; I also met with MPP Schreiner; I also met with Minister Bethlenfalvy's chief of staff, Minister Tibollo's chief of staff, and Minister Prabmeet Sarkaria, about 911.

I'm very sorry if what I'm going to talk about is upsetting to people today, but it's important. I am all about lived experience, and I'm going to tell you a little bit of a family story here that may be hard for some people to hear—just a full disclosure.

In early 2022, my now late brother lived in Toronto, in Cabbagetown, and he sent me an end-of-life text message. Of course, I followed what I think any of us in here would do—I called 911, and I said, "Please transfer me to Toronto." I was told that they did not have the technology to do so and to call Toronto police non-emergency. I was on hold for an hour and a half waiting for somebody to pick up in an emergency situation, or what could have very well been an emergency situation. When they finally picked up, they sent police and paramedics to my brother's home, to find that he was okay. I dealt with this for a year and a half.

My brother passed away on August 25, 2023, not from end-of-life means, but unfortunately, he had an alcohol addiction, which landed him in Toronto General, where his life did come to an end.

I can tell you this: He texted myself and my family 15 times over a year and a half. I knew that I could not call 911 and ask to be transferred; I had to call Toronto police non-emergency.

He sent a message to a family member on New Year's Eve, going into 2023, that was desperate. And, if you could imagine, New Year's Eve, non-emergency—we were on hold for two and a half hours.

I come to you today because I feel very, very fortunate that a city councillor here in Ottawa, David Hill, called me before city committees twice, and I went, I presented my case, and the city of Ottawa updated 911 so that calls can be transferred across North America.

I've got some stats here—I know we're at the three-and-a-half-minute mark.

When I met with Minister Prabmeet Sarkaria, he did tell me at the time that he felt that Peel potentially had this for the region, but all of Ontario does not.

And I put something up on social media saying that this happened, where I had to call Toronto police non-emergency. Somebody else in Ottawa sent me a direct message saying they had a very similar problem, where they needed 911 services in Sault Ste. Marie and they were told to call the non-emergency line. They had to go through a phone tree system, and they were in a desperate situation.

I'm more than happy to work with all parties. I work with all parties across the provincial and federal levels on all kinds of topics.

The woman here in Ottawa, Beth Gooding, the director of public safety, gave me some statistics. Just to give you some context, the operators in Ottawa thought there might be five calls a month, tops, where people were looking for transfers. This was put in place mid-November 2023—they had 37 calls looking for transfers. In December, they had 62 calls looking for transfers. I can tell you that one of them, in Ontario, was a home invasion, and a family member texted another family member, saying, "Please call police. Somebody is breaking into our home." So, in Ottawa, they called 911 and they were transferred to that region's emergency service.

I can also tell you that many of the calls are mental health-related. I understand we have 988 now, but this is different. This is for people who are texting direct problem messages that need an immediate emergency response—the city of Ottawa has told me that it includes mental health, suicide and just generic medical-related problems.

Talking to my students about this at Algonquin, I had one woman in my class, one of my students, say that somebody she knew had an asthma attack and could not speak. Yes, you can call from your cell, it can be tracked down and made available to where you are. But here's the next thing: I understand the federal government and CRTC have—

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

Mr. Michael Wood: Thank you, sir—mandated NG911 to come in March 2025. For our friends and our family, 2025 is too long.

The city of Ottawa has a relationship with a firm in Sudbury—I can get the name—that actually transfers the calls to other emergency services.

Right now, I can tell you, with my friends, with my students, we are currently in a mental health crisis in Ontario, in Ottawa and in Canada. Everybody needs as

much support as possible. So I'm going to ask the Ontario government to step in and help everybody, the municipalities, get the funding they're going to need so we can help save more lives across Ontario.

Thank you very much, everybody.

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

Our next presenter is Carbon Removal Canada.

Mr. Na'im Merchant: Thank you, everyone. My name is Na'im Merchant. I am the executive director of Carbon Removal Canada.

Prior to working in climate change and carbon removal, I worked in global health in Malawi and Liberia at the Clinton Health Access Initiative and Last Mile Health. Interestingly, these roles prepared me well for working in the environmental sector.

Every day, we sought to answer many of the same questions: How can we effectively introduce innovative technologies on a large scale that will help society? How do we take new and novel technological approaches to tackle some of the biggest problems facing humanity, while ensuring that they become more affordable and more accessible?

Carbon Removal Canada is an independent policy initiative—that came to a think tank—that advocates for the rapid and responsible scale-up of carbon removal solutions in Canada. Carbon removal is taking carbon dioxide that has already been emitted out of the air. This differs from carbon capture, which prevents emissions at the source—from a steel or cement facility, for example. Carbon Removal Canada focuses its attention on technologies that can remove carbon and store it away for centuries or longer. While we believe that natural solutions such as tree-planting have a role to play in net zero, the UN panel on climate change agrees that, globally, we will need gigatonnes—that's billions of tonnes—of capacity of long-term carbon-removal technologies to reach net zero by 2050. Without carbon-removal technologies, there is no net zero target by 2050; there is only a zero-emission target.

1710

Imagine our atmosphere as a bathtub, where carbon dioxide is like water. Efforts to reduce emissions, like carbon capture, are like turning off the tap. If there is already a significant amount of carbon in the atmosphere, carbon renewal can serve as a drain to deal with all the water that's already in the tub and threatening to spill over the sides.

I helped found Carbon Removal Canada with a thesis that Canada has a number of advantages that can make it a global powerhouse in carbon removal. This includes the longest coastline in the world, millions of kilometres of arable land, significant carbon sequestration potential, availability of clean power, and access to world-class manufacturing sectors like here in Ontario.

In our first policy report, Ready for Removal, we estimate that Canada needs to remove 300 million tonnes, or 300 megatonnes, of carbon renewal by 2050 to address both residual emissions from hard-to-reduce sectors like

steel or aviation, in addition to combatting Canada's historical emissions and turning back the clock on some of the elements of climate change. Our studies show that removing 300 million tonnes by 2050 could result in 89,000 new permanent jobs, support 240,000 jobs in construction and manufacturing, add \$143 billion to Canada's GDP, and provide over \$27 billion in demand for manufacturing sectors, including cement and steel.

Ontario has many of the advantages discussed, and as of October 2023, we were able to identify over 20 companies operating in Ontario working directly or indirectly in carbon removal. This is a budding clean tech sector that Ontario could be a leader in, but only if we create a positive business environment.

In particular, Ontario has a potential advantage as a result of its forestry and agricultural sectors. Biomass carbon renewal and storage is an emerging method of carbon removal where biomass such as forest debris is used to remove carbon from the air before it's turned into energy, while capturing the emitted carbon.

Enhanced rock weathering is another opportunity for Ontario. This method involves spreading ground-up, carbon-reactive minerals over agricultural land, pulling carbon from the air, sequestering it into the soil and improving soil health. There is current partnership between UNDO Carbon and Ontario-based company Canadian Wollastonite. They were working to spread more than 10,000 tonnes of these minerals in 2023, with a goal of over 100,000 tonnes spread in 2024 which, according to their studies, would remove 62,000 tonnes of carbon dioxide, all while benefiting Ontario farmers.

Despite these interesting projects, the carbon removal market across Canada is nascent. We believe there are about 12 post-lab projects, two demonstration projects, and no large-scale operations. We urgently need to move projects up the readiness curve, going from removing hundreds of tonnes of carbon to thousands of tonnes, to tens of thousands and beyond.

We believe that one of the biggest challenges facing this sector is the lack of a demand signal. Carbon removal is a public service, like waste management. As such, there must be a way to generate customers. This could come in the form of a government procurement program or integration of carbon removal as a compliance mechanism for carbon pricing markets.

We are advocating for action at the federal and provincial levels. Other subnational jurisdictions are moving forward with or without their federal governments. In Massachusetts, a bill is moving through their Legislature that would establish a carbon procurement program meant to advance local carbon removal projects. Similarly, California is enacting a regulation that requires emitters to purchase carbon removal services to comply with their industrial greenhouse gas standards while also developing frameworks to ensure these removals are high-quality and long-lasting.

We also believe that the federal government should include a three-year, \$50-million carbon removal innovation challenge in budget 2024 to get current companies to

a commercial stage through innovation, while blazing a path for the Canadian companies of tomorrow. Ontario should immediately indicate to the federal government its support of such a fund and consider providing additional provincial funding for this fund to support—

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

Mr. Na'im Merchant:—more Ontario companies. By focusing on innovation and knowledge-sharing, the challenge would enable carbon removal scale through tiered incentive funding while advancing the inclusive natural resource sector through funding boosters like fair labour standards or Indigenous community involvement.

This is about building the climate solution tool box. We need to get companies from pilot stages to early demonstration and pre-commercial stage to get to economies of scale the sector needs and create a pipeline of projects across Ontario that will build our carbon removal capacity at an accelerated pace.

Finally, as Ontario works to develop its CCUS framework, which will be critical for carbon removal, we suggest using Alberta as a model as we consider Alberta to be a model province for CCUS given the balance they've struck between certainty, liability considerations and the need for a streamlined process. To stay competitive in the rapidly expanding carbon removal industry, Ontario must take immediate action. The time to act is now.

I'm happy to answer any questions or serve as a resource at any point as we chart a sustainable path forward. Thank you so much.

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

That concludes the presentations. We'll now start with the questions. The first round will start with the official opposition. MPP Harden.

Mr. Joel Harden: Mr. Wood, it's always good to see you—a very clear ask.

My question to you is, given the conversations you've had with different members of the House, what's your expectation on how quickly we can move forward? We had a great conversation. I let you know about debate I've heard in downtown Ottawa on this subject. But you're not happy with 2025 as the benchmark of when we can adopt new federal standards. What's the standard you think this committee should accept for the integration of 911 services?

Mr. Michael Wood: Thank you very much for your question, MPP Harden.

When it comes to 911, I think that working with lived experience, working with Beth Gooding from the city of Ottawa to give the company in Sudbury that they work with—I think can really help. I know that the cost for it is so shockingly low that most municipalities should be able to do this, especially with the help of the provincial government. I think that with it switching over to NG9-1-1—that's going digital.

I'm going to add one quick thing. I did have a reporter from the Globe and Mail reach out to me, saying, "Are you sure that this is correct?" when I said I couldn't have my

call transferred. I said yes. She said that she was in Calgary and that she had to do the same thing for a friend in Ottawa, and they did transfer it. That's because it turns out that Telus runs it out west. Here, in Ontario, it is Bell.

What we're seeing in Ottawa is, for lack of a better analogy, a band-aid solution.

I also think that with NG9-1-1, we're going to have texting to 911. I work with a women's shelter in the city. A woman in a horrific situation cannot pick up the phone and call police; maybe she can lock herself in the bathroom and text police. That's coming in 2026.

I think that as a province, as a country, we have to move faster than this. I would like to see it updated within three months.

Mr. Joel Harden: Understood.

Mr. Merchant, I'm intrigued to have followed the carbon capture and storage debate and the hydrogen debate with respect to our commitments around climate change targets.

You mentioned Alberta as the standard by which we should measure ourselves in Ontario, but let me offer a rationale, and I'd appreciate your response as a subject-matter expert.

When climate experts whose work I've read in Alberta have commented on the kind of transition you're talking about—and you're quite right; the carbon capture imprint in that province is large because that economy is going to have to be fundamentally changed. Even Suncor and Syncrude acknowledge this. The only way you can make those fundamental, paradigmatic changes is with an entire shift to a new technology.

It would seem in Ontario, we're in a bit of a different situation, because we do have a significant role for electricity in this province. We do have a significant role for hydroelectricity in this province. Experts tell me that there is a particular growth opportunity now. Given that renewable sources are outcompeting fossil fuel-based sources, not just in Canada but around the world, if we join that green energy revolution—not on an individual basis as has happened in the province in the past, where the costs are very expensive, but on an aggregate basis where we get significant buys and significant plays in the renewable energy sector using public utilities—that may be a better paradigm shift for Ontario.

1720

When you were comparing Alberta and Ontario, it seemed the two energy systems are in different places, as I was looking at the evidence. But you're the expert, so let me know.

Mr. Na'im Merchant: Thank you for the question. It's a good one.

I'm speaking about carbon dioxide removal and not carbon capture. Carbon capture relates to the preventing of emissions from an oil and gas field into the atmosphere, for example. We are talking about residual emissions that will exist from the steel, manufacturing, cement, aviation and agricultural sectors that will need to be dealt with. None of these sectors are going to get to true zero emissions. There's always going to be some amount of residual

emissions, and hopefully not too many residual emissions—the less, the better.

Carbon removal deals with those residual emissions. The challenge is that we have no carbon removal capacity today. So even though we don't think that carbon removal should be in place of clean energy, renewable energy, batteries or some of these other technologies that are cost-effective and scalable today, we know that we're going to need carbon removal down the road, and we won't be able to just switch on a light and turn it on. We have to start building the sector today.

We agree: We don't think that carbon removal should be our biggest priority versus all the other things that are going on, but it is a critical tool in the tool box. It has been totally underutilized, unlike some of these other technologies that have come down the cost curve, like solar and wind technologies. We would like to see the same for carbon removal, but that requires strategic investments in the early stages of a new sector like this, where we think Ontario is positioned very well to lead.

Mr. Joel Harden: Thank you for that clarification.

Given your knowledge of the research aspect of the sector, where are the hubs in Ontario? Are there any research hubs in Ontario?

Mr. Na'im Merchant: There really aren't that many research hubs anywhere in North America, to be honest. There are a few in the United States that are emerging. Iceland has emerged as a leader in carbon removal. In Canada, we are seeing some ocean-based carbon removal methods on the coasts in Nova Scotia and British Columbia, but in Ontario, there is nothing as of yet.

Mr. Joel Harden: That's a good note for us to take back. Chair, how much time do I have left?

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

Mr. Joel Harden: Last but not least, if you could comment, again as a climate expert, as someone who cares about the direction in which the country is going by way of our climate obligations—do you have any comment on Ontario's decision to embrace gas-fired electrical? As we refurbish our nuclear stock, we are embracing gas-fired electrical, and the debate that I've heard is that's going to be very damaging for our climate obligations. It contrasts quite a lot to what you are suggesting. Do you have any advice for the government?

Mr. Na'im Merchant: I don't have advice on that matter. I'm not informed on that piece. There are a lot of really smart people working on how we reduce emissions rapidly across the economy. I support that in general, but my expertise is in the removal of the 1.5 trillion tonnes of excess CO₂ this climate has put into the atmosphere and how we clean that up and start getting to work on that. But unfortunately, I'm not aware of this specific issue. There are much more focused people than I am who can talk to the emissions reduction issues that are coming up right now.

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

Mr. Stephen Blais: Mike and Mr. Merchant, thank you.

Mr. Merchant, I want to make sure that I'm understanding correctly what you're talking about. If carbon emissions today were zero, or near zero, there would still be a desire to remove the excess amounts of carbon from the atmosphere that exist today because of the impacts that it is having on our climate today.

Mr. Na'im Merchant: That's right. Climate change is caused by the accumulation of CO₂ in the atmosphere—

Mr. Stephen Blais: Yes, 100%.

I heard you mention the product that maybe can be spread onto farms, as an example. Is there anything that exists or is close to existing that would actually remove it from the atmosphere? I'm picturing almost like a power plant, but in reverse, where it sucks it down from the sky. Is that anywhere even close to happening?

Mr. Na'im Merchant: We are seeing support for that. It's called direct air capture. Imagine giant fans that pull air and separates CO₂ from the air. That's a very exciting piece of technology. It's probably the furthest along of all carbon removal methods. The challenge is, it is also very energy-intensive.

However, in the province of Ontario, where you already have a good starting point for a very clean power grid, you can make sure that we are powering direct air capture facilities using renewable electrons and not polluting electrons. Ontario is actually very strategically placed to lead on direct air capture. What needs to get figured out is, once you capture that CO₂, what do you do with it? You have to find places to start, and that's where we think Alberta has an interesting framework for how to figure out the carbon storage piece of the equation.

Mr. Stephen Blais: And is the direct air capture the technology that's being worked on in Iceland? I recall there being a 60 Minutes segment about a year ago, give or take. Is that what they were doing?

Mr. Na'im Merchant: That's correct.

There are direct air capture companies actually based in Ottawa that are leading the charge on, how do you make cold weather direct air capture work? We need companies like that to be benefiting from innovation challenges like the one I'm talking about, in order to get from lab- or pilot-scale up to hundreds, thousands and then beyond to outpace the plant that you've heard about in Iceland.

Mr. Stephen Blais: And when you suggest that Alberta is well positioned, is that because of the research or application they already have for sequestration or is it that the land in Alberta suits itself better to sequestration? What's the gap or the connection there?

Mr. Na'im Merchant: That's a great question.

There are two pieces. One is that some of the technical expertise around carbon removal can be found in, from experience doing carbon capture, point-source carbon capture, so some of that does translate. There are people in the skilled workforce who can do that in Alberta. But the biggest thing that Alberta has going for it is that it has clearly mapped out where it can store. It has massive sealing formations to store hundreds of billions of tonnes of CO₂ underground. It has the geologic formations to do carbon storage. We haven't done detailed mapping on that

potential in Ontario. Some of that has happened, thanks to the Department of Energy and Natural Resources Canada, but there's potential to do more so we can see where the real high-potential carbon-storage opportunities are in the province of Ontario. They've done that very, very thoroughly—

The Chair (Mr. Ernie Hardeman): One minute

Mr. Na'im Merchant: —in western Canada. There's a need to do that in eastern Canada.

Mr. Stephen Blais: In the west, did industry do that? Did they do it at the behest of the government? Did the government do it? Did the government pay for it? How did that happen?

Mr. Na'im Merchant: The government mostly paid for that, but only because that was done across provinces, because some of these sealing formations stretch across provincial boundaries, and so that was a partnership.

Mr. Stephen Blais: But did the government give industry the money so that they did it, or did the government have scientists on staff who did it themselves?

Mr. Na'im Merchant: What I understand is that it's some combination of the two, but I don't know the specifics.

Mr. Stephen Blais: Fair enough. Are there any universities in Ontario that are anywhere close to this—where if the government so chose to give a grant for this kind of thing, they're even close to being ready to go?

Mr. Na'im Merchant: I think the technical expertise exists—I don't know which specific universities. But this can be pulled from other provinces and other institutions that have done this elsewhere in the world and to help us figure out this question in Ontario.

The Chair (Mr. Ernie Hardeman): That concludes the time. We will now go to MPP Dowie.

Mr. Andrew Dowie: I want to thank all the presenters.

Mr. Merchant, I'd like to continue the dialogue. Just a few days ago, I was at the Center for Horticultural Innovation, which is down near Leamington, and they actually have a trial on carbon dioxide and evaluating its effectiveness with respect to the yield of the agricultural crops. They're finding, at least for what they're currently testing—it's not extensive at the moment, but for what they're currently testing—that adding carbon dioxide actually improves the quality of the product that they have, side by side, the same product in different mini greenhouses, for lack of a better word, and they're showing a difference in that.

You mentioned a lot of different industries, but in Ontario we do create a lot of food and, really, I see that there's a lot of opportunity here.

I'm happy to touch base with you to maybe connect you with the centre down our way.

I wanted to get your take, though, on, do you see a broad application for our food production, by really offering that carbon dioxide that you're recommending be removed and putting it into food?

Mr. Na'im Merchant: Well, we think there's an opportunity to do two things. One is that there is an opportunity for regenerative agriculture to remove CO₂

from the atmosphere. That's changing our farming practices to improve the ability of soils to soak up CO₂. The downside with that approach is that it's not a permanent solution. You till the soil again or you do something to hurt the soil, and that CO₂ risks being released. But it's still a really good—it has shown to improve the yield, so that's very useful and relevant to the Ontario context. The second part I'm talking about is more permanent and using minerals that react to CO₂ naturally, in nature, but grinding them up to a point where they vastly increase the surface area and putting that on farmland. That can be used as a soil amendment. But what we need to do is more research to determine how effective it is in different soil conditions with different minerals.

1730

I think there's a lot of potential here, but what we need is funding around innovation and research for these methods so that we can really prove out some of those claims, because some of those things can vary by different soil conditions, by climate conditions, different materials. When we've done these smaller trials, that's great. We've seen a lot of those across the country. The challenge is, we haven't done any of this testing at a scale that is meaningful. That's why we're talking about an innovation challenge in Canada that the provinces and the federal government can get behind, in order to test some of these claims at larger scale so that we know they actually work outside of a lab or outside of a greenhouse. That's what we're really advocating for.

Mr. Andrew Dowie: Thank you for that.

Chair, I'll pass the remainder of the time to MPP Hogarth.

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

Ms. Christine Hogarth: I want to thank all our presenters again.

I'm going to focus on Michael Wood and your comment about 911, and talk a little bit about NG911.

I'll tell you, there is no government that has been more in favour of helping out public safety and community safety than this government. That is paramount.

When we look at our old analog system that we have, the voice technology, the old "pick up the phone"—when we all had those phones in our kitchen. That's what 911 was meant for—that old technology, those old phones with very limited capabilities.

When I started with the Solicitor General's office, I guess last term, we had somebody in our bureaucracy looking at the NG911 program. We have rolled that program out across the province, and just in December we gave a whole bunch of money out—some to Ottawa, all around northern Ontario, rural Ontario, Toronto. It's three groups of payments. So it's \$208 million our government is giving communities, municipalities that have to apply for that funding to ensure that they have the next-generation 911.

You may say that not everybody has broadband. For that, our government has given over \$950 million to create broadband, especially here in eastern Ontario—because broadband and having Internet is really not a luxury item; it's part of our lifestyle. So we are moving forward.

How that program works is, municipalities, with their police or fire boards—they apply to say how much they need, and it's given in three iterations. They've received their first bit of funding so they can start the programming, and they just got their second group of funding in December, and they will get a third next year, which they have to reapply for.

I actually have visited the Peel NG911 centre. I was there with some of the representatives.

And I want to thank all our 911 operators who do an amazing job every day. They really are those people at the end of the phone, a lifeline to people. So I thank them for their work.

It is an amazing system. As you mentioned, it's not just going to be the rotary phone—you're going to be able to see pictures; you're going to actually get real time; you'll be able to ping your location. Again, it's technology. So we are building the 911 system for the future, for future technologies. It's coming, and it has to come, because of CRTC rules, by March 2025. So they'll all be implemented by that date. Transition support is there for all communities, and it must be completed by March 2025.

I hope that helps with some of your comments. I don't really have a question for you. I just wanted to fill in some background history of where we've come—and that we are working on this, because it is important. When you hear these stories of kids calling 911—because it saves someone's life, it's something that is so important.

Probably everybody in this room doesn't remember a time when 911 didn't exist. As technology gets better, we also have to keep up with the times, and this government is investing the money, \$208 million, to make sure it happens, and the \$950 million to make sure people have the broadband service across our province, to make sure that everybody is safe.

Mr. Michael Wood: That's great. Thank you very much, MPP Hogarth. I really appreciate it.

Actually, I've been meeting with Creed Atkinson in the Solicitor General's office, and he was going to go to the OPP's office, as well.

I know I have less than one minute.

The one thing that the city of Ottawa does is—they do have a bridge system for calls to be transferred, and these calls are being transferred to Colorado, to Florida, to Alabama, to British Columbia, to Nova Scotia. They're being transferred all across North America. So while we are waiting for the digital implementation, which is amazing, there is an opportunity to bridge that gap so that calls can be transferred, leading up to the full digital transformation.

Ms. Christine Hogarth: Well, the OPP has a Crisis Call Diversion Program, and that's across the province. That just enables them to help train workers—

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

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

Ms. Chandra Pasma: I just want to start by saying, first of all, thank you to all of our witnesses. We really appreciate you taking the time to come and present before the committee this afternoon.

I do want to say that it's really too bad that we lost Mr. Ferguson from the OCAPDD, because that was an incredibly important and powerful presentation on a very important subject.

If I can just put in a plug for Ottawa-area members and, really, an invitation to members who are joining us from across the province today—if you have the opportunity sometime, go check out the Silver Spring Farm. It's actually just across the border from my riding, in MPP MacLeod's riding, but it's literally right on the border and right next to my house, so I feel a bit of a sense of ownership from it. I had a very impactful visit there, meeting with some of the residents, learning about the challenges that they're facing, the risks to their housing if we don't invest in the developmental disabilities sector, and also getting to see the social enterprise that they have created there and the really innovative fundraising, including an incredibly popular garlic sale. My next-door neighbour happened to be there, braiding garlic, when I was there, so it was a really lovely visit. But they are really at the extent of what they are able to fundraise through other sources.

It is really incumbent on the government to step up with the funding for this sector. Not keeping pace with inflation has been a cut in real terms that is being imposed on some of the most vulnerable members of our society. And when they are asking for \$145 million, that is less than 3% of the \$5.4-billion contingency fund that the government is sitting on. Less than 3% is not a lot of money to ask for for people with developmental disabilities to be able to live in dignity and security and safety in our province, to receive the care on a daily basis that they need and that they deserve, and to ensure that workers in the sector are able to continue. So I'd really plead with the government members to listen seriously to the presentation from Mr. Ferguson and take that ask to heart.

I also have some questions for you, Michael. Thank you so much for sharing your personal story with us. It's incredibly impactful. I'm sure it's not easy to have to share such a personal story repeatedly with policy-makers, but it makes a difference—to hear those kinds of personal stories.

I actually dealt with a similar situation in September, when a friend who lives in Gatineau made a comment, threatening to end their life. I picked up the phone and dialled 911—I never even thought about the fact that they're not on the Ottawa side, that they're on the Gatineau side—and was instantly transferred by Ottawa 911 to Gatineau 911, even though that was before they made the arrangements to transfer the calls everywhere in North America. So I'm incredibly grateful that that transfer was made and that I didn't have to wait 90 minutes to speak to the non-emergency line. It's also kind of shocking that, at that point, I could be transferred across a provincial boundary, but you couldn't be transferred to a city within the same province.

I'm glad that Ottawa is showing a leadership role here in making sure that those transfers are being made.

The statistics you shared with us are quite eye-opening, about what the demand is for calls being transferred to other jurisdictions. It's clearly not a capacity issue, since

Ottawa can do it, so why isn't it being done in other parts of the province? Why are we sitting and waiting more than a year for this to happen?

Mr. Michael Wood: Well, I just think that, honestly, the service that is provided in Sudbury may just not market themselves well enough to let other municipalities know that it's available. So I am more than happy to work with all of the ridings in Ontario, work with the Solicitor General, like I am right now, to make sure that we do have this bridge capability of being able to transfer calls. The texting that's next is not mandated until 2026. We need to be able to have these calls transferred because, right now, our friends' and families' lives depend on it in some of the hardest times. It's just a matter of making sure that all the municipalities are aware that this organization in Sudbury can help with all this.

1740

Ms. Chandra Pasma: Absolutely. The official opposition is prepared to work with you to make sure that everybody across the province is aware of this. I hope the Ministry of the Solicitor General is also interested in helping with that.

Mr. Michael Wood: I appreciate it very much. Thank you.

Ms. Chandra Pasma: I also have to take advantage of the fact that you are here—a voice of small business in Ottawa—to ask some questions about small business.

Yesterday, we had the CFIB appear before the committee, and they mentioned that the average pandemic debt for small businesses in Ontario is still \$90,000.

Our colleague Kristyn Wong-Tam, the small business critic for the official opposition, was calling for the extension of the deadline for CEBA loans because so many small businesses were hard up against that deadline, unable to pay their loans. The federal government refused to listen to that.

Another ask that MPP Wong-Tam had was for the provincial government to extend bridge financing to allow people to be able to extend that deadline with a provincial loan. I'm wondering what your thoughts are on that proposal.

Mr. Michael Wood: Definitely, CEBA is playing a huge role in small businesses across the country.

If you did have CFIB—well, you did have CFIB here yesterday. Dan Kelly was texting me the last two weeks, non-stop. We were texting back and forth. The small businesses in our community employ people. If we look at it and we say 50%—BDC says 50% of small businesses employ two people. If 15,000 businesses close across Canada—obviously, I understand we're talking about Ontario—that's 30,000 people who are unemployed. It's an unemployment crisis.

I can confirm that I did meet with Minister Valdez, federally, and her staff—she's the Minister of Small Business—to try to make something happen. I did meet with Minister Freeland's senior policy operator on Monday to try to make something happen. I did meet with the director of operations—

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

Mr. Michael Wood:—from the PMO. And I did meet many times with Minister Tangri’s office to try to come up with a solution.

The one challenge, I think, was reaching out to small businesses, asking, “What support do you need to come up with more funding and more financing?” Hopefully, when we look back at this, we can come up with a different plan or, moving forward, we can all still work together. At the end of the day, life is about balance. Kindness matters, and we just all need to work together, moving forward.

Ms. Chandra Pasma: Is there anything else you want to see in this budget, from a small business perspective?

Mr. Michael Wood: Whatever support we can give small business. I understand it’s a very broad answer to your question, and it might be a conversation we can have afterward. We just need to understand that the average small business owner’s salary is about \$68,000. Everybody, for some reason, thinks small business owners are millionaires—

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

We’ll now go to the independent. MPP Blais.

Mr. Stephen Blais: Michael, thanks for all your advocacy on all these issues.

Next-gen 911 is coming in 18 months or whatever it is. Is it going to have the call-transfer ability built into it?

Mr. Michael Wood: My understanding is that, yes, NG911 will have the call-transfer ability and will have the texting in 2026. Ottawa, right now, is just providing a bridge.

Mr. Stephen Blais: Presumably, like all municipalities that have 911 call centres, Ottawa has been working on the transition to NG911. The implementation of the kind of bridge model that you’re talking about hasn’t distracted them away from the implementation of NG911 that’s mandated by CRTC. Basically, they were able to walk and chew gum at the same time.

Mr. Michael Wood: The city of Ottawa—the director of public safety did implement this program to get us through it.

At the end of the day, again, we are, from what I can tell, in a mental health crisis where a lot of people are in need. We just have to be there to support each other outside of 911 and with 911, as well.

Mr. Stephen Blais: Does the company that the city of Ottawa has chosen to provide this service—is it an annualized fee, or is it based per number of calls? Do you know how the financial structure works?

1750

Mr. Michael Wood: I can say that it’s a monthly fee. I did commit to the city that I would hang on to that information and we can have that conversation in a private setting. It is very affordable. You’re speaking to a small business person who is very frugal in life, and even I would say it’s affordable.

With these calls being transferred, meeting with the Solicitor General’s office, meeting with everybody—everybody understands how important this is. I have a strong belief that we’re all here to work together to make

that happen, and I’m here to support everybody as we go along. I’m all about kindness first.

Mr. Stephen Blais: I don’t have any other questions on 911. I appreciate you coming.

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

Mr. John Fraser: Do I have more than a minute?

The Chair (Mr. Ernie Hardeman): You’ve got 1.5 minutes.

Mr. John Fraser: Perfect.

Thanks so much for all your advocacy and being successful in getting the bridge here in Ottawa. Whatever we can do with everybody else to make sure that message gets across, we’ll do that.

I just wanted to thank you for being here.

I want to echo my colleague’s comments with regard to David Ferguson’s presentation—that it is critical. I think he had to go. It’s critical—the #5ToSurvive. It’s true; it’s always a challenge and a struggle, with developmental disabilities, to make sure that there is adequate funding. It always lags.

What is something that could be done along with that, again, is that PSW and DSW training. It does put them at a disadvantage—it’s one thing not to have the resources that you need in terms of dollars, but it’s a lot harder to deliver service to people when you don’t have people who are able to do it.

The Chair (Mr. Ernie Hardeman): We’ll now go to the government. MPP Byers.

Mr. Rick Byers: Thank you to the presenters for your knowledge you’re sharing this afternoon. It’s much appreciated.

Mr. Merchant, I must confess that “capture” versus “removal”—I’m familiar with capture; less so with removal. Is it the same part of the industry? Are you folks working together? Could you elaborate a little bit on how that works?

Mr. Na’im Merchant: We see these as two separate industries, primarily because they’re solving two different problems. Carbon capture prevents new CO₂ from entering the atmosphere, but carbon removal is removing existing CO₂ that’s already in the air. Also, carbon removal spans a lot of different methods, from the agricultural methods that I mentioned, prior to ocean-based, or marine-based, carbon removal—there are companies that are using the power of rivers to remove CO₂ from the atmosphere—to those large fans and these industrial-sized plants that I was talking about; whereas with carbon capture, you’re essentially putting a scrubber on top of a point source of emissions. They are very different. They’re an entirely different set of innovations and an entirely different financing model. So we treat them very separately from carbon capture.

Mr. Rick Byers: I appreciate that.

In my commercial career, I remember when I was on Bay Street—it was a while ago, given the colour of my hair—you never heard about ESG at all, and now it’s pervasive. Frankly, that gives me great confidence about what will happen on the climate. When you’ve got the

corporate community fully on board, as they are, I think that we will solve this problem.

I take it from your comments on some of the things this province has done with the steel industry, converting away from coal into electricity, and our emphasis on nuclear power—my sense is that that's recognized in your industry, all that Ontario is doing to try to reduce greenhouse gas from energy production. Is that fair?

Mr. Na'im Merchant: That's right. That's a great point to bring up.

If you're going to run a facility that's removing CO₂ from the atmosphere, you want to do it with clean energy. Ontario is a world leader in clean energy, so those investments have been brought to bear to make it a very attractive place to do carbon removal. We've seen companies in Ontario, like Shopify, lead the charge in helping fund innovators at a small scale in the carbon renewable space. There is Shopify, based in Ottawa, that is a world leader in this space.

I will say that we do need government support in order to really let this take off. In a similar program in British Columbia, every dollar invested by the government unlocks \$6 of private capital towards climate and clean technolo-

gies. If we can do this in a strategic, targeted, thoughtful way and make good use of that money—an innovation challenge that puts funding towards some of those early-stage innovations, enables companies to then get to a scale where they can go to Shopify or Microsoft or ESG-focused companies and unlock even more money that's needed to help them scale. That's our theory of change, and that's why we think an innovation challenge can be really helpful.

Mr. Rick Byers: It's much appreciated.

Mr. Chair, that wraps our side up. I want to say thank you to the whole team and all the presenters and everyone for being here today. It was a great session here in Ottawa.

The Chair (Mr. Ernie Hardeman): That wraps up the presentation.

We want to thank, particularly, the presenters in this panel for taking the time to come here and sharing your knowledge with us. We also want to thank all the people who presented all day long for their participation. And I want to thank the committee.

If there are no further comments, this committee is now adjourned until 10 a.m. on Thursday, January 25, 2024, when we will resume public hearings in Cornwall, Ontario.

The committee adjourned at 1756.

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

Chair / Président

Mr. Ernie Hardeman (Oxford PC)

Vice-Chair / Vice-Présidente

Ms. Catherine Fife (Waterloo ND)

Mr. Deepak Anand (Mississauga–Malton PC)
Ms. Stephanie Bowman (Don Valley West / Don Valley-Ouest L)
Mr. Rick Byers (Bruce–Grey–Owen Sound PC)
Mr. Stephen Crawford (Oakville PC)
Mr. Andrew Dowie (Windsor–Tecumseh PC)
Ms. Catherine Fife (Waterloo ND)
Mr. Ernie Hardeman (Oxford PC)
MPP Andrea Hazell (Scarborough–Guildwood L)
Mr. Terence Kernaghan (London North Centre / London-Centre-Nord ND)
Mr. David Smith (Scarborough Centre / Scarborough-Centre PC)
Ms. Effie J. Triantafilopoulos (Oakville North–Burlington / Oakville-Nord–Burlington PC)

Substitutions / Membres remplaçants

Mr. John Fraser (Ottawa South / Ottawa-Sud L)
Ms. Goldie Ghamari (Carleton PC)
Mr. Joel Harden (Ottawa Centre / Ottawa-Centre ND)
Ms. Christine Hogarth (Etobicoke–Lakeshore PC)
Ms. Lisa MacLeod (Nepean PC)
Ms. Chandra Pasma (Ottawa West–Nepean / Ottawa-Ouest–Nepean ND)
Mr. John Yakabuski (Renfrew–Nipissing–Pembroke PC)

Also taking part / Autres participants et participantes

Mr. Stephen Blais (Orléans L)

Clerk pro tem / Greffière par intérim

Ms. Tanzima Khan

Staff / Personnel

Ms. Heather Conklin, research officer,
Research Services